Factors Influencing Prostate Cancer Screening Decisions Among African American Men

**Purpose:** Due to controversy regarding prostate cancer screening, it is imperative that African American men make informed decisions. Little is known about the role of cultural factors in decision-making for prostate cancer screening among African American men. The purposes of this study were: 1) to investigate components involved with decision-making for prostate cancer screening among African American men; and 2) to identify cultural factors that may influence screening decisions.

**Methods:** Six focus group sessions were conducted consisting of African American men between the ages of 40 and 70.

**Results:** Eight themes emerged from the discussions about prostate cancer screening. These themes were: 1) men’s knowledge of prostate cancer and clinical services; 2) prostate cancer as a threat to manhood; 3) screening as a threat to manhood; 4) self-awareness of health and well-being; 5) value of screening; 6) convenience of prostate specific antigen (PSA) screening; 7) misunderstanding of screening controversy; 8) distrust of the medical community; and 9) shared decision-making.

**Conclusion:** This study identifies cultural factors involved with decision-making for prostate cancer screening among African American men. (Ethn Dis. 2007;17:374–380)

**Key Words:** African American Men, Health Education, Prostate Cancer Screening

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**INTRODUCTION**

The disproportionate number of cancer deaths among racial and ethnic minorities has demonstrated the burden of cancer-related health disparities, particularly among African Americans. Prostate cancer screening is complicated and controversial. The prostate-specific antigen (PSA) test and the digital rectum exam (DRE) have limitations, including false-positive and false-negative test results, poorly understood treatments, and treatment side effects. Professional guidelines for prostate cancer screening vary among medical and scientific communities, as it is not clear if the benefit of early detection outweighs the harm. While no consensus about prostate cancer screening recommendations has been reached, agreement exists that at-risk men should be informed of the risks, benefits, limitations, uncertainties, and the clinical services involved; these factors should be discussed in light of personal preferences and values, all as part of informed decision-making.

Our understanding of the decision-making process is limited, especially for ethnic minorities. Cultural factors may be directly or indirectly related to health behaviors. Among African American men, little is known about the role of cultural factors in decision-making for prostate cancer screening. One qualitative study summarized reactions to numerical information about events and outcomes related to prostate cancer screening among White, Hispanic, and African American male and female participants. However, the study summarized the group as a whole, without stratification by ethnicity or sex. Such an analysis makes it difficult to identify cultural qualities, attitudes, and beliefs that are specific to each ethnic group and sex.

The purposes of this study were: 1) to investigate components involved with decision-making for prostate cancer screening among African American men; and 2) to identify cultural factors that may influence screening decisions. Qualitative research methods, such as focus groups, can provide participants with the opportunity to critique, explain, and share their in-depth thoughts on specific topics.

**METHODS**

**Participants**

Eligibility criteria for the study participants included English-speaking African American men between the ages of 40–70 years who reside in Seattle/King County. This age range was chosen because some health organizations recommend initiation of prostate cancer screening at age 40 for men at high risk, and no guidelines support testing men over the age of 70. Persons with a prior history of prostate cancer were excluded.

Participant recruitment efforts were held in community settings. We partnered with worksites, community cen-