

Ethno-Cultural Differences in Cancer Risk Beliefs and Behaviors

◆ Rationale for Research

Issues

- Cancer**
- Cancer Risk Factors**
- Family History**
- Genetics**

Ethno-Cultural Contribution to Health and Disease

- **Concept of self within family/social context**
- **Impact of social unit on health beliefs and behaviors**
- **Attributions of illness**
- **Moral connotations of sickness**
- **Gender roles**
- **Perceived control over illness**
- **Conceptualizations of prevention**

Why Is This Important?

- **Variable burden of cancer**
- **Variable access to care**
- **Variable utilization of services**
- **Communication within the Family/Social Unit**
- **Public health implications**

Behavioral Working Group

Minority Working Group

Clinical Working Group

Ethno-Cultural Differences in Cancer Risk Beliefs and Behaviors

- **Core beliefs about determinants of cancer**
- **Core beliefs about genetic causes of cancer**
- **Components of personal risk perception**
- **Family dynamics around health issues**
- **Personal and familial response to cancer diagnosis**

Ethnocultural Pilot

- A. Choice of minority categories**
- B. Eligibility**
- C. Sampling**
- D. Interview training**
- E. Taping of interviews**
- F. Data analysis**

Methodology

- **Qualitative**
- **Face-to-face interviews (~ 30 minutes)**
- **All interviews recorded**
- **Interviews analyzed by software**

Eligibility

- **Female**
- **Age \geq 35 yr**
- **Caucasian, African American, Hispanic, Chinese**
- **Enrolled in CFR at least 1 yr**
- **If affected, \geq 2 yr since diagnosis**

Number of Interviews

- 20 - 40 per site
- 10 affected
- 10 unaffected
- Total - 160
 - 20 affected
 - 20 unaffected } for each ethnic group

Study Goals

- **Understanding of cultural impact on cancer beliefs and behaviors**
- **Hypothesis generation**
- **Education Materials for CFR participants**