

# **Trends in cancer screenings (breast & colorectal) for older African American women in Detroit**

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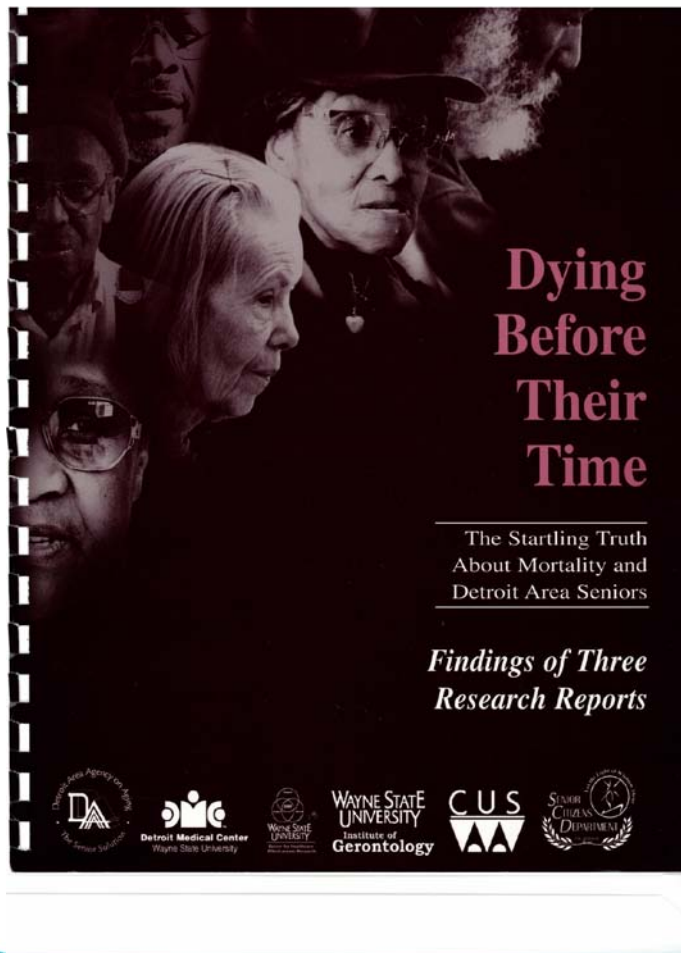
Wayne State University

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# Aim

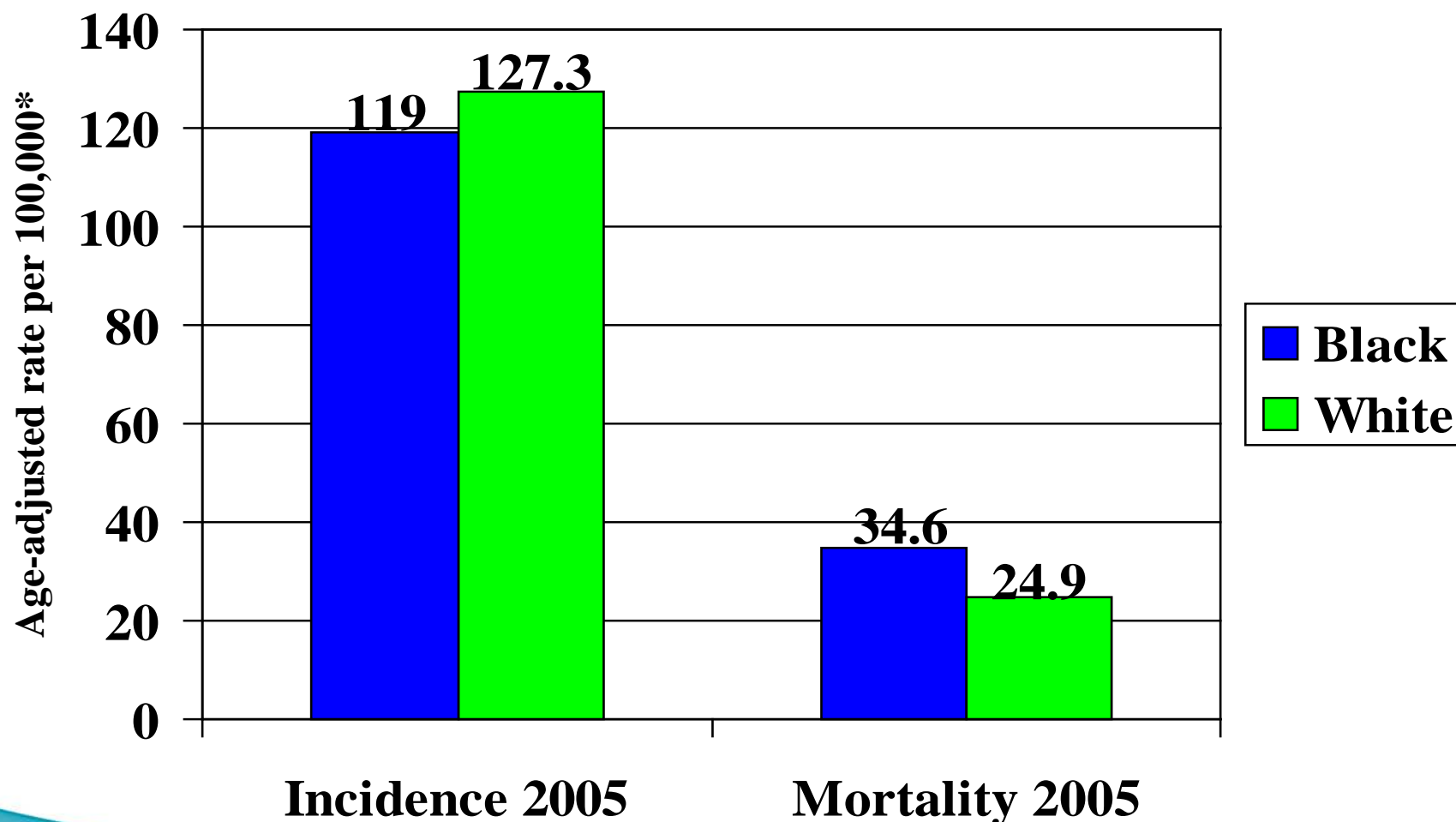
- To investigate the screening patterns (breast & colorectal) of older African Americans in Detroit
- To compare the screening patterns (breast & colorectal) of older African Americans in Detroit to national trends

