

SPECIAL TOPICS

ORIGINAL RESEARCH: FEATURED ABSTRACT FROM THE  
19TH NATIONAL CONFERENCE ON CHRONIC DISEASE PREVENTION AND CONTROL

# Colorectal Cancer Screening Among Latinos from U.S. Cities Along the Texas–Mexico Border: A Qualitative Study

Maria E. Fernandez, Isabel Torres, Sally Vernon, Theresa Byrd, Marilyn Hinjosa-Lindsey,  
Rosario Wippold, Yadvindra Bains

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PEER REVIEWED

### ***Track: Evidence-based Programs: Research, Translation, and Evaluation***

The purpose of this study was to identify factors influencing the decision to undergo colorectal cancer screening among low-income Hispanics living along the Texas–Mexico border. Although colorectal cancer is a leading cause of cancer death among Latinos, most are not getting the recommended colorectal cancer screening (CRCS) tests, and little is known about what types of factors may influence informed decision making for CRCS among Latinos.

Four focus groups with low-income Latino men and women were conducted in January 2004 at each of three sites (Brownsville, El Paso, and Laredo, Tex). Demographic, psychosocial, and cultural factors potentially related to CRCS were addressed, as well as general issues such as access to health care services, perceptions about the importance of preventive health care, and factors surrounding health care decision making.

Both women and men in this study reported a heavy reliance on home remedies, herbal remedies, and prescrip-

tion drugs bought across the border, in part because of financial barriers and lack of insurance. Many participants in all groups reported feeling more satisfied with the care they received on the Mexican side of the border because of lower-priced medications and office visits and perceptions that care in Mexico is more efficient, flexible, thorough, humane, and because it is offered using the Spanish language. The participants' knowledge, attitudes, and beliefs related to cancer reflected a mixture of misconceptions and accurate information, and participants expressed varying beliefs about the survivability of cancer. Participants often associated the word *cancer* with descriptors such as death, fear, pain, ugliness, sadness, and hopelessness.

Most participants in this study knew very little about colorectal cancer and even less about CRCS. Many of them were confused about the differences between colorectal cancer and stomach or prostate cancers. There was also a strong belief that untreated hemorrhoids and constipation were major causes of colorectal cancer. Individual-level barriers to CRCS suggested by participants included embarrassment, machismo, lack of knowledge and information, procrastination, fear of questioning physicians, fear of the actual screening procedures, and fear of receiving a diagnosis of cancer. Other barriers to CRCS identified by participants included lack of health insurance or financial resources, being undocumented, and transportation barriers.

Results from these focus groups have provided much-needed preliminary information about this area of Latino health and will provide guidance for the development of

interventions to increase CRCS among low-income Hispanics along the Texas–Mexico border.

**Corresponding Author:** Maria E. Fernandez, PhD, Assistant Professor of Health Promotion and Behavioral Sciences, University of Texas Health Science Center at Houston School of Public Health, Center for Health Promotion and Prevention Research, 7000 Fannin St, Suite 2558, Houston, TX 77030. Telephone: 713-500-9626. E-mail: [Maria.E.Fernandez@uth.tmc.edu](mailto:Maria.E.Fernandez@uth.tmc.edu).