



# Cancer Knowledge, Attitudes, and Screening Practices of African Americans in Michigan

5 City Supplemental Survey, 2008

April 2010



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## Study Overview

The impetus for this study came from the epidemiological finding that although cancer prevalence is roughly equal for African Americans and others, the outcome for African Americans, on average, is worse. It was thought that certain attitudes in the African American community are instrumental in reducing African American participation in screening and treatment, thereby producing the more serious outcomes of the disease.

The African American Five Cities Survey was first conducted in 2003 within five Michigan cities (Detroit, Flint, Lansing, Pontiac, and Saginaw) which are residence to approximately 80% of the state African American population. This population-based study provided a baseline assessment of the knowledge, attitudes and behaviors of African Americans related to cancer in general, cancer screening, cancer prevention and end of life care. The findings were intended to inform and aid in the design and implementation of a community intervention to increase the knowledge and awareness about cancer, cancer screening and treatment among the African American population in Michigan. A copy of the report from 2003 can be found at <http://www.michigancancer.org/PDFs/MCCReports/MCCReports-FiveCitySurvey-100405.pdf>.

The second African American Five Cities Survey was conducted in 2008. This is a supplemental survey to the 2008 Special Cancer Behavioral Risk Factor Survey (SCBRFS)<sup>1</sup>, a biannual survey designed to measure progress towards achieving several priorities of the Michigan Cancer Consortium (MCC) among Michigan adult population. As in the baseline survey, the target population for the African American Five Cities Survey was African American men and women in Detroit, Flint, Lansing, Pontiac and Saginaw, 18 years of age and older. This report covers the results of the survey.

Funding for conducting the survey was provided by the Michigan Department of Community Health (MDCH) Cancer Prevention and Control Section. The survey was designed and coordinated by Michigan Public Health Institute (MPHI). Survey data was collected and weighted by the Institute for Public Policy and Social Research (IPPSR) at Michigan State University in East Lansing, Michigan. This report was produced by MPHI with support from MDCH.

## Study Methods

Trained interviewers from the Office for Survey Research of the Michigan State University's Institute for Public Policy and Social Research conducted the random digit telephone survey of eligible respondents in the five cities. Prior to the interview process, potential participants from the five designated cities, for which phone numbers were listed in the telephone directory, were mailed advance letters that informed the recipient that we wanted to interview African Americans and that if no adult in the household was

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<sup>1</sup> Michigan Department of Community Health and Michigan Public Health Institute. *Special Cancer Behavioral Risk Factor Survey, 2008*.

eligible to let the interviewer know when he/she calls. When interviewers called a household, they explained what the study was and explained again who we wanted to interview. This process was used to maximize our ability to obtain a representative sample of the African American community.

Each interview consisted primarily of closed-ended questions with some open-ended response options. The instrument used throughout the interview process included questions modeled after the Behavioral Risk Factor Survey (BRFS) administered by the Michigan Department of Community Health as well as questions modeled after various other surveys of cancer knowledge, attitudes and practices identified through review of the current cancer-related literature. The questions included within this survey were designed to provide information on several different areas of cancer control and prevention. The interview instrument had ten primary sections:

1. Attitudes and Beliefs
2. Health Status
3. Breast Cancer
4. Cervical Cancer
5. Colorectal Cancer
6. Prostate Cancer
7. Lung Cancer
8. Health Care Coverage
9. End of Life Care
10. Demographics

The target sample size for the survey was at least 400 completed interviews with African Americans in each of the five cities. A disproportionate stratified, list-assisted random-digit dial (RDD) sampling design was used for the survey. Separate samples were drawn from each of the five cities. These samples were drawn to produce approximately equal numbers of interviews from each of the five cities. They were not drawn to be proportionately representative of African Americans throughout the state or even across the five cities - Detroit would be severely under-represented while Lansing would be over-represented. The sample is only appropriately useful for examining results within each city and comparing across the five cities.

Data collection occurred between September 14, 2008 and March 25, 2009. A total of 2,001 interviews with eligible African American individuals were completed within this period. Table 1 below summarizes the final sample size, response rate and refusal rate for the study population.

**Table 1: Sample Size, Response and Refusal Rates: Overall and by City**

	Sample Size	Response Rate	Refusal Rate
Overall	2001	49.1%	32.1%
Detroit	401	45.2%	35.4%
Flint	400	48.3%	34.7%
Saginaw	400	45.0%	36.4%
Lansing	400	61.2%	21.2%
Pontiac	400	41.4%	37.3%

Prevalence estimates were calculated using SPSS Complex Samples 15.0 that enables us to make more statistically valid inferences for a population by incorporating the sample design into the survey analysis.<sup>2</sup> Due to the multistage sampling design of this survey, the final data set was weighted to correct for unequal probabilities of selection based on several factors and to adjust for nonresponse differences based on age and sex.

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<sup>2</sup> SPSS Inc, 233 S Wacker Dr, 11th Fl, Chicago, IL 60606.

## Section I: Study Population

This section presents an overview of the population captured within the 2008 SCBRFS Supplemental Five City Survey. Altogether, there was a total of 2,001 completed interviews with 401 in Detroit, 400 in Flint, 400 in Lansing, 400 in Saginaw, and 400 in Pontiac. The distribution of respondents by selected demographic characteristics is presented in Table 1.

**Table 1: Study Population Demographics**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
<b>Age (Years)</b>					
18-24	14.0	14.9	14.6	15.5	14.9
25-34	21.9	21.7	20.6	23.8	24.9
35-44	20.9	20.7	20.9	21.5	21.4
45-54	17.7	17.1	17.6	16.8	16.6
55-64	10.2	10.6	9.5	9.3	9.8
65+	15.2	15.1	16.8	13.3	12.3
<b>Gender</b>					
Male	45.6	45.0	44.8	47.5	47.8
Female	54.4	55.0	55.3	52.5	52.3
<b>Education</b>					
< High School	12.0	10.8	20.9	12.0	5.8
HS Grad/GED	38.4	35.9	38.0	32.3	26.6
Some College	31.9	37.4	30.5	36.3	38.3
College Graduate	17.7	15.8	10.6	19.5	29.3
<b>Household Income</b>					
< \$20,000	34.5	45.5	48.2	30.4	16.9
\$20,000-\$34,999	22.3	23.5	24.3	23.2	19.8
\$35,000-\$49,999	20.2	15.7	11.2	22.3	24.3
\$50,000-\$74,999	13.9	10.8	4.0	11.3	20.4
\$75,000 or more	9.1	4.5	12.3	12.9	18.6
<b>Marital Status</b>					
Married	26.3	22.5	21.2	37.9	37.3
Divorced	14.8	16.9	16.9	13.3	11.5
Widowed	9.8	9.3	7.6	6.0	6.8
Separated	7.0	3.0	5.8	3.5	3.0
Never been married	39.6	45.2	45.2	31.2	41.0
A member of an unmarried couple	2.5	3.0	3.3	8.0	0.5

## Section II: Attitudes, Knowledge and Beliefs About Cancer

### Summary of Results

This section of the survey included questions that gathered information into the general knowledge, attitudes and beliefs that African Americans in the five target cities have toward cancer detection, treatment and outcomes. Table 1 shows the results on the set of questions assessing the respondent’s cancer-related beliefs. The questions in this section were in the form of statements and respondents were asked to express whether or not they agreed with the statements presented to them. The respondents were reminded that the statements presented to them were not necessarily true or false, thus providing the most unbiased opinions.

**Table 1: Percentage of Men and Women Aged 18 Years and Older Who Agreed with Cancer-Related Statements**

		Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
Some cancers can be treated and cured.	<b>Total</b>	93.9	89.5	93.5	90.6	84.6
	Male	90.0	83.8	95.3	89.4	96.2
	Female	97.1	94.1	92.0	91.7	73.9
Surgery can cause cancer to spread to other parts of the body.	<b>Total</b>	62.8	76.9	71.1	68.6	68.5
	Male	62.9	69.2	63.4	68.0	65.7
	Female	62.8	83.6	77.9	69.2	70.8
Being exposed to toxins from the environment causes cancer.	<b>Total</b>	81.0	84.6	87.5	80.5	92.1
	Male	80.4	87.8	92.2	71.8	96.2
	Female	81.5	81.8	83.7	88.9	88.5
Finding cancer early means more time to worry and get sick.	<b>Total</b>	19.2	32.8	42.3	31.5	27.1
	Male	26.6	41.7	52.8	35.8	36.1
	Female	13.1	25.1	33.7	27.5	18.9
One can only get cancer if there is cancer in their family.	<b>Total</b>	9.7	12.1	13.2	15.4	11.0
	Male	9.1	11.0	18.0	26.3	18.9
	Female	10.3	13.1	9.5	5.4	3.7
Some cancers can be prevented from happening.	<b>Total</b>	85.2	69.5	77.7	83.3	80.0
	Male	90.8	81.7	82.4	85.3	84.9
	Female	80.3	59.7	73.9	81.4	75.7
Finding cancer early means a better chance at treating and curing the cancer.	<b>Total</b>	99.1	98.2	96.2	97.4	98.4
	Male	99.5	99.2	92.4	99.6	99.8
	Female	98.7	97.4	99.4	95.3	97.2
Many cancer patients survive the cancer.	<b>Total</b>	87.1	82.6	76.6	86.8	82.5
	Male	81.9	71.7	69.1	83.1	89.1
	Female	91.2	91.5	82.6	89.7	76.3

		<b>Detroit %</b>	<b>Flint %</b>	<b>Saginaw %</b>	<b>Lansing %</b>	<b>Pontiac %</b>
A higher-power decides if a person survives or dies from any cancer.	<b>Total</b>	81.7	67.6	68.9	65.3	67.7
	Male	80.8	57.5	63.9	63.7	59.0
	Female	82.3	76.5	73.0	66.8	75.6
Fear of finding cancer would stop me from getting tested for cancer.	<b>Total</b>	38.7	24.4	21.4	27.0	21.1
	Male	41.9	18.6	22.0	34.8	30.8
	Female	36.0	29.6	20.9	19.8	12.2
A regular health checkup will find certain cancers.	<b>Total</b>	94.1	92.4	82.9	91.5	91.4
	Male	97.2	91.3	76.4	93.5	87.1
	Female	91.6	93.3	88.2	89.7	95.3
Smoking increases a person's risk for getting cancer.	<b>Total</b>	92.0	89.3	90.0	94.4	95.7
	Male	95.1	91.4	87.8	94.3	97.4
	Female	89.3	87.5	91.7	94.4	94.1
People can get cancer by being around people who are smoking.	<b>Total</b>	84.4	81.3	70.6	85.6	86.7
	Male	77.6	81.8	79.5	89.6	89.4
	Female	90.1	81.0	63.4	81.9	84.2
Having many sex partners increases a woman's risk for getting cancer.	<b>Total</b>	37.4	48.6	42.5	46.7	44.7
	Male	31.3	43.7	46.6	45.2	42.8
	Female	42.5	53.5	39.4	48.2	46.4
Regular exercise decreases a person's risk for getting cancer.	<b>Total</b>	53.8	59.2	57.7	67.4	52.8
	Male	50.8	55.1	60.4	70.1	63.0
	Female	56.4	62.5	55.6	64.9	43.7
Eating fruits and vegetables lowers a person's risk for getting cancer.	<b>Total</b>	85.0	81.8	73.7	82.0	85.9
	Male	90.5	88.3	75.0	91.0	87.7
	Female	80.2	76.9	72.6	73.6	84.3
African Americans do not survive as long as Whites.	<b>Total</b>	35.4	31.3	34.6	47.4	26.5
	Male	32.2	43.6	40.3	57.0	33.1
	Female	38.1	21.0	29.8	37.9	20.5
African American men have a higher chance than White men of getting prostate cancer.	<b>Total</b>	68.9	68.4	47.0	64.8	75.8
	Male	68.0	62.7	44.1	67.7	82.8
	Female	69.6	73.0	49.3	62.1	69.5

Table 2 shows the results to the question on what some things a person can do to prevent cancer. Respondents were able to provide up to 3 responses.

