

80% by 2018



Recommended Messages to Reach Asian Americans

*Messaging guidance for talking to Asian
Americans about colorectal cancer
screening*

Asian Americans^{*} and Colorectal Cancer

Companion Guide

^{*} The scope of the guide is limited to: Cambodian, Chinese, Filipino, Korean, Laotian, South Asian, and Vietnamese. The NCCRT hopes to expand this resource to include other important audiences, such as other Asian and Pacific Islander subpopulations, at a later date.



THE UNIVERSITY OF
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Center for Asian
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Disclaimer

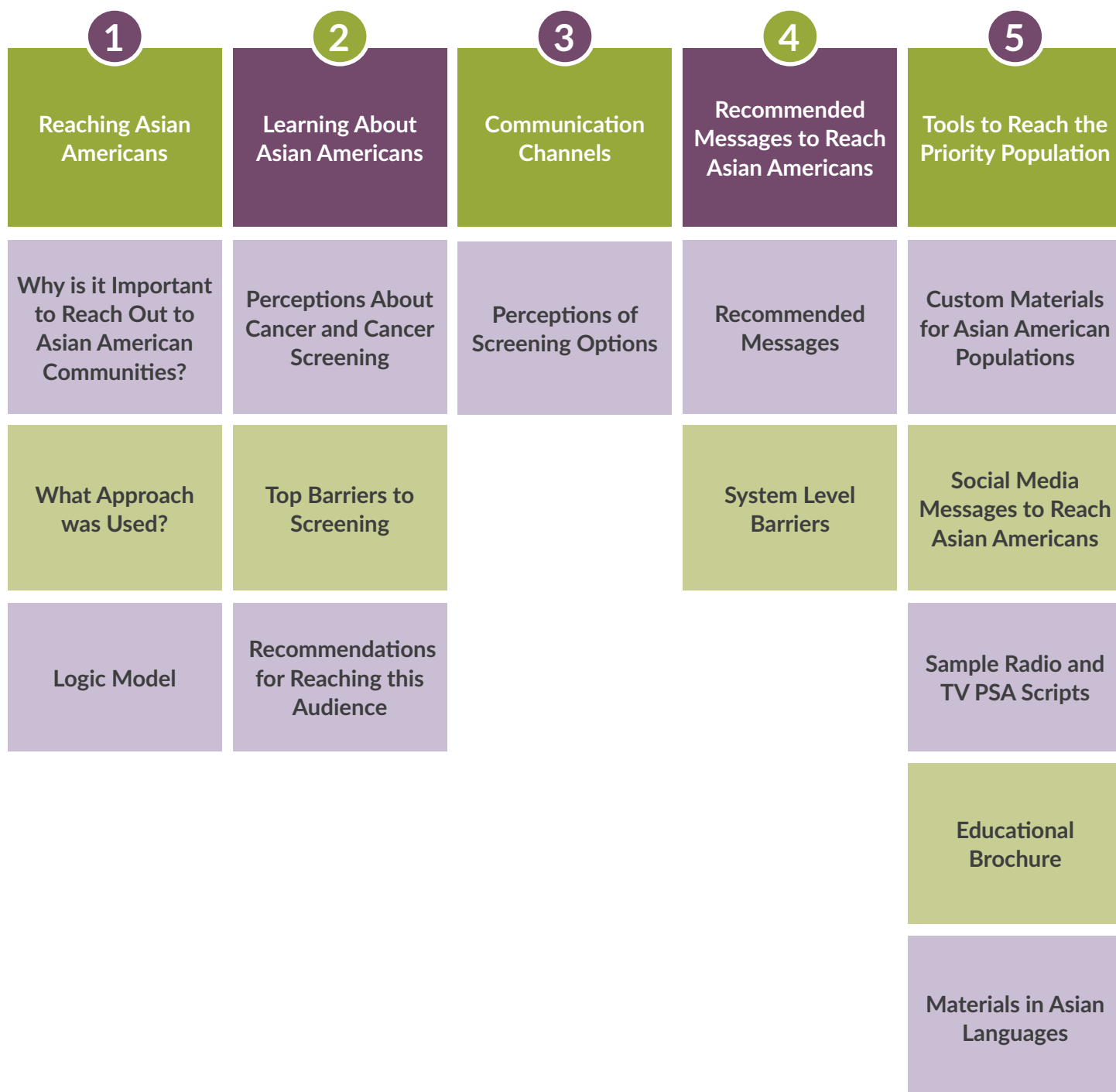
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This guide is geared toward a public health audience to help with conducting culturally competent work. Some conclusions in this guide are drawn from qualitative research. As is the case with all qualitative market research, respondents in these interviews were drawn from the population from whom we seek answers, but were not chosen on any statistical basis. Further, some of the interviews were drawn from a limited geographic pool, namely the Chicago area. The findings accurately represent the opinion of those individuals who participated in the process. The findings should be used for clarifying existing theories, creating hypotheses, and for giving direction for future marketing research. Additionally, these findings are generalizations and may not apply to all individuals or all subgroups in Asian American populations. The work of the guide is limited to: Cambodian, Chinese, Filipino, Korean, Laotian, South Asian, and Vietnamese. The NCCRT hopes to expand this resource to include other important audiences, such as other Asian and Pacific Islander subpopulations, at a later date.

