

## Issue Brief

# Improving Colorectal Health Screening Practices Among Older Asian Americans

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# Overview

Asian Americans have the lowest rates of preventive cancer screenings of all minority groups in the United States, and are 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) recommended 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, Asian Americans are less likely to report having FOBT screening compared to Whites and African Americans. In fact, Asian Americans have low uptake for all forms of colorectal cancer testing. The Asian Health Coalition (AHC) and its partners received catalytic funding support from the **Retirement Research Foundation** and **Chicago Community Trust** to implement an innovative demonstration project from 2011 to 2013 aimed at improving colorectal cancer screenings in underserved Asian communities using evidence-based practices. The success of this program subsequently led to the creation of the **Partnership for Healthier Asians (PHA)** 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.

We have prepared this report to share the meaningful observations and results that have been learned from the initial community-driven initiative, its evolution into a larger scale project to reduce colorectal cancer health disparities in Asian immigrant communities.

## The Basics - EBP 101

Evidence alone does not make the decision on how to improve patient (client) care and better health outcomes. It also needs to integrate the experiences of the patient on personal preferences and unique concerns, expectations, and values, and also the experiences, education and skills of the clinician.

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.

EBP is a continuing process, and is a dynamic integration of evolving clinical expertise and external evidence in day-to-day practice.

# Who's Involved

PHA would not have been made possible without the support of the following organizations and their dedicated staff. PHA has directed its focus on the Cambodian, Chinese, Korean, Laotian and Vietnamese communities in Illinois. As shown in Figure 1, these 5 Asian sub-groups together make up over 200,000 individuals (i.e. one-third of Asians) living in Illinois and were selected for this pilot demonstration primarily because they have high numbers of these individuals in Illinois who are foreign-born, limited-English proficient (Figure 2) and lack of health insurance coverage. These barriers ultimately result in lack of access to primary medical homes (usual source of care).

## Research Team

University of Chicago,  
Office of Community Engagement  
& Cancer Disparities  
(Principal Investigator);  
Asian Health Coalition  
(Co-Investigator)

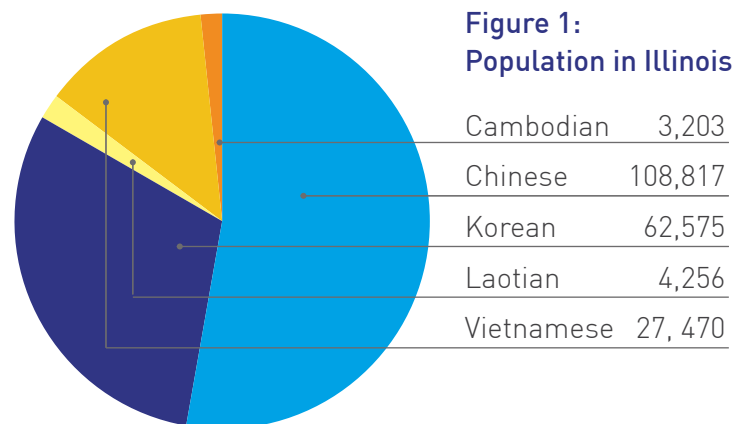
## Community Partners

Blue Cross and Blue Shield of Illinois  
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

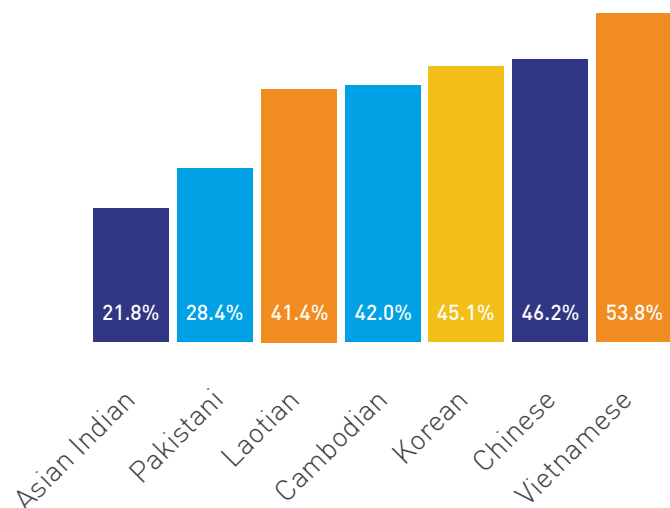
## Funding Organizations

We are extremely grateful to the following foundations 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 communities.