**Table 2: Cancer Preventive Behaviors Identified by Men and Women Aged 18 Years and Older**

		<b>Detroit %</b>	<b>Flint %</b>	<b>Saginaw %</b>	<b>Lansing %</b>	<b>Pontiac %</b>
Cancer is not preventable; nothing one can do	<b>Total</b>	5.5	7.4	3.8	9.2	5.3
	Male	0.8	6.5	1.7	11.1	7.4
	Female	9.8	8.1	5.5	7.5	3.4
Eat a balanced diet	<b>Total</b>	67.9	50.8	52.6	59.7	63.3
	Male	63.1	42.2	51.8	58.1	61.5
	Female	72.2	57.6	53.3	61.1	65.0
Exercise regularly	<b>Total</b>	39.7	40.3	39.4	42.9	34.3
	Male	34.6	38.9	42.6	39.7	41.8
	Female	44.3	41.4	36.6	45.8	27.2
Do not smoke or use tobacco; avoid second-hand smoke	<b>Total</b>	39.6	41.7	41.1	42.2	39.5
	Male	49.0	46.1	40.1	38.7	46.1
	Female	31.0	38.2	42.0	45.4	33.3
Visit doctor regularly; have regular checkup or screening	<b>Total</b>	38.5	47.8	43.2	39.4	59.8
	Male	30.6	42.6	41.4	35.6	48.2
	Female	45.6	51.9	44.8	42.8	70.7
Maintain healthy lifestyle; take care of one's body	<b>Total</b>	10.1	7.7	13.3	5.0	2.8
	Male	8.8	8.6	9.5	7.1	1.3
	Female	11.2	7.0	16.5	3.1	4.3
Avoid toxins, pollution, other unhealthy environmental factors	<b>Total</b>	8.0	1.3	2.7	7.4	8.7
	Male	15.3	0.5	3.0	1.4	15.4
	Female	1.4	1.9	2.4	12.7	2.3
Maintain ideal weight	<b>Total</b>	3.4	1.1	2.9	3.4	2.4
	Male	6.1	1.2	3.1	1.8	3.6
	Female	0.9	1.0	2.7	4.8	1.3
Pray; have faith in higher power	<b>Total</b>	2.4	1.0	4.6	2.1	1.9
	Male	0.0	1.1	6.9	1.8	1.4
	Female	4.6	0.9	2.7	2.4	2.4
Avoid staying out in the sun or excessive tanning; wear sunscreen lotion	<b>Total</b>	2.6	0.2	0.1	1.4	0.2
	Male	5.3	0.4	0.0	1.7	0.1
	Female	0.1	0.0	0.1	1.2	0.3
Avoid multiple sexual partners; wear protection when having sex	<b>Total</b>	0.4	0.2	5.2	1.1	0.7
	Male	0.0	0.4	10.3	2.3	0.1
	Female	0.8	0.1	0.9	0.0	1.2
Avoid alcohol or drink in moderation	<b>Total</b>	0.7	1.1	1.9	3.3	0.7
	Male	0.4	0.7	2.2	6.4	0.2
	Female	0.9	1.5	1.6	0.5	1.2
Get enough rest	<b>Total</b>	0.2	0.6	0.6	0.4	0.2
	Male	0.0	0.5	1.1	0.0	0.3
	Female	0.5	0.6	0.2	0.7	0.0

		<b>Detroit %</b>	<b>Flint %</b>	<b>Saginaw %</b>	<b>Lansing %</b>	<b>Pontiac %</b>
Avoid stress	<b>Total</b>	0.7	0.5	1.1	0.0	0.2
	Male	1.1	1.2	0.0	0.1	0.3
	Female	0.3	0.0	2.0	0.0	0.1
Be informed about cancer	<b>Total</b>	0.3	1.0	2.8	0.1	0.6
	Male	0.0	0.7	2.8	0.0	0.0
	Female	0.5	1.3	2.8	0.2	1.1
Other	<b>Total</b>	1.6	5.2	1.2	4.6	3.8
	Male	0.9	1.9	0.4	8.7	0.5
	Female	2.2	7.7	1.9	1.0	6.8

The next set of questions focused on obtaining information on the respondent’s perception of their own risk for ever getting cancer over their lifetime, and reasons why they believed they are likely or unlikely to get cancer. Tables 3 to 5 present the findings on these questions.

**Table 3: Perceptions of Risk for Ever Getting Cancer Reported by Men and Women Aged 18 Years and Older**

		<b>Detroit %</b>	<b>Flint %</b>	<b>Saginaw %</b>	<b>Lansing %</b>	<b>Pontiac %</b>
Likely to get cancer	<b>Total</b>	54.9	61.4	56.3	48.3	63.7
	Male	53.1	52.3	52.8	41.9	54.5
	Female	56.4	68.9	59.1	54.1	72.1
Unlikely to get cancer	<b>Total</b>	45.1	38.6	43.7	51.7	36.3
	Male	46.9	47.7	47.2	58.1	45.5
	Female	43.6	31.1	40.9	45.9	27.9

**Table 4: Perceived Reasons for Getting Cancer Reported by Men and Women Aged 18 Years and Older**

		<b>Detroit %</b>	<b>Flint %</b>	<b>Saginaw %</b>	<b>Lansing %</b>	<b>Pontiac %</b>
Someone in my family had/has cancer.	<b>Total</b>	40.3	47.2	40.4	50.8	58.1
	Male	30.4	14.5	32.7	31.8	31.1
	Female	47.6	68.0	46.4	64.3	74.4
I smoke or used to smoke; I’m exposed to second-hand smoke.	<b>Total</b>	31.2	24.3	25.6	17.0	21.5
	Male	39.8	45.3	34.9	22.4	45.0
	Female	24.8	10.8	18.4	13.2	7.9
Most people eventually get cancer; everybody is at risk.	<b>Total</b>	23.9	15.0	21.5	22.0	7.2
	Male	1.6	15.3	14.3	26.1	9.3
	Female	40.3	14.7	27.1	19.0	5.9

		<b>Detroit %</b>	<b>Flint %</b>	<b>Saginaw %</b>	<b>Lansing %</b>	<b>Pontiac %</b>
		<b>Detroit %</b>	<b>Flint %</b>	<b>Saginaw %</b>	<b>Lansing %</b>	<b>Pontiac %</b>
I'm exposed to toxins, pollutants, chemicals in our environment/food.	<b>Total</b>	20.8	4.1	12.7	5.6	4.7
	Male	41.6	6.8	19.6	3.6	7.1
	Female	5.5	2.4	7.3	7.1	3.2
I do not have a healthy diet or eat right foods.	<b>Total</b>	3.7	3.4	3.6	1.7	4.3
	Male	0.8	5.3	3.3	1.6	3.7
	Female	5.7	2.2	3.8	1.8	4.7
African Americans are more likely to get cancer.	<b>Total</b>	4.7	2.6	1.6	0.8	0.3
	Male	9.3	6.2	2.4	1.3	0.0
	Female	1.4	0.3	1.0	0.5	0.5
I already had/have cancer.	<b>Total</b>	3.2	3.8	5.0	4.7	5.2
	Male	4.4	1.2	3.0	2.8	7.3
	Female	2.3	5.4	6.5	6.0	3.9
I am not in good health; I have/had some other illness, tumors or abnormal results.	<b>Total</b>	1.6	2.5	2.4	4.4	0.9
	Male	0.7	5.0	0.5	8.5	0.7
	Female	2.3	0.9	3.8	1.4	1.0
I have an unhealthy lifestyle; I have had risky behaviors.	<b>Total</b>	0.8	1.8	1.7	1.8	6.4
	Male	0.8	3.9	0.5	0.0	15.5
	Female	0.7	0.4	2.7	3.1	1.1
I do not exercise.	<b>Total</b>	0.3	0.4	1.5	2.2	1.9
	Male	0.0	0.4	0.7	1.0	0.0
	Female	0.5	0.3	2.2	3.1	3.1
I visit the doctor regularly.	<b>Total</b>	0.3	7.0	1.5	0.9	0.5
	Male	0.0	8.9	1.2	0.8	0.0
	Female	0.5	5.7	1.7	0.9	0.8
Other reasons	<b>Total</b>	1.6	9.6	7.8	5.2	5.6
	Male	0.8	5.6	3.9	10.4	5.7
	Female	2.2	12.1	10.9	1.6	5.6

**Table 5: Reasons Why Men and Women Aged 18 Years and Older Thought They Are Unlikely to Get Cancer**

		<b>Detroit %</b>	<b>Flint %</b>	<b>Saginaw %</b>	<b>Lansing %</b>	<b>Pontiac %</b>
No one in my family has cancer.	<b>Total</b>	41.3	22.1	26.4	45.2	29.2
	Male	25.9	20.6	35.9	41.3	38.2
	Female	54.2	23.9	17.3	49.5	16.3
I have healthy diet; I eat the right foods.	<b>Total</b>	34.6	36.5	15.6	20.4	28.2
	Male	33.8	41.1	10.9	11.8	30.8
	Female	35.3	31.0	20.0	30.1	24.5
I visit my doctor regularly; I have regular screening.	<b>Total</b>	33.1	17.5	19.6	20.2	12.3
	Male	14.9	13.5	26.6	17.9	5.8
	Female	48.4	22.5	12.8	22.9	21.5
I don't smoke; I'm not exposed to second-hand smoke.	<b>Total</b>	21.9	14.6	29.0	21.7	14.3
	Male	30.5	19.5	28.1	29.9	13.6
	Female	14.6	7.9	29.9	12.6	15.4
I exercise.	<b>Total</b>	18.6	14.2	12.4	11.0	24.0
	Male	14.7	19.0	9.6	5.1	29.8
	Female	21.8	8.3	15.0	17.5	15.7
I'm in good health.	<b>Total</b>	17.3	10.4	7.3	11.1	15.4
	Male	24.5	10.3	10.5	9.1	17.2
	Female	11.2	10.6	4.1	13.5	12.9
I am lucky in life.	<b>Total</b>	9.2	4.3	12.1	0.1	2.1
	Male	2.2	6.0	23.3	0.1	2.1
	Female	15.1	2.3	1.5	0.2	2.1
I attend church/pray.	<b>Total</b>	1.5	6.0	7.1	8.7	8.1
	Male	0.7	2.4	0.0	2.2	6.5
	Female	2.2	10.5	13.9	16.0	10.2
I'm already old and have not had cancer yet.	<b>Total</b>	1.6	3.5	3.8	5.5	5.4
	Male	2.0	5.4	1.9	5.3	0.8
	Female	1.2	0.9	5.6	5.8	11.9
I avoid exposure to environmental toxins and chemicals.	<b>Total</b>	0.0	1.0	4.6	2.3	0.2
	Male	0.1	0.0	8.8	0.1	0.0
	Female	0.0	2.3	0.6	5.0	0.5
Other reasons	<b>Total</b>	15.0	34.5	19.5	19.0	38.5
	Male	17.7	21.0	9.8	27.7	44.4
	Female	12.8	51.0	28.8	9.4	30.1

Respondents were also asked if they ever thought they might have had cancer. Table 6 shows the percentages of respondents who ever thought they might have had cancer. Among those who did, they were further asked if they had talked to family or friends about their cancer concern, and if they had gone to a doctor to get checked for cancer (Table 7).