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Overview



Reaching Asian Americans

Why Is It Important to Reach Out to Asian American Communities?

There are nearly 19.4 million Asian Americans nationwide.¹ Asian Americans are the fastest growing minority group in the US, and immigration predictions expect this trend to continue.

Currently, the US Census Bureau lists six ethnic group categories for Asian Americans (Asian Indian, Chinese, Filipino, Japanese, Korean, and Vietnamese) and one for all “Other Asian.” As such, many Asian ethnic groups are not listed and may be potentially underreported. Further, Asian Americans comprise diverse subgroups that differ in language, culture, and health beliefs, but often continue to be aggregated into one group and portrayed as a generally successful, healthy ethnic minority group, or “model minority.” However, the Asian American population hides a lot of complexities, and there is little appreciation for the unique knowledge, attitudes, and beliefs about health held by Asian subgroups.

1 in 2

Asian American adults (52%) between 50 and 75 years old have not been screened for colorectal cancer as recommended.

Asian or Pacific Islanders in the US are one of the few racial/ethnic groups to experience cancer as **the leading cause of death**.² Although colorectal cancer (CRC) is the third most common cancer in the US, **it is the second most common cancer among Asian Americans**.³ While screening rates among the overall population are increasing, Asian Americans have one of the lowest rates of colorectal cancer screening in the United States with, only 52% up to date with their screening (compared to 66% among the non-Hispanic whites). This means that barely half of the Asian Americans between 50 and 75 years old follow colorectal cancer screening guidelines.⁴

Asian Americans' CRC screening data are particularly disturbing considering that many deaths and new cases could be avoided with routine screening.⁵ While awareness of the need for colorectal cancer screening is relatively high among the general population, these messages have limited penetration when it comes to Asian Americans. Lack of dissemination of educational materials and information combined with content that is not culturally sensitive or language-specific contribute to this knowledge gap. In general, there is little appreciation for the unique knowledge, attitudes, and beliefs about health held by Asian Americans.



Screening is an important strategy for early detection, diagnosis, and treatment of colorectal cancer and pre-cancerous polyps. It is important that we reach Asian Americans with appropriate messages about the need to start age-appropriate screening for CRC as a part of our effort to regularly screen 80% of adults ages 50 and older by 2018.

What Approach Was Used?

