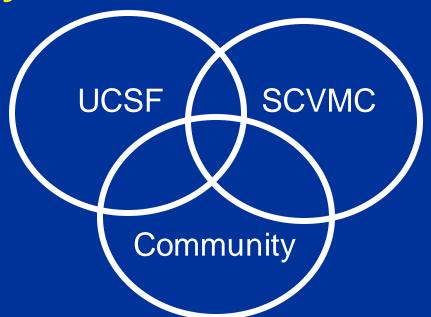
HEALTHY COLON, HEALTHY LIFE

Ruột Lành, Sống Khỏe Colon Sano, Vida Sana Funded by the American Cancer Society



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INVESTIGATORS

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COLON CANCER SCREENING RECOMMENDATIONS

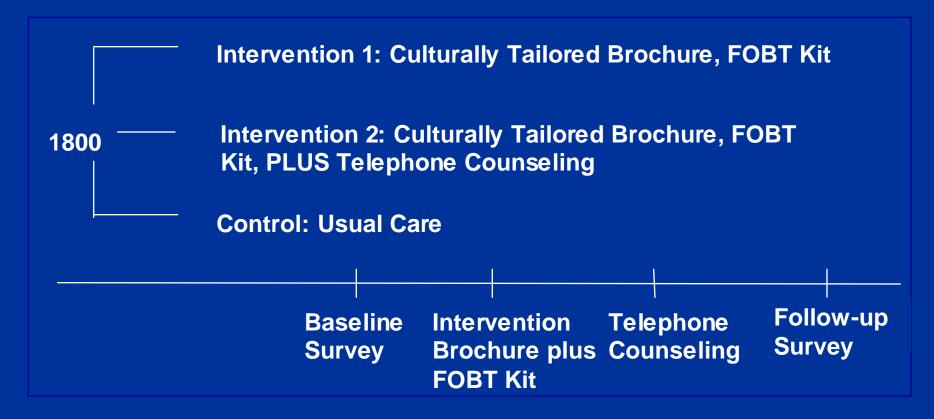
- U.S. Preventive Services Task Force recommends screening all persons over 50
 - Annual FOBT
 - Sigmoidoscopy every 5 years
 - Colonoscopy every 10 years
 - FOBT plus sigmoidoscopy
- Screening rates are low and even lower in ethnic minority groups

CRC SCREENING AT SCVMC

- Network of 5 community based clinics provide care to many Latinos and Vietnamese
- Primary screening option offered at SCVMC is FOBT

INTERVENTION

To conduct a randomized controlled trial to compare 3 strategies on receipt of colorectal cancer screening in Latinos and Vietnamese



METHODS: TAILORING

- Adaptation of the intervention to best fit the needs and characteristics of the target audience
- Cultural tailoring
 - Development of interventions, messages, strategies to conform with specific cultural characteristics Pasick, 1996
- Individual tailoring
 - Stage of behavioral change Prochaska, 1997
 - Specific barriers Walsh, 2004

METHODS

Stages of Change

- Pre-contemplation
- Contemplation
- Action
- Maintenance
- Relapse

Barriers

- Embarrassment
- Discomfort
- Time
- Concern about prep
- Concern about changing diet
- Messy

INTERVENTION BROCHURES

- Culturally tailored brochures
- Developed separately in each language
- Focus groups at different developmental phases
- Pictures of community members and study physicians





PARTICIPANTS

- Latino and Vietnamese age 50-79
- Receives primary care at 1 of 5 SCVMC clinics
- Speaks English, Spanish or Vietnamese
- Agree to participate
 - Letter with refusal postcard

BASELINE SURVEY

- Conducted in 2005
- Telephone survey about 25 minutes
- Topics: Demographics, history of screening, attitudes toward screening, barriers and facilitators to screening

INTERVENTION

- FOBT with tailored instructions sent
- Survey responses used to individualize telephone counseling

TELEPHONE COUNSELING

- Community Health Advisors
 - Members of the target communities
- Catholic Charities in San Jose, California
 - Recruitment of counselors
 - Counselor supervision

TELEPHONE COUNSELOR TRAINING

- Manual in all 3 languages
- Scripts
 - Tailored to Stage of Change
 - Tailored to barriers
- Over 20 hours of intense training
- Didactic coursework and role plays
- Onsite visits

