



Skin cancer knowledge, awareness, beliefs and preventive behaviors among black and hispanic men and women

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ABSTRACT

Black and Hispanic populations perceive their skin cancer risk to be low and are less likely to use sun protection strategies. We conducted formative research to understand knowledge, awareness, beliefs, and behaviors among these groups. In 2017, eighteen focus groups were conducted with black and Hispanic respondents (18–44 years) in four US cities. Groups were segmented by participant characteristics associated with elevated or lower risk for skin cancer, by race/ethnicity, gender, and age. A professional moderator followed a semi-structured discussion guide, and focus group transcripts were analyzed using conventional content analysis and NVIVO 11 Software. Most participants perceived themselves to be at low skin cancer risk due to their “darker skin tone” and/or “lack of family history.” Skin cancer signs and symptoms were more inconsistently reported by blacks than Hispanics. Few participants reported regular sun protection behaviors. Those who did used sunscreen, wore protective clothing, and had elevated risk based on sun sensitivity or UV exposure. While most participants recalled family discussions (as youth) about sunscreen and sun protection, the understood intent was to warn against “further skin darkening” or to “prevent aging,” not to reduce sun burns or skin cancer risk. Tanning bed use was low across all segments, especially among black respondents. Tailored skin cancer prevention campaigns need to address misperceptions about risks and benefits of skin cancer prevention behaviors among black and Hispanic populations. Families, peer groups, and healthcare providers need to be engaged in the creation of educational interventions and messaging efforts that target these populations.

1. Introduction

Although people of all races and ethnicities can get skin cancer, little has been done to promote skin cancer prevention among non-white populations. Although skin cancer incidence rates are lower among blacks and Hispanics compared to non-Hispanic whites, (U.S. Cancer Statistics Working Group, 2017) research and surveillance efforts have demonstrated that these demographic groups tend to have poorer prognoses and survival rates when they do receive a skin cancer diagnosis (Wu et al., 2011; Rouhani et al., 2008; Kaufman and Alexis, 2017). Furthermore, each year, nearly one in four Hispanic adults and one in ten black adults experience at least one sunburn, illustrating their potential susceptibility to skin damage from the sun. (Holman et al., 2018) While the etiology of skin cancer in blacks and Hispanics

needs further exploration, negative effects of UVR on skin cancer risk among these groups exists (Lozano et al., 2012) and opportunities to engage in prevention behaviors should be leveraged. Poor engagement in sun protection behaviors (Manganello et al., 2016; Pichon et al., 2010a) among those who have traditionally been perceived at low risk for skin cancer due to their ethnic or racial background could be reflective of lower awareness.

In 2014, *The Surgeon General's Call to Action to Prevent Skin Cancer* (US Department of Health and Human Services, 2014) described prevention strategies to protect Americans from overexposure to UVR from the sun and indoor tanning devices. This report also outlined the need to develop effective messages and interventions for specific audiences to increase awareness of skin cancer prevention behaviors without direct mention of specific race or ethnic audiences. There are unique

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Table 1
Focus group segmentation, Skin Cancer Qualitative Assessment Study, 2017.

Total	Chicago	Miami	Atlanta	Los Angeles
	6	4	4	4
Black (8 groups)				
Female (4 groups)				
18–29 (2 groups)				
Elevated risk ^b		1 ^a		
Low risk ^b			1	
30–44 (2 groups)				
Elevated risk ^b			1	
Low risk ^b		1		
Male (4 groups)				
18–29 (2 groups)				
Elevated risk ^b			1	
Low risk ^b	1			
30–44 (2 groups)				
Elevated risk ^b	1			
Low risk ^b			1	
Hispanic (10 groups)				
Female (4 groups)				
18–29 (2 groups)				
Elevated risk ^b				1
Low risk ^b	1			
30–44 (2 groups)				
Elevated risk ^b	1			
Low risk ^b				1
Male (6 groups)				
18–29 (4 groups)				
Elevated risk ^b	1			1
Low risk ^b		1		1
30–44 (2 groups)				
Elevated risk ^b		1		
Low risk ^b	1			

^a Due to recruitment challenges related to finding black women who met inclusion criteria for the elevated risk group, one elevated risk group included women ages 18–44.

^b Participants were classified as having an elevated risk if they had two or more characteristics including: light hair or eye color, an outdoor occupation with sun exposure, self-reported sensitivity to the sun (e.g., sunburn history), or tanning bed use. Low risk classifications were assigned to those who had less than two of the aforementioned characteristics.

opportunities to provide education about skin cancer risk for groups not regularly targeted by skin cancer messages. To inform culturally appropriate messages targeting young adult black and Hispanic populations, we conducted formative research to understand audience 1) knowledge, awareness, beliefs, behaviors (KABB) and perceived risks related to skin cancer; 2) health information seeking behaviors; and 3) exposure to skin cancer messages in digital or traditional media.