**Table 6: Percentage of Men and Women Aged 18 Years and Older Who Have Ever Thought They Might Have Cancer**

		<b>Detroit %</b>	<b>Flint %</b>	<b>Saginaw %</b>	<b>Lansing %</b>	<b>Pontiac %</b>
Ever thought they might have cancer	<b>Total</b>	23.3	19.2	20.1	21.1	23.5
	Male	21.5	11.1	16.9	17.3	31.5
	Female	24.8	25.8	22.7	24.6	16.2

**Table 7: Actions Taken by Men and Women Aged 18 Years and Older Who Thought They Might Have Cancer**

		<b>Detroit %</b>	<b>Flint %</b>	<b>Saginaw %</b>	<b>Lansing %</b>	<b>Pontiac %</b>
Talked to family or friends about their cancer concern	<b>Total</b>	31.3	71.3	46.5	70.5	59.6
	Male	21.1	49.5	30.5	81.6	59.4
	Female	38.7	79.0	56.1	63.6	59.9
Went to a doctor to get checked for cancer	<b>Total</b>	80.4	72.7	67.9	89.7	51.7
	Male	60.1	79.3	53.8	92.9	26.5
	Female	95.0	70.4	76.4	88.0	96.6

## Section III: Cervical Cancer Screening Behaviors

### Overview

Cervical cancer deaths are believed to be almost entirely preventable by a combination of safe sex practices, routine Pap smears, and appropriate follow-up of abnormal screening results. Death rates for cervical cancer are decreasing; however it is still important to continue screening and to encourage individuals to get screened. Despite the proven effectiveness of Pap smears there is an under utilization of the test among minorities and older individuals.<sup>1</sup>

The importance of complying with recommended Pap smears is clear when SEER (Surveillance, Epidemiology, and End Results) data are investigated. Women with cervical cancers diagnosed at a localized stage have a very high 5-year survival rate of 91.5%. However if the diagnosis does not occur until the cancer is at a distant stage the 5-year survival rate falls to 17.2%.<sup>2</sup> Although the survival rate of African American women is higher when cervical cancer is diagnosed at a localized stage, the survival rate is lower than that among white women. This is evident when comparing the 92.6% survival rate of localized diagnosis among white women to the 85.9% survival rate of African American women.<sup>2</sup>

### Summary of Results

This section of the survey included questions dealing with cervical cancer screening habits in African American females 18 years of age and older. These questions were primarily intended to obtain information on the respondent's history and frequency of cervical cancer screening. For the female respondents that indicated that they had not participated in cervical cancer screening in the past 3 years, questions were asked to determine the reasons why these respondents did not have appropriately timed cervical cancer screening procedures completed.

The 2008 SCBRFS report<sup>3</sup> shows that the overall statewide Pap test screening rate for all women 40 years of age and older was 79.0%, while the Pap test screening rate for all African American women 18 years of age and older was 82.7%. Table 1 shows the percentage of African American women 18 years of age and older living in each of the 5 targeted cities who had a Pap test in the past 3 years. Information related to 1 year Pap test screening rates are also presented in this table.

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<sup>1</sup> M. G. del Carmen: The Burden of Cervical Cancer in Minority Populations: Effective Strategies in Reducing Disparity . *The Internet Journal of Gynecology and Obstetrics*. 2009 Volume 10 Number 2.

<sup>2</sup> SEER Cancer Statistics Review, 1975-2006, National Cancer Institute. Bethesda, MD, [http://seer.cancer.gov/csr/1975\\_2006/](http://seer.cancer.gov/csr/1975_2006/), posted to the SEER web site, 2009.

<sup>3</sup> Michigan Department of Community Health and Michigan Public Health Institute. *Special Cancer Behavioral Risk Factor Survey, 2008*.

**Table 1: Pap Test Screenings Among Women Aged 18 Years and Older**

	<b>Detroit %</b>	<b>Flint %</b>	<b>Saginaw %</b>	<b>Lansing %</b>	<b>Pontiac %</b>
<b>Within Past 3 Years</b>					
<b>Total</b>	87.3	86.0	84.2	84.1	87.0
<b>Age (Years)</b>					
18 to 34	93.5	83.4	91.8	83.2	90.2
35 to 49	87.9	96.7	93.1	99.7	84.4
50 to 64	90.9	94.2	74.8	86.7	82.7
65+	60.6	69.9	67.7	62.1	90.2
<b>Within Past Year</b>					
<b>Total</b>	69.6	76.1	73.0	62.1	76.0
<b>Age (Years)</b>					
18 to 34	71.5	78.2	86.1	54.9	82.2
35 to 49	80.2	96.7	87.9	84.7	73.0
50 to 64	80.5	85.7	55.2	69.7	71.5
65+	31.7	36.4	46.0	39.4	69.9

Table 2 lists the reported reasons why African American women 18 years of age and older did not have a Pap test within the past 3 years. Women who never had a Pap test were also included.

**Table 2: Reasons for Not Having a Pap Test Within the Past 3 Years\* Among Women Aged 18 Years and Older**

	<b>Detroit %</b>	<b>Flint %</b>	<b>Saginaw %</b>	<b>Lansing %</b>	<b>Pontiac %</b>
Didn't want one	29.2	6.8	10.8	6.4	29.0
Had a hysterectomy	4.3	12.4	24.9	22.8	18.7
Doctor didn't recommend it	5.0	29.1	13.5	30.8	8.8
Lack of time	22.9	0.0	3.5	0.2	2.7
Cost/No insurance coverage	13.4	1.9	5.0	10.0	4.7
Didn't know I should	7.2	1.7	13.5	12.8	7.5
Don't have a regular doctor	0.0	35.9	0.0	0.0	1.4
No Symptoms	9.9	5.6	8.5	1.8	3.8
Too old	0.0	3.9	10.0	0.1	1.3
Embarrassment	1.9	0.0	7.2	0.0	1.2
Fear/Don't want to know	1.0	0.0	0.6	0.0	0.0
Other	5.2	2.7	2.6	15.1	26.5

\*Includes respondents who never received a Pap Test.

Women who had ever received a Pap test were asked if a test result ever showed a problem in the cervix that required further testing in the past 10 years. Table 3 shows the percentage of African American women 18 years of age and older who received a Pap test and an abnormal result in the past 10 years.

**Table 3: Abnormal Pap Test Findings Among Women 18 Years and Older**

	<b>Detroit %</b>	<b>Flint %</b>	<b>Saginaw %</b>	<b>Lansing %</b>	<b>Pontiac %</b>
<b>Total</b>	13.8	14.9	10.4	15.7	33.7
<b>Age (Years)</b>					
18 to 34	22.7	15.1	9.2	13.8	61.4
35 to 49	14.4	22.8	18.4	25.6	18.7
50 to 64	7.9	13.3	7.6	14.0	14.8
65+	1.4	6.6	2.4	8.5	13.7

Women were read two statements about cervical cancer testing and asked if they agreed or disagreed with each statement. Table 4 shows the percentage of African American women 18 years of age and older who agreed with each statement.

**Table 4: Percentage of Women 18 Years and Older who Agreed with Statements Related to Cervical Cancer Testing**

	<b>Detroit %</b>	<b>Flint %</b>	<b>Saginaw %</b>	<b>Lansing %</b>	<b>Pontiac %</b>
Every woman should be screened for cervical cancer regardless of her age.	95.3	83.0	90.0	92.5	77.0
Every girl or women between the ages of 9 and 26 should receive the newly available HPV vaccine for preventing cervical cancer.	64.9	58.2	59.4	62.3	57.6

Women were asked to name factors that could increase a woman’s chances of developing cervical cancer. Table 5 lists the reasons African American women 18 years of age and older reported as risk factors associated with cervical cancer. Women could provide up to four responses.

**Table 5: Cervical Cancer Risk Factors Reported by Women 18 Years and Older**

	<b>Detroit %</b>	<b>Flint %</b>	<b>Saginaw %</b>	<b>Lansing %</b>	<b>Pontiac %</b>
No regular pap tests, checkups	23.9	11.0	10.9	11.5	25.6
Multiple sex partners	14.8	22.5	21.4	25.9	16.0
Unprotected sex	11.1	15.1	11.3	11.5	28.2
Heredity	6.8	3.6	10.8	4.2	5.6
Sexually transmitted diseases	4.4	4.7	4.7	4.5	2.0

	<b>Detroit %</b>	<b>Flint %</b>	<b>Saginaw %</b>	<b>Lansing %</b>	<b>Pontiac %</b>
Poor diet	5.6	1.2	2.9	0.6	1.8
Lack of exercise	5.4	1.8	0.2	0.4	0.0
Cigarette smoking	3.0	0.7	0.7	1.2	2.3
HPV infection	0.4	3.5	1.2	6.6	2.7
First intercourse at young age	0.0	1.0	2.4	0.8	0.5
Environmental factors, pollution	0.2	0.0	0.3	0.1	0.0
Hormone therapy, estrogen, birth control pills	0.4	0.6	0.3	0.1	0.0
Being HIV positive	0.7	0.1	0.2	2.4	0.0
Poor hygiene	2.1	9.7	0.6	3.4	1.4
Infection (not mentioned)	0.8	1.3	1.0	1.4	1.2
Virus (unspecified)	0.0	0.6	0.1	4.6	0.1
Being overweight	0.0	0.5	0.4	0.0	0.0
Other	14.6	7.2	16.5	5.1	11.6
Don't know	39.3	43.9	45.2	48.1	41.4

Women were also asked to provide warning signs or symptoms they thought were associated with cervical cancer. Table 6 lists the warning signs and symptoms as reported by African American women 18 years of age and older. Up to four responses were allowed.

