

ISSUE BRIEF

Preliminary Findings to Improve
Colorectal Cancer Screening Practices
Among Older Asian Americans

September 2015



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Partnership for *Healthier* Asians
AFIRE ARC CAI CASL CMAA HANUL KACS LAOE MWRC UC



WHO'S INVOLVED

Partnership for Healthier Asians (PHA) is an ambitious community-academic partnership across 7 diverse Asian American communities (Cambodian, Chinese, Filipino, Korean, Laotian, South Asian, Vietnamese) in Cook, Dupage, Kane and Lake counties to study the ways to effectively disseminate evidence-based practices.

Our special thanks to principal investigator Karen Kim, MD MS along with Mike Quinn PhD, and Helen Lam, PhD RN from the University of Chicago, who have provided invaluable technical assistance and feedback to guide the Asian community partners in the development of this report. We are also deeply grateful to Kristin Salvador for helping us with the design and layout of this report.

INVESTIGATORS

University of Chicago Medicine

Asian Health Coalition

PROJECT PARTNERS

Blue Cross and Blue Shield of Illinois

Alliance for Filipino Immigrant Rights and Empowerment

Cambodian Association of Illinois

Chinese American Service League

Chinese Mutual Aid Association

Hanul Family Alliance

Korean American Community Services

Lao American Organization of Elgin

Mercy Family Health Center

Muslim Women Resource Center

FUNDING ORGANIZATIONS

We are extremely grateful to the our foundation partners and government agencies for their willingness to support efforts to build a strong infrastructure in the prevention and control of colorectal cancer disparities disproportionately impacting Asian American communities.

Agency for Healthcare Research & Quality

Chicago Community Trust

Retirement Research Foundation

University of Chicago Medicine

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OVERVIEW

The **Partnership for Healthier Asians (PHA)** was established in 2013 through a federally funded grant from the Agency for Health Research and Quality (AHRQ). PHA is a 3-year research program and the first study to be conducted in Illinois that uniquely focuses on pan-Asian communities, and looks at understanding approaches that have the potential to improve communication of evidence-based practices (EBP) surrounding colorectal cancer for the underserved Asian American communities in Illinois. This report is the second of a three-part series intended to share the meaningful observations and results that have been learned from the initial community-driven initiative, and its evolution into a larger scale project to reduce colorectal cancer health disparities in Asian immigrant communities.

Research shows colorectal cancer screenings (i.e. stool based cards, colonoscopies and sigmoidoscopies) save lives. But the rates remain troublingly low. Nationwide, only 58% of adults between the ages of 50 and 75 have been tested for colorectal cancer – far below the Healthy People 2020 goal of 70.5%. Illinois ranks 36th in the nation for its screening rate of 62.5%, according to federal data. The statistics are even worse for minorities: Asian-Americans have the lowest preventative cancer screening rates among all minority ethnic groups in the United States according to the American Cancer Society.

Asian Americans are also the only racial and ethnic group in the country to experience cancer as the number one cause of mortality despite the fact that experts have identified the best practices for early detection through screenings. To reduce mortality, early detection is crucial. The U.S. Preventive Services Task Force (2008) recommends colorectal cancer screening for all persons aged 50 and older with annual fecal occult blood testing (FOBT), sigmoidoscopy every 5 years or colonoscopy every 10 years. Although annual colorectal cancer screening through FOBT is inexpensive and non-invasive, lower screening rates have been observed among minority groups, among poor and less-educated populations, individuals without a usual source of health care, the uninsured, and immigrants with low English proficiency (LEP).

This report highlights key observations surrounding attitudes towards colorectal screening across 7 diverse Asian American communities, and preliminary findings from a culturally tailored multi-component intervention to increase screening rates using effective dissemination channels.



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THE BASICS – EBP 101

Evidence-Based Practice (EPB) combines (1) best research evidence, (2) patient values and preferences, and (3) clinical expertise to provide high-quality services reflecting the interests, values, needs, and choices of the patient. Using EBP is not the same as conducting research. Rather the purpose of using EBP is to take the latest evidence from research and guide patient care to achieve the best possible outcomes for the patient. It can help to reduce healthcare costs, when compared with care that is based in tradition and outdated policies and practices, allowing for management of limited resources in an efficient and effective manner instead of being wasted in the process of determining ways of providing competent client care.

