A CHURCH-BASED PROGRAM ON PROSTATE CANCER SCREENING FOR AFRICAN AMERICAN MEN: REDUCING HEALTH DISPARITIES

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INTRODUCTION

Racial disparities in prostate cancer incidence and mortality are a national concern. Prostate cancer incidence rates are >1.5 times higher for African American men than for White men and are the highest in the world.1,2 Age-adjusted death rates from prostate cancer were 2.4 times higher for African American men than for White men.3,4 The death rate from prostate cancer in Tennessee is above the national rate.5 African American men are more likely to first seek treatment at a later stage of prostate cancer,3–5 and they are less likely to receive radical surgical or radiation treatments.6,7

In 2004 only 45% of African American men in Tennessee reported having a prostate-specific antigen (PSA) test in the past year, compared with >60% of White men.8 Nationally, African American and White men (age ≥50 years) self-report similar 12-month prevalence of prostate cancer screening with the digital rectal exam (DRE) (54%), but African American men report lower prevalence of screening with the PSA blood test than do White men (52.9% vs 56.2%).9,10 Lower utilization of prostate cancer screening among African American men likely contributes to racial disparities in prostate cancer outcomes. African American men have higher initial presenting PSA levels than do White men, which suggests more advanced disease.11 A lower proportion of African American men are diagnosed at the localized and regional stages than are White men, and the five-year survival rate for prostate cancer diagnosed at the distant stage is lower for African American men than for White men.12,13 African American men have earlier onset of prostate cancer than White men, and they have worse clinical prognosis than do White men with similar clinical characteristics.14

Some authorities recommend that all men ages 50–70 years should have a DRE and PSA test annually (starting at age 40 or 45 for higher-risk African American men and men with a family history of prostate cancer). Others recommend that men in these age ranges should practice informed decision-making by discussing screening pros and cons with their doctor each year, to decide about screening individually. Nevertheless, an increasing number of studies suggest that early detection and treatment of prostate cancer help reduce mortality.15,16

Research should focus on ways to increase informed decisionmaking about prostate cancer screening among African American men as a strategy to reduce prostate cancer disparities. The health belief model posits that in addition to knowledge, preventive behaviors may occur because of perception of threat of an illness, expectations that an action (eg, screening) will prevent illness or death, and cues to action (internal or external motivators).17 Potentially successful approaches to promote screening and early detection of prostate cancer among African American men include peer-education and culturally competent approaches that...