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Background/Purpose	Methods	Measures
<ul style="list-style-type: none"> Cancer screening improves cancer outcomes. Latino/as have low rates of cancer screening. Cancer fatalism is the belief that a diagnosis of cancer leads to death. Cancer fatalism may negatively impact cancer screening behavior. The purpose of this study is to examine cancer fatalism among Latino/as in relation to sociodemographic factors. 	<ul style="list-style-type: none"> Data from 5 San Diego area studies Participants were: <ul style="list-style-type: none"> Hispanic/Latino United States residents ≥ 21 years old proficient in English or Spanish Data analysis: <ul style="list-style-type: none"> descriptive statistics linear regression model evaluated sociodemographic factors as predictors of cancer fatalism 	<ul style="list-style-type: none"> Powe Fatalism Inventory (PFI) <ul style="list-style-type: none"> score range: 0 - 15 higher score indicates higher fatalism Duke University Religion Index <ul style="list-style-type: none"> score range: 1 - 6 higher score indicates more religious involvement Brief Acculturation Scale for Hispanics <ul style="list-style-type: none"> score range: 4 - 20 higher score indicates greater level of acculturation Perceived Health Literacy <ul style="list-style-type: none"> score range: 1 - 5 higher score indicates lower health literacy MacArthur Scale of Subjective Social Status, In the United States <ul style="list-style-type: none"> score range: 0 - 10 higher score indicates higher perceived social status

Sample Characteristics (N = 1858)	n	%
Gender		
Male	654	35.2
Female	1204	64.8
Education Level		
< High school diploma	648	34.9
High school diploma or equivalent	316	17.0
Vocational/trade school or associate degree	249	13.4
Some college, no degree	332	17.9
≥ Bachelor's degree	282	15.2
Don't know	3	0.1
missing	28	1.5
Language Preference		
English	920	49.5
Spanish	938	50.1
	M	SD
Age, years (range: 25 - 89)	47.5	13.7
Powe Fatalism Inventory, total	4.4	3.2
Duke University Religion Index		
Attends church or other religious meetings	3.7	1.6
Spends time in private religious activities	4.0	1.8
Brief Acculturation Scale for Hispanics	10.9	5.2
Perceived Health Literacy		
Confident filling out medical forms	2.0	1.0
Needs help reading hospital materials	2.1	1.2
MacArthur Scale of Subjective Social Status		
In the United States	5.0	2.0

Predictors of PFI Scores		
	β	p
AIC = 7606.5		
Intercept	4.60	< 2.0 x 10 ¹⁶
Age	0.02	0.008
Education Level		
< High school diploma (reference)		
High school diploma or equivalent	-0.82	0.0007
Vocational/trade school or associate degree	-0.61	0.020
Some college, no degree	-1.27	1.05 x 10 ⁻⁶
≥ Bachelor's degree	-1.55	1.13 x 10 ⁻⁸
Don't know	-4.19	0.051
Language Preference		
English (reference)		
Spanish	-0.60	0.0017
MacArthur Scale of Subjective Social Status		
In the United States	-0.80	0.053
Perceived Health Literacy		
Needs help reading hospital materials	0.20	0.004

Discussion

- The sample was mostly representative of the national Latino/a population.
 - Notably, women were over-represented.
- The observed low cancer fatalism was consistent with that reported by a published study of Latinas.
- Higher education level was strongly associated with lower fatalism:
 - A similar study found only education level to be associated with fatalism.
- Future study should explore the relationship among sociodemographic factors, cancer fatalism, and cancer screening behavior.

References

- Powe, B. D. (1995). Cancer fatalism among elderly Caucasians and African Americans. *Oncology Nursing Forum*, 22, 1355-1359.
- Adler, N. E., Epel, E. S., Castellazzo, G., & Ickovics, J. R. (2000). Relationship of subjective and objective social status with psychological and physical health: Preliminary data in healthy white women. *Health Psychology*, 19, 585-591

Results

- Average cancer fatalism was low in the study sample.
- Higher fatalism was found among individuals who:
 - were older, less educated, less health literate
 - preferred English
- There were no other significant predictors of fatalism.

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