Agency for Healthcare Research & Quality  
Chicago Community Trust  
Retirement Research Foundation  
University of Chicago CTSA



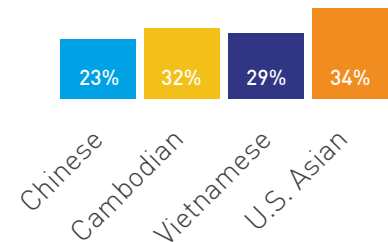
**Figure 2:  
English Proficiency  
(Ability to Speak English Less Than "Very Well")**



# The Disparities

The Asian American population is comprised of diverse subgroups, including 63 ethnicities and over 100 language and dialects. Comprehensive and disaggregated health data on the Asian American population is scarce and nearly non-existent in Illinois despite the fact that the State has the largest Asian American population in the Midwest and 5th largest in the United States. Historically, Asian Americans have been treated as one homogenous group, ignoring the health disparities and differences that exist within the population. In response to the lack of ethnic-specific data for Asian sub-groups, the Asian Health Coalition conducted the Chicago Asian Community Survey (CACS), in conjunction with Sinai Urban Health Institute, among Chicago's Chinese, Vietnamese, and Cambodian communities from 2006 to 2008. This landmark comprehensive assessment of the health needs, determinants of morbidity and mortality, and health care access patterns of three Asian communities utilized a scientific sampling methodology and community-based participatory research (CBPR) framework. CACS was designed to be culturally specific and sensitive, with face-to-face interviews aimed at increasing the understanding of each community's particular health needs and priorities.

**Figure 3:**  
Percent of Adults 50 Years or Older Who have Ever Had a Colonoscopy or Sigmoidoscopy



CACS revealed low rates of colorectal cancer screening among Cambodian, Chinese, and Vietnamese residing in Chicago's ethnic neighborhoods. The proportion of adults aged 50 and older who reported ever having a sigmoidoscopy or a colonoscopy was 23% Chinese, 32% Cambodian, and 29% Vietnamese, compared to 57% nationally (Figure 3) in the past 5 years. Surveys among routinely understudied populations, such as CACS, reveal true estimates that empirically demonstrate areas of health need. Without an understanding of a population's cancer screening behaviors, how can providers and policymakers recognize that there is a true need for targeted programming? Lack of clinician knowledge and little public knowledge about screening and screening guidelines pose significant barriers to improving colorectal cancer screening rates among Asians in Illinois.

## Colorectal Cancer Facts



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



Early colorectal cancer often has no symptoms, which is why screening is so important.



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.

# What We've Done

## 1. Partnership Building:

Several activities have been created to guide and strengthen the governance of PHA including

- Formation of 2 working group committees using principals of community-based participatory research (CBPR).
- The community-led Dissemination Task Force equitably involves all community partners in the research process and recognizes the unique strengths that each organization brings.
- The EPB Steering Committee comprises multi-disciplinary experts from the University of Chicago bridges the gap between clinical research and everyday practice by building knowledge base about how to improve the translation and dissemination of EBP health information, interventions, and clinical practice to populations not usually reached by such information or practice, such as the Asian-American population.

## 2. Generating Community Awareness:

Unlike breast and cervical cancer which have traditionally received considerable attention in both mainstream and local ethnic media, colorectal cancer has not had significant exposure especially among low-income Asian communities.