2. Methodology

Eighteen focus groups were conducted in English between May 31 and June 27, 2017, with black, non-Hispanic (8 groups) and Hispanic (10 groups) young adult audiences. Market research facilities assisted in participant recruitment (Atlanta Outloud-Atlanta; Focuscope, Inc.-Chicago; Ask Miami-Miami; and Viramontes Marketing Communications, Inc.-Los Angeles). Locations were selected to ensure diverse participant geographic distribution. Audiences were further segmented by: race/ethnicity (Hispanic versus non-Hispanic, black); sex (male versus female), age (18–29 versus 30–44 years), and skin cancer risk profile classification (“elevated” versus “low” risk) (Table 1). Participants were classified as having an elevated risk if they had two or more characteristics including: light hair or eye color, an outdoor occupation with sun exposure, skin’s reaction to 1 h of unprotected sun exposure (sun-sensitivity), (Holman et al., 2018) or tanning bed use.

Inclusion criteria included those who were: born in or lived in the U.S. for ≥10 years (to focus on more acculturated individuals who

likely had riskier sun-related KABB compared to recent US immigrants.); aged 18–44 years; and self-identified as black or Hispanic/Latino. Screening criteria were added (e.g., excluding participants who attended five or more focus groups) to reduce the likelihood of “professional respondents.” To ensure screening criteria adherence, we provided facilities the screening instrument and monitored daily recruiting. Prior to focus groups initiation, participants completed re-screening questionnaires to verify eligibility. To maximize response rate, over-recruitment strategies were employed (recruit 12 to seat 8–10). Chicago male no-show rates were higher and focus group size ranged from 5 to 10 participants.

Trained moderators (matched to participant race/ethnicity) facilitated groups using a semi-structured discussion guide with open-ended questions and targeted probes. Focus groups were 2 h, audio recorded, and observed by note takers and study staff through a two-way mirror. Study staff asked that participants not disclose personal information (e.g. full names, addresses). Participants provided verbal and written informed consent for their audio-recorded and observed participation. Participants received \$75 for their time and study participation.

3. Analysis

Responses were digitally recorded and transcribed. Trained staff reviewed audio files to assess transcripts’ accuracy and completeness. Transcripts were then placed into QSR International’s NVivo 11 software for analysis. Reviewers (JB, ES, AP) trained in qualitative thematic analysis reviewed the data and developed broad codes (themes) based on interview guide questions and demographics of focus groups. Within codes, content were analyzed using constant comparative method and grounded theory approaches. (Glaser and Strauss, 1967) Responses to discussion questions were compared within focus groups and across demographic segments. Themes derived from analysis included: 1) general health information seeking; 2) exposure to skin cancer messages; 3) knowledge and awareness about skin cancer and sun protection; and 4) beliefs, behaviors, and perceived skin cancer risk. Themes were analyzed by sex, race/ethnicity, age, and region.

4. Results

4.1. Sample characteristics

Of 159 participants (73 women; 86 men), 45% (N = 72) were black and 55% (N = 87) were Hispanic/Latino. Hispanic/Latino respondents reported their descent as Mexican (51%, N = 44), Central American (14%, N = 12), Puerto Rican (10%, N = 9), South American (9%, N = 8), Cuban (9%, N = 8), or mixed heritage (7%, N = 6). Most (80%, N = 127) completed at least some college or received an associate’s degree, and about half (53%, N = 85) were ages 18–29.

4.2. Health information seeking

Respondents across groups reported similar health information seeking behaviors. Most used Google and WebMD to answer health questions or learn about symptoms for themselves or family members. Respondents described WebMD as “dependable,” “recognizable,” and a “one-stop-shop” for health information. Additionally, “.org” and “.gov” websites were reportedly “more scholarly” and “trustworthy,” along with personal testimonies and commentaries (e.g., forums, blogs) about health products or topics, by people perceived to be “like themselves.” Blacks uniquely endorsed health insurer websites as trustworthy. Many reported information on general audience websites was not targeted, tailored, or often relevant for blacks. Alternatively, websites like blackdoctor.org reportedly offered culturally relevant health information. Hispanic women reported using a wider variety of sources (e.g., YouTube, Pinterest) compared to blacks and Hispanic men. Hispanic

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