Our partnership approach uses community-based organizations (CBOs) to serve as knowledge brokers and serve as connectors to the practitioners and health care delivery organizations. In our model, our CBO partners provide an authoritative seal of approval for new knowledge and help identify influential groups and communities that can create a demand for application of the evidence in practice. Both mass communication (i.e. social media campaigns) and targeted dissemination by community health advisors are used to reach the largely limited-English speaking Asian audiences with the anticipation that early users will influence the latter adopters of the new usable, evidence-based research findings.

WHAT WE'VE DONE



Colorectal Cancer Facts

Colorectal Cancer is the 2nd most common cancer among Asian women and 3rd most common cancer among Asian men.

The colorectal cancer screening rate for Asian Americans is only 46.2%, far below the Healthy People 2020 target of 70.5%.

Screening can find polyps (abnormal growths) which can be removed before they turn into cancer.

Screening is generally recommended for all men and women to start from age 50 and continue until age 75.

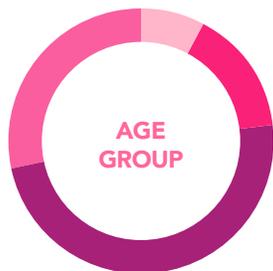
INDIVIDUAL CLIENT SURVEYS

Led by investigators from the University of Chicago and the Asian Health Coalition, an individual client survey was conducted in the target Asian communities. Survey participants were Asian Americans, between the ages of 20 and 65 years, who resided in the U.S., and were fluent in English or either Chinese, Khmer, Korean, Laotian, or Vietnamese. All survey forms were translated into the previously mentioned languages.

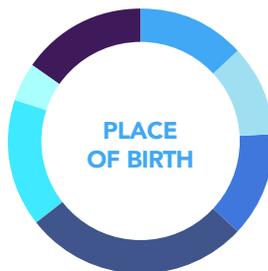
Our specific objectives of this consumer-oriented survey were to (1) define the demographic and socioeconomic profile of the target population; and (2) determine the different types of beliefs (behavioral, normative, and perceived control) held by the various Asian ethnic groups. The findings from these individual clients surveys were then subsequently used to design our intervention for the dissemination of evidencebased practices (EBP) around colorectal cancer screening. Community-based participatory research (CBPR) approaches were incorporated to solicit input from the community-based organization project partners in the creation of this survey. The adoption of CBPR has been a "research plus" for this project because it has allowed for the incorporation of values and strategies to promote collaborative inquiry based on concerns that have been identified and validated by the communities, and has further helped to increase the knowledge base for improving community health outcomes through identifying sustainable interventions that are ready for dissemination because they have been developed with community engagement.

SURVEY PARTICIPANT PROFILE

The average age of participants was just over 63 years. About 60% of the participants were female, and 1 out of 4 individuals had at least a high school education equivalent. Most participants had health insurance (75%) typically Medicare/Medicaid, and spoke their native language at home, though many had some English language proficiency.



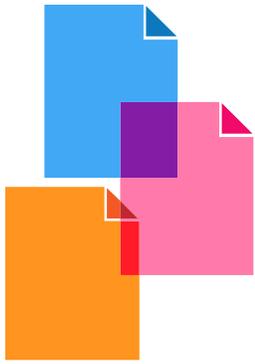
0-34	7.8%
35-50	15.4%
51-65	48.5%
65+	28.3%



China	13.3%
Cambodia	11.2%
Vietnam	12.6%
Korea	27.8%
Laos	15.2%
Philippines	15.2%
Other	4.8%



Not at All	11.6%
Not Well	25.6%
Average	39.4%
Very Well	23.4%



WHAT WE'VE FOUND

OUR FINDINGS FROM THE INDIVIDUAL CLIENT SURVEYS VARIED SIGNIFICANTLY ACROSS THE ETHNIC GROUPS.

1

Fear of the colonoscopy procedure was commonly cited among the Filipinos and Laotians surveyed. These two groups were also the least likely to get screened for colorectal cancer if they had insurance.

2

Less than 1 in 4 Filipinos, Koreans and Laotians were familiar about the screening procedure.

3

The Chinese and Vietnamese were the least likely to get tested for colorectal cancer because of language barriers.

4

All the ethnic groups indicated that a physician recommendation was a strong facilitator to getting a colorectal cancer screening.

OUR PROJECT DESIGN

Our project team has applied a multi-level intervention to increase colorectal cancer screening participation rates in the Asian communities through a high-impact social marketing campaign combined with the social influence of trained community health advisors (CHAs) who are members of Asian community-based organizations and serve as an opinion leaders.

1

Obtaining a Baseline: For each target community, a colorectal cancer education workshop is conducted prior to the rollout of the social marketing and CHA intervention. The community-based organizations and their CHAs will refrain from active recruitment throughout the study.

