



BACKGROUND

Chronic diseases such as cancer are among the most prevalent and preventable of all health problems in the United States

Cancer affects thousands each year in the United States, and disproportionately affects certain subgroups

Citizens of rural areas are disproportionately screened for cancer and other health-related behaviors, and are often underrepresented in cancer research

PURPOSE

The purpose of this study was to highlight cancer screening barriers for females in Evans County, GA. Cancer screening and barrier trends were analyzed, including evidence of ever having been screened and most recent cancer screening

METHODS

A cross sectional study was performed using a convenience based, 49 question survey. Paper surveys were distributed county wide and data were collected from March-November 2010. Three hundred twenty surveys were collected and analyzed.

RESULTS

Cancer Screening Barriers by Race (White vs. Non-White)

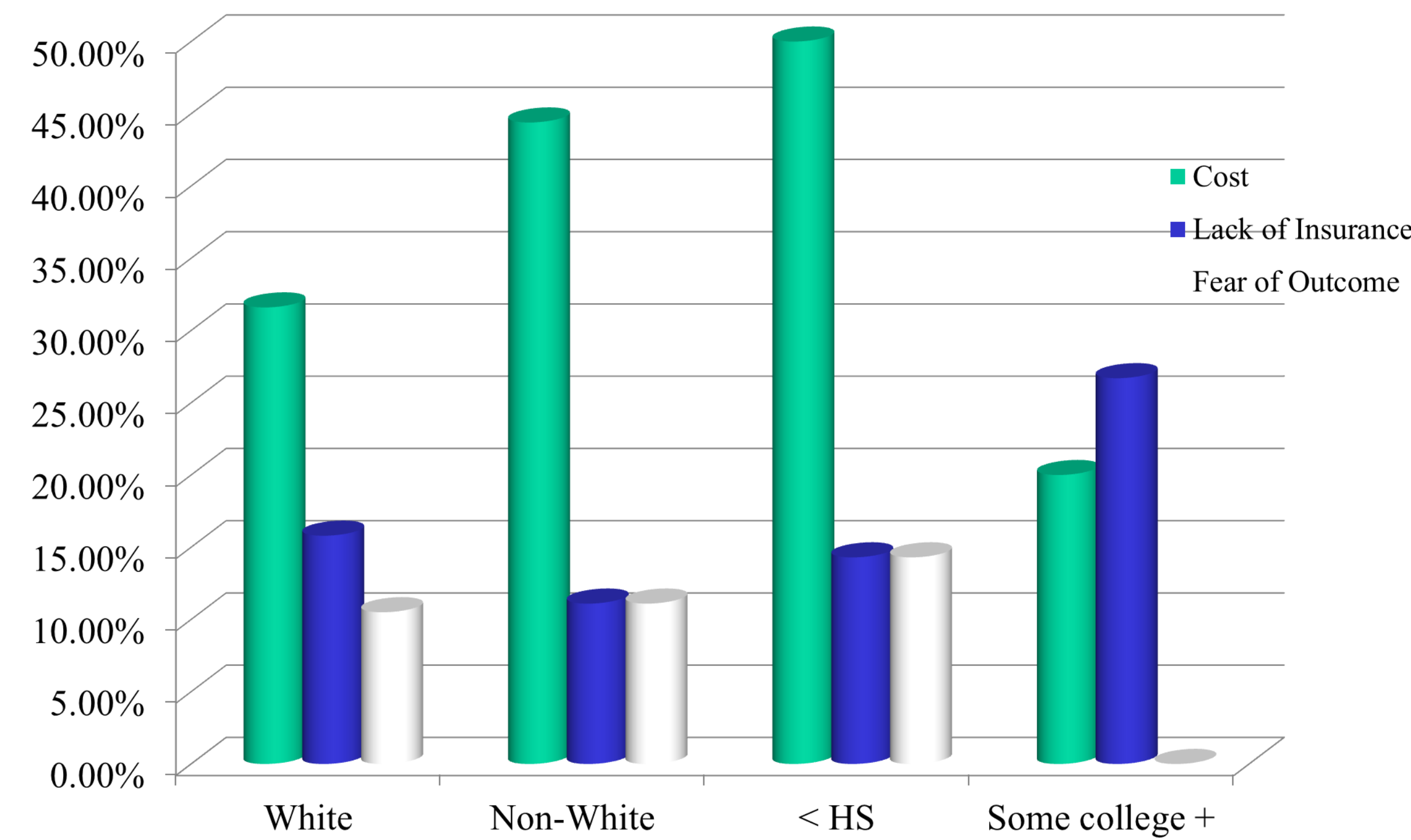
Screening	Odds Ratio	95% CI
Colon/Sigmoid	1.739	(0.745, 4.056)
Mammogram	1.142	(0.397, 3.284)
Breast Exam	3.545	(1.117, 11.254)
Papsmear	N/C	N/C

Cancer Screening Barriers by Education Level (≤ HS vs. > HS)