FOLLOW UP SURVEY

- Began in July 2006
- Similar to baseline survey
- Assess effectiveness of interventions
 - Brochure
 - Telephone counseling intervention

RESULTS

- Physician Characteristics
 - 44 of 49 physicians (90%) agreed to participate
- 1358 individuals completed both baseline and follow-up surveys

PARTICIPANTS WHO COMPLETED BASELINE AND FOLLOW-UP SURVEYS

	LATINO	VIETNAMESE
N = 1358	N (%)	N (%)
AGE (mean±S.D.)	60.55 (7.27)	61.0 (5.76)
FEMALE	537 (74.8)	410 (64.1)
MARRIED OR LIVING WITH PARTNER	343 (48.4)	477 (75.8)
U.S. BORN	140 (10.3)	0 (0)
YEARS IN U.S. (mean±S.D.)	23.62 (13.03)	15.25 (6.45)
EDUCATION OF 12 YEARS OR LESS	652 (90.8)	418 (65.4)
EMPLOYED	154 (21.5)	132 (20.6)
MEAN INCOME* <20K	395 (55.0)	411 (64.2)
NON-ENGLISH LANGUAGE OF INTERVIEW	598 (83.3)	640 (100.0)
LOW ACCULTURATION (<3.0)**	588 (81.9)	639 (99.8)
FAIR OR POOR SELF-RATED HEALTH	530 (74.2)	497 (82.0)
PERCEIVED CRC RISK		
More likely or the same as others	184 (25.8)	140 (21.9)
Less likely or unsure	530 (74.2)	500 (78.1)

^{* 30} percent did not respond.

^{**}Acculturation score was measured by a previously validated 5 item scale.

RECOGNITION AND BEHAVIOR OF 1358 LATINO AND VIETNAMESE PATIENTS

	LATINO	VIETNAMESE
	N (%)	N (%)
EVER HEARD OF SCREENING		
Heard of colon cancer	564 (78.6)	580 (90.6)
Heard of polyp	212 (29.5)	314 (49.1)
Heard of FOBT	352 (49.0)	533 (83.3)
Heard of SIG or COL	336 (46.8)	423 (66.1)
UP TO DATE WITH CRC SCREENING		
FOBT in last year	274 (38.2)	340 (53.1)
SIG in last 5 years / COL in last 10 years	189 (26.3)	274 (42.8)
Any CRC screening	376 (52.4)	475 (74.2)

	Baseline N (%)	Follow up N (%)	Change (%)	P*	P**
FOBT Usual Care Brochure Brochure + Counseling	92 (47.4)	107 (55.2)	7.8		
SIG/COL Usual Care Brochure Brochure + Counseling					
ANY CRC Usual Care Brochure Brochure + Counseling					

	Baseline N (%)	Follow up N (%)	Change (%)	P*	P**
FOBT Usual Care Brochure Brochure + Counseling	92 (47.4) 257 (45.0)	107 (55.2) 343 (60.1)	7.8 15.1	0.010	
SIG/COL Usual Care Brochure Brochure + Counseling					
ANY CRC Usual Care Brochure Brochure + Counseling					

	Baseline N (%)	Follow up N (%)	Change (%)	P*	P**
FOBT Usual Care Brochure	92 (47.4)	107 (55.2)	7.8 15.1	0.010	
Brochure + Counseling	257 (45.0) 265 (44.7)	343 (60.1) 414 (69.8)	25.1	<0.010	<0.001
SIG/COL Usual Care Brochure Brochure + Counseling					
ANY CRC Usual Care Brochure Brochure + Counseling					

	Baseline N (%)	Follow up N (%)	Change (%)	P*	P**
FOBT Usual Care	92 (47.4)	107 (55.2)	7.8		
Brochure	257 (45.0)	343 (60.1)	15.1	0.010	0.004
Brochure + Counseling	265 (44.7)	414 (69.8)	25.1	<0.001	<0.001
SIG/COL Usual Care Brochure Brochure + Counseling	63 (32.5)	80 (41.2)	8.7		
ANY CRC Usual Care Brochure Brochure + Counseling					

	Baseline N (%)	Follow up N (%)	Change (%)	P*	P**
FOBT					
Usual Care	92 (47.4)	107 (55.2)	7.8		
Brochure	257 (45.0)	343 (60.1)	15.1	0.010	
Brochure + Counseling	265 (44.7)	414 (69.8)	25.1	<0.001	<0.001
SIG/COL					
Usual Care	63 (32.5)	80 (41.2)	8.7		
Brochure	207 (36.3)	245 (42.9)	6.6	0.326	
Brochure + Counseling					
ANY CRC					
Usual Care					
Brochure					
Brochure + Counseling					

