

## Colorectal Cancer Screening Focus Group Findings

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## Objectives

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- To conduct 3 focus groups with Chinese men and women over 50 years of age to determine the unique barriers to colorectal cancer (CRC) screening within the Asian community
  - To assess previous knowledge on colorectal cancer and its screening methods
  - To discover perceived barriers to colorectal cancer screening
  - To assess satisfaction with community outreach efforts and sources of reliable information available to the Asian community

## Methods (1):

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- **Design: Focus Groups**
  - Conducted by ethnically and linguistically concordant facilitators
  - Participants completed basic demographic profile questionnaire with CRC inquiries
  
- **Target Population:**
  - Chinese men and women over 50 years of age living in New York City

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## Methods (2):

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- **Recruitment:**
  - Recruited through announcements on ethnic media including newspapers, radio, and waiting rooms at the Health Center
  - Selected to maximize diversity in: Age, language fluency (Mandarin or Cantonese), education, years lived in the U.S., and familiarity with CRC and its screening methods
  - 3 focus groups—2 Cantonese and 1 Mandarin—have been completed and transcribed
  
- **Incentive:**
  - Lunch, \$20 compensation, and \$4 Metrocard

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## *Findings*

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## Basic Participant Profile (1)

	Chinese, <i>n</i> =29
Age:	
50-69	22
70-89	7
Gender:	
Male	16
Female	13
Years in the U.S.:	
0-10 years	2
11-20 years	16
21-30 years	8
31-50 years	3
Reside With... :	
Self	3
Spouse/Children	25
Friends	1

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## Basic Participant Profile (2)

	Chinese, <i>n</i> =29
Highest Education from Home Country:	
<i>Primary (≤ 6 years)</i>	4
<i>Secondary (7-12 years)</i>	18
<i>College (13+ years)</i>	7
Language:	
<i>Cantonese</i>	25
<i>Mandarin</i>	15
<i>Other Dialects</i>	8
English Proficiency:	
<i>Fluent</i>	2
<i>So-so</i>	9
<i>Poor/None</i>	18

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## Basic Participant Profile (3)

	Chinese, <i>n</i> =29
Employment:	
<i>Full-/Part-Time</i>	13
<i>Retired</i>	12
<i>Unemployed and Looking for Work</i>	4
Income:	
<10k	10
10k-29,999	11
30k-39,999	2
<i>Don't Know/Prefer Not to Say</i>	6
Insurance:	
<i>Medicaid/Medicare</i>	16
<i>Other Public Insurance</i>	4
<i>No Insurance</i>	7
<i>Other</i>	2

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## Participant Profile (1)

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- The majority of the 29 focus group participants were aged 50-69, have resided in the U.S. for 11-20 years, and lived with their spouse/children.
- Most participants had limited English proficiency, had at most a secondary education, and were on Medicaid/Medicare insurance.
- A large majority of the focus group participants had previously been screened for colorectal cancer, many within the last 10 years.
- The most popular screening method the participants had previously utilized was a colonoscopy, followed by FOBT and FIT.
- Of all the focus group participants, only 4 had never been screened for colorectal cancer.

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## Participant Profile (2)

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- 67% of participants possessed no knowledge on free CRC screenings, but believed the information could be found in newspapers or through word-of-mouth from friends/family.
- Almost 79% of participants were aware that colorectal cancer starts off as a non-cancerous growth.
- Over 80% of the focus group participants were aware that the risk of developing colorectal cancer increases with age.
- About 63% of participants were unsure as to whether or not Eastern medicine was an effective treatment for colorectal cancer prevention and treatment.

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## Knowledge - On CRC, Screening Methods, and Risk Perception

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- All participants agreed that CRC was a serious disease and that screening for it was important.
- Many commented on the hassles that come with the popular screening methods.
  - Colonoscopy- dietary restrictions, laxative intake, diarrhea, invasiveness, the need for someone to accompany the patient
  - Stool Collection- uncomfortable and embarrassed when returning stool sample
- Overall consensus that everyone is at risk after a certain point in their lives.
  - Males believed to be more at risk than women
  - Individuals with high stress, little exercise, and a bad diet believed to be at high risk for CRC

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## Knowledge - On CRC, Screening Methods, and Risk Perception

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- Although colonoscopy was the most popular screening method utilized by the focus group participants, 34% of them did not know what a colonoscopy detects.
- While *less* than half of the focus group participants knew what an abnormal FIT meant, *more* than half were aware that further medical tests were needed for follow-up.
  - However, several participants were unsure how to follow-up on an abnormal FIT or believed that a follow-up was not necessary.
- "I think people know how to prevent colorectal cancer when they have the knowledge of this disease. The publicity of this disease is not enough for us. So many people don't know how dangerous CRC is and how to prevent it. If we knew the dangers of this cancer and get insurance coverage, we should do everything to prevent it."