**Table 6: Warning Signs & Symptoms Associated with Cervical Cancer Reported by Women 18 Years and Older**

	<b>Detroit %</b>	<b>Flint %</b>	<b>Saginaw %</b>	<b>Lansing %</b>	<b>Pontiac %</b>
No warning signs or symptoms	20.4	28.8	26.9	26.0	12.0
Light bleedings other than menstrual period	19.7	20.1	20.3	16.8	19.0
Unusual discharge from vagina	12.2	8.3	13.8	13.9	9.1
Pain in abdomen or cervix	1.1	0.6	1.4	2.5	1.3
Other*	21.1	15.5	12.8	21.3	35.6
Don't know	52.6	52.2	53.2	48.4	38.8

\*The "Other" category includes several responses that were risk factors rather than actual warning signs and symptoms.

## Section IV: Breast Cancer Screening Behaviors

### Overview

Breast cancer is the most frequently diagnosed cancer and the second leading cause of cancer death among women. Currently the lifetime risk for a woman developing breast cancer is 12.08%.<sup>1</sup> The last few decades have seen a shift in the stage of diagnosis for breast cancer. It is now frequently being detected at an earlier stage. By detecting breast cancer at an earlier stage the curability of the cancer is significantly increased. Yet it is still one of the leading health problems for women. SEER data show that individuals with early breast cancer detection have a higher five year survival rate - 98.3% of individuals diagnosed at the local stage survive five years compared to only 23.3% of cases diagnosed at a distant stage.<sup>1</sup> While African American women may have lower incidence rates for breast cancer compared to white women, breast cancer mortality rates for African American women are higher than white women.<sup>1</sup>

### Summary of Results

The following section obtained information in regard to breast cancer screening behaviors in African American females 40 years of age and older. These questions were primarily intended to obtain information on the respondent's history and frequency of mammography and clinical breast exams (CBE). For the female respondents that indicated that they had not participated in each form of breast cancer screening in the past, questions were asked to determine the reasons why these respondents did not have appropriately timed breast cancer screening procedures completed. Additional questions were also asked of female respondents 18 years of age and older to determine their knowledge about risk factors and warning signs and symptoms related to breast cancer.

The 2008 SCBRFS<sup>2</sup> indicated that the percentage of Michigan women 40 years of age and older who had a mammogram and clinical breast exam (CBE) within the past 2 years was 75.0%. The percentage of all African American women aged 40 years and older who had the same two breast cancer screening procedures was found to be 74.7%. Table 1 shows the percentage of African American women 40 years of age and older living in each of the 5 cities who had a mammogram and CBE with the past 1 and 2 years.

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<sup>1</sup> SEER Cancer Statistics Review, 1975-2006, National Cancer Institute. Bethesda, MD, [http://seer.cancer.gov/csr/1975\\_2006/](http://seer.cancer.gov/csr/1975_2006/), posted to the SEER web site, 2009.

<sup>2</sup> Michigan Department of Community Health and Michigan Public Health Institute. *Special Cancer Behavioral Risk Factor Survey, 2008*.

**Table 1: Mammogram and CBE Among Women Aged 40 Years and Older**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
<b>In Past Year</b>					
<b>Total</b>	57.7	56.7	58.6	57.0	51.1
<b>Age (Years)</b>					
40-49	68.9	71.0	64.3	47.2	39.0
50-64	52.3	48.0	62.6	55.5	64.9
65+	51.7	57.6	49.0	66.3	43.4
<b>Past 2 Years</b>					
<b>Total</b>	63.4	64.6	70.2	64.8	56.5
<b>Age (Years)</b>					
40-49	73.5	71.9	71.0	54.0	43.5
50-64	60.3	57.7	76.5	63.9	71.2
65+	56.2	68.5	63.8	73.9	48.4

According to the 2008 SCBRFS<sup>3</sup>, the percentage of women aged 40 years and older who ever had a mammogram was 95.4% in the general population and 96.7% among African American women. This data also shows that, of women aged 40 years and older, 85.3% of the general population had a mammogram in the past 2 years, and 87.5% of African American women had a mammogram in the past two years. Table 2 shows the percentage of African American women 40 years of age and older living in the 5 target cities who had ever received a mammogram and those who had a mammogram within the past 2 years.

**Table 2: Mammogram Screenings Among Women Aged 40 Years and Older**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
<b>Ever had a Mammogram</b>					
<b>Total</b>	92.2	95.6	95.6	92.3	87.7
<b>Age (Years)</b>					
40-49	81.8	90.5	91.4	68.5	65.8
50-64	98.5	95.5	98.7	97.1	94.1
65+	96.3	100.0	97.7	100.0	98.7
<b>Past 2 Years</b>					
<b>Total</b>	78.8	79.3	84.4	86.5	72.8
<b>Age (Years)</b>					
40-49	80.0	80.0	83.5	64.3	60.6
50-64	91.0	80.3	88.6	89.0	81.2
65+	67.6	77.6	81.7	96.4	72.8

<sup>3</sup> Michigan Department of Community Health and Michigan Public Health Institute. *Special Cancer Behavioral Risk Factor Survey, 2008.*

In the statewide general population of women 40 years of age and older, 96.9% had ever received a CBE. Among the state’s African American women aged 40 years and older, 96.7% had ever received a CBE. A CBE within the past 2 years was found among 86.0% of all women 40 years of age and older, and 86.3% among African American women of this same age range<sup>4</sup>. Table 3 shows the percentage of African American women 40 years of age and older living in each targeted city who had ever received a CBE and those who had a CBE within the past 2 years.

**Table 3: CBE Among Women Aged 40 Years and Older**

	<b>Detroit %</b>	<b>Flint %</b>	<b>Saginaw %</b>	<b>Lansing %</b>	<b>Pontiac %</b>
<b>Ever had a CBE</b>					
<b>Total</b>	98.6	86.3	89.3	92.2	93.2
<b>Age (Years)</b>					
40-49	100.0	95.6	91.1	94.9	95.4
50-64	99.3	73.5	90.1	93.1	91.4
65+	96.5	97.4	86.7	89.1	93.5
<b>Past 2 Years</b>					
<b>Total</b>	78.0	81.9	78.8	83.0	80.6
<b>Age (Years)</b>					
40-49	78.0	87.9	78.4	80.5	94.3
50-64	93.1	71.0	79.2	86.1	83.4
65+	62.7	93.4	78.9	79.6	66.7

Table 4 lists the primary reasons why African American women 40 years of age and older did not receive a mammogram in the past 2 years. This table includes women who never had a mammogram. Respondents were only able to provide one reason for not having a mammogram.

<sup>4</sup> Michigan Department of Community Health and Michigan Public Health Institute. *Special Cancer Behavioral Risk Factor Survey, 2008*.

**Table 4: Reasons for Not Having a Mammogram within the Past 2 Years Among Women Aged 40 Years and Older**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
Fear/Don't want to know	54.1	12.2	0.0	0.3	5.1
Cost/No insurance coverage	19.0	25.0	9.7	2.1	5.6
Doctor didn't recommend it	8.2	7.6	21.9	37.1	4.5
Don't have a regular doctor	0.0	27.3	1.3	0.0	16.0
Mammograms are painful	3.9	4.6	3.9	8.0	15.7
Didn't know that I should	3.8	1.7	6.4	7.9	17.7
No symptoms	2.7	8.6	9.3	16.2	7.5
Didn't want one	2.5	4.0	12.7	20.1	17.0
Lack of time	0.0	1.2	0.0	8.2	4.6
Just entered recommended age range	0.0	6.8	3.8	0.0	6.0
Other	5.8	0.0	31.0	0.0	0.5

Table 5 lists the primary reasons why African American women 40 years of age and older did not receive a CBE in the past 2 years. This table includes women who never had a CBE. Respondents were only able to provide one reason for not having a CBE.

**Table 5: Reasons for Not Having a CBE within the Past 2 Years Among Women Aged 40 Years and Older**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
Didn't want one	33.8	8.6	12.3	7.7	45.2
No symptoms	26.1	9.5	31.6	12.7	15.5
Cost/No insurance coverage	17.7	8.1	5.6	0.7	3.7
Doctor didn't recommend it	9.5	6.8	16.9	29.0	11.9
Had mammogram	8.2	6.5	1.8	4.5	13.4
Didn't know that I should	0.5	5.7	16.9	1.2	4.4
Fear/Don't want to know	0.0	51.7	0.8	0.0	1.7
Don't have a regular doctor	1.2	0.0	0.0	0.6	1.1
Embarrassment	1.9	0.0	0.0	0.0	0.0
Lack of time	0.0	0.0	0.0	18.5	1.3
Other	1.0	3.1	14.1	25.1	1.9

Women were asked if any of their mammograms or clinical breast exams showed a problem that required further testing at any time during the past 10 years. Table 6 shows the percentage of African American women 40 years of age and older who had an abnormal breast cancer screening result.

**Table 6: Women Aged 40 years and Older Who Had an Abnormal Mammogram or CBE Finding in the Past 10 Years**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
<b>Total</b>	17.7	17.2	12.6	24.7	21.0
<b>Age (Years)</b>					
40-49	15.0	16.5	11.8	25.4	16.4
50-64	27.5	20.7	14.0	30.0	19.4
65+	9.8	12.9	12.2	17.4	27.1

Table 7 shows the percentage of African American women 18 years of age and older who were ever asked by their doctor about their family history of breast cancer. This includes filling out forms at their doctor’s office.

**Table 7: Women Aged 18 Years and Older Who Discussed a Family History of Breast Cancer with their Doctor**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
<b>Total</b>	85.9	79.6	72.4	82.6	87.6
<b>Age (Years)</b>					
18-34	87.8	67.0	55.3	77.9	87.0
35-49	86.3	82.0	91.3	92.4	98.1
50-64	90.5	89.4	73.9	76.0	88.4
65+	75.4	90.2	71.2	91.0	68.5

Women were asked how many first degree relatives were diagnosed with breast cancer at some point in their lives. Table 8 shows the percentage of African American women 18 years of age and older who had at least one first degree relative who was diagnosed with breast cancer.

**Table 8: Women Aged 18 Years and Older Who Had a Family History\* of Breast Cancer**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
<b>Total</b>	9.8	14.4	10.8	17.1	11.0
<b>Age (Years)</b>					
18-34	5.7	6.2	7.0	19.7	1.8
35-49	13.0	4.3	8.1	7.4	3.8
50-64	12.4	30.2	14.9	11.0	22.5
65+	9.7	25.1	19.6	37.2	33.7

\*Family history of breast cancer was defined by one or more biological parents, siblings, children, or grandparents who had breast cancer sometime during their lives.

Women were asked what increases a woman's risk of getting breast cancer. Table 9 lists the risk factors provided by African American women 18 years of age and older. Women were allowed to provide up to 4 potential risk factors.