# Dying Before Their Time



- The DAAA “Dying Before Their Time” report (2003) was based on extant census and health data.
- Death rates between 1990 and 2000 were 122% higher in African Americans aged 50-59 years, and 48% higher in those aged 65-74 than communities in the remainder of Michigan (DAAA, 2003).

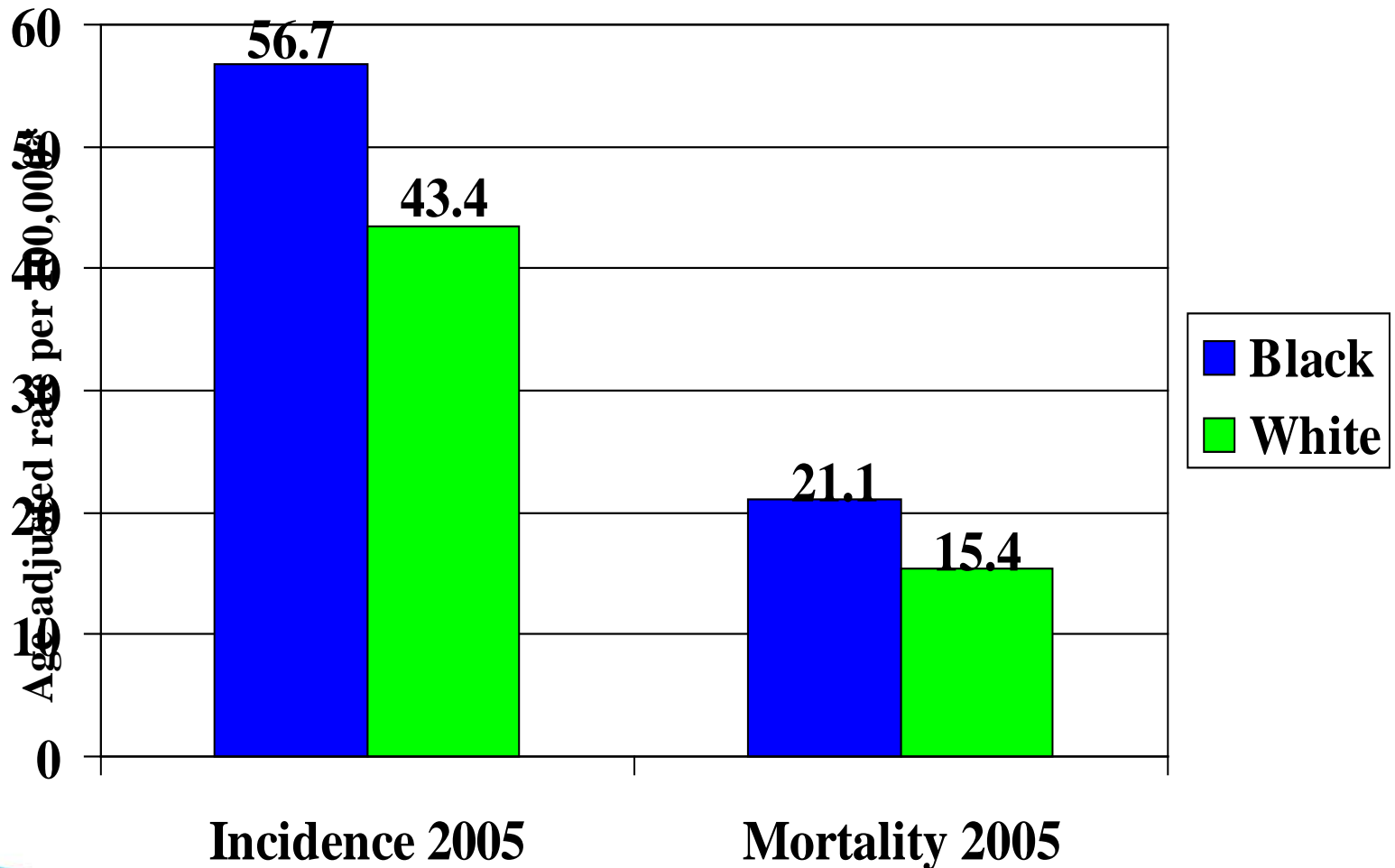
# Breast Cancer Incidence and Mortality



\*Adjusted to 2000 US standard population.

Source: Metropolitan Detroit Cancer Surveillance System (MDCSS)

# Colorectal Cancer Incidence and Mortality



\*Adjusted to 2000 US standard population.

Source: Metropolitan Detroit Cancer Surveillance System (MDCSS)

# Rationale

- Move beyond incidence and mortality rates
- Obtain a more detailed profile of the health status of older African Americans in Detroit by examining their screening behaviors
- Identify areas in need of intervention to improve health outcomes of older African Americans in Detroit.

