

Colorectal Cancer Screening Among Immigrant Populations: The Role of the Provider

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- Minority populations are less likely to be screened for CRC compared to whites.
- Foreign-born adults are less likely to have been screened for CRC compared to U.S. born in NYC.
- CRC screening is particularly low among adults from Guyana, Colombia, and Poland in NYC.

Study #1: Missed Opportunities Among Immigrants in Primary Care.

- Aim: To assess CRC screening practices in a primary care clinic among Latino and Asian immigrant populations.
- Cross-sectional study.
- It assessed the two steps required for successful CRC screening: a provider's referral and the patient's adherence to the referral.

- 146 patients eligible for CRC screening:
 - 92 born in Latin America
 - 54 born in China
- Patients born in Latin America:
 - 27% received a referral
 - 80% adhered to it
- Patients born in China:
 - 24% received a referral
 - 92% adhered to it
- No significant associations found.

Study #2: Determinants of Physician Referrals of First-Generation Immigrants to Cancer Screening.

- Aim: To evaluate adherence to guidelines for recommendation of cancer prevention and screening , and physicians' knowledge and attitudes toward cancer screening.

- Surveyed physicians serving the Haitian and Chinese immigrant communities in NYC.
- Providers serving the Haitian immigrant community in NYC (n=50):
 - 89% of providers reported recommending fecal occult blood test (FOBT) annually.
 - 60% reported recommending sigmoidoscopy for screening
 - 38% reported recommending colonoscopy every 5 years, and 43% every 10 years.

- Physician perceived barriers for CRC screening among their Haitian born patient population:
 - Cost
 - Patients' beliefs that the test is unnecessary
 - Embarrassment or discomfort

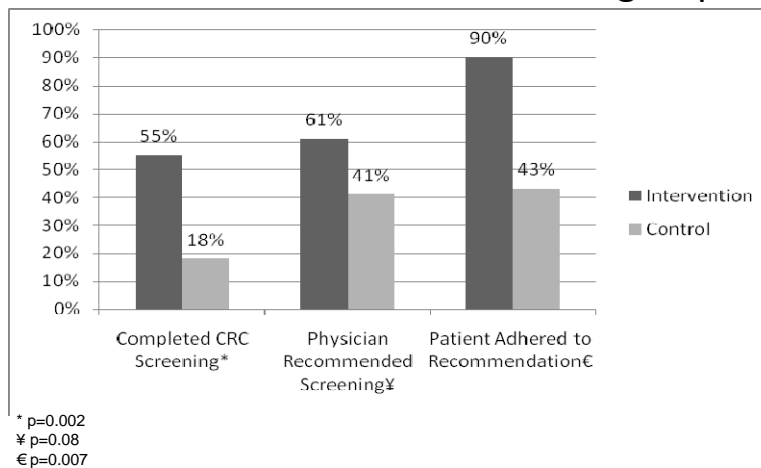
- Providers serving the Chinese immigrant community in NYC:
 - 68% of providers reported recommending fecal occult blood test (FOBT) annually for their male patients and 83.3% for their female patients.
 - 26% recommend colonoscopy every 10 years for their male patients and 33.3% for their female patients.

- Physician perceived barriers for CRC screening, among their patients born in China:
 - Cost
 - Patients' belief that the screening test is unnecessary
 - Embarrassment/Discomfort
 - Pain

- Study #3: A Randomized Controlled Trial of a Multilevel Intervention to Increase Colorectal Cancer Screening Among Latino Immigrants in a Primary Care Clinic.
- Aim: To assess the effectiveness of a multilevel intervention in increasing the rate of CRC screening among Latino immigrants in a primary care clinic of a New York City municipal teaching hospital that serves a large, diverse population.

- Randomized, Controlled trial
- Randomized at the provider level
- Intervention:
 - CRC educational video in Spanish on a portable personal digital video display device
 - A brochure with key information from the video for the patient
 - A patient delivered paper-based reminder for the physicians

- 65 physicians and their 65 patients participated in the study; 31 in the intervention and 34 in the control group.



Odd ratios for relationship between Intervention and Outcomes

Outcome	Unadjusted OR	95% CI	Adjusted OR	95% CI
Completed CRC screening	5.7	1.8 - 17.5	5.4	1.6 - 18.5
Physician recommendation for CRC screening	2.26	.84 – 6.11	2.0	0.70 - 5.86
Adherence to CRC screening recommendation	11.33	1.86 – 69.08	21.9	1.88 - 255.8

Conclusions:

- Current clinical practices are not addressing the cancer health disparities among immigrants.
- In the case of immigrants patients with low rates of preventive care visits, a window of opportunity for CRC screening may be lost due to physician and system barriers.

- Some of the identified barriers include:
 - Time
 - Reason for visit
 - Difficulty navigating the system
 - Confusion with current screening guidelines
- Patient activation through education was shown to increase patient adherence to CRC screening.

Recommendations:

- Reinforce physicians' knowledge and understanding of CRC screening guidelines, specifically among those serving minority population.
- Design interventions that utilize creative systems and strategies to overcome patient and physicians barriers for cancer screening.

- Develop new strategies to increase provider recommendation for CRC screening, while employing effective patient adherence interventions.

Thanks.