**Table 9: Risk Factors Associated with Breast Cancer Reported by Women Aged 18 Years and Older**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
Smoking cigarettes	25.8	28.9	12.5	37.1	21.6
Not getting checked or tested	20.4	15.4	16.1	9.6	14.5
Diet	11.2	4.0	4.0	7.6	6.3
Heredity	10.8	7.1	15.3	9.5	6.6
Lack of exercise	8.5	6.7	2.1	8.3	1.5
Family history	4.9	6.4	4.2	8.9	8.5
Being overweight	5.0	1.1	1.7	6.4	4.6
Hormones	1.3	4.7	3.8	12.0	1.5
Alcohol use	0.7	4.8	1.7	4.6	2.8
Being African American	0.0	5.9	0.3	0.0	0.4
Older age	1.5	6.0	3.1	2.0	0.5
No risk factors	0.1	0.9	0.0	0.3	0.5
Other	18.3	14.8	16.0	13.2	14.8
Don't know	28.4	35.4	45.2	32.0	49.8

In a follow up question, women were also asked to name warning signs and symptoms of breast cancer. Table 10 lists the breast cancer warning signs and symptoms reported by African American women 18 years of age and older. Women were able to provide up to four responses.

**Table 10: Warning Signs & Symptoms Associated with Breast Cancer Reported by Women Aged 18 Years and Older**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
Lump or mass in breast	93.8	86.5	89.0	82.1	84.9
Pain or soreness in breast	30.0	17.9	26.8	26.0	20.0
Nipple discharge	14.4	25.7	13.4	19.2	14.9
Lump or mass in arm	9.0	14.5	10.6	19.4	6.6
No signs or symptoms	1.0	1.9	0.1	4.2	4.2
Other*	15.8	22.5	12.2	20.9	11.0
Don't know	3.7	3.6	4.0	5.4	5.6

\*The "Other" category includes several responses that were risk factors rather than actual warning signs and symptoms.

## Section V: Prostate Cancer Screening Behaviors

### Overview

Prostate cancer is the most frequently diagnosed cancer in men. It is second in cancer mortality for men as well.<sup>1</sup> An estimated total number of 7,010 men were newly diagnosed with prostate cancer and 820 men died from the disease in 2009 in Michigan.<sup>2</sup>

Age and race are strong risk factors for prostate cancer. The chance of getting prostate cancer goes up quickly after a man reaches age 50. About 2 out of every 3 prostate cancers are found in men over the age of 65.<sup>1</sup> Prostate cancer is not only more common among African-American men than among men of other races but African-American men are also more likely to have a more advanced disease when it is found and are more likely to die of the disease.<sup>1,3</sup>

Currently within the scientific community there is not a consensus as to what is the most accurate form of testing for prostate cancer. However the prostate specific antigen (PSA) test and the digital rectal exam (DRE) have been widely used to test for the presence of prostate cancer.

### Summary of Results

The results presented within this section provide information about the prostate screening behaviors and family history of prostate cancer among African American males aged 40 years and older living in each of the 5 targeted cities. This section also presents information about communication each male age 40 years and older had with their doctor regarding prostate cancer screening and their knowledge related to risk factors and warning signs and symptoms associated with prostate cancer.

According to the 2008 SCBRFS report<sup>4</sup>, the percentage of all men 40 years of age and older living in Michigan who ever had a prostate specific antigen test was 56.8%, while the percentage for all African American males aged 40 years and older was 68.9%. Table 1 shows the percentage of African American men 40 years of age and older living in each of the target cities who ever had a PSA test.

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<sup>1</sup> American Cancer Society, *Cancer Facts & Figures 2009*. Atlanta: American Cancer Society; 2009.

<sup>2</sup> *The Cancer Burden in Michigan: Selected Statistics — 1991-2009*. Okemos, MI: September 2009. Available at: [www.michigancancer.org/PDFs/MCCReports/CancerBurden-Sept2009/CancerBurdenInMichigan-Sept09-AllSections.pdf](http://www.michigancancer.org/PDFs/MCCReports/CancerBurden-Sept2009/CancerBurdenInMichigan-Sept09-AllSections.pdf).

<sup>3</sup> SEER Cancer Statistics Review, 1975-2006, National Cancer Institute. Bethesda, MD, [http://seer.cancer.gov/csr/1975\\_2006/](http://seer.cancer.gov/csr/1975_2006/), posted to the SEER web site, 2009.

<sup>4</sup> Michigan Department of Community Health and Michigan Public Health Institute. *Special Cancer Behavioral Risk Factor Survey, 2008*.

**Table 1: Ever Had A Prostate Specific Antigen (PSA) Test among Men Aged 40 Years and Older**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
<b>Total</b>	63.9	34.0	54.7	47.7	65.3
<b>Age (Years)</b>					
40-49	68.2	8.8	42.6	14.8	77.9
50-64	47.0	48.6	65.6	62.0	52.8
65+	88.5	58.6	66.8	73.6	63.6

Within the entire statewide population of men 40 years of age and older, 81.0% had ever had a digital rectal exam (DRE). Among the states total African American population of men 40 years of age and older, 80.2% had ever received a DRE.<sup>5</sup> Table 2 shows the DRE rates among African American males aged 40 years and older within each of the 5 targeted cities.

**Table 2: Ever Had A Digital Rectal Exam (DRE) among Men Aged 40 Years and Older**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
<b>Total</b>	84.5	70.3	84.7	77.3	73.5
<b>Age (Years)</b>					
40-49	100.0	54.2	91.6	57.3	76.2
50-64	84.3	72.4	80.1	99.5	69.6
65+	63.5	94.8	76.4	73.5	75.9

Table 3 shows the percentage of African American men aged 40 years and older whose doctors talked to them about PSA testing.

**Table 3: Had Discussed Prostate Specific Antigen (PSA) Testing With a Doctor among Men Aged 40 Years and Older**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
<b>Total</b>	46.0	50.3	63.4	51.0	69.3
<b>Age (Years)</b>					
40-49	21.1	22.2	61.1	30.5	87.8
50-64	72.8	79.3	62.0	58.0	51.4
65+	56.5	60.9	70.1	5.0	69.6

<sup>5</sup> Michigan Department of Community Health and Michigan Public Health Institute. *Special Cancer Behavioral Risk Factor Survey, 2008.*

Table 4 lists the reasons provided by African American men aged 40 years of age and older for having their first PSA test. Respondents were able to provide up to 3 responses.

**Table 4: Reasons for First PSA Test Reported by Men Aged 40 Years and Older**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
Doctor recommended it	93.1	48.1	18.4	39.3	14.4
Experiencing health problems	6.9	71.3	77.5	39.4	82.3
Just entered appropriate age range	20.1	0.0	1.0	40.4	0.0
Physical or check-up	5.4	0.0	4.0	18.1	0.0
Family/friend encouraged me	0.0	0.0	1.0	0.0	0.0
TV	0.0	0.0	0.0	0.0	3.3
Other	0.0	28.7	0.0	0.0	3.3

Table 5 lists the reasons provided by African American men aged 40 years of age and older for having their first DRE. Respondents were able to provide up to 3 responses.

**Table 5: Reasons for First DRE Reported by Men Aged 40 Years and Older**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
Doctor recommended it	77.1	23.3	27.4	46.9	26.7
Family/friend encouraged me	19.4	34.3	4.2	0.0	26.7
Experiencing health problems	2.6	0.0	55.3	0.0	18.0
Just entered appropriate age range	2.6	16.4	2.9	0.0	0.0
Physical or check-up	0.0	3.1	7.4	0.2	0.0
TV	0.0	0.0	2.9	2.0	0.0
Other	0.0	22.9	2.8	90.3	28.7

Male respondents were asked if they ever had a PSA test where the results were not normal and required further testing. Table 6 shows the percentage of African American men aged 40 years and older who had an abnormal PSA result within the past 10 years.

**Table 6: Percentage of Men Aged 40 Years and Older who Had an Abnormal PSA Test in Past 10 Years**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
<b>Total</b>	20.9	18.8	7.8	20.1	9.6
<b>Age (Years)</b>					
40-49	0.0	0.0	0.0	2.0	0.0
50-64	7.0	33.9	0.8	9.6	5.2
65+	72.5	6.5	30.4	39.7	36.2

Men were asked to indicate whether they agreed or disagreed with 2 statements related to colorectal cancer. Table 7 shows the percentage of African American males 18 years of age and older who agreed with each statement.

**Table 7: Percentage of Men Aged 18 Years and Older Who Agreed with Statements Related to Prostate Cancer Screenings**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
All men of all races and ethnic backgrounds are at risk for prostate cancer.	96.5	83.2	94.4	85.1	96.9
African American men have a higher chance than white men of getting prostate cancer.	57.8	61.5	46.0	74.7	69.2

Men were asked to indicate what they thought increases a man’s chances of developing prostate cancer. Table 8 lists the prostate cancer risk factors provided by African American males 18 years of age and older. Respondents were able to provide up to 4 responses.

**Table 8: Risk Factors Associated with Prostate Cancer Reported by Men Aged 18 Years and Older**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
Poor diet	20.0	11.2	20.8	26.8	37.1
Not getting tested	8.9	6.0	9.9	13.2	8.5
Old age	3.3	3.7	2.1	5.0	23.6
Sexual activity	6.4	5.5	11.6	2.1	3.5
Drinking alcohol	9.8	1.5	3.9	0.4	4.8
Smoking	4.5	4.7	3.2	1.4	15.7
Family history	4.6	1.4	0	2.3	1.9
Being African American	0.7	6.0	0.0	1.9	1.9
Enlarged prostate	0.0	0.0	0.0	0.9	0.7
Other	22.5	12.1	6.4	6.4	27.9
Don't know	53.4	61.8	60.0	49.3	33.9

Men were also asked to provide what they thought were warning signs and symptoms associated with prostate cancer. Table 9 lists the prostate cancer warning signs and symptoms provided by African American males 18 years of age and older. Respondents were able to provide up to 4 responses.

**Table 9: Warning Signs & Symptoms Associated with Prostate Cancer Reported by Men Aged 18 Years and Older**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
Pain or blood in urine	29.3	17.0	26.3	23.5	32.4
Problems urinating (control/flow)	24.6	25.9	16.3	20.0	29.7
Problems with bowel control	9.6	9.9	3.0	2.8	4.7
Erection difficulty	6.3	6.1	1.0	3.5	2.1
Enlarged prostate	0.6	1.0	2.0	3.6	1.3
No signs or symptoms	0.0	4.0	0.0	0.4	1.0
Other*	20.0	18.3	19.6	14.0	32.7
Don't Know	42.3	45.5	43.6	45.7	44.2

\*The "Other" category includes several responses that were risk factors rather than actual warning signs and symptoms.

## **Section VI: Colorectal Cancer Screening Behaviors**

### **Overview**

Colorectal cancer is the third leading cause of cancer-related death in Michigan. An estimated total number of 5,020 men and women were diagnosed with invasive colorectal cancer and 1,720 men and women died from the disease in 2009 in Michigan.<sup>1</sup> This cancer is generally slow growing and easily removable when identified early. SEER data shows that the 5 year survival rate when colorectal cancer is diagnosed at an early stage is around 90%.<sup>2</sup> Among African Americans, the five-year survival rate of early diagnosis is 5% lower than that for Caucasians.<sup>2</sup> The recommendations put forward by organizations, such as the American Cancer Society and the Michigan Cancer Consortium, focus on several different screening tests. According to the Michigan Cancer Consortium (MCC), an appropriately timed colorectal cancer screening for an average risk individual aged 50 years or older includes having either a yearly fecal occult blood test (FOBT) or a sigmoidoscopy every five years or a yearly FOBT combined with a sigmoidoscopy every five years or to have a colonoscopy every ten years or a double contrast barium enema (DCBE) every five years.

