

Religious and Spiritual Issues in African Americans at Increased Risk for Cancer

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Populations at Increased Risk for Developing Cancer

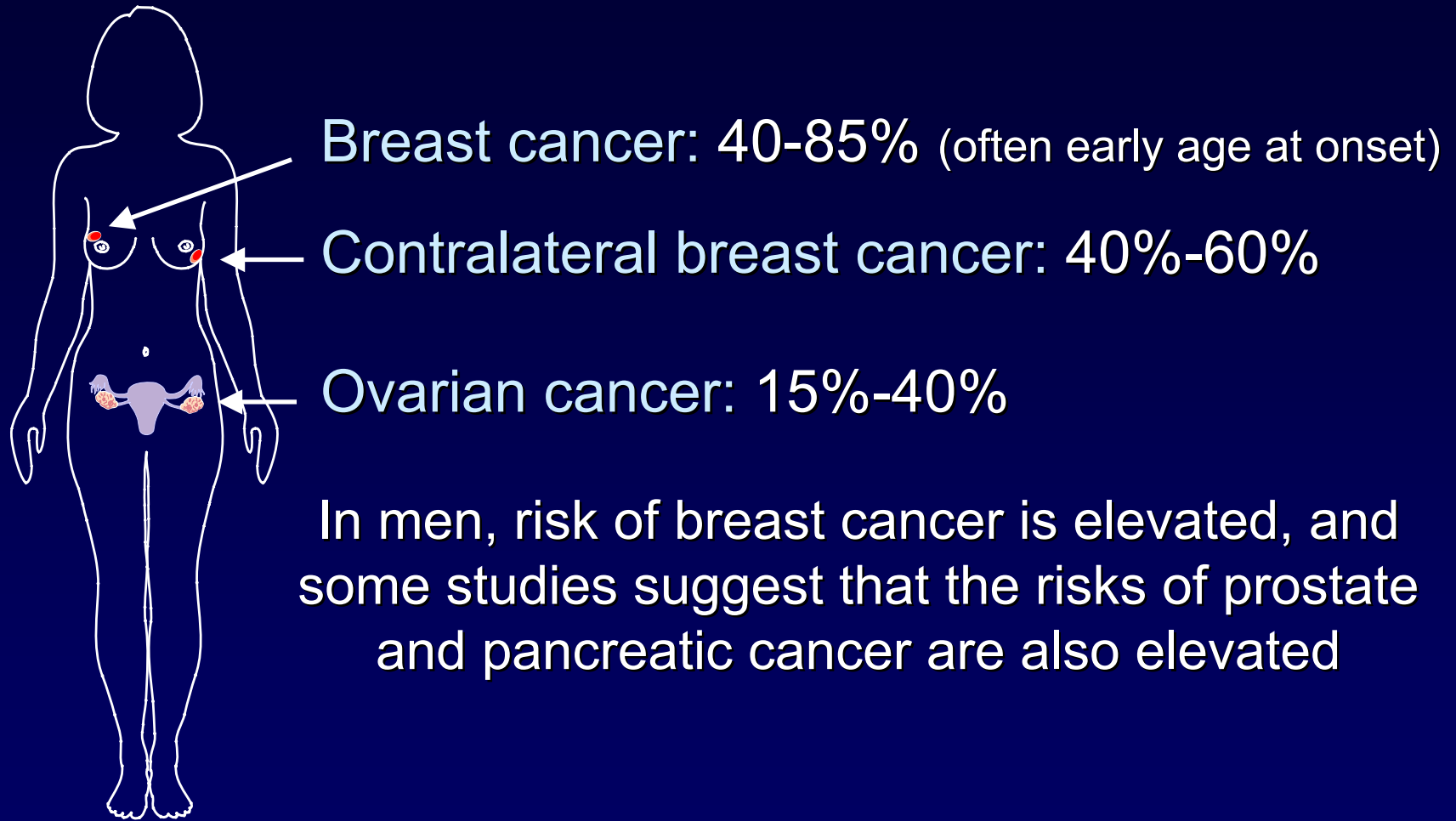
- Compared to other ethnic and racial groups, African Americans are more likely to develop and die from cancer¹
- Some African American men and women are at increased risk for developing some forms of cancer

¹American Cancer Society, Cancer Facts and Figures 2008

Hereditary Breast Cancer in African American Women

About 16%-28% African American women who have a personal and/or family history of cancer that is suggestive of hereditary disease carry BRCA1 and BRCA2 (BRCA1/2) mutations

BRCA1 and BRCA2-Associated Cancers: Lifetime Risk



Prostate Cancer Facts and Figures

- Approximately 234,460 men will be diagnosed with prostate cancer in 2008
- Prostate cancer is a leading cause of cancer death among men in the US
- Compared to Caucasian men, African American men are at greater risk for developing prostate cancer and have lower survival rates

Center for Community-Based Research and Health Disparities

- **Community Cancer Control**
 - Enhance minority participation in clinical cancer prevention and control research
 - Develop sustainable infrastructure for cancer prevention and control through community-based participatory research
 - Develop culturally tailored assessments and interventions to improve cancer outcomes in minorities

Cultural Constructs in Cancer Care

- Spirituality and Religion
 - *Spirituality*: Having a personal relationship with a higher power and faith, used to find meaning in one's life
 - *Religion*: Set of practices and beliefs that are shared by a community or group – Expression of one's spirituality
- Spirituality and religion are important aspects of African American culture and influence conceptualizations about cancer
 - African American prostate cancer patients reported significantly greater levels of religiosity compared to white men
 - African American women may endorse the belief that cancer is due to God's will
 - African American breast cancer patients use prayer and faith to cope with their diagnosis and treatment
- Religious and spiritual resources may also influence adaptation to cancer-related stressors in African Americans

Religious Coping Efforts in African American Women at Increased Risk for Hereditary Breast Cancer

Cancer-Related Stressors in African American Women at Increased Risk

- African American women at increased risk for hereditary cancer are exposed to cancer-related stressors
 - Family history of disease
 - Unaffected African American women with a family history of breast cancer in a first-degree relative reported significantly greater levels of distress compared to white women
 - African American women at increased risk for hereditary disease reported moderate levels of cancer-specific distress
- To our knowledge, empirical data are not available on how African American women cope with cancer-related stressors

Religious Coping Efforts

- Collaborative: Attempts to gain control over a stressful situation by actively working with God
- Deferring: Relying on God to address stressful situations
- Self-Directed: No usage of religious coping; relying on one's own resources to deal with stressor

Objectives

- To describe religious coping efforts in African American women at increased risk for hereditary breast cancer
- To identify sociodemographic, clinical, and psychological factors associated with utilization of religious coping efforts

“With Our Voices”

A Genetic Counseling Program for African American Women

Supported by Department of Defense Grant
#DAMD17-00-1-0262



Study Sample

- Women who self-identified as being African American or Black
- Ages 18 and older
- Minimum 5% to 10% prior probability of having a BRCA1/2 mutation
- Recruited from clinical facilities and community oncology resources in Philadelphia, PA

Study Procedures

Referral for Study Participation

Eligible

Not Eligible

Introductory Letter

Notification of
Ineligibility

Baseline Telephone Interview

No Further
Contact

Assessment of Religious Coping*

Pre-Test Education and Counseling Session

*61% of women who enrolled in
the study completed religious
coping assessment

Standard Genetic
Counseling

Culturally Tailored
Genetic Counseling

Measures

Predictor Variables

- Sociodemographic factors
- BRCA1/2 prior probability
- Family history of cancer

Outcome Variables

- Religious Coping Style Scale

Sample Characteristics (n=95)*

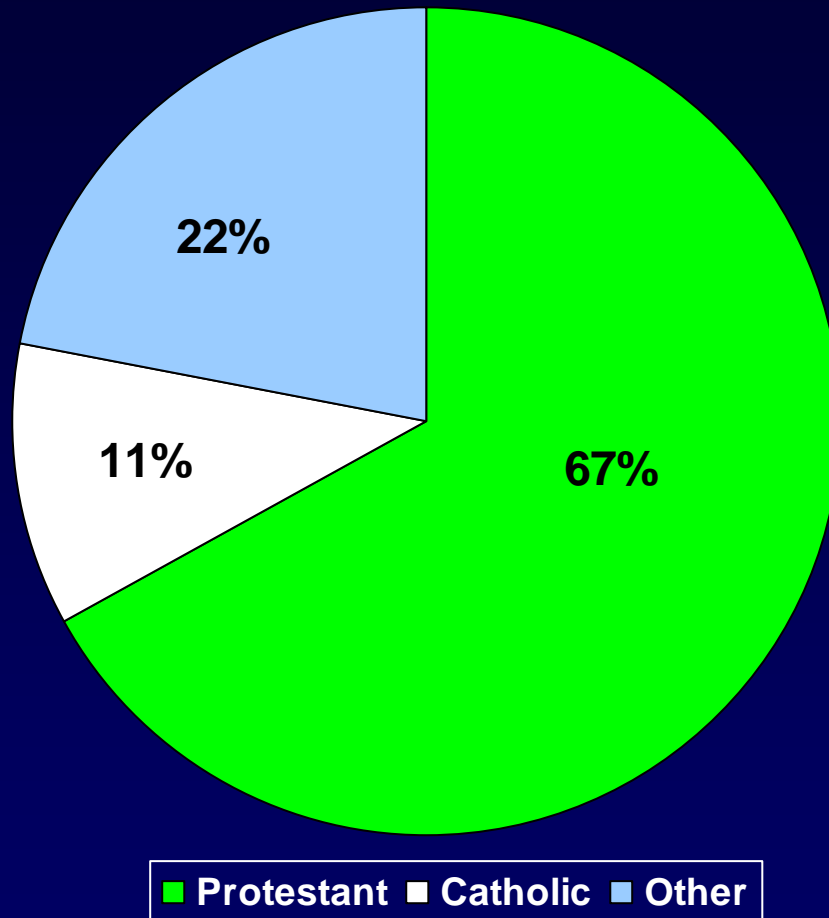
Variable	Level	n (%)
Age	≤ 50	58 (61%)
	> 50	37 (39%)
Marital status	Not married	65 (68%)
	Married	30 (32%)
Education level	≥ Some college	62 (65%)
	≤ High school	33 (35%)
Employment status	Employed	61 (64%)
	Not employed	34 (36%)
Income level	≤ \$35,000	52 (55%)
	> \$35,000	43 (45%)

*Women who completed religious coping scales.

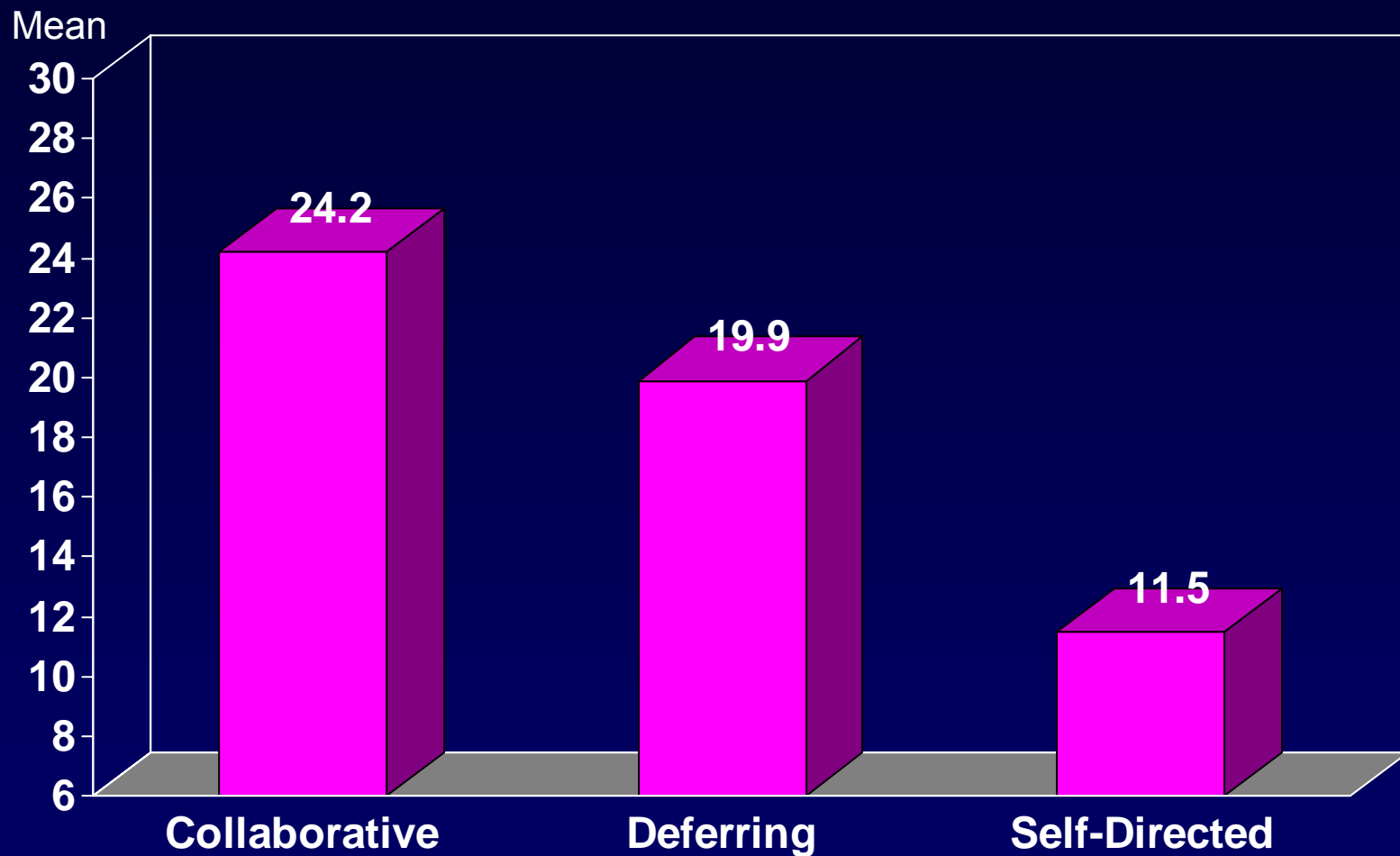
Clinical Characteristics

Variable	Level	n (%)
Cancer history	Affected	65 (68%)
	Unaffected	30 (32%)
Family history	Two or more	56 (59%)
	Less than two	39 (41%)
BRCA1/2 prior probability	10% or higher	54 (57%)
	5% to 9%	41 (43%)

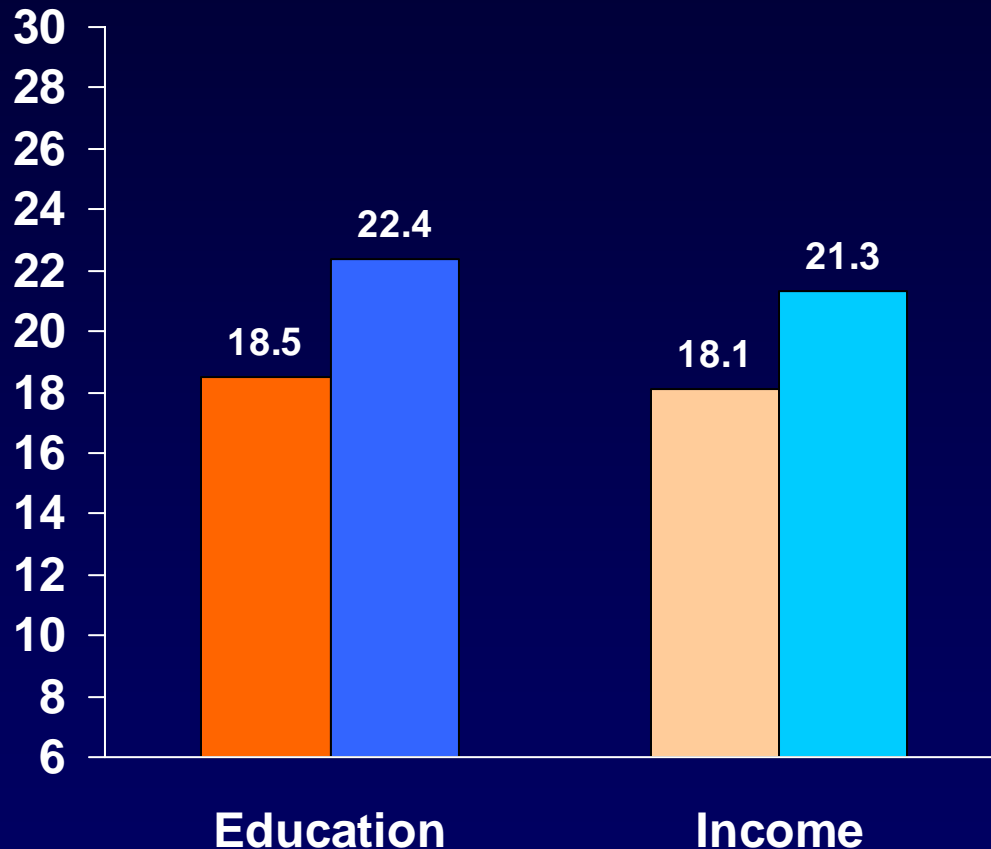
Religious Affiliation



Descriptive Information on Religious Coping

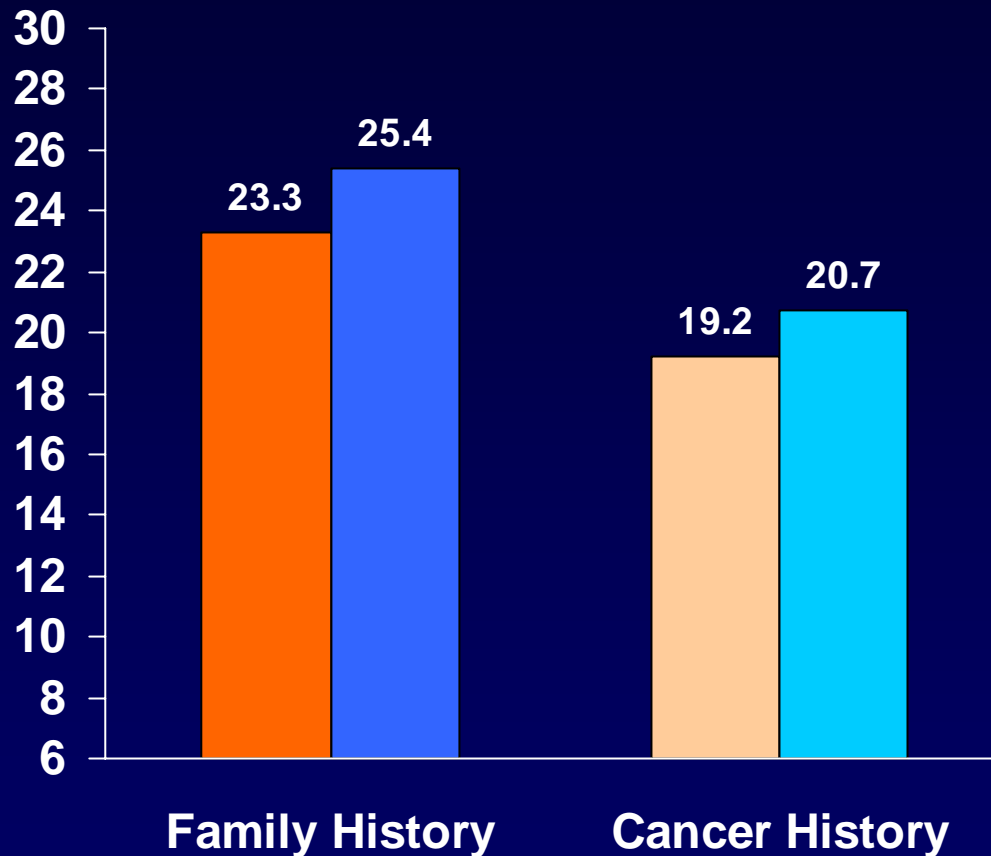


Religious Coping by Sociodemographic Factors



- Sociodemographic factors were only associated with utilization of deferring strategies
- Women with fewer economic resources were most likely to use deferring strategies

Religious Coping by Clinical Factors



- Women with a stronger family history of cancer were least likely to use collaborative strategies

- Personal history of disease was not associated significantly with utilization of collaborative strategies.

Other Correlates of Collaborative Coping

- **Perceived Risk**: Women with a lower perceived risk of having a BRCA1/2 mutation were most likely to use collaborative coping strategies ($t=2.16, p<0.05$)
- **Employment status**: Women who were not employed were more likely to use collaborative strategies compared to those who were employed ($t=1.83, p<0.10$)

Multivariate Model of Collaborative Coping

Variable	Level	Beta
Employment status	Employed Not employed	-1.87
BRCA1/2 perceived risk	Likely Not likely	-2.72**
Family history of cancer	Two or more Less than two	-1.97*

* $p < 0.01$

The effect for family history of cancer was slightly attenuated when controlling for personal history of disease.

Summary

- African American women at increased risk for having a BRCA1/2 mutation were most likely to use collaborative coping efforts and were least likely to use self-directed strategies
- Having fewer socioeconomic resources was associated with utilization of deferring strategies
- Family history of cancer had a significant effect on utilization of collaborative coping; women with a fewer number of affected relatives were most likely to use collaborative coping efforts

Implications and Conclusions

- African American women may use collaborative coping efforts to make decisions about participating in genetic counseling and testing
- However, utilization of religious coping efforts may vary depending on women's socioeconomic background and family history of disease
- It may be important to discuss religious and spiritual beliefs during genetic counseling with African American women