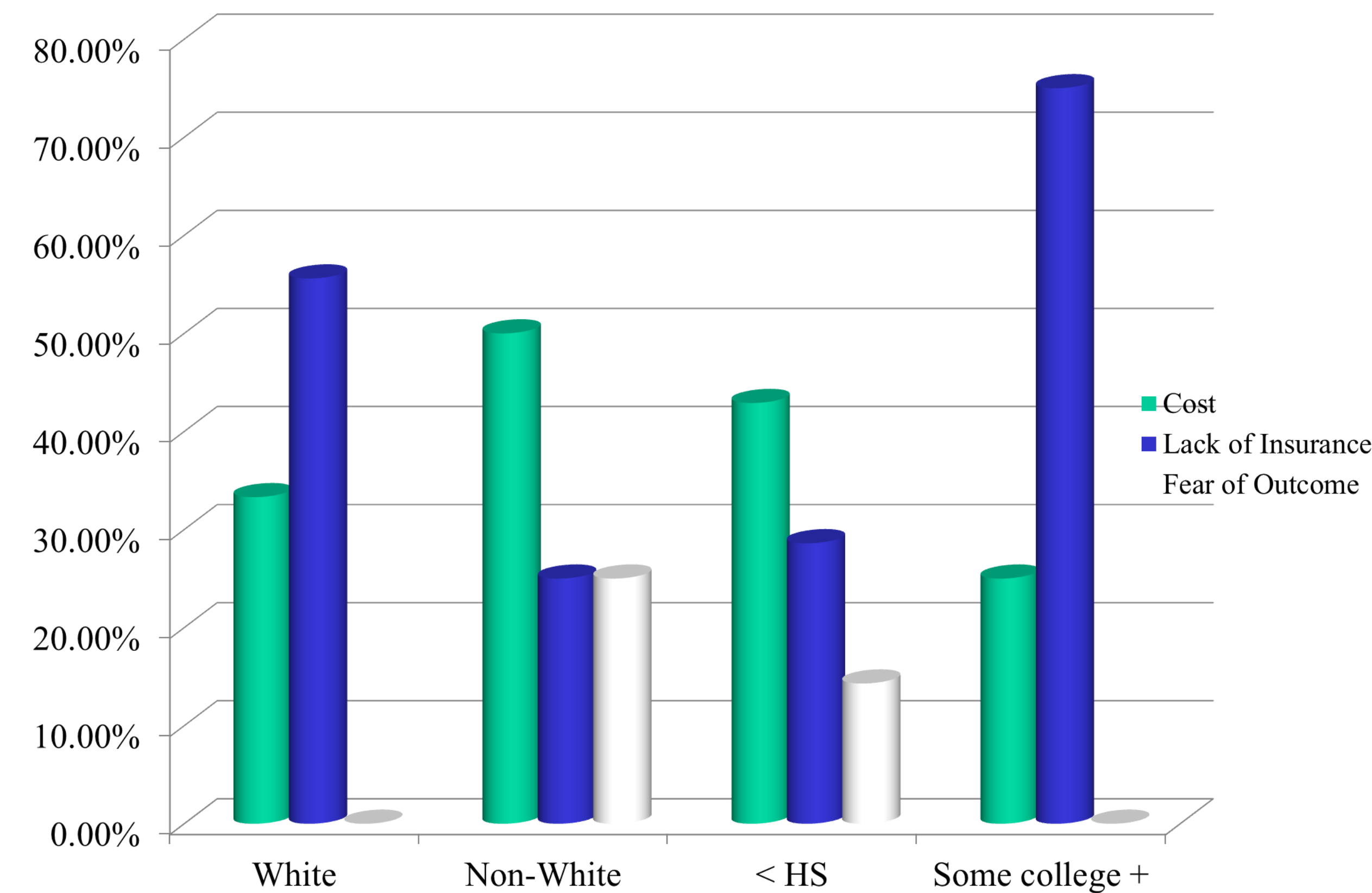
Screening	Odds Ratio	95% CI
Colon/Sigmoid	0.999	(0.557, 1.790)
Mammogram	1.208	(0.579, 2.519)
Breast Exam	0.559	(0.205, 1.520)
Papsmear	1.667	(0.315, 8.825)

RESULTS (cont.)