	Baseline N (%)	Follow up N (%)	Change (%)	P*	P**
FOBT					
Usual Care	92 (47.4)	107 (55.2)	7.8		
Brochure	257 (45.0)	343 (60.1)	15.1	0.010	
Brochure + Counseling	265 (44.7)	414 (69.8)	25.1	<0.001	<0.001
SIG/COL					
Usual Care	63 (32.5)	80 (41.2)	8.7		
Brochure	207 (36.3)	245 (42.9)	6.6	0.326	
Brochure + Counseling	193 (32.5)	260 (43.7)	11.2	0.326	0.006
ANY CRC Usual Care Brochure Brochure + Counseling					

	Baseline N (%)	Follow up N (%)	Change (%)	P*	P**
FOBT					
Usual Care	92 (47.4)	107 (55.2)	7.8		
Brochure	257 (45.0)	343 (60.1)	15.1	0.010	
Brochure + Counseling	265 (44.7)	414 (69.8)	25.1	<0.001	<0.001
SIG/COL					
Usual Care	63 (32.5)	80 (41.2)	8.7		
Brochure	207 (36.3)	245 (42.9)	6.6	0.326	
Brochure + Counseling	193 (32.5)	260 (43.7)	11.2	0.326	0.006
ANY CRC Usual Care Brochure Brochure + Counseling	124 (63.9)	132 (68.0)	4.1		

	Baseline N (%)	Follow up N (%)	Change (%)	P*	P**
FOBT					
Usual Care	92 (47.4)	107 (55.2)	7.8		
Brochure	257 (45.0)	343 (60.1)	15.1	0.010	
Brochure + Counseling	265 (44.7)	414 (69.8)	25.1	<0.001	<0.001
SIG/COL					
Usual Care	63 (32.5)	80 (41.2)	8.7		
Brochure	207 (36.3)	245 (42.9)	6.6	0.326	
Brochure + Counseling	193 (32.5)	260 (43.7)	11.2	0.326	0.006
ANY CRC					
Usual Care	124 (63.9)	132 (68.0)	4.1		
Brochure	369 (64.6)	437 (76.5)	11.9	0.002	
Brochure + Counseling					

	Baseline N (%)	Follow up N (%)	Change (%)	P*	P**
FOBT					
Usual Care	92 (47.4)	107 (55.2)	7.8		
Brochure	257 (45.0)	343 (60.1)	15.1	0.010	
Brochure + Counseling	265 (44.7)	414 (69.8)	25.1	<0.001	<0.001
SIG/COL					
Usual Care	63 (32.5)	80 (41.2)	8.7		
Brochure	207 (36.3)	245 (42.9)	6.6	0.326	
Brochure + Counseling	193 (32.5)	260 (43.7)	11.2	0.326	0.006
ANY CRC					
Usual Care	124 (63.9)	132 (68.0)	4.1		
Brochure	369 (64.6)	437 (76.5)	11.9	0.002	
Brochure + Counseling	358 (60.4)	485 (81.8)	21.4	<0.001	<0.001

RESULTS

- Effects were similar in Vietnamese and Latinos
- Effects were similar in men and women

TELEPHONE COUNSELING

- 758 participants received telephone counseling
- Average duration of counseling was 17.35 minutes
- Average number of contacts was
 1.74

RESULTS FROM TELEPHONE COUNSELING

- Counseling >15 minutes was associated with a bigger increase in FOBT rates
- Increased number of contacts was not associated with increased screening
- Counselor gender and gender concordance did not affect outcomes

LIMITATIONS/CHALLENGES

- Study took place in a single geographic location
- Vietnamese media campaign about CRC screening was happening at the same time
- Key question is why does the telephone counseling work?

CONCLUSIONS

- Both interventions increased rates of colon cancer screening in Latinos and Vietnamese
- Counseling and brochure were more effective than brochure alone
- Impact was similar in Latinos and Vietnamese

FUTURE DIRECTIONS

- Goal is to improve rates of colorectal cancer screening in ethnic minority populations
- We hope this will be a model for future interventions
 - Dissemination