# Research Questions

Q1: What is the screening rate for older African American women in Detroit for breast cancer?

- Compare to national trends

Q2: What is the screening rate for older African American women in Detroit for colorectal cancer?

- Compare to national trends

# Measures

## **Health Information National Trends Survey (HINTS)**

The National Cancer Institute (NCI) uses HINTS to collect nationally representative data routinely about the American public's use of cancer-related information.

- **Cancer screenings**
  - Colorectal
  - Breast



# Healthier Black Elders Center (HBEC)

- Run by the Institute of Gerontology at Wayne State University in conjunction with Michigan Center for Urban African American Aging Research (MCUAAAR) program.
- Participant resource pool
  - Oversight Committee which consists of HBEC Committee Advisory Board members manages access to the pool and use of the database. The committee is comprised of ten individuals whom are from the community.
  - This research pool consists of older African American men and women who are willing to participate in non-invasive research associated with the health of minorities.

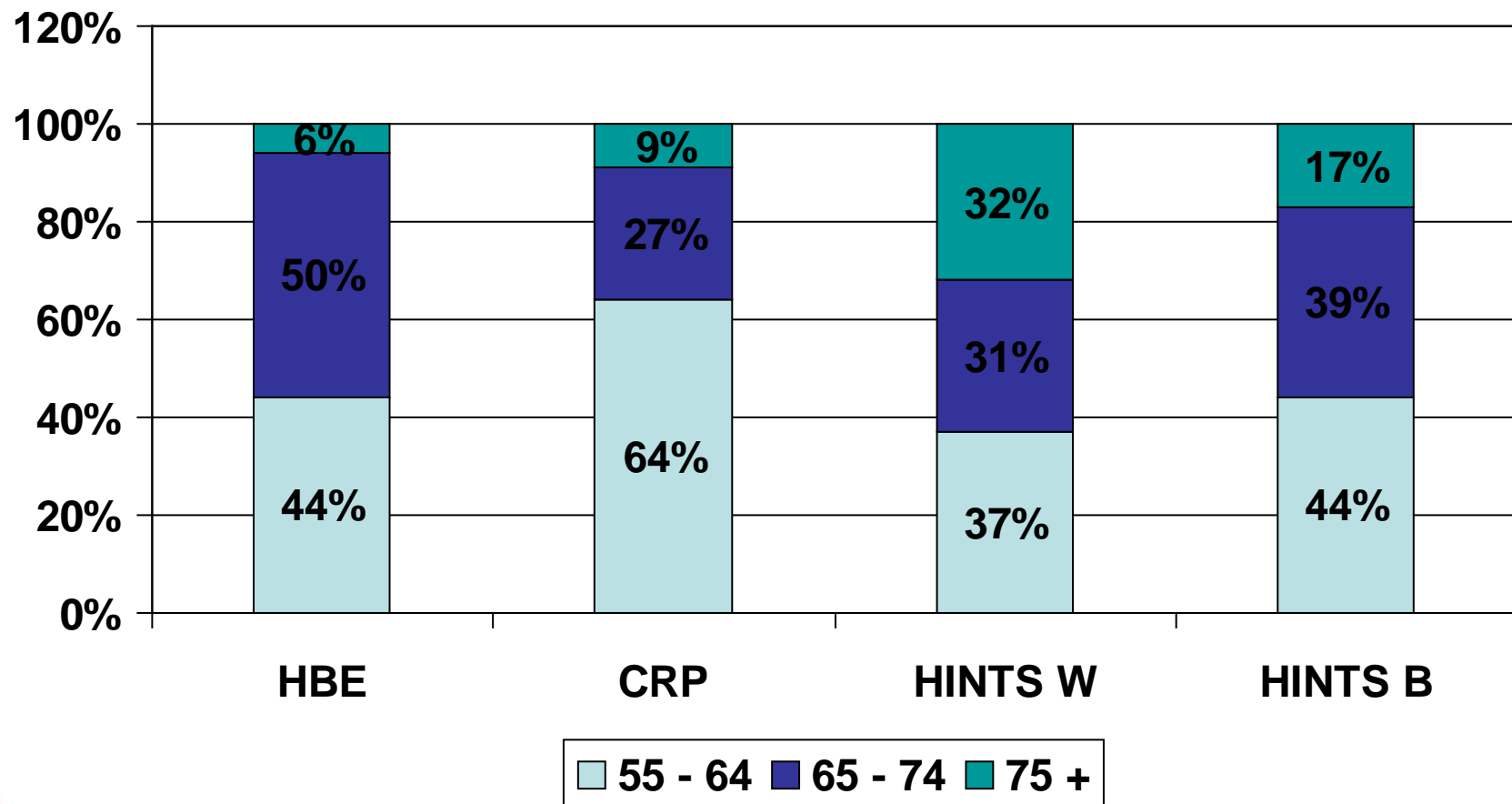
# Community Resource Pool (CRP)

The Community Based Research Registry was established by the Behavioral and Field Research Core at Karmanos Cancer Institute to provide a connection for Institute researchers with potential study participants from the community, particularly in the conduct of prevention and screening trials. Individuals in the registry have indicated an interest in learning more about research studies and opportunities to enroll in trials that might benefit them or have particular meaning for them.

