

Factors Associated with Colorectal Cancer Screening Adoption Among Chinese Americans: A Stages of Change Perspective

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Presenter Disclosures

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

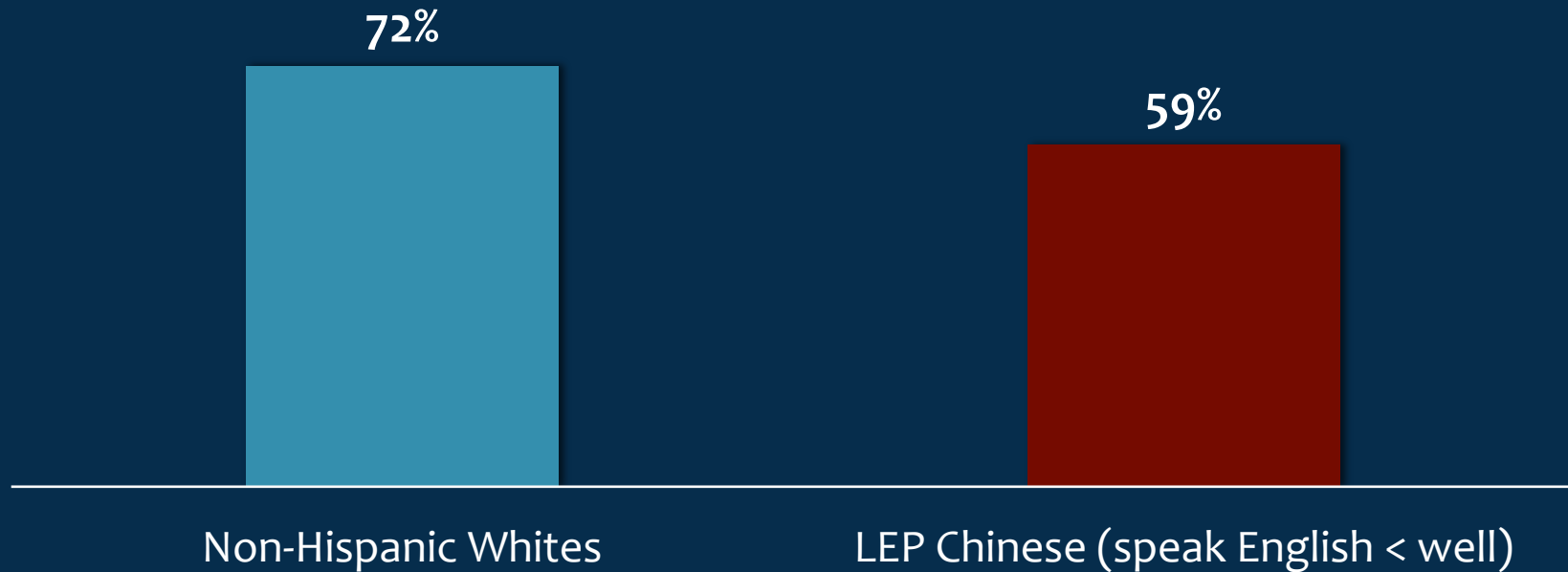
“No relationships to disclose”

Background

- ◆ Colorectal cancer (CRC) is the 2nd most common cancer among Chinese American men and women
- ◆ Screening is effective in reducing CRC incidence and mortality
- ◆ CRC screening rates remain low among Chinese Americans

CRC Screening Adherence: Lower among limited English proficient (LEP) Chinese

Colorectal Cancer Screening Adherence Rates



2009 California Health Interview Survey (CHIS)

Few Studies of Factors Associated with CRC Screening Adherence among Chinese Americans

- More education, fear of abnormal results, and lower perceived susceptibility (Sun, 2004)
- Less acculturation, no physician recommendation (Yip, 2006)
- No primary care physician (Kim, 2011)
- Lack of awareness of CRC screening (Homayoon, 2012)

Objective

Identify factors associated with CRC screening adoption among Chinese Americans using a Stages of Change perspective

Stages of change & CRC Screening

- ◆ A core construct of the Transtheoretical Model (TTM)
- ◆ Has been applied to CRC screening intervention (e.g., Rawl 2008; Vernon 2011)
- ◆ Shown to be predictive of CRC screening in prospective study (Vernon, 2011)
- ◆ *Never been applied to CRC screening in Chinese Americans*

Stages of CRC Screening Adoption

(Rawl 2005, 2008)

Precontemplation



Contemplation



Action



Never been screened or overdue

Up-to-Date

Has no plan to get screened in the next 6 months

Plans to get screened in the next 6 months

FOBT/FIT within past 1 year OR
Sigmoidoscopy within past 5 years
OR Colonoscopy within past 10 years

Methods

- ◆ Cross-sectional data from a convenience sample of 319 Chinese Americans, aged 50-75, who were enrolled in an on-going RCT