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## Barriers to CRC Screening (1)

- Cost
  - Lack of insurance coverage
    - “With medical insurance coverage, I would have the test if my doctor recommends it.”
- Perception of Risk
  - Underestimating one’s risk for CRC and the importance of early screening/detection
    - “Sometimes it’s because work is too busy and if you don’t think anything is wrong in the first place, then you won’t go to get checked out.”
- Unfamiliarity with the Health Care System
  - Need for someone to accompany the patient
    - “Even with insurance coverage, I didn’t have a screening until my 60s. The reason is that I couldn’t find someone to go with me... I would love to have the test regularly...”
  - Limited English proficiency
    - “... We don’t know enough about it because of the language barrier and limited information.”

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## Barriers to CRC Screening (2)

- Personal beliefs on why Chinese Americans don’t get screened for CRC
  - “I have known this disease... can take your life. But I have never ever taken a screening for it, even though I could do it for free. I didn’t take the test because of my misunderstanding of this disease. I thought cancer was a hereditary disease and people can’t do anything to avoid it if it is in your genes... But now I realize what I thought was wrong. Actually, doctors can do something about it and we can help control if we get this cancer or not. Today I... will make up my mind to take the test.”
  - “I think we don’t know much about colorectal cancer. In the Chinese community, for those who don’t have medical insurance or are too busy working, they don’t know that colon cancer can take their lives.”
  - “Even though my doctor always asks me to get the screening, I don’t want to do it. I think there is nothing wrong with me. In addition, I fear drinking gallons of ‘water’... How can I stand that?”

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## Facilitating Factors to CRC Screenings

- **Doctor's Recommendation**
  - Many participants would follow their doctors advice over their own opinions when it comes to health issues
    - "When you first think about the screening, you think it's a really dirty thing, a thing regarding down there, but it's not a big deal when you actually get it done."
- **Fear**
  - Of developing CRC after learning about a friend/relative who has/had it
    - "I delayed getting screened for 12 years. Twelve years ago, the doctor told me to go get screened. I delayed and delayed until finally I saw what happened to my niece and then I was like- I should go get screened."
    - "Compared with the pain of colorectal cancer, the uncomfortable-ness of this test is nothing. We should prevent this disease by getting screened."
- **Benefits of Early Screening/Detection**
  - Increased ability to fight and treat the disease in it's early stages
    - "If you notice any abnormal changes in your stool, you should visit the doctor as early as possible. Don't assume you don't have any health problems. No matter that it costs time or money... visit the specialists of this disease. Especially when you find blood in the stool."

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## Current Community Resources: Satisfaction with and Suggestions for

- **A Need For More**
  - Newspapers and radio broadcasts are no longer sufficient to publicize information on CRC and its screening methods.
    - Television cited as an excellent venue for publicity since "everyone watches TV"
  - Culturally and linguistically appropriate outreach to senior centers as well as more community workshops for widespread publicity on CRC recommended.
    - Outreach to Asian organizations suggested for widespread publicity
  - Free DVDs and printed information on colorectal cancer and the screening methods available.
  - A set standard for when to get screened for CRC should be available to the elderly and be followed by providers.

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## Sources of Information:

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- Reliable
  - Health Care Professionals/Organizations
    - Clinics, hospitals, pharmacies, and doctors cited as trusted sources for information
  - Personal, Real Life Stories
    - Health messages that tell a real life story are **MORE**
      - Memorable
      - Obvious
      - Relatable
      - Effective
- Unreliable
  - The Internet
  - Marketing Brochures from Pharmaceutical or Medical Supplies Industries

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## *Implications of the Focus Groups Findings on Practice and Policy*

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## Recommendations (1)

- To overcome CRC screening barriers
  - Contain Costs
    - Implement subsidized CRC screening costs
    - Increase medical insurance coverage
    - Increase free CRC screening offerings
  - Emphasize the Idea of Risk
    - Provide a realistic picture of the risks *any* 50+ individual faces no matter their lifestyle and habits
  - Address the Need for Support
    - Provide individuals with the option of having culturally and linguistically competent patient navigator to assist in the screening process
    - Community groups where peers can discuss their own knowledge, beliefs, and experiences can influence others to act
      - "... they don't know how serious colorectal cancer is. They're not familiar with the disease and they haven't thought to go [get screened]. I haven't thought to go until we were all talking about it just now."

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## Recommendations (2)

- To overcome CRC screening barriers
  - Take Advantage of the Reasons Why Individuals Do Get Screened
    - High receptivity to a doctor's recommendation shows the importance of a doctor's standing in the Chinese American community
      - Improve guidelines and standards to make CRC a more important health issue during a doctor's visit
    - Manipulate an individual's fear of disease into personal health marketing campaign messages to prompt for action
    - Highlight the idea of prevention and the benefits of early screening/detection
      - CRC is not a hereditary disease that you have no control over

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Thank you!

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