Cancer Screening Beliefs among Older Asian-American Immigrants in Chicago

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Partnership for Healthier Asians
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
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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 immigrant 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

- Behavioral Beliefs
- Normative Beliefs
- Control Beliefs
- Attitude Toward Behavior
- Subjective Norm
- Perceived Behavioral Control
- Behavioral Intention

Behavior

Theory of Planned Behavior (Ajzen, 1985)
Results

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

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

Behavioral Beliefs -- Relevance/Risk

**Health Literacy & Trust**
- “Because of stress on immigrants, a lot of Asians in the US get cancer.”
- “I will not screen if I have no symptoms.”
- “There is no prevention of cancer.”

Theory of Planned Behavior (Ajzen, 1985)
Results

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.”

Theory of Planned Behavior (Ajzen, 1985)
Results

Behavioral Beliefs – Costs

Difficult, Dangerous Procedure
- “It is a very difficult procedure.”
- “The process is uncomfortable.”
- “It can perforate your intestine.”

Theory of Planned Behavior (Ajzen, 1985)
Results

Normative Beliefs – Facilitators

Experts, Doctors, Family
- “I get information from Korean websites.”
- “In Korea, it is well-known and accessible.”
- “Follow the doctor’s advice.”
- “My family suggested I get the screening.”

Theory of Planned Behavior (Ajzen, 1985)
Results

Normative Beliefs – Barriers

Cultural Beliefs, Poor Communication

- “People trust the popular remedies, and are less confident about the doctor.”
- “We are taught from our peers, don’t go to the doctor unless you’re sick.”
- “My doctor never suggested screening.”

Theory of Planned Behavior (Ajzen, 1985)
Results

Behavioral Beliefs → Attitude Toward Behavior → Behavioral Intention → Behavior

Normative Beliefs → Subjective Norm

Control Beliefs -- Facilitators

Manageable Cost, Navigated System
- “The government helps with medical bills. It’s up to 80%.”
- “It’s easy to go to the doctor now, because they have people on the phone who speak Lao.”

Theory of Planned Behavior (Ajzen, 1985)
Results

Behavioral Beliefs → Attitude Toward Behavior

Normative Beliefs → Subjective Norm → Behavioral Intention → Behavior

Control Beliefs -- Barriers

Expensive, Confusing System
• “It is very expensive.”
• “The American healthcare system is very new and uncomfortable.”
• “You don’t have money, language, or transportation.”

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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Questions?

Comments?

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