**Barriers Continue to Deter Black Men from Seeking Prostate Cancer Treatment**

The third deadliest cancer in the United States, prostate cancer will affect one in nine men in their lifetime. To further matters, black men are twice as likely to be diagnosed with and die from prostate cancer as white. Research suggests that factors such as historic and systemic racism in the healthcare industry influence black men to seek treatment out less than other demographics (Brandon, Isaac, LaVeist, 2005).

Derek Griffith, a psychologist in the Center for Research on Men’s Health at Vanderbilt University, says that outside factors and an inefficacy of test results, particularly in regards to prostate cancer diagnosis, can turn black men away from seeking care: “I’m going to take off work, I’m going to lose money… but I’m not going to get anything useful out of it. And often the experience between the provider and the patient [is] negative.”

Dr. Warlick and his team of physicians and social scientists believe that a community-engaged approach can address the issue of black men not seeking proper diagnostics and treatment for their condition. Specifically, the group investigated black men’s perceptions and attitudes of genomic testing and prostate cancer research. In their experiment, the researchers recruited 56 people of color from four different tests sites: Minneapolis, Birmingham, Oakland, and Sacramento.

The team divided these subjects into seven focus groups. Four of these focus groups discussed potential barriers and facilitators for genomic testing in black men for prostate cancer. The other three groups conversed on black men’s attitudes towards participation in prostate cancer research.

The accumulation of thoughts and opinions of these focus groups led to three categorized conclusions. First, in terms of healthcare knowledge, few knew what genomics were. This misidentification of genomics with genetics often led people to believe these test would affect their genes and the genes of their descendants. Second, experiments that resulted in humanitarian crimes against black people, such as Tuskegee, continue to leave the black male population at unease with healthcare almost 47 years later.

Finally, there remains a mistrust of physicians, as black men perceive them as “not the same people” and of a different community than their own. Subjects felt that physicians, even if they were people of color, came from such a different social and educational background, that they lacked the connection with the sociocultural ideals of their community. However, positive opinions arose from the focus groups—overwhelmingly, subjects expressed a desire for further healthcare education in order to find the best diagnoses and treatment available.

 This experiment reiterated the idea that black men do not seek proper diagnoses for conditions such as prostate cancer due to a lack of education, a sense of mistrust, and cultural barriers. The results also show a promising future for black men’s health outcomes with implementation of further health education directed towards them.

However, Christopher Warlick of the Department of Urology at the University of Minnesota and the chief researcher in this experiment, says that, “Education is necessary but not sufficient for getting people… to access the healthcare that you hope that they would.” Getting black men to go to the doctor remains a daunting task, but continued research allows the scientific community to develop stronger methodology and an overall understanding of the reasons why.

Works Cited

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