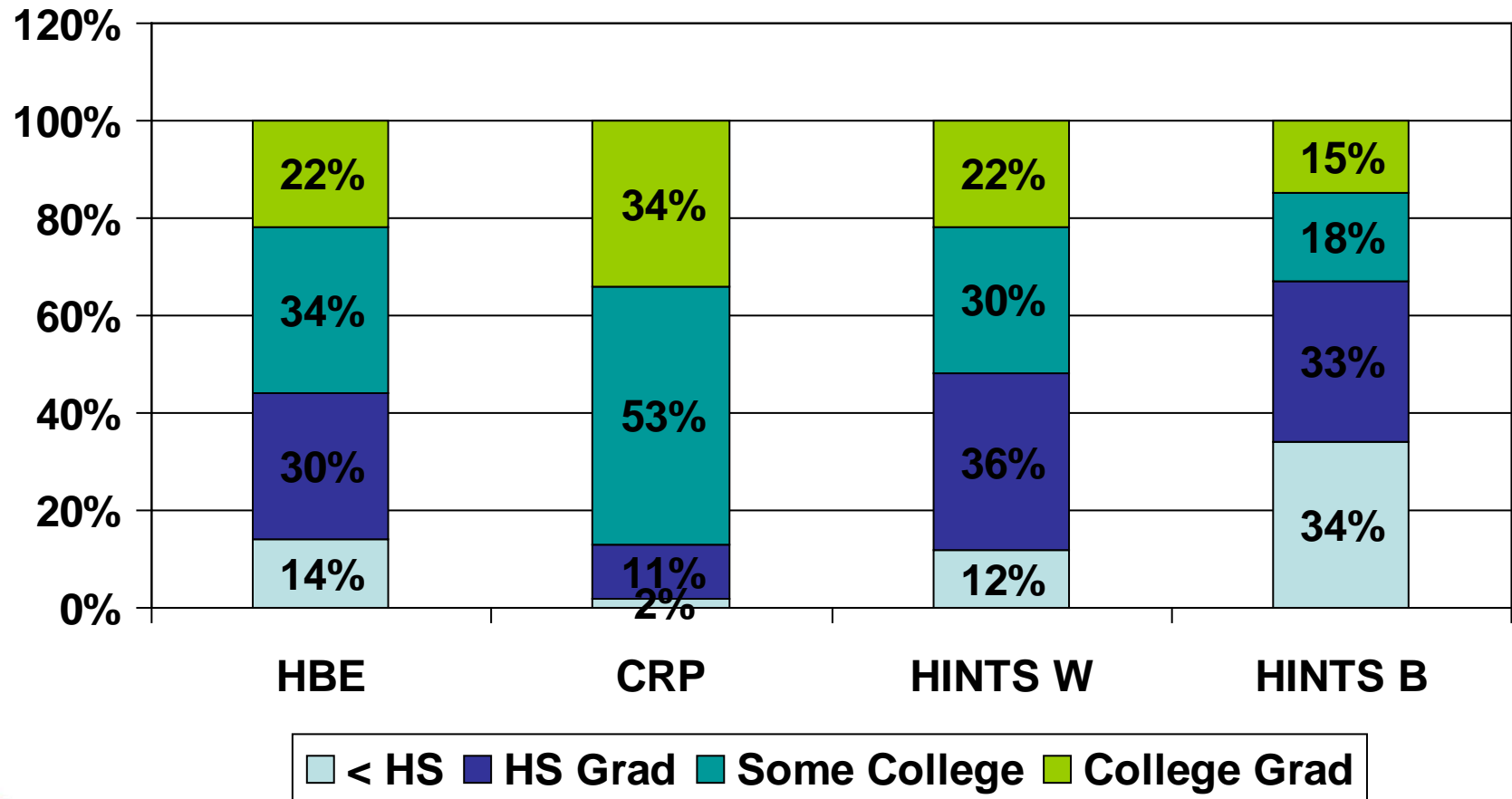
# Inclusion Criteria

- HBEC & CRP
  - African American/Black (non-Latino), female, 55 years or older, live in the city of Detroit ( $N = 50$ )
- CRP
  - African American/Black (non-Latino), female, 55 years or older, live in metropolitan Detroit area ( $N = 45$ )
- HINTS
  - African American/Black (non-Latino) ( $N = 123$ ) or White (non-Latino) ( $N = 1300$ ), female, 55 years or older, US born, English telephone survey