As a part of this commitment, the Partnership for Healthier Asians (PHA) was created and funded in 2013 by the National Cancer Institute and the Agency for Health Research and Quality.[†] The goal of the project was to build a community-academic infrastructure to disseminate CRC screening guidelines in seven Asian American subgroups and measure screening uptake. The study integrated a market-oriented Push-Pull-Infrastructure Model (practical market oriented framework to test dissemination approaches), Diffusion of Innovation Theory (theory which seeks to explain how, why and at what rate new ideas are spread), and a community-based participatory research approach (CBPR-partnership approach to research that equitably involves communities in all aspects of the research process) to create a successful community-centered dissemination framework.

First, eight focus groups with a total of 72 participants from 7 Asian American populations (Cambodian, Chinese, Filipino, Korean, Laotian, South Asian, and Vietnamese) living in Chicago, Illinois, were conducted. We acknowledge that though all belong to the “Asian” category, each subgroup is unique and may hold quite different beliefs about health in general. We attempt to tease out distinct differences between subgroups when appropriate. Our hope is that we can continue to identify findings relevant to each subgroup as research progresses.

Focus groups were performed in each partner community, which allowed us to capture the similarities and differences in health beliefs and attitudes and to elicit beliefs and attitudes related specifically to CRC screening. Focus groups were facilitated by bilingual and bicultural staff members from Asian American community-based organizations. A focus group guide was developed to ensure consistency across groups, and all moderators were trained to enhance their facilitation skills. Eligibility criteria for the focus groups required that participants were (1) between 40 and 65 years old, (2) lived in different households, and (3) were capable of giving consent. 48% of participants were from households with annual income of less than \$20K, and 26% were from households with annual income between \$20-40K. The focus groups were conducted in the native language of the participants and the recordings were later translated into English. A team of five people worked together to perform content analysis, using a template analysis method based on the Theory of Planned Behavior.



[†] Dr. Karen Kim, Professor of Medicine and Director of the University of Chicago Center for Asian Health Equity, is the principal investigator of the AHRQ-funded *Partnership for Healthier Asians*, which focuses on effective dissemination models to promote colorectal cancer screening among limited English proficient Asian immigrants in the Chicago Metropolitan region.



Findings were used to develop an individual client survey. The goal of the survey was to determine behavioral beliefs, normative beliefs, and perceived control beliefs regarding CRC screening within the target population. The individual client survey was developed by considering individual statements, their cultural relevance, and their significance with a panel of community stakeholders. The final survey instrument included 20 positive and negative statements. A cross-sectional design with a purposeful (based on age group and sex) and convenient sample was used. The survey was translated into seven different languages and was completed by 470 community members representing seven subgroups of Asian American communities.

Findings from the individual client survey were then used to design a dissemination plan, train community health advisors, and develop a social marketing campaign. The findings gleaned from this process are summarized here in hopes of informing other public health efforts aimed at Asian American subpopulations,⁶ and the guide is meant as a tool for public health professionals to assist them in conducting culturally competent work. Finally, as mentioned previously, one of the limits of this guide is that it is limited to the following Asian Subgroups: Cambodian, Chinese, Filipino, Korean, Laotian, South Asian, and Vietnamese. The NCCRT hopes to expand this resource to include other important audiences, such as other Asian and Pacific Islander subpopulations, at a later date.

Logic Model

BARRIERS	Lack of awareness about cancer prevention and colorectal cancer risk exacerbates barriers such as:				
	Lack of information		Cultural barriers	Logistical and financial barriers	
	‣ Self-perception that the Asian American population is “healthy” and has a low risk of cancer.	‣ The disease is unfamiliar; many immigrants are from countries with low rates of CRC.	‣ Fear of finding cancer; tendency to avoid looking for cancer because “If you look, you will find something.”	Lack of culturally and linguistically appropriate services and educational materials.	Lack of knowledge about how to navigate the health system.
	‣ Some health care providers buy into this perception as well.		‣ Tendency toward modesty. ‣ Relationship with healthcare is symptom-based.	Fearful of screening procedures.	