2

Rolling Out the Intervention: The culturally tailored social marketing campaign will run concurrently with outreach and education efforts conducted by the trained CHAs. This will be carried out for 12 weeks in each community, which will then be followed by a colorectal cancer education and screening workshop in each community.

3

Staggering the Intervention: We have separated the partner community-based organizations in 2 cohorts spaced three months apart. This form of staggering is a multiple baseline experimental design built into our study that allows for causal inference i.e. guards the internal validity of the study by ruling out the possibility that a single external event, such as a celebrity cancer diagnosis, could explain the results.

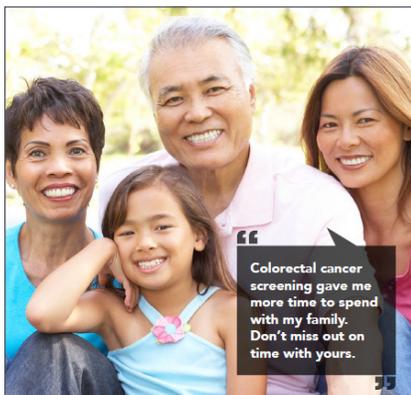
WHAT WE'RE DOING NOW

GENERATING COMMUNITY AWARENESS: SOCIAL MARKETING CAMPAIGNS

Our project focused on moving individuals from increased awareness to completion of screening using our consumer directed marketing and dissemination framework. The objective of our social marketing approach is to influence behavior, and with the Partnership for Healthier Asians, we applied consumer-centered marketing. Consumer-centered marketing goes beyond pushing a product or service to the consumer. Rather it builds demand for the product.

In order to generate demand, we conducted a social norms marketing campaign targeting colorectal cancer screening. The campaign messages were created to address Asian American socio-cultural norms, along with the linguistic and cultural barriers to accessing mainstream health information about cancer screening and available screening tests. Delivery of the messages occurred through local ethnic media, posters, fact sheets, palm cards, and brochures which were distributed to local businesses, libraries, faith-based locations and venues frequented by the target communities.

Social marketing campaign messages (clockwise) in English, Laotian, Vietnamese, Hindi, Chinese and Korean



“ Colorectal cancer screening gave me more time to spend with my family. Don't miss out on time with yours. ”

Early Detection With Screening Can Prevent Colorectal Cancer. If Your Age is 50+, Talk to Your Doctor Today.



“ ການກວດຫາພະຍາດໃນຜ່າໃຈໃຫຍ່ແມ່ນການໃຫ້ເວລາຢູ່ບໍ່ຄອບຄົວນານາໄປ. ຢ່າປ່ອຍໃຫ້ເວລາຂອງທ່ານເສຍ ຜ່ານໄປລ້າງ. ”

ການກວດຫາ ພະຍາດແຕ່ເລີ່ມເມື່ອງຕົນ ສາມາດປ້ອງກັນພະຍາດພະເຮັງໃນຜ່າໃຈໃຫຍ່. ທ່ານຄວນປຶກສາກັບ ທ່ານໝໍຂອງທ່ານແຕ່ວັນນີ້ ຈົ່ງທ່ານ ມີອາຍຸ ເກີນ 50 ວິຊິນໄປ.




“ Những dấu hiệu sớm của ung thư đại tràng thường khó thấy ”

Với sàng lọc sớm có thể ngăn ngừa ung thư đại tràng. Nếu bạn 50 tuổi hoặc lớn hơn nên nói chuyện với bác sĩ của bạn.



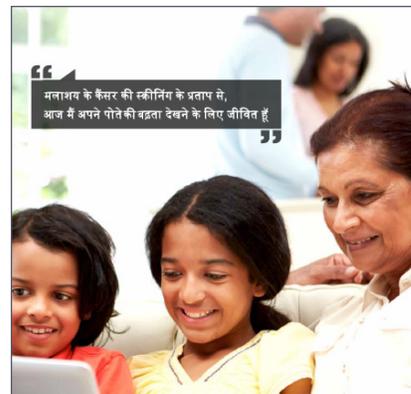
“ 대장암의 초기 증상은 대체로 나타나지 않습니다. ”

검사를 통해 대장암을 미리 예방할 수 있습니다. 만약 당신의 나이가 50 세 이상이면, 오늘 바로 주치의와 상담하시기 바랍니다.