### **Summary of Results**

The following section presents information about colorectal cancer screening procedures among African American men and women 50 years and older. Information was collected on each type of colorectal screening procedure separately and compared with the recommended screening criteria for appropriately timed colorectal cancer screening. In addition, information is presented related to attitudes and knowledge about colorectal cancer among African American men and women 18 years of age and older.

Results from the 2008 SCBRFS<sup>3</sup>, show that the appropriately timed colorectal cancer screening rate for all men and women 50 years of age and older living in Michigan was 60.8%. Among the African American population 50 years of age and older, the rate was 57.4%. Table 1 shows the percentage of African American men and women 50 years of age and older living in each of the 5 targeted cities who had an appropriately timed colorectal cancer screening. This table also shows the percentage of those who had each of the colorectal screening tests individually.

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<sup>1</sup> *The Cancer Burden in Michigan: Selected Statistics — 1991-2009*. Okemos, MI: September 2009. Available at: [www.michigancancer.org/PDFs/MCCReports/CancerBurden-Sept2009/CancerBurdenInMichigan-Sept09-AllSections.pdf](http://www.michigancancer.org/PDFs/MCCReports/CancerBurden-Sept2009/CancerBurdenInMichigan-Sept09-AllSections.pdf).

<sup>2</sup> SEER Cancer Statistics Review, 1975-2006, National Cancer Institute. Bethesda, MD, [http://seer.cancer.gov/csr/1975\\_2006/](http://seer.cancer.gov/csr/1975_2006/), posted to the SEER web site, 2009.

<sup>3</sup> Michigan Department of Community Health and Michigan Public Health Institute. *Special Cancer Behavioral Risk Factor Survey, 2008*.

**Table 1: Colorectal Cancer Screening Among Men and Women Aged 50 Years and Older**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
<b>Appropriately Timed Screening*</b>					
<b>Total</b>	59.3	60.6	53.6	66.7	53.4
<b>Gender</b>					
Male	63.1	71.8	50.1	56.9	58.0
Female	56.4	53.2	56.3	73.2	50.1
<b>Age (Years)</b>					
50-64	45.9	52.2	40.6	59.3	49.3
65+	74.7	72.9	67.3	79.0	59.8
<b>FOBT in Past Year</b>					
<b>Total</b>	24.8	19.1	29.6	17.5	14.8
<b>Gender</b>					
Male	21.3	17.6	31.3	13.9	19.4
Female	27.5	20.4	28.1	20.0	11.1
<b>Age (Years)</b>					
50-64	14.4	20.1	25.9	20.8	14.7
65+	37.2	17.8	33.6	11.7	14.9
<b>Sigmoidoscopy In Past 5 Years</b>					
<b>Total</b>	32.5	25.3	22.4	19.4	19.7
<b>Gender</b>					
Male	47.3	32.3	24.4	18.6	23.5
Female	21.8	20.7	20.9	20.0	16.9
<b>Age (Years)</b>					
50-64	10.3	14.8	14.3	16.5	15.7
65+	51.7	41.6	32.8	24.4	26.2
<b>FOBT in Past Year &amp; Sigmoidoscopy in Past 5 Years</b>					
<b>Total</b>	17.9	8.1	9.0	8.1	5.9
<b>Gender</b>					
Male	21.3	7.8	9.2	10.1	7.4
Female	15.3	8.4	8.8	6.7	4.6
<b>Age (Years)</b>					
50-64	3.7	7.5	6.1	11.0	5.9
65+	30.4	9.0	12.9	3.3	5.9

\*The MCC's recommendation for colorectal cancer screening is to have either a yearly fecal occult blood test (FOBT) or a sigmoidoscopy every five years or a yearly FOBT with a sigmoidoscopy every five years or a colonoscopy every ten years or a double contrast barium enema (DCBE) every five years.

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
<b>Colonoscopy in Past 10 Years</b>					
<b>Total</b>	46.8	51.3	39.7	61.1	54.9
<b>Gender</b>					
Male	46.8	59.1	35.9	52.8	51.0
Female	46.9	45.3	43.2	66.8	58.1
<b>Age (Years)</b>					
50-64	39.5	43.9	31.0	49.4	46.4
65+	55.5	64.3	50.1	79.0	71.6
<b>DCBE in Past 5 Years</b>					
<b>Total</b>	40.6	34.0	36.8	31.8	26.8
<b>Gender</b>					
Male	46.9	45.0	30.5	43.0	30.0
Female	36.2	27.8	42.2	25.5	24.4
<b>Age (Years)</b>					
50-64	30.2	19.4	15.2	22.3	23.0
65+	50.3	56.7	63.6	49.5	32.9

Table 2 shows the percentage of African American men and women 50 years of age and older who had a colorectal cancer screening procedure that was not normal and required treatment within the past 10 years.

**Table 2: Abnormal Colorectal Cancer Screening Results in the Past 10 Years Among Men and Women Aged 50 Years and Older**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
<b>Total</b>	2.8	8.1	4.3	2.2	9.2
<b>Gender</b>					
Male	0.7	12.9	2.4	1.7	3.4
Female	4.4	4.8	5.7	2.5	12.5
<b>Age (Years)</b>					
50-64	4.3	11.6	4.8	3.1	5.7
65+	1.3	3.5	3.9	0.8	13.4

All respondents were asked how many first degree relatives they had that were diagnosed with colorectal cancer at some point in their lives. Table 3 shows the percentage of African American men and women 18 years of age and older who had at least one first degree relative who was previously diagnosed with colorectal cancer.

**Table 3: Family History\* of Colorectal Cancer Among Men and Women Aged 18 Years and Older**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
<b>Total</b>	7.1	7.2	4.2	4.9	4.8
<b>Gender</b>					
Male	8.6	6.8	3.3	4.4	3.1
Female	5.8	7.5	4.9	5.3	6.3
<b>Age (Years)</b>					
18-34	7.4	2.6	2.7	0.0	0.1
35-49	60.0	4.1	4.8	7.2	5.9
50-64	8.6	14.1	4.8	4.6	6.7
65+	3.1	13.4	5.6	14.3	14.7

\*Family history of colorectal cancer was defined by one or more biological parents, siblings, children, or grandparents had colorectal cancer sometime during their lives.

Respondents were asked if they agreed or disagreed with a series of statements related to colorectal cancer. Table 4 shows the percentage of African American men and women 18 years of age and older who agreed with each of these statements.

**Table 4: Percentage of Men and Women Aged 18 Years and Older Who Agreed with Statements Related to Colorectal Cancer**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
Tests are available to find colorectal cancer early.	97.5	94.6	96.2	95.6	97.6
Regular testing can find changes in the colon before they become cancer.	94.4	98.0	91.1	92.1	97.3
Colorectal cancer is not common in women.	24.3	27.3	35.4	22.5	18.3
People older than 50 years are more likely to get colorectal cancer than people younger than 50 years.	56.3	65.3	65.9	73.9	60.7
There is little anyone can do to keep from getting colorectal cancer.	20.4	23.5	28.3	19.5	18.4

Respondents were asked whether colorectal cancer can be cured when detected early. Table 5 shows the percentage of African American men and women 18 years of age and older who said that, when detected early, the likelihood that colorectal cancer can be cured is good or excellent.

**Table 5: Men and Women Aged 18 Years and Older Who Believe Colorectal Cancer Can be Cured When Detected Early**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
<b>Total</b>	86.9	75.9	79.6	79.9	83.1
<b>Gender</b>					
Male	84.8	77.7	81.1	83.4	80.6
Female	88.7	74.4	78.4	76.4	85.4
<b>Age (Years)</b>					
18-34	76.8	67.6	81.1	78.7	73.3
35-49	94.3	74.4	76.0	80.4	89.6
50-64	92.1	82.6	87.6	88.9	90.0
65+	86.8	88.8	74.7	66.9	88.5

Respondents were asked to name the most important things they thought that increase a person’s risk of getting colorectal cancer. Table 6 lists the risk factors provided by African American men and women 18 years of age and older. Altogether, respondents were able to provide up to six responses.

**Table 6: Risk Factors Associated with Colorectal Cancer Reported by Men and Women Aged 18 Years and Older**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
Diet (unspecified)	30.0	10.2	14.1	26.7	26.9
A high fat, low fiber diet	29.7	29.6	22.0	16.9	20.1
Not getting tested/screened	10.4	15.3	12.7	14.3	12.4
Family history of colorectal cancer	6.3	2.7	2.4	8.4	1.9
Alcohol	8.0	0.6	2.7	2.6	0.8
Smoking	6.0	5.9	6.7	1.3	2.0
Constipation or irregular bowel movements	2.7	4.9	5.1	4.4	9.7
Related sexual activities	3.4	3.8	6.3	3.7	1.3
Lack of exercise	1.9	1.9	3.4	6.1	2.6
Polyps or growths	0.5	0.7	0.4	0.7	11.0
Older age	2.4	0.6	0.9	3.1	0.3
Stress	0.5	0.8	1.2	0.6	0.5
Environmental factors or pollutants	0.1	0.5	0.7	0.9	0.1
Other	10.1	6.8	10.3	6.2	5.7
Don't know	33.9	37.5	44.4	36.7	31.2

Respondents were asked to name warning signs or symptoms associated with colorectal cancer. Table 7 lists the colorectal warning signs and symptoms provided by African American men and women 18 years of age and older. Altogether, respondents were able to provide up to six responses.

**Table 7: Warning Signs & Symptoms Associated with Colorectal Cancer Reported by Men and Women Aged 18+ Years and Older**

	<b>Detroit %</b>	<b>Flint %</b>	<b>Saginaw %</b>	<b>Lansing %</b>	<b>Pontiac %</b>
Blood in stool/bleeding from rectum	33.9	38.3	32.4	39.2	48.2
Change in bowel habits (diarrhea/ constipation)	27.3	17.0	19.3	20.0	14.2
Pain or cramping in abdomen	20.8	20.5	18.6	25.1	26.0
Constant tiredness and weakness	27.0	1.0	1.3	2.5	1.1
Polyps or growths	3.4	4.6	2.0	5.2	15.2
Unexplained weight loss	4.1	2.3	2.6	2.2	0.9
No signs or symptoms	0.0	0.3	0.4	0.0	0.1
Other	12.2	12.9	11.2	9.4	11.9
Don't know	42.1	37.6	49.2	40.8	28.9

## **Section VII: Lung Cancer Screening Behaviors**

### **Overview**

Lung cancer is the leading cause of cancer-related death in Michigan and in the United States.<sup>1</sup> In 2009, a total of 8,190 men and women in Michigan were estimated to have been diagnosed with lung cancer, and an estimated total number of 5,840 men and women died of the disease.<sup>2</sup> Both African American men and women have higher lung cancer incidence and mortality rates than whites in Michigan.<sup>2</sup>

Tobacco use accounts for at least 30% of all cancer deaths and 87% of lung cancer deaths.<sup>3</sup> Early detection of lung cancer is difficult because many lung cancers do not cause noticeable symptoms until they are advanced and have spread to other parts of the body. However, the risk of having lung cancer and other smoking-related illnesses can be reduced through discontinued use of tobacco products, primarily cigarettes.

