

Cancer Screening Beliefs among Older Asian-American Immigrants in Chicago

Michael T. Quinn, PhD University of Chicago



Presenter Disclosures

Michael T. Quinn, PhD

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No personal financial relationships to disclose

Co-Authors

Helen Lam, PhD, RN
Reena Patel, MPH
Edwin Chandrasekar, MPPM
Sharon Song, PhD
Karen Kim, MD, MS



Background

- Asian Americans are the only racial/ethnic group in the US to have cancer as the leading cause of death
- Despite high mortality, Asian Americans have the lowest cancer screening rates
- Asian American <u>immigrant</u> groups have especially low cancer screening rates



Background

- Little is know about the factors that drive these disparities
- Purpose was to identify colorectal cancer screening beliefs of Asian-American immigrants in Chicago
 - To inform a tailored, educational intervention to increase colorectal cancer screening rates



Methods

- Conducted a series of focus groups at community-based organizations (CBOs)
 - Chinese, Korean, Cambodian, Vietnamese, Laotian, Filipino
- Community residents (40-60 yrs old) recruited by agency staff
- Focus groups conducted by trained, bi-lingual agency staff



Methods

- Focus group discussion guide designed to elicit:
 - awareness of colorectal cancer risk
 - perceived screening benefits and costs
 - informational influence
 - access to care

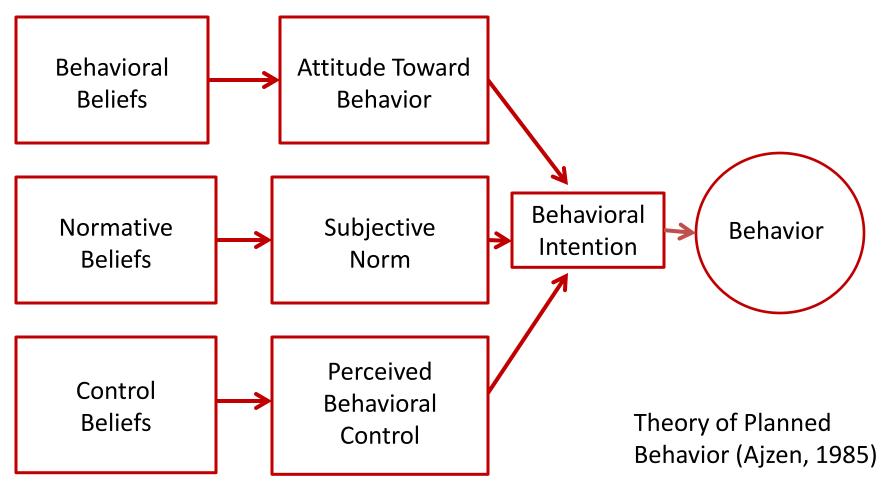


Methods

- Focus groups audio-taped and transcribed, translated to English, and back-translated
- Content analysis with modified template approach, guided by theoretical model
- Transcripts reviewed by research team pairs, independently coded, discussed to agreement



Conceptual Model



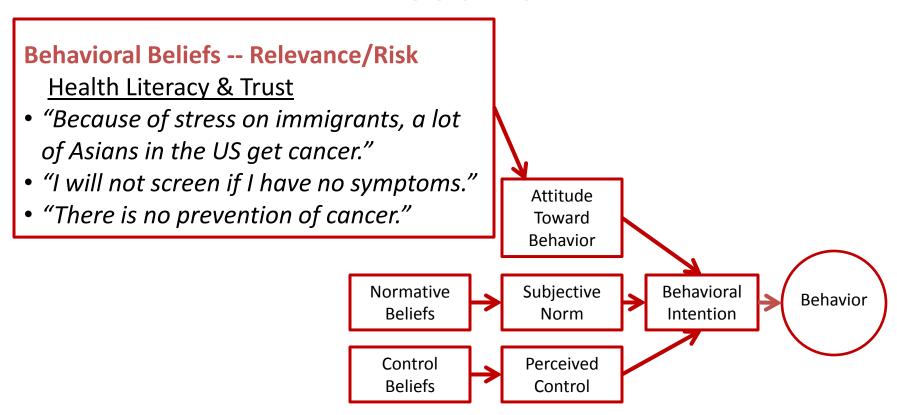


- 7 focus groups conducted across 7 CBOs
- Average focus group size = 9 (range = 7-10)