- A media campaign poster with the theme “Let’s Come Clean About Colon Cancer” was developed to encourage the important of early detection.
- Posters were also translated Chinese and Korean, and subsequently disseminated at venues frequented by the community members, including grocery stores, social service agencies and faith-based institutions.



Community Media Poster Campaign



### 3. Community Education and Screening:

A series of education workshops with demonstration sites in the Chinese and Korean communities were held between 2012 and 2013. All workshops were conducted in the Asian language of the target communities.

- More than 500 individuals from the Chinese and Korean communities participated in colorectal cancer education workshops that were held at community venues in the Chicago metropolitan area.
- More than 85% of the workshop participants indicated limited English-proficiency, and only 51% had access to primary care. In addition, approximately one-third had been screened for colon cancer previously.
- Through our partnership with the University of Chicago's Office of Community Engagement and Cancer Disparities, all qualifying individuals age 50 and over were provided with free FOBT (fecal occult blood test) kits. The current colorectal cancer screening rate for Asian Americans in the U.S. is 48% and varies across sub-groups, with Koreans reporting only 17% up-to-date for FOBT tests. Through our project, we have been able to achieve screening participation rates between 47% to 60% in the target communities. Education materials tailored in the target Asian languages were a factor in the high response rates.



Korean-language Colorectal Cancer Education Workshop in Chicago's Albany Park neighborhood

## 4. Establishing Linkages-to-Care:

While the public health system and community health centers (FQHCs, community clinics) in Illinois provide primary health services to the medically indigent communities, there is very limited access to specialty care services for underinsured and uninsured individuals, especially limited-English proficient Asian immigrants.

- The suboptimal access to specialty cancer services for the underserved prompted us to develop close partnerships with safety-net clinics and providers to circumvent the barriers to health care service delivery for treatment and care.
- Partnerships were developed with hospital networks (University of Chicago) and safety-net clinics (Asian Human Services and Community Health) for individuals with positive test results and requiring follow up colonoscopies.
- A total of 11 individuals were had positive test results between 2012 and 2013, and were subsequently navigated to the provider networks for additional care.

## 5. Organizational Needs Assessments:

Organization Capacity Surveys (OAS) and evidence-based Practice Readiness Surveys (PRS) were developed by the Research team, validated by the EPB Steering Committee for content, and reviewed by the Dissemination Task Force for cultural competency.

- The OAS findings show all community partner agencies provide health-related services, but only one reported having a colorectal cancer screening education program in place.
- Unlike other survey tools that use a dichotomous answer (Yes/No), the PRS assesses the stage of change in a continuum of readiness. Findings indicate there is some understanding of the needs for EBP, but a lack of mechanisms within the community partners organization to move EBP forward. i.e. early stage of readiness for implementing EBP.

## Discussion:

Community capacity building and sustainability are key outcomes of effective dissemination and for communities. Co-learning opportunities that engage and mutually educate both community members and academics can be useful for identifying meaningful strategies to achieve these outcomes. Increasingly, researchers are trying to balance randomized controlled research with community-based participatory research (CBPR) aimed at decreasing disparities. Our study is aimed at testing the effect of disseminating evidence-based information in different formats to increase colorectal cancer screening in diverse community settings. Our approach to working in community settings will allow us to examine whether settings are representative, including examining reach and adoption.

Efforts at reducing disparities and increasing use of appropriate and recommended cancer screening must address the many barriers to screening at the patient, provider, and clinic levels. Practical trials that address external validity, and strive to understand how interventions may (or may not) work in real-world settings are critical to reducing and ultimately eliminating disparities in colorectal cancer screening and survival.

## Acknowledgements

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Also kudos to Kristin Salvador for helping us to create the design for this report. All icons used from NounProject.com.

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Dr. Karen Kim Leading a Cancer Awareness Workshop for the rural Laotian Community in the Fox Valley Region of Illinois