### **Summary of Results**

This section presents information related to tobacco use among African American men and women 18 years of age and older who live in each of the 5 target cities. Among respondents who were identified as current smokers, information about their attempts to quit smoking and any support they may have received from their doctor to help them quit smoking is also presented. A current smoker is a respondent who reported having smoked at least 100 cigarettes in their entire life and reported in a follow-up question that they still continue to smoke cigarettes. Information related to knowledge of lung cancer warning signs and symptoms as reported by all respondents is also summarized below.

The 2008 SCBRFS report<sup>4</sup> indicated that among Michigan residents aged 40 years and older, the proportion of respondents within the general population that reported being current smokers in 2008 was 20.6%. Table 1 shows slightly higher percentages of African American men and women 18 years of age and older living in each of the five cities who were current smokers in 2008.

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<sup>1</sup> SEER Cancer Statistics Review, 1975-2006, National Cancer Institute, Bethesda, MD, [http://seer.cancer.gov/csr/1975\\_2006/](http://seer.cancer.gov/csr/1975_2006/), posted to the SEER web site, 2009.

<sup>2</sup> *The Cancer Burden in Michigan: Selected Statistics — 1991-2009*. Okemos, MI: September 2009. Available at: [www.michigancancer.org/PDFs/MCCReports/CancerBurden-Sept2009/CancerBurdenInMichigan-Sept09-AllSections.pdf](http://www.michigancancer.org/PDFs/MCCReports/CancerBurden-Sept2009/CancerBurdenInMichigan-Sept09-AllSections.pdf).

<sup>3</sup> American Cancer Society, *Cancer Facts & Figures 2009*. Atlanta: American Cancer Society; 2009.

<sup>4</sup> Michigan Department of Community Health and Michigan Public Health Institute. *Special Cancer Behavioral Risk Factor Survey, 2008*.

**Table 1: Percentage of Current Smokers Among Men and Women 18 Years of Age and Older**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
<b>Total</b>	26.6	27.4	29.2	31.9	36.1
<b>Gender</b>					
Male	39.5	40.6	31.6	31.7	43.8
Female	15.8	16.6	27.4	32.0	29.2
<b>Age (Years)</b>					
18-34	20.2	23.5	20.1	42.9	52.3
35-49	29.1	38.3	31.3	31.2	29.5
50-64	42.5	31.1	54.9	21.0	31.2
65+	18.3	13.3	17.1	18.1	7.5

Table 2 displays the average number of cigarettes smoked per day among current smokers 18 years of age and older within the five cities. A majority of the current smokers in each city reported smoking less than 20 cigarettes per day.

**Table 2: Average Number of Cigarettes Smoked Per Day among Current Smokers Aged 18+ Years**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
1-19 cigarettes/day	93.8	84.7	82.0	82.4	92.4
20-39 cigarettes/day	5.8	14.8	17.0	17.6	3.4
40+ cigarettes/day	0.4	0.6	1.0	0.0	4.2

Among current smokers aged 18 years and older, more than half of the smokers in each city reported trying to quit for one day or more within the past year as shown in Table 3.

**Table 3: Percentage of Current Smokers Aged 18+ Years Who Attempted to Quit for One Day or More in the Past 12 Months**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
<b>Total</b>	52.1	63.1	76.8	66.3	53.0
<b>Gender</b>					
Male	49.3	69.0	80.9	45.8	78.5
Female	64.7	51.9	73.1	86.4	21.5
<b>Age (Years)</b>					
18-34	22.8	71.4	57.4	64.5	51.4
35-49	85.7	37.1	87.2	75.2	84.6
50-64	32.4	74.5	83.5	29.6	45.4
65+	80.8	100.0	26.6	76.7	14.8

Current smokers were also asked questions on whether they had been advised by their doctor or health care professional to quit smoking, and whether they were offered any tobacco cessation services or aids. Among current smokers 18 years of age and older, the majority of them in each city did receive advice by their doctor or other health care professional to quit smoking, and/or received tobacco cessation services or aids such as patches, educational materials, and non-nicotine medication to help them quit smoking. Tables 4 and 5 summarize the findings on these questions.

**Table 4: Percentage of Current Smokers Aged 18+ Years Whose Doctor or Other Health Care Professional Advised Them to Quit Smoking**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
<b>Total</b>	70.6	83.7	84.3	65.6	92.9
<b>Gender</b>					
Male	62.5	78.9	88.5	51.8	91.2
Female	87.7	93.4	80.8	78.1	95.2
<b>Age (Years)</b>					
18-34	26.2	71.2	74.4	56.0	91.9
35-49	82.6	82.5	83.7	65.7	93.8
50-64	90.5	99.0	90.6	84.8	96.6
65+	95.0	94.9	87.3	97.4	100.0

**Table 5: Tobacco Cessation Services/Aids Offered by Health Care Professional to Current Smokers\* Aged 18+ Years**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
Patches	39.5	32.1	32.8	53.7	51.8
Non-nicotine medication	16.7	22.1	33.0	16.6	6.7
Educational material	39.8	25.7	15.2	40.2	24.5
Referral to specific cessation program	16.1	3.7	4.4	7.6	4.9
Referral to counseling	18.2	30.1	19.9	17.1	4.5
None of the above	20.3	31.6	33.2	21.7	41.2

\* Only current smokers who were advised by a health care professional to quit smoking.

Among African American residents aged 18 years and older in each of the five cities, at least a third have reported being former smokers in 2008. A former smoker is a respondent who reported having smoked at least 100 cigarettes in their entire life but reported in a follow-up question that they do not smoke at all anymore. More than half of these former smokers 18 years of age and older reported that it has been at least 5 years since they last smoked cigarettes regularly (Table 6).

**Table 6: Percentage of Former Smokers and Time Since Last Smoked Cigarettes Regularly Among Former Smokers Aged 18+ Years**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
<b>Former Smokers</b>	39.5	32.1	32.8	53.7	51.8
<b>Time Since Last Smoked Cigarettes</b>					
Within past year	10.1	25.9	13.3	26.1	3.0
Within the past 5 years	37.4	21.1	18.7	10.0	15.2
Between 5 and 15 years ago	19.5	14.2	39.3	35.8	37.0
More than 15 years ago	33.0	38.8	28.7	28.2	44.8

Table 7 shows the knowledge among African American residents aged 18 years and older of the warning signs and symptoms of lung cancer. Difficulty breathing and coughs that would not go away were the most common warning signs or symptoms that they cited.

**Table 7: Knowledge of Warning Signs and Symptoms of Lung Cancer Among Adults Aged 18+ Years**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
Cough that would not go away	48.8	49.8	31.5	47.4	52.4
Difficulty breathing	48.5	43.7	39.6	44.4	43.1
Pain or soreness in throat or chest	11.5	11.3	9.6	12.5	7.6
Bloody or rust colored spit/phlegm	19.5	15.4	14.8	30.7	32.5
Hoarseness	5.4	3.6	2.3	2.4	1.3
Fluid in lung	2.6	0.3	4.9	0.0	0.2
Abnormal x-ray	0.4	0.8	1.3	1.2	1.7
Other*	18.6	12.7	16.7	10.3	24.4
No warning signs or symptoms	0.8	0.0	4.0	0.1	0.1
Don't know	19.5	21.2	29.8	22.0	20.3

\*The "Other" category includes several responses that were risk factors rather than actual warning signs and symptoms.

## **Section VIII: End of Life Care**

### **Overview**

End-life-care aims to reduce avoidable suffering and improve the quality of life for terminally ill patients by addressing the management of pain and other physical symptoms, as well as provide emotional and spiritual support for patients and their families. The timeliness of referral to end of life services is crucially important so that medical, spiritual, and psychological professionals can provide assistance to patients and families within the limited timeframe between terminal diagnoses and death.

To ensure that terminally ill cancer patients receive the benefits of multidisciplinary end of life care and are given a peaceful end of life experience, the Michigan Cancer Consortium seeks to reduce avoidable suffering during the last phase of life for persons with cancer.

### **Summary of Results**

This section presents information about the knowledge and utilization of end of life services among terminally ill persons. For example, whether end of life services were used for patient care at the end of their life, how long these services were used for, and where the terminally ill person live during the final months of their life. In addition, information was sought from caregivers of terminally ill persons to determine the level of pain terminally ill persons experienced and whether or not pain medications were used or effective. Finally information is presented about the level of stress experienced by caregivers of terminally ill persons.

According to results found in the 2008 SCBRFS<sup>1</sup>, 94.6% of men and women 40 years of age indicated that they had ever heard of Hospice and 18.4% of this population indicated that they had ever heard of palliative care as an end of life service. This data also showed that, among African American men and women 40 years of age and older, 85.1% indicated they had ever heard of Hospice and 16.0% indicated that they had ever heard of palliative care. Table 1 shows the percentage of African American men and women 18 years of age and older who ever heard of either end of life service within the 5 targeted cities. However, it should be noted that the SCBRFS only included persons 40 years of age and older while results presented for each of the 5 cities include persons 18 years of age and older.

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<sup>1</sup> Michigan Department of Community Health and Michigan Public Health Institute. *Special Cancer Behavioral Risk Factor Survey, 2008.*

**Table 1: Percentage of Men and Women Aged 18 Years and Older Who Had Ever Heard of Hospice or Palliative Care**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
<b>Hospice Care</b>					
<b>Total</b>	78.0	77.1	69.2	83.2	83.5
<b>Gender</b>					
Male	67.6	63.5	60.9	75.0	83.4
Female	86.7	88.1	76.0	90.6	83.5
<b>Age (Years)</b>					
18-34	67.1	64.9	51.5	66.7	77.7
35-49	73.9	87.9	77.0	94.2	88.8
50-64	93.3	73.8	86.8	96.4	82.2
65+	95.0	92.1	72.6	89.9	91.3
<b>Palliative Care</b>					
<b>Total</b>	5.5	9.1	4.5	19.0	4.6
<b>Gender</b>					
Male	6.6	5.0	2.1	19.5	2.2
Female	4.5	12.5	6.5	18.6	6.9
<b>Age (Years)</b>					
18-34	2.4	11.9	4.6	18.1	2.3
35-49	1.9	5.0	4.4	27.2	7.4
50-64	6.2	5.3	5.6	16.7	6.4
65+	19.3	14.9	3.6	9.8	3.6

Respondents were asked if they had prepared any documents such as an advance directive that would help their family make health care decisions for them if they were to become unable to make decisions for themselves. Table 2 shows the percentage of African American men and women 18 years of age and older who have prepared an advance directive. Results from the 2008 SCBRFS<sup>2</sup>, which only included men and women 40 years of age and older, show that the percentage of persons who had an advance directive was 48.9% in the general population and 33.3% among African Americans.