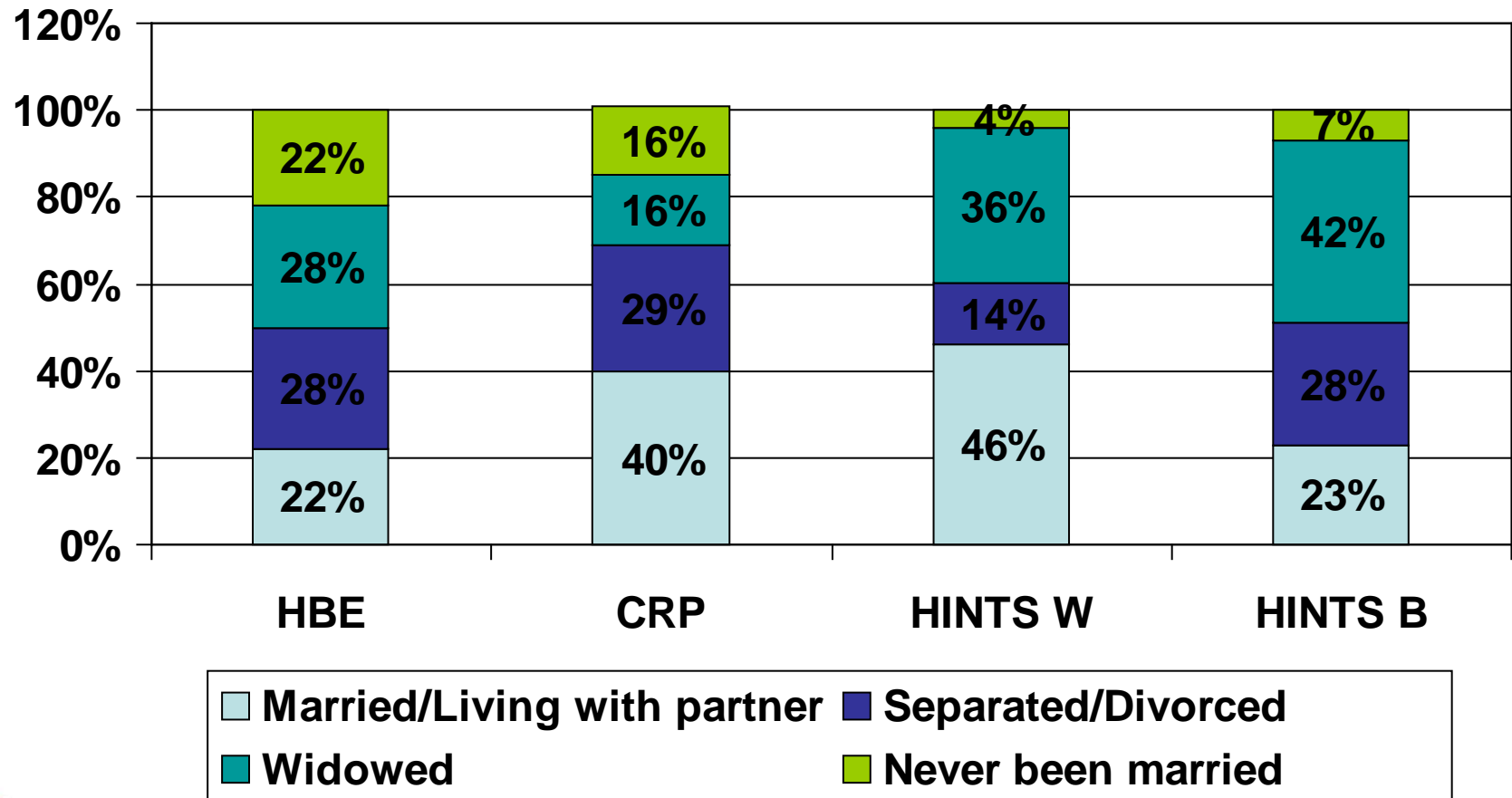
# Age\*



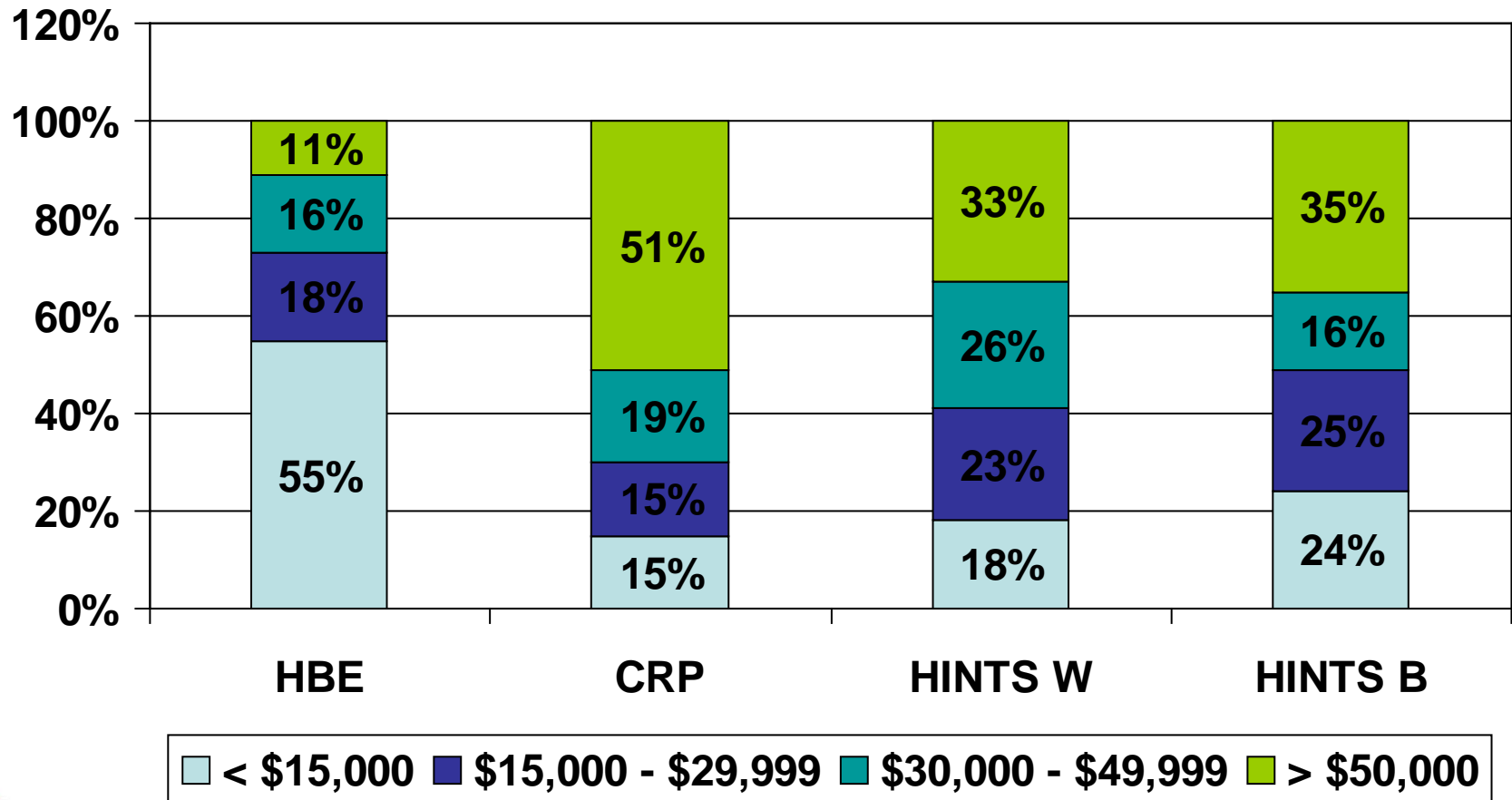
# Education\*



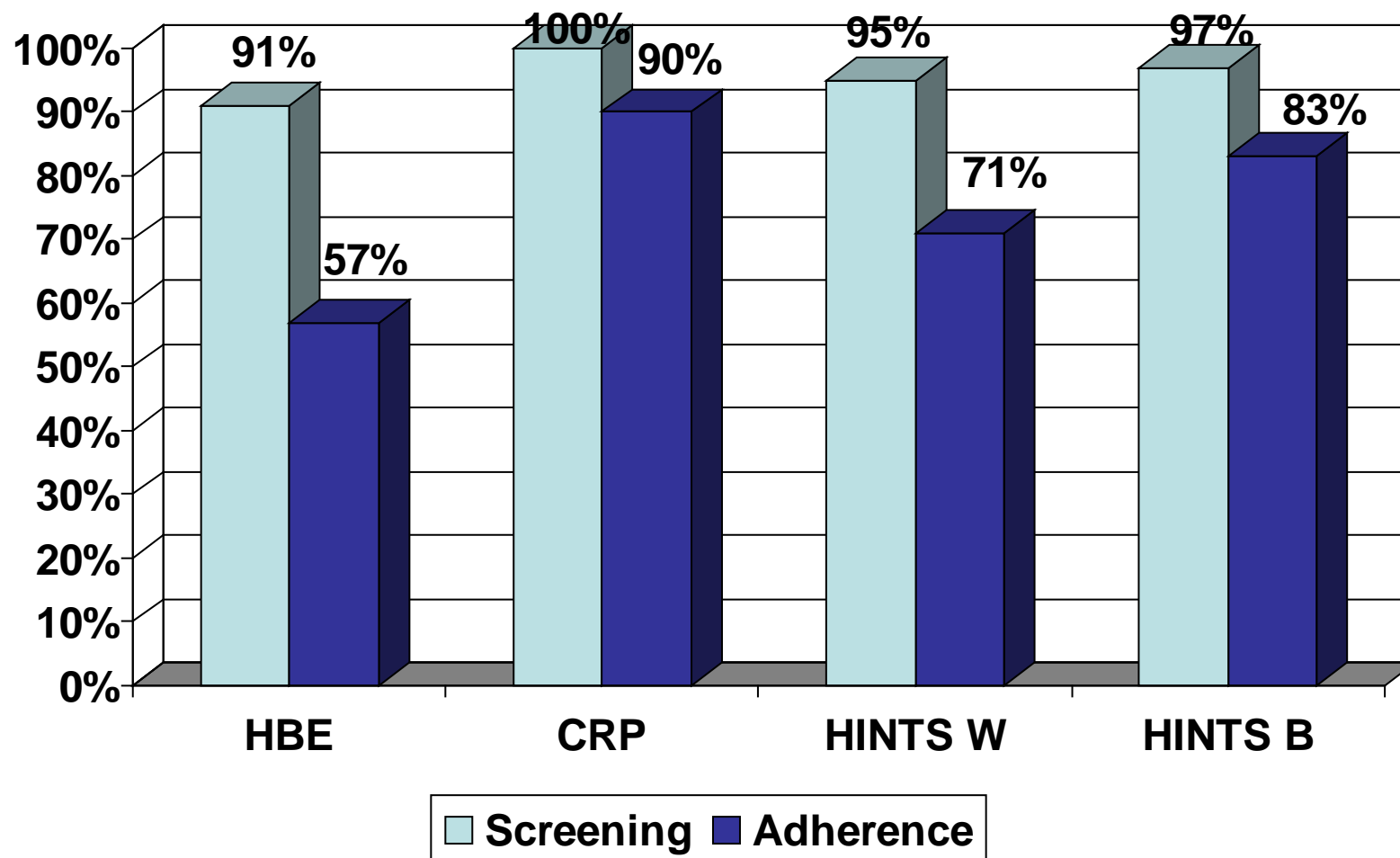
# Marital Status\*



# Income\*

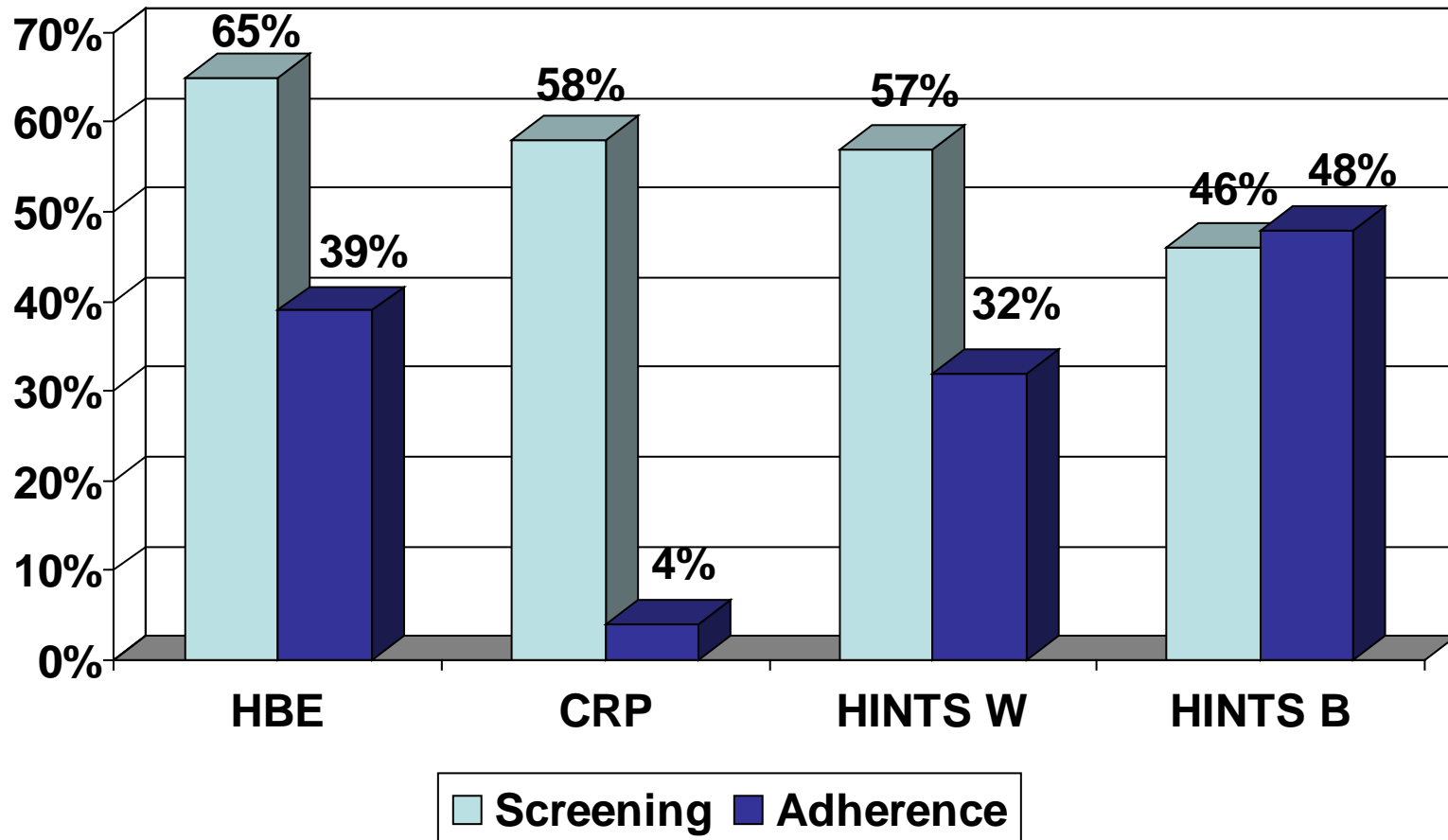