“ 大腸癌檢查給予我更多的時間陪伴我的家人。請不要錯過你的機會。 ”

儘早檢查發現，就可以預防大腸癌。如果你的年齡是50歲以上，請立即與你的醫生查詢。



“ मलाशय के कैंसर की स्क्रीनिंग के अलाप से, आज मैं अपने पोते की वजह देखने के लिए जीवित हूँ ”

स्क्रीनिंग द्वारा समयपूर्व पहचान मलाशय के कैंसर की रोकथाम कर सकती है। यदि आपकी उम्र 50 से अधिक है, तो अपने डॉक्टर से आज ही बात करें।

WHAT WE'RE DOING NOW



Lead investigator Karen Kim MD from the University of Chicago looks on as Jerry Clarito from the Alliance for Filipino Immigrant Rights and Empowerment conducts an education workshop for the Filipino Community in Chicago's northside Rogers Park neighborhood

COMMUNITY HEALTH ADVISORS TO OUTREACH AND EDUCATE

Social marketing campaigns create public awareness which is the first step toward taking action. However information alone is not enough to precipitate interest, attitude formation and behavior change. In fact, the goal of dissemination is not simply to get the word out. We want to be able to move the consumer from awareness to understanding and action. To do so, the community-based organization partners identified at least 1 individual within their agencies to serve as a community health advisor (CHA).

The primary role of the CHA is to serve as an opinion leader and change agent in influencing community members' interests, beliefs and attitudes toward colorectal cancer screening. The CHAs who participated on this project are bilingual, bicultural individuals with experience working in community health and they understand the social norms of the community. They are respected members to whom others naturally turn to for advice, emotional support and aid. The strengths of using CHAs for this project are (1) they have the ability to reach individuals that are traditionally difficult to access; and (2) they are able to convey information understanding the language, cultural background, and nuances of the community members. All the CHAs on the Partnership for Healthier Asians project attended full day trainings led by the University of Chicago researchers with topics focused on colorectal health and cancer screening, skills on motivational interviewing, application of stages of change theory, as well as roles and responsibilities.

Following the trainings, CHAs then went out into their respective communities at venues frequented by community members including community outreach events (e.g. health fairs, holiday festivals etc); faith-based locations including churches and temples; client intake and assessment at their office sites (e.g. public benefit applications), and school-based settings to communicate information to school administration about health education workshops at parent council meetings, parent advisory meetings and other school events.

At the time of this report, the first cohort of 3 communities (Chinese, Filipino, Laotian) have completed the full 12-week CHA intervention along with the social marketing campaign.

Our findings show:

- 1** A total of 1,254 unique participants were outreached and educated about colorectal cancer screening.
- 2** 145 individuals came out to free colorectal cancer education and screening workshops at the conclusion of the 12-weeks. Free Fecal Immunochemical Test (FIT) kits were handed out at these workshops.
- 3** A total of 93 individuals returned the FIT kits within 2 weeks i.e. 62% return rate.



DISCUSSION



Participants registering for a colorectal cancer education workshop in the Laotian community

There is a limited research base to inform the design of successful action plans for dissemination and implementation of evidence-based practices (EBP), especially in underserved and marginalized populations. We urgently need practical frameworks for developing and testing dissemination approaches. Some researchers and public health professionals limit the term dissemination to mean alerting audiences — often through journal articles — to new information. We think of dissemination with a broader scope to encompass planned marketing activities intended to encourage and enable adoption and implementation of proven approaches.

Marketing is considered by some health arenas to be a contributor to public health problems rather than part of the solution. The concerns about marketing are entirely understandable, because commercial marketing has played a major role in the creation of unhealthy environments (e.g., environments that encourage the consumption of tobacco, alcohol, and excess calories as well as sedentary behaviors). However, we interpret the notions about marketing's harmful contributions to population health as prima facie evidence of marketing's potential to manage behavior and shape community environments, for better or worse.

We believe that the public health community has an obligation as well as a major opportunity to harness the value of marketing in aggressively disseminating evidence-based approaches to prevention. Our proposed multi-level model has yielded promising results to accelerate integration of lessons learned from science into community health care, providing a systematic approach for implementation in real-world settings. If we can trigger a demand for evidence-based innovations, we are likely to have more success with our dissemination efforts.

Over the next few months, we will continue to implement our intervention in the 2nd cohort and begin to analyze results in order to better understand the effectiveness of our dissemination and implementation model. We are hopeful that this program will provide the needed framework to develop and evaluate multi-level interventions that result in improved health outcomes for our rapidly growing, yet underserved Asian communities. This community based work will serve as an enduring example of the power of broad and inclusive collaborations through our Partnership for Healthier Asians.



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