◆ Self-administered paper-and-pencil survey

◆ Key measures

- Demographics (gender, age, years in U.S., English proficiency, education, income)
- Health literacy, perceived general health, concurrent medical conditions
- Health care access: health insurance coverage, PCP visits
- Attitudes toward CRC screening
- Stages of CRC screening adoption

◆ Data analyses

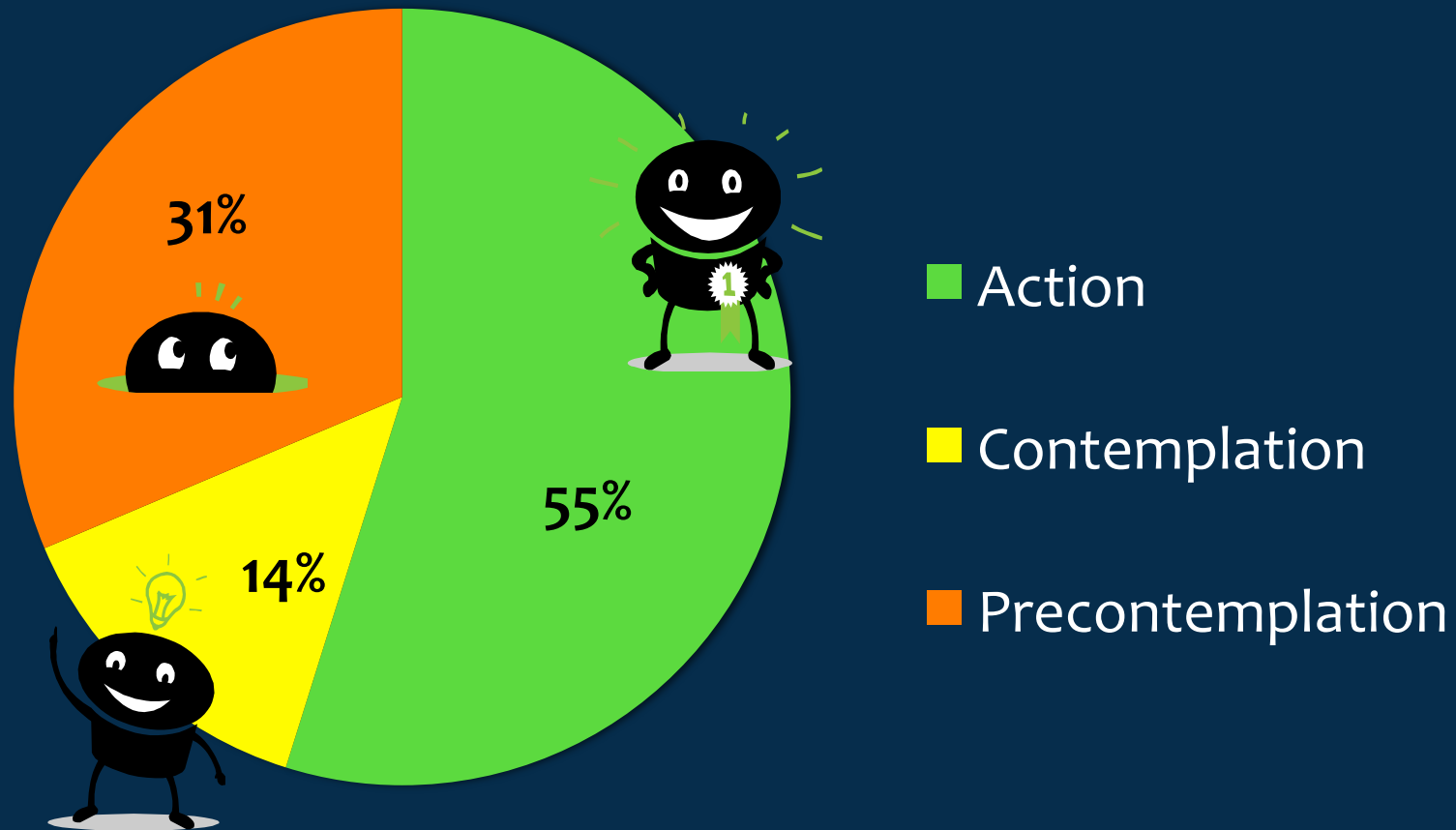
- Multinomial logistic regression
- Dependent variable: Stages
- Selection of covariates: literature and bivariate associations
 $p < 0.10$

Participant Characteristics (N = 319)

- ❖ 77% Female
- ❖ 70% Age >60 years
- ❖ 64% Education < high school
- ❖ 72% Married
- ❖ 99% Foreign-born, 77% from China
- ❖ 93% Spoke English < well (64% spoke English poorly or not at all)
- ❖ 89% Had PCP/regular health care clinic access
- ❖ *60% said their physician recommended CRC screening*
- ❖ *70% had ever had CRC screening*
- ❖ *93% agreed CRC screening is important*