Total Sample	66
Female	65%
Age, mean (± SD)	55 yrs (± 8 yrs)
Born in Asia	100%
Years in US, mean (± SD)	21 yrs (Range = 1-38 yrs)
Education ≤ 12 years	63%
No current insurance coverage (2013)	36%
No regular place for health care	41%





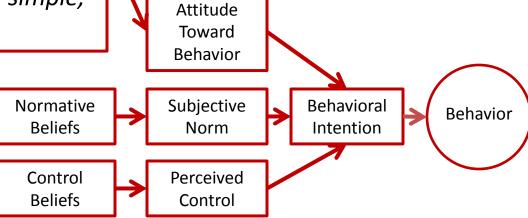
Theory of Planned Behavior (Ajzen, 1985)



Behavioral Beliefs - Benefits

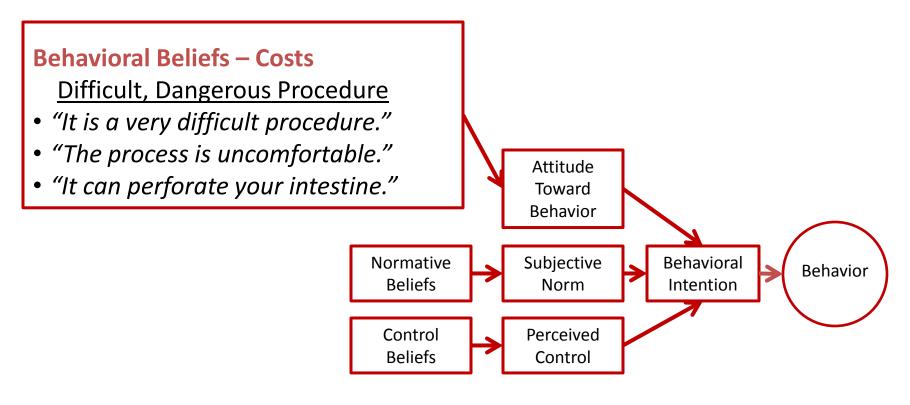
Prevents Cancer, Simple Procedure

- "If you find cancer early, you can prevent it from getting worse."
- "Screening itself is very easy, simple, and short."



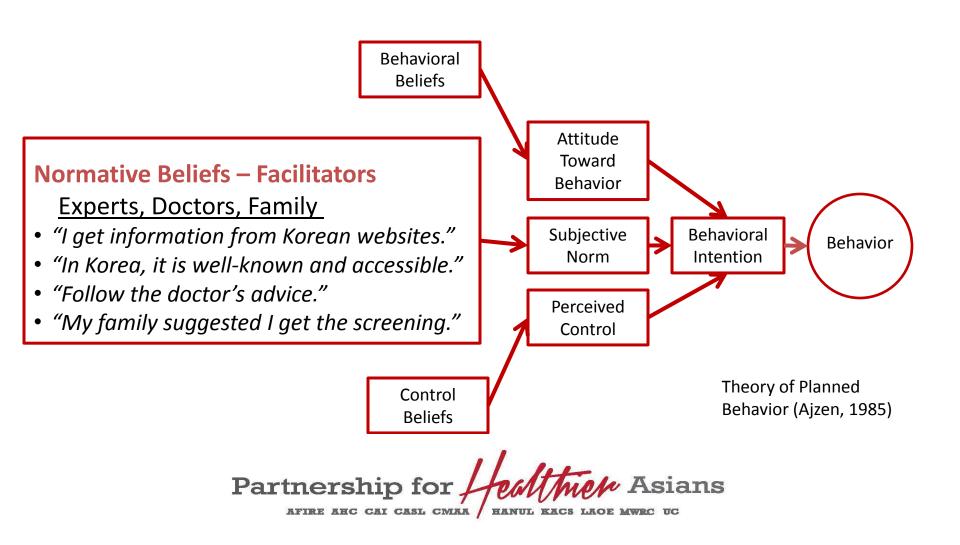
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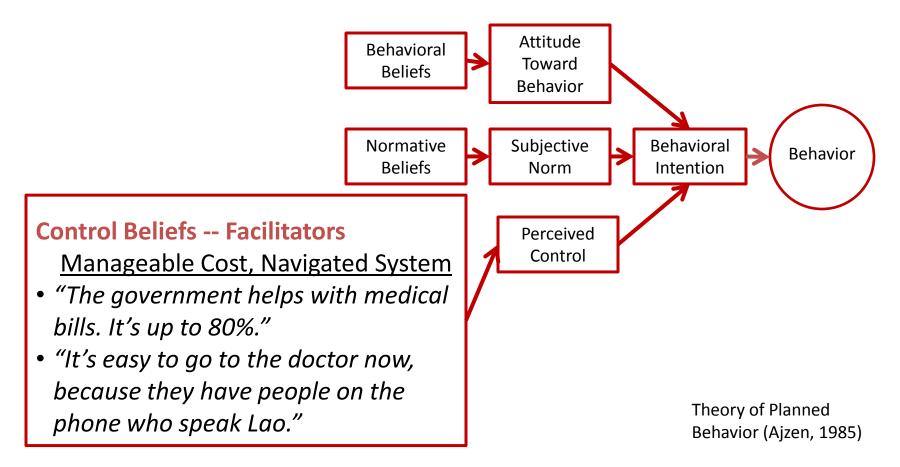