# Mammograms\*

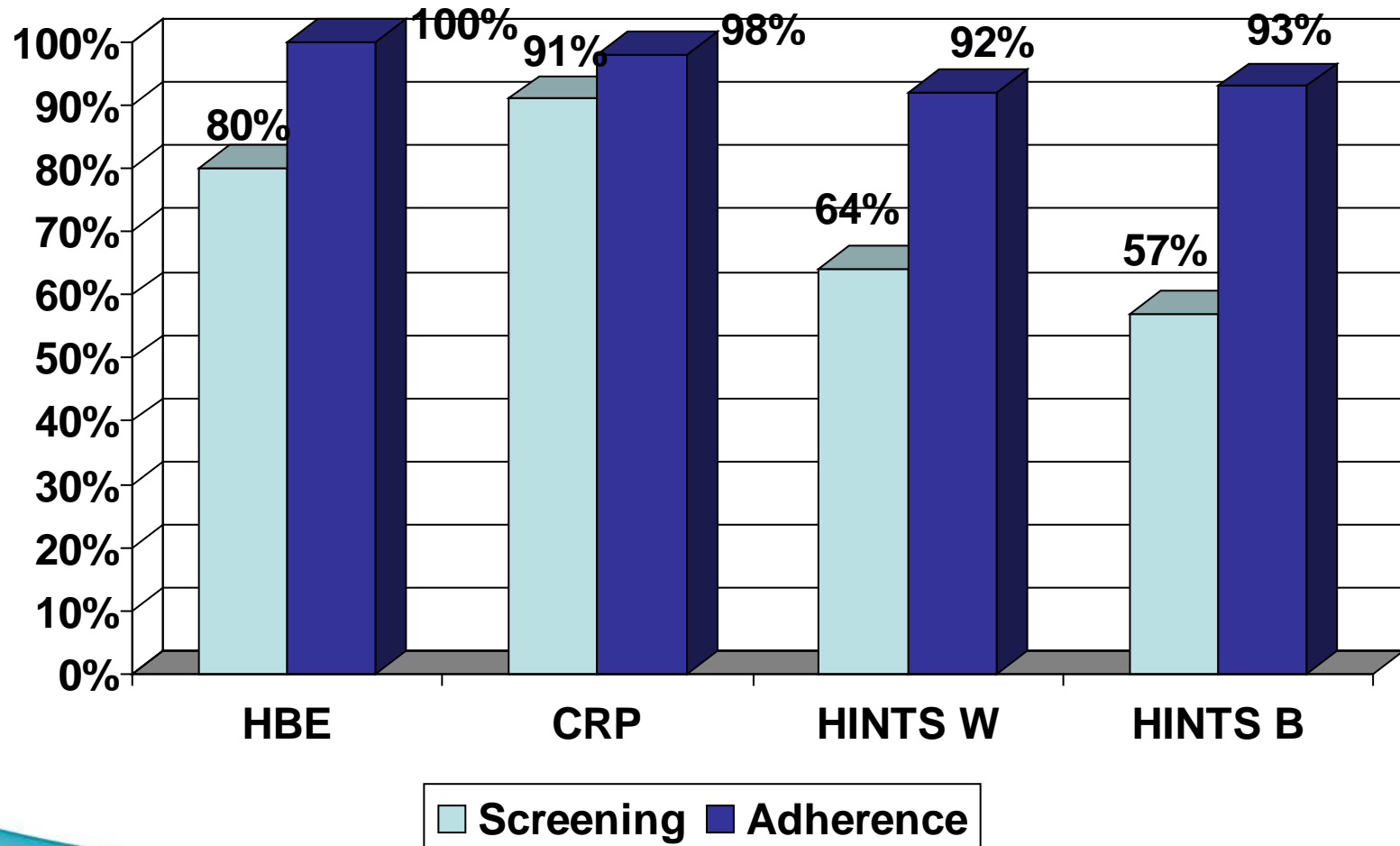




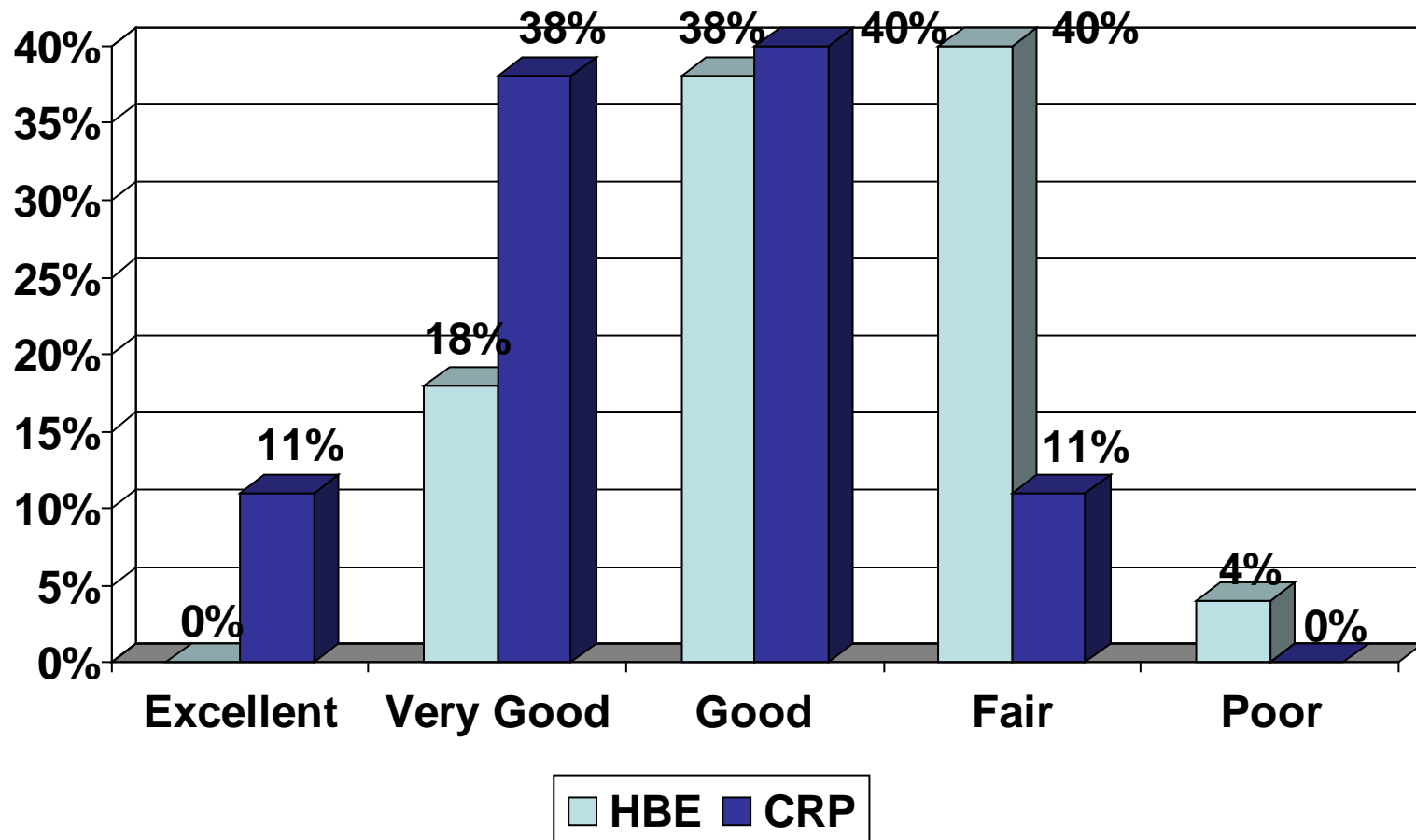
# Fecal Occult Blood Test (FOBT)\*



# Colonoscopy/ Sigmoidoscopy\*



# Self-Reported Health\*



# Future Directions

- Figure out next step to move beyond/improve screenings to lower health disparities among older African Americans
  - What can we do to decrease mortality?
  - In healthcare system
    - Are they navigating the healthcare system properly?
  - Tailored interventions

# Thanks

- Colleagues
  - Terrance Albrecht, PhD
  - Peter Lichtenberg, PhD
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