Results

Stages of CRC Screening Adoption (N = 319)

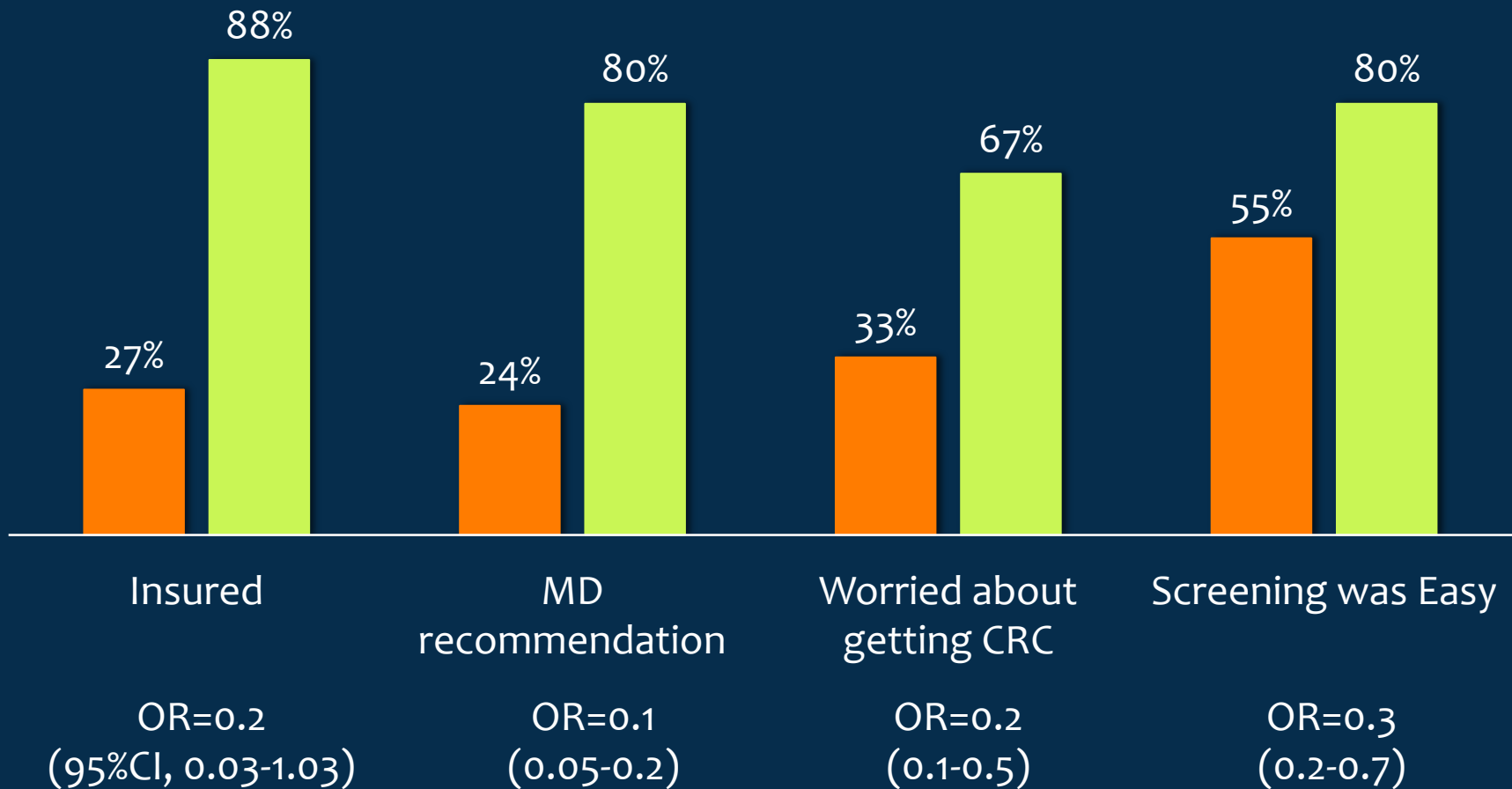


Multivariable analyses: Factors associated with Stages of CRC Screening Adoption

Covariates included in the model:

