

Self-Reported Cancer Screening Rates Versus Medical Record Documentation: Incongruence, Specificity, and Sensitivity for African American Women

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Purpose/Objectives: To evaluate levels of incongruence, specificity, and sensitivity between self-reported screening and medical record documentation for breast, cervical, and colorectal cancer screening.

Design: Descriptive, quantitative.

Setting: Federally qualified health centers in the southeastern United States.

Sample: 116 African American women. The mean age was 35 years, and the mean educational level was 12.6 years.

Methods: Women were eligible to participate in the study if they were older than age 18 and able to understand English or Spanish. They were recruited from the waiting areas of health centers over a consecutive five-day period.

Main Research Variables: Self-reported rates of screening and screening rates documented in the medical record.

Findings: The level of incongruence between self-report and medical record documentation was more than 50% for some procedures. Rates of specificity were high, particularly over time. Rates of sensitivity were 33% or less.

Conclusions: The women tended to overreport screenings in the past year when compared to medical records. The women and medical records indicated that the screenings had not been performed in the past two to five years or more than five years ago.

Implications for Nursing: Nurses are in a unique position to educate women about cancer screening in a culturally and educationally appropriate way while ensuring that those conversations and procedures are documented in the medical record by all providers.

Key Points . . .

- ▶ Low-income African American women had low rates of breast and colorectal cancer screening.
- ▶ Self-reported cancer screening rates were incongruent with those documented in the medical record.
- ▶ Incongruence between the self-report and medical record documentation may lead to missed cancer screening opportunities.

tor in decreasing cancer mortality rates; however, the literature suggests that African Americans are less likely than others to participate in cancer screening and early detection programs (Champion et al., 2006; Champion et al., 2003; Champion & Menon, 1997; Powe, 1995; Russell, Monahan, Wagle, & Champion, 2007; Skinner, Champion, Menon, & Seshadri, 2002; Trauth et al., 2005; Weinrich, Weinrich, Atwood, Boyd, & Greene, 1998).

Statistics used to determine rates of participation in cancer screening typically are based on patients' self-reported screening or medical records. Medical records are viewed by some as the gold standard and are the legal standard by which care is documented and evaluated. Although self-reports are a key component of patients' health histories, their reliability and accuracy often are debated. Even so, population-based studies (e.g., Behavioral Risk Factor Surveillance Survey, National Health and Nutritional Examination Survey) have influenced policy and reported on national trends based on self-reported screening, which may be over- or underestimated by patients when compared to medical records. Over- or underestimation of screening can be even more significant for African Americans, who bear a disproportionate cancer burden.

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African Americans continue to experience higher cancer incidence (all sites combined), higher mortality rates, and lower rates of cancer survival than other racial and ethnic groups in the United States (American Cancer Society, 2007a). Despite having a lower incidence of breast cancer compared to Caucasian women older than age 40, African American women have a higher mortality rate from the disease. Furthermore, for women younger than age 40, the incidence of breast cancer actually is higher among African Americans than Caucasians (American Cancer Society, 2007b). The same trend is evident in other cancers; the incidence and mortality rates for colorectal cancer for African Americans far exceed those of Caucasians, and the mortality rate for cervical cancer in African American women is almost double the rate of Caucasian women (National Cancer Institute, 2007). Early detection followed by effective treatment is believed to be a crucial fac-