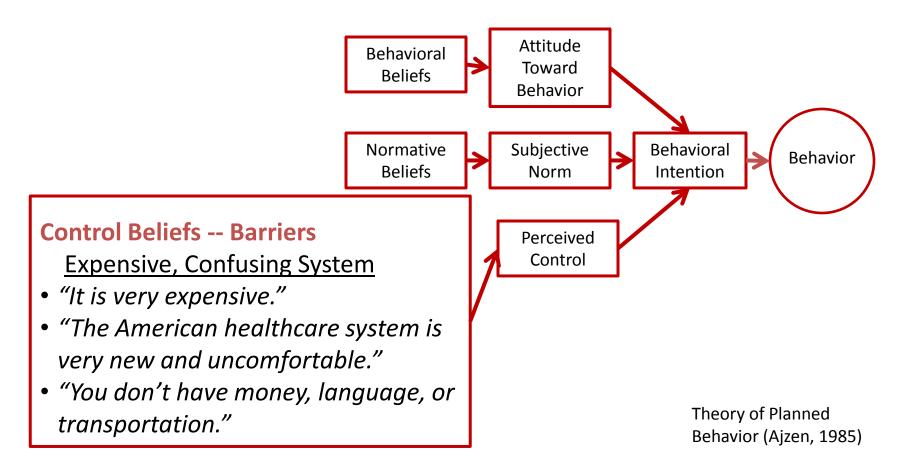
Theory of Planned Behavior (Ajzen, 1985)













Discussion

- Focus groups with elderly Asian immigrants
- Identified common facilitators and barriers to colorectal cancer screening
- Specific to 3 key domains of behavior change:
 - Behavioral beliefs
 - Normative beliefs
 - Control beliefs



Discussion

- Observed differences in awareness of cancer risk, health literacy, and trust in Western medicine
- Differences appear associated with country of origin
- Immigrants from more medically advanced countries demonstrate greater awareness of risk, understanding of prevention, trust



Limitations

- Relatively small sample size, with 1 focus group per community, limits between-group comparisons
- Convenience sample, may not represent larger
 Chicago Asian immigrant community
- Midwestern sample, may not generalize to East Coast or West Coast Asian samples



Implications for Practice

- Identification of common themes allows for culturally targeting messages to modify beliefs and increase colorectal cancer screening
- Targeted messages to include:
 - Social Marketing (risk awareness and relevance)
 - Peer Testimonials (myths, normative support)
 - Dr-Pt Communication (behavioral, normative)
 - System Navigation (control)



Partnering Community Agencies

- Hanul Family Alliance
- Korean American Community Services
- Lao-American Organization of Elgin
- Cambodian Association of Illinois
- Chinese American Service League
- Chinese Mutual Aid Association
- Alliance of Filipinos for Immigrant Rights and Empowerment



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Thank you

Questions?

Comments?

