Understanding Factors Associated with Family Cancer History Collection among African American Families: An Opportunity to Tailor Risk Assessments and Risk Stratified Prevention to Promote Health Equity

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Background & Objectives: Family cancer history (FCH) is a critical cancer risk factor. Gathering this information using a FCH collection tool is considered the front-line method for assessing cancer risk and targeting prevention efforts. Unfortunately, there has been low engagement in FCH gathering among patients, limited use of existing FCH collection tools that support accurate recording of FCH information, and poor translation of FCH into clinical settings. These challenges are especially relevant among African American (AA) populations, who have had limited engagement in FCH collection.

Method(s) and Results: As part of the presentation, I will describe my program of research that is focused on FCH gathering among minority populations. This includes providing a multi-level conceptual model that describes the process of FCH gathering beginning with patient initiation through implementation of FCH information in clinical settings. I will discuss three specific areas of FCH gathering in depth: 1) features of FCH gathering tools that influence implementation, 2) individual- and network-level factors that impact individual’s decision-making to complete FCH information among AA families, and 3) FCH tool implementation challenges in clinical settings. Findings related to the features of FCH gathering tools include overall positive experiences for individuals who used the FCH tools. Lower levels of perceived complexity of the tool was associated with higher levels of FCH tool completeness. Findings related to factors that impact decision making about completing FCH information demonstrate that network-level factors (e.g., size of network and composition) are strongly associated with FCH gathering. FCH tool implementation challenges identified include inability to integrate with the electronic health records, lack of time and awareness among providers, and insufficient information included in the pedigree.

Conclusions (Significance and Impact of the Study): Improving FCH collection is a multi-step and multi-level process that involves several stakeholders. FCH gathering is an example of a precision public health approach that can inform risk assessment to enhance cancer prevention. Focusing on risk stratified prevention can help reduce disparities and promote health equity by ensuring cancer prevention efforts are tailored to an individual’s specific needs. Further D&I research can focus on developing FCH gathering interventions tailored specifically to enhance risk assessment among minority populations.

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