NEEDED INFORMATION	Communicate toll of colorectal cancer on Asian Americans and explain value			
	Cancer is the number one cause of death among Asian Americans.	Risk of CRC increases with age and immigration to the US.	Colorectal cancer is one of the few cancers that can be prevented through screening.	Screening is something you do even when you are well.
	Combine educational messages with messages to overcome barriers			
	Stress the availability of simple, take-home screening options.	Use family/community as a motivator.	Emphasize that colorectal cancer can be prevented through screening, to counteract fear messages and underscore the need for screening without symptoms.	

MESSAGES	Asian Americans are at risk for colorectal cancer.	Screening can prevent colorectal cancer.	Do it for your family and/or grandchildren.	There are many ways to get screened.	Being healthy does not replace the need for screening.

WAYS TO ADD IMPACT	Break through the clutter with:			
	Bilingual and low literacy messages.	Messages delivered by trusted community members (community health workers, Asian American specific community-based organizations), faith-based organizations.	Messages that validate and educate. “That’s great you are doing XXX, but here is something else you can do for your health...”	Uplifting messages that focus on family and friends and health of the community.
	Subgroup-specific screening rates, if available, to appeal to priority audience (need for disaggregated data).	Visual messages.	Empowering providers to avoid “healthy” stereotypes and consistently recommend screening among Asian American populations.	Culturally competent approach to patient care and ensuring utilization of CLAS* standards

* CLAS-The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards) aim to improve health care quality and advance health equity by establishing a framework for organizations to serve the nation’s increasingly diverse communities.

Learning About Asian Americans

Perceptions About Cancer and Cancer Screening

We explored perceptions about cancer and cancer screening in both qualitative and quantitative research with seven Asian American subgroups—Cambodian, Chinese, Filipino, Korean, Laotian, South Asian and Vietnamese. Below are some of the key themes we heard from our focus group participants (n=72) and learned from our community-wide survey (n=470). From our work, we found that the subgroups of Asian Americans from whom we sought input:



Tend not to talk about cancer.

- A cultural value for this population is modesty, resulting in a tendency not to talk about cancer.
- This disease is not part of cultural dialogue. Many are coming from countries where colorectal cancer is not a prevalent cancer.

"People are shy to talk about cancer and will not share with others."

"People don't want to get along with people who have cancer."

- In the individual client survey, 86% (406/470) of participants agreed or strongly agreed that their community needed more education on cancer screening.

Tend not to want to know about cancer.

- The group we sought input from had varied feelings about cancer detection. On the one hand we heard that Asian American subpopulations value cancer early detection and cancer screening, but this co-exists with the perception that cancer is a death sentence and nothing can be done about it (fatalism).
- This perception led many to tell us that that if you go looking for a problem you will find one. So don't look.
- This view that you are "better off not knowing" was particularly strong among Koreans.

"Since cancer can't be cured, people are better off not knowing if they have cancer."

- In the individual client survey, 35% (166/470) agreed or strongly agreed with this statement. However, 74% (349/470) of survey participants also agreed or strongly agreed that CRC screening could prevent cancer.

"I don't screen because I am afraid to be told I have cancer."

Tend not to think of themselves as at risk for colorectal cancer.

- May buy in to the “model minority myth” and believe they are healthier than they are.
- Many are coming from countries where colorectal cancer is not a prevalent cancer.
- Since cancer is generally not talked about, this population may not understand the causes of and risks for colorectal cancer.
- This population may not appreciate that their risk for CRC aligns with the general US population after just one generation in the US.

“I don’t know anyone with colorectal cancer.”

“Cancer is not the number one leading cause of death for Asian Americans.”

Associate healthcare with symptom-based care.

- Many of the people we spoke with indicated they would not seek screening for CRC unless they had symptoms.
- Wellness is valued, but that doesn’t necessarily translate into seeking out a screening procedure.

“Compared to Americans, immigrants from my home country care less about screenings.”

“I only see the doctor when I am sick.”