<sup>2</sup> Michigan Department of Community Health and Michigan Public Health Institute. *Special Cancer Behavioral Risk Factor Survey, 2008.*

**Table 2: Percentage of Men and Women Aged 18 Years and Older Who Have an Advance Directive**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
<b>Total</b>	17.8	26.2	32.5	33.5	23.5
<b>Gender</b>					
Male	14.2	26.4	36.6	38.1	21.2
Female	20.8	26.0	29.0	29.5	25.6
<b>Age (Years)</b>					
18-34	12.0	21.9	34.7	20.0	9.4
35-49	12.2	12.8	15.5	25.2	17.4
50-64	23.7	33.0	34.0	40.6	34.1
65+	36.4	48.5	58.8	77.7	69.2

Table 3 shows the percentage of African American men and women 18 years of age and older who were the main caregiver for a family member or a friend who died from a terminal illness during the past five years, while Table 4 shows the percentage of these caregivers who were caregivers of terminally ill persons who died from cancer. Overall, the 2008 SCBRFS<sup>3</sup> showed that 19.0% of the general population and 20.7% of the state’s African American population 40 years of age and older were caregivers of a terminally ill person in the past 5 years. Among these caregivers 40 years of age and older, 58.1% of all caregivers and 50.6% of African American caregivers were caregivers of persons who died as a result of cancer.

**Table 3: Percentage of Men and Women Aged 18 Years and Older Who were a Caregiver to a Terminally Ill Person in the Past 5 Years**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
<b>Caregiver of Person Who Died of Any Terminal Illness</b>					
<b>Total</b>	16.0	18.1	9.9	8.5	13.4
<b>Gender</b>					
Male	8.5	15.8	6.0	4.1	12.5
Female	22.3	19.9	13.0	12.5	14.3
<b>Age (Years)</b>					
18-34	7.8	12.0	6.2	6.3	3.0
35-49	15.4	20.3	5.7	8.3	19.5
50-64	24.6	21.7	20.8	13.8	20.0
65+	27.0	24.5	14.5	7.1	24.3

<sup>3</sup> Michigan Department of Community Health and Michigan Public Health Institute. *Special Cancer Behavioral Risk Factor Survey, 2008.*

**Table 4: Percentage of Caregivers Aged 18 Years and Older of Terminally Ill Persons Who were Caregivers of Persons Who Died of Cancer in the Past 5 Years**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
<b>Caregiver of Person Who Died of Cancer</b>					
<b>Total</b>	46.6	50.4	49.5	57.2	36.1
<b>Gender</b>					
Male	78.5	33.1	14.9	40.4	18.3
Female	36.5	61.4	62.9	62.1	50.7
<b>Age (Years)</b>					
18-34	84.6	42.9	57.9	55.2	46.8
35-49	43.9	67.6	60.9	93.3	10.7
50-64	30.1	43.1	34.4	28.5	45.4
65+	39.9	43.6	56.0	67.9	69.1

Caregivers were asked if the person they were caring for received Hospice care during the last 3 months of the life. Table 5 shows the percentage of all terminally ill persons who received Hospice care at any time during their last 3 months of life. In addition, the table includes breakdowns for terminally ill persons who died from cancer and those who died from some other illness.

**Table 5: Percentage of Terminally Ill Persons Who Received Hospice During the Last 3 Months of Life**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
All terminally ill persons	45.6	64.0	56.3	57.5	42.8
Person died from cancer	56.2	74.2	82.9	81.7	66.8
Did not die from cancer	35.5	53.9	29.9	25.3	28.5

Caregivers of terminally ill persons who received Hospice during the last 3 months of life were asked to indicate how long the person received Hospice care. Table 6 shows the percentage of all terminally ill persons and persons who died from cancer that received Hospice care at selected time intervals ranging from less than one week to six months or more.

**Table 6: Length of Time Terminally Ill Persons Received Hospice**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
<b>All Terminally Ill Persons</b>					
<1 Week	12.1	21.1	14.6	42.4	27.7
1 to <2 Weeks	7.9	17.6	1.4	34.5	28.2
2 to <4 Weeks	39.3	34.4	13.3	16.0	32.9

	<b>Detroit %</b>	<b>Flint %</b>	<b>Saginaw %</b>	<b>Lansing %</b>	<b>Pontiac %</b>
1 to <2 Months	12.8	7.1	6.5	1.3	1.8
2 to <4 Months	23.6	3.2	34.7	3.4	3.3
4 to <6 Months	1.2	4.9	8.1	0.0	0.0
6+ Months	3.1	11.7	21.4	2.4	6.2
<b>Cancer Patients Only</b>					
<1 Week	17.3	7.5	12.7	47.0	19.3
1 to <2 Weeks	4.2	14.7	1.9	31.7	16.5
2 to <4 Weeks	20.5	42.8	7.1	0.0	0.0
1 to <2 Months	17.4	6.8	5.1	0.3	3.2
2 to <4 Months	39.0	4.8	40.2	2.7	5.9
4 to <6 Months	0.0	5.8	11.0	2.5	1.6
6+ Months	1.6	17.6	22.0	15.8	53.5

Table 7 lists the reasons why terminally ill persons did not receive Hospice care at any time during their last 3 months of life. Respondents were able to provide multiple reasons why Hospice was not used.

**Table 7: Reasons Why Terminally Ill Persons Did Not Receive Hospice**

	<b>Detroit %</b>	<b>Flint %</b>	<b>Saginaw %</b>	<b>Lansing %</b>	<b>Pontiac %</b>
Person died before entering hospice	49.5	18.0	51.6	28.8	11.9
Didn't need/want it	20.1	34.3	56.2	0.6	6.5
Family friend care for patient	11.0	35.5	19.1	8.3	17.3
Was in hospital care facility	2.2	12.0	15.0	1.8	1.2
Did not accept terminal illness	1.9	3.7	1.3	21.7	1.4
Doctor did not recommend	4.9	0.9	3.8	1.6	0.6
No insurance	0.0	7.0	0.0	0.9	0.5
Did not want to change doctors	0.0	0.0	0.0	0.0	3.5
Did not know about hospice	0.9	0.0	0.0	0.0	0.0
Other	15.4	6.0	2.5	37.3	61.0

Caregivers were asked where the terminally ill person lived most of the time during the last 3 months of their life. Table 8 shows the primary residence of terminally ill persons and persons who died from cancer. The category “Home” includes the home of the terminally ill person and home of a family member or friend. “Hospital or Other Facilities” includes hospitals, adult care facilities, assisted living facilities, and hospice buildings, while the “Nursing Home” category only includes nursing homes.

**Table 8: Primary Residence of Terminally Ill Persons During Last 3 Months of Life**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
<b>All Terminally Ill Persons</b>					
Home	82.3	73.7	85.0	91.6	86.6
Hospital or other facility	15.1	21.1	4.5	2.4	5.4
Nursing home	2.6	5.2	10.5	6.0	8.0
<b>Cancer Patients Only</b>					
Home	93.4	73.2	93.5	97.6	93.3
Hospital or other facility	5.6	24.8	0.8	2.4	4.6
Nursing home	1.0	2.0	5.8	0.0	2.1

Caregivers were asked to rate the average level of pain experienced by terminally ill persons during the last 3 months they were alive. Table 9 shows the percentage of all terminally ill persons and those who died from cancer who experienced no pain, mild to moderate pain, or severe to excruciating pain during their last 3 months of life.

**Table 9: Level of Pain Experienced by Terminally Ill Persons During Last 3 Months of Life**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
<b>All Terminally Ill Persons</b>					
None	4.2	6.7	19.2	3.5	1.7
Mild to moderate	41.1	38.7	34.7	42.9	28.3
Severe to excruciating	54.6	54.6	46.2	53.6	70.0
<b>Cancer Patients Only</b>					
None	6.9	6.0	10.0	0.0	0.0
Mild to moderate	16.3	29.1	36.3	14.5	24.1
Severe to excruciating	76.8	64.9	53.7	85.5	75.9

Table 10 shows the percentage of terminally ill persons who were prescribed medication by a doctor to reduce their level of pain.

**Table 10: Medication Prescribed to Reduce Pain**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
All terminally ill persons	93.0	95.6	93.1	83.7	94.8
Cancer patients only	88.6	100.0	88.4	81.0	92.4

Table 11 shows the percentage of terminally ill persons who were prescribed pain medication but did not use the medication as directed.

**Table 11: Pain Medication Not Used As Prescribed**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
All terminally ill persons	13.7	9.1	10.2	14.0	0.9
Cancer patients only	16.7	5.6	11.1	23.8	0.9

Among terminally ill persons who were prescribed medication to reduce pain, their caregivers were asked to indicate how effective the medication was in reducing pain. Table 12 shows the varying levels of pain medication effectiveness as reported by caregivers.

**Table 12: Effectiveness of Medication to Reduce Pain**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
Most or all of the pain relieved	48.8	48.6	56.3	49.9	38.3
Some of the pain was relieved	40.4	50.5	41.4	50.1	60.9
None of the pain was relieved	10.8	1.0	2.3	0.0	0.8

Caregivers were asked if they could change anything in the overall care that the terminally ill person received to ease their physical, spiritual, or emotional suffering during the last 3 months of their life, what they would change. Table 13 summarizes the care changes reported by caregivers.

**Table 13: Changes in Care to Ease Suffering**

	Detroit %	Flint %	Saginaw %	Lansing %	Pontiac %
Would not change anything	25.7	15.5	35.5	12.3	13.9
Religious/Spiritual peace	20.7	19.2	9.2	13.0	11.3
Better pain relief	14.7	11.2	9.5	37.3	14.2
Earlier referral to end of life care	3.7	1.9	3.6	2.6	29.5
More family/friend support	6.0	12.4	17.5	11.1	14.3
Avoid hospitalization/staying home	3.4	12.4	0.0	6.7	5.0
Improve comfort level	3.3	0.6	8.3	1.0	0.9
Alleviating symptoms other than pain	3.5	0.9	7.0	0.0	0.6
Ability to eat/ drink	1.2	10.9	0.0	0.0	0.0
Improved/Better care	2.7	0.0	0.0	0.0	2.2
Other	14.9	15.2	9.5	16.1	8.2

Table 14 summarizes the level of stress caregivers reported experiencing while caring for a dying friend or relative.

**Table 14: Level of Stress Experienced by Caregiver**

	<b>Detroit %</b>	<b>Flint %</b>	<b>Saginaw %</b>	<b>Lansing %</b>	<b>Pontiac %</b>
<b>All Terminally Ill Persons</b>					
None	8.4	31.4	20.8	8.6	15.3
Mild to moderate	55.7	31.8	32.9	45.7	35.0
Severe to unbearable	35.9	36.8	46.3	45.7	49.7
<b>Cancer Patients Only</b>					
None	7.4	30.8	25.5	8.6	17.2
Mild to moderate	54.0	33.9	23.5	37.4	43.1
Severe to unbearable	38.6	35.2	51.0	54.0	39.6

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**Data are not to be used for publications, presentations or other report production without approval from the Principal Investigator. Please direct all data inquiries to:**

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