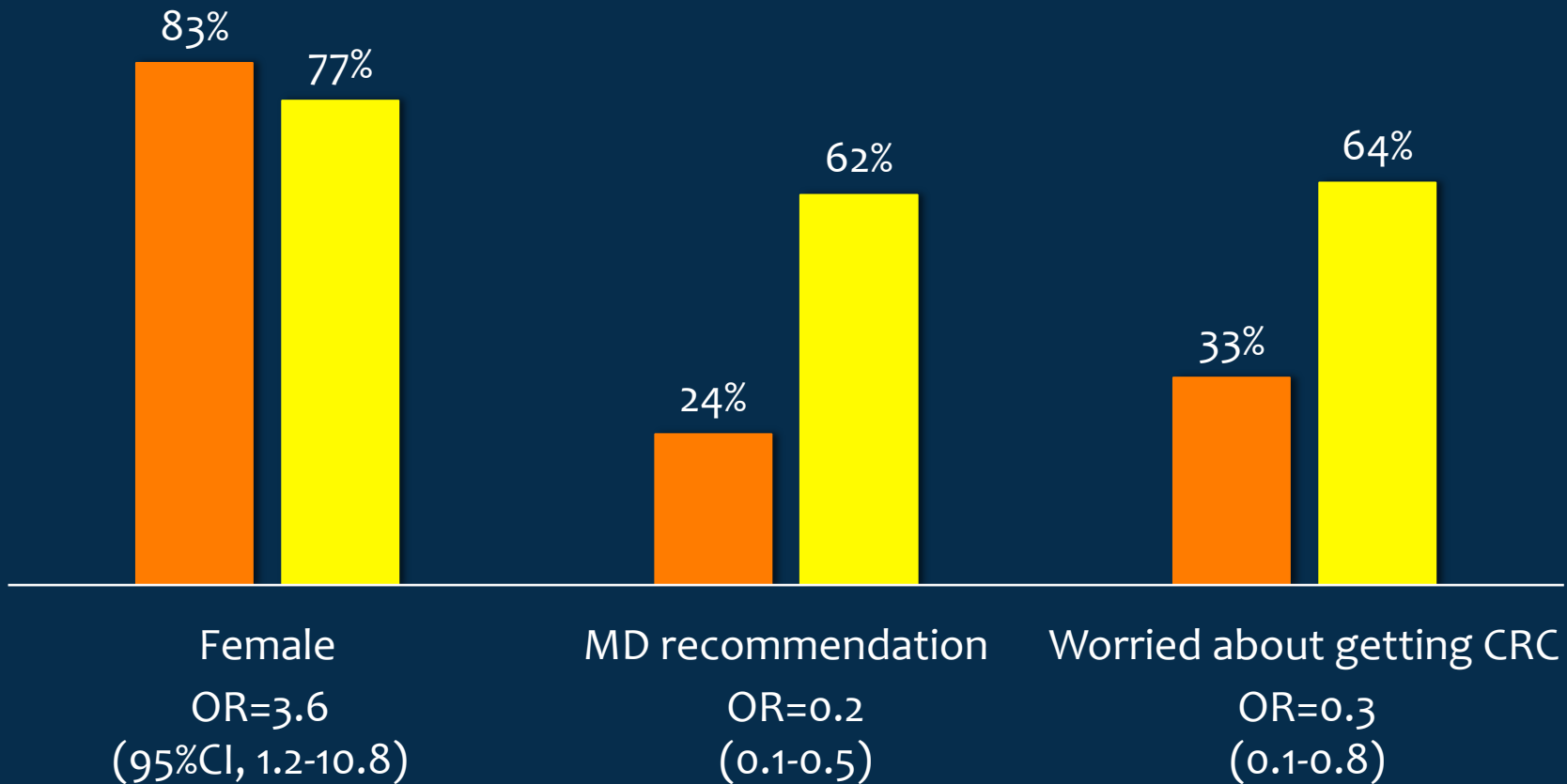
Socio-demographics:	Gender, Age, Years in U.S., Education, Household income, English proficiency, Health literacy
Health status:	Perceived general health, Concurrent medical conditions
Health care access:	Being insured, Regular PCP or clinic access, Medical visit within past 12 months, PCP's recommendation
Beliefs and attitudes regarding CRC screening:	Risk (chance of developing CRC is high); Worry (worried about getting CRC); Importance (CRC screening is important to do); Time (finding time is difficult); Ease (completing CRC screening is easy)

■ Precontemplation ■ Action



When compared to those in **Action**, **Precontemplators** were less likely to be *insured*, to report that a physician had *recommended screening*, to be *worried* about getting colorectal cancer, to believe that screening was *easy*.

■ Precontemplation ■ Contemplation



When compared to those in **Contemplation**, **Precontemplators** were more likely to be *female*, and less likely to report that a physician had *recommended screening* or to be *worried* about getting colorectal cancer.

Conclusions

1. *Although most Chinese American respondents agreed that CRC screening was important for them, one-third had no plan for it.*

Conclusions

- 2. Lack of health insurance, not having received physician recommendation, low perceived susceptibility, and perceived screening difficulty were associated with being in precontemplation.*

Conclusions

- 3. To promote CRC screening in Chinese Americans, multi-level interventions targeting patients, providers and health care access are needed.*

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