- 50% (234/470) of our individual client survey participants agreed or strongly agreed with the above statement.
- 47% (216/470) of our individual client survey participants agreed or strongly agreed that they would screen for CRC only if they had symptoms.

While Asian Americans have the lowest rates of colorectal cancer screening in the United States, it is still one of the top two cancers for both men and women in this population.

Tend to be fearful of screening procedures.

- The Asian Americans in our study tended to think colonoscopy is the only screening option and may not know about take-home FIT or FOBT kits.
- There is some fear associated with colonoscopy. This is particularly true for Laotians and Filipinos.
- There is a lack of awareness about screening procedures and how they work, which serves as a barrier to getting screened.

"Colonoscopy is a scary procedure."

"Colonoscopy is good, but it is a very difficult procedure to tolerate."

Within one generation of being in this country, colorectal cancer rates among Asian Americans are similar to other populations.

SEEN AS THE MODEL MINORITY

- Health system barriers experienced by Asian Americans may go undetected.
- Providers may assume that Asian Americans do not need additional support services.
- Asian American subpopulations may be omitted from research studies.

► [Click here to view the video CSLP: Model Minority Myth⁷](#)



Top Barriers to Screening

Language barriers, low socioeconomic status, and limited education opportunities are all widening the health disparities gap for Asian Americans. **More than 65% of Asian Americans are foreign-born and more than 35% have limited English proficiency,**⁸ which affects their quality of care and interactions with health professionals. Certain groups of Asian Americans are also at a disadvantage due to low income. Socioeconomic factors have a particularly negative influence on South Asians (Burmese, Cambodians, Laotian, and Vietnamese) and Pakistanis. Importantly, contrary to perceptions about Asian Americans overall, certain segments of Asian American populations attain only low levels of education, which has also been linked to low socioeconomic status.

From our work, the main barriers that were detected among Asian Americans whom we talked to were:

About Asian Americans

- The fastest growing minority group (45.6% growth rate)
- 65% foreign-born
- Over 35% are limited English proficient (LEP)



An overall lack of awareness about colorectal cancer and screening

- There is a lack of awareness about colorectal cancer prevention and colorectal cancer risk. Many do not appreciate that this is the 2nd most common cancer among Asian Americans.
- There is a lack of awareness about the importance of screening in part because many immigrants are from countries with low rates of CRC.
- Their need for basic information about the importance of screening was apparent.

"In my community, people are not aware of CRC screening because we do not have any events or campaigns for it."

- Most of the people we talked to agree that more information is needed for their community. Nine out of 10 respondents agreed "my community needs more education on cancer screenings."

Cultural reasons for not discussing colorectal cancer screening

- A cultural tendency toward modesty can make conversations about screening difficult.
- There is a self-perception that the Asian American population is "healthy" and has a low risk of cancer.
- Other perceptions are that it is unwise to "go looking" for a problem, such as cancer.
- These tendencies all exacerbate gaps in information.

"I eat healthy so I should not need to worry about cancer."

"I don't want to know about cancer, since you will die."

Lack of familiarity with the health care system in the US

- Immigrants are not eligible for permanent residency for five years, and insurance options therefore are limited and expensive.
- Even as these populations are becoming insured, there is a lack of education about how to access care.
- The complex health insurance system poses a barrier to patient utilization – concepts as “deductible,” “co-insurance,” etc., may be very foreign and difficult to comprehend to new immigrants.

“I don’t know the US health care system and feel uncomfortable.”

“My friends think that the health care system is better in our home country than in the US.”

“It is very difficult for us to use the health care system in the States. It is very different.”

“Here doctors don’t explain; they don’t give you any instruction.”

- Insurance is important as a facilitator to screening. About seven out of 10 respondents agreed “I’ll screen for cancer if I have health insurance.”

Lack of access to bicultural educational materials

- Many told us that “People around me don’t talk about cancer screening,” even though awareness about colorectal cancer screening is relatively high among the general population. More than 30% of Asian Americans have limited English proficiency and may not be getting the message.
- It is a challenge to disseminate important screening messages due to a lack of culturally tailored and language-specific information.
- The language barrier was cited most strongly as a barrier for Cambodians, Vietnamese, and Chinese.

“I don’t want to go by myself because I understand little English.”

May misunderstand the use of medical terminology

- In many Asian languages, the colon is referred to as the large intestine because there is no translation for the word colon.
- This makes it difficult for some Asian Americans to understand the colorectal cancer screening process, so it is important to make the link between these terms, in written and verbal communication.
- Visual explanations may be helpful.

“What is a colon? Do you mean large intestine?”

“I thought this was the large intestine”(pointing to a picture of the colon)

There are over 50 different languages spoken among Asian Americans and very limited materials available to meet the needs of these populations.

System Level Barriers

FOCUS GROUP INSIGHTS



Our focus group discussions provided insight into both individual and community perceptions, attitudes and beliefs, but also uncovered system level barriers impeding completion of colorectal cancer screening.

Previous studies have reported that Asian Americans are among the least well served through the health care system, feel that they are least involved in medical decision making, and feel least respected during their health care encounters as compared to other racial and ethnic groups.⁹

Our study uncovered several system level barriers that are described below.

Lack of culturally and linguistically appropriate services impede the completion of colorectal cancer screening

- Many Asian Americans exhibit high levels of modesty, which may create barriers in their provider interactions, especially when there is a lack of culturally congruency.
- Given the numerous languages spoken by Asian Americans, among those with limited English proficiency, they are the most likely to be seen without a trained medical interpreter.

"I am shy to let the doctor touch and feel."

"I don't like to see my doctor since they don't speak my language and I cannot understand them."

"I never have an interpreter to help with my visit. I have to bring my daughter."

Provider perception that colorectal cancer screening is not a priority for this population.

- Literature shows that providers are less likely to recommend colon cancer screening to ethnic minority populations.
- Asian Americans may not be referred for screening because providers have the perception that this population is at a lower risk for colorectal cancer.
- Asian Americans may be perceived to be healthier than they actually are because of the [model minority myth](#).⁷ Subconscious bias based on the model minority status may result in provider failure to initiate cancer screening.

"If my doctor recommends screening, I'll do it."

Least well-served populations among racial and ethnic groups.

- They are least likely of racial and ethnic groups to feel that their providers understand them.⁹
- Providers are least likely of racial and ethnic groups to involve them in medical decision making.⁹
- They are least likely of racial and ethnic groups to have confidence in their providers.⁹

"I don't like to see my doctor since they don't speak my language, and I cannot understand them."

Recommendations for Reaching This Audience

The following recommendations were developed based on the feedback from the qualitative and quantitative focus groups:



Focus on sharing needed information and Asian-specific facts.

- Many Asian Americans view themselves as healthy and don't realize that cancer is the number one cause of death in their community.
- Many Asian Americans do not appreciate their risk for colorectal cancer, that risk increases with age, and that screening starts at the age of 50— even if you feel healthy.
- Information is important to the individuals surveyed. Six out of 10 respondents agreed "I'll gather information first before I decide to have a cancer screening."

"If I only know cancer is number one killer (for Asian Americans), I could have put more effort to preventing it, eat healthy."

Reinforce that colorectal cancer is a preventable cancer, while addressing the fear of diagnosis.

- In the research, we saw that this population had varied feelings: there was value for cancer screening, but fear of knowing you had cancer. Most people agreed that cancer can happen to anyone. So, education should steer away from simply telling the audience early detection is important. Instead, address fear of the diagnosis and fear that cancer can mean a death sentence, stressing that even in the rare instances that cancer is detected, early detection is associated with very high survival.
- By educating Asian Americans that colorectal cancer screening is preventable, we can counteract the inclination to "not go looking" for trouble.
- Sharing that colorectal cancer can be prