

Health disparities in preventive screenings for African Americans

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Preventive health screenings are important for everyone, yet these simple and routine things are not readily available to some. Nothing in life is perfect, medicine included. The health care system has not figured out a way to screen for every illness or cancer, but it does offer great screening tools for some. Things like pap smears, mammograms, colon cancer screenings and vaccines save lives every day.

"As a [family physician](#), I come across many people who don't utilize preventive screenings for various reasons, but some of them truly have limited barriers to getting good care," says Samantha Somwaru, M.D., a family medicine physician at Mayo Clinic Health System—Northland in Barron. "Racial and [social disparities](#) are some examples that continue to exist and affect the entire country, especially the Black population. Each must be examined and addressed to reduce health disparities and save lives. Black History Month is a good time to bring attention to the importance of preventive screenings, specifically in the African American population," Dr. Somwaru says.

African Americans have a greater risk of developing certain [chronic health conditions](#) compared to the rest of the U.S. population. This includes heart disease, [high blood pressure](#), obesity, diabetes and stroke.

"In addition, the overall [cancer](#) mortality rate is higher for African Americans than for any other race," Dr. Somwaru says. "Black women are 40% more likely to die of [breast cancer](#) than [white women](#), and prostate cancer deaths in Black men are more than double of other races."

The American Academy of Family Medicine Physicians refers to factors that influence a person's health outcomes as social determinants of health. These are the conditions under which people are born, grow, live and work.

Some factors disproportionately affect the health outcomes of African Americans. The list below is not exhaustive or all-inclusive, but represents some pressing conditions Dr. Somwaru sees in her practice.

Access to screenings

A significant reason for health disparities is unequal access to health screenings and preventive measures. Making appointments for routine screenings requires reliable transportation, health insurance, health literacy, time off from work and family support.

Patients are less likely to seek preventive care if they don't have transportation, child care, the ability to pay or health insurance. Unfortunately, African Americans are at an increased risk for these social determinants of health that negatively affect their ability to seek care.

"The reason why preventive screenings are so important is that they find health conditions before the person develops symptoms," Dr. Somwaru says. "Early detection saves lives. People may think, 'I feel fine. I'm not going to go in.' Yet, high cholesterol feels fine until arteries clog. High blood pressure is asymptomatic until it leads to a stroke, [heart disease](#) or heart failure."

Colon cancer is another disease that doesn't always have early symptoms. A colonoscopy is the standard colon cancer [screening](#). Finding colon cancer at its earliest stage during a routine colonoscopy provides the greatest chance for a cure. Unfortunately, routine colonoscopy screening is as low as 38% among African American patients. They are about 20% more likely to get colon cancer and about 40% more likely to die from it than most other groups.

Access to nutritious foods

Many African Americans suffer from food insecurity, which is unreliable and inconsistent access to nutritious and affordable food. According to the Department of Agriculture, African Americans were three times more likely to face hunger than white Americans, and nearly 20% of African Americans live in food-insecure households.

In addition, Black people are more likely to live in a "food desert," where affordable, healthy food is difficult to find. Eating unhealthy food is linked to higher rates of obesity, diabetes and high blood pressure.

Screening disparities

For decades in the medical community, the calculation for kidney function included race. The glomerular filtration rate is an estimate of kidney function (called eGFR) based on several calculations, including age, sex, body weight, etc. The original clinical trials that developed the formulas for eGFR assumed that race was biologic.

Historically, the formulas include a Black race variable which increased eGFR values for this population and overestimated kidney function by up to 16%. This led to delays in African Americans receiving kidney disease diagnoses, referrals to dialysis care and eligibility for kidney transplants.

"It is clear that race is a social construct and can be quite complex, with many people being multiracial and not fitting into one box," Dr. Somwaru says. "It was not until 2021 that the formula was changed and now uses race-neutral eGFR criteria. This should improve African Americans' transplant access and save lives."

Self-advocacy tips

"Society and the U.S. [health care system](#) must address factors contributing to health disparities," Dr. Somwaru says. "Yet, there are things that patients can do to advocate for their health and the health of their families."

- Ask questions. It's important that all patients feel comfortable with their health care teams and ask questions. Ask what you can do to lower your risk of specific diseases and conditions. Be honest about how you are feeling.
- Gather family history. Talk with relatives about their health. Documenting your family health history can help you and your health care team understand if you have an increased risk of developing certain conditions that are present in your family.
- Seek a second opinion if necessary. Don't be afraid to get another opinion if you feel that your concerns aren't heard or addressed fully.
- Access virtual care. Ask your health care team about virtual care options to make getting the care you need easier, especially if transportation, work or [child care](#) is a barrier.
- Get vaccinated. Vaccines aren't just for kids. They also protect against many diseases and conditions for adults, including influenza and COVID-19. Your health care team will recommend which vaccines are right for you based on your age, prior vaccinations, health, lifestyle, occupation, travel destination and sexual activity.

Screening recommendations

Your health care team will recommend screenings based on your age, gender and family history. All patients should ask if these screenings are

right for them:

- **Blood pressure:** This should be less than 120/80 for most adults. Ask how often your blood pressure should be checked.
- **Breast cancer:** It is recommended that women have a mammogram every year starting at age 40. Additional testing may be recommended based on family history, the density of breast tissue and mammogram results.
- **Cervical cancer:** For women, the recommendation is to have a Pap smear and HPV testing every three to five years starting at age 21. An HPV vaccination is recommended starting at age 11 through 26. Some people may qualify for the HPV vaccine through age 45 based on shared decision-making with their health care teams.
- **Cholesterol:** Starting at age 18, have your cholesterol checked every four to six years. Some people who have more risk factors need to get their cholesterol checked more often.
- **Colon cancer:** Screening is recommended starting at age 45. If you choose a colonoscopy, it is generally repeated every 10 years if no abnormalities are found and you don't have an increased risk of colon cancer. A colonoscopy also may be recommended earlier if there is a family history of [colon cancer](#) diagnosis in your first-degree relatives. There are other forms of screening available, including kits that are mailed right to your house. Talk to your health care team to find out which option is best for you.
- **Diabetes:** If you have high blood pressure, are overweight or have a strong family history of diabetes, you should be screened for diabetes every three years. Starting at age 35, the recommendation is to be screened every three years.
- **Lung cancer:** Screening is recommended for current or past smokers between the ages of 50 and 80 who have a heavy smoking history.
- **Osteoporosis:** Women should be screened beginning at age 65, or

younger if at increased risk.

- Prostate cancer: Men should be screened after shared decision-making with their health care teams. Factors such as age and family history should be considered. This can start as early as 40 in the African American population.

"As a physician, it's my job to take care of every person that comes into the clinic," Dr. Somwaru says. "Yet, I understand the importance of recognizing and addressing health disparities that place my African American patients at an increased risk.

"Health disparities and [health](#) inequities are not new. They have been documented for decades and reflect discrimination and racism. Mayo Clinic is striving to eliminate [health disparities](#) within our communities and help prevent and reduce illness and premature death in underrepresented minority populations."

Provided by Mayo Clinic

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