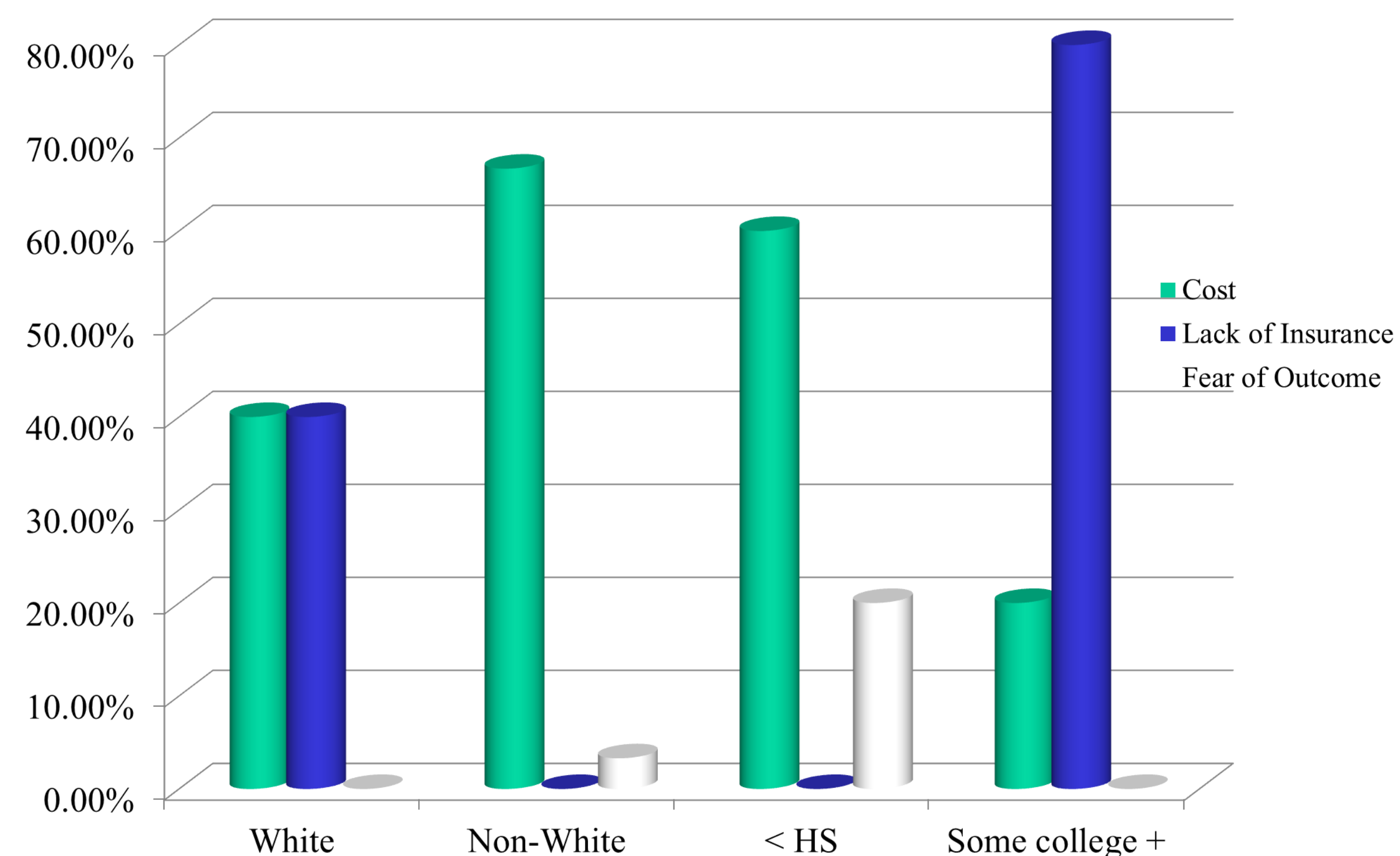
Specific Barriers to Colonoscopy/Sigmoidoscopy



Specific Barriers to Mammogram



Specific Barriers to Breast Exam



SUMMARY

- Among respondents, approximately 14.0% of individuals surveyed indicated they had been diagnosed with some form of cancer.
- The most commonly reported cancer was breast cancer (5.3%), and 17.5% of respondents indicated that breast cancer had been diagnosed in a family member.
- In addition, lung cancer (16.0%), colon cancer (11.2%), and cervical cancer (4.9%) were the most common survey responses for immediate family member diagnosis
- Compared to non-whites, whites are more likely to receive the following screenings:
 - Colonoscopy/Sigmoidoscopy (non-significant)
 - Mammogram (non-significant)
 - Breast exam (significant)
- Among whites, non-whites, and less educated females, cost was found to be the biggest barrier to a colonoscopy/sigmoidoscopy
- Among more educated white females, lack of insurance was the biggest barrier to a mammogram and breast exam
- Among less educated non-white females, cost was the biggest barrier to a mammogram and breast exam

CONCLUSIONS

- Cancer screening reduces healthcare costs and prevents premature deaths
- This survey was the first of its kind in Evans County, and the preliminary data illustrate barriers to receiving cancer screenings in a rural and underserved community
- It is expected that these data will be used to effectively target disparate populations and improve screening behavior among individuals living in rural communities
- Barriers for cancer screenings vary among certain demographics

Strengths:

- Inexpensive & convenient study design
- Good for describing magnitude & distribution of health problems

Limitations:

- Small sample size (n=320)
- Cross sectional study design (cannot determine causation)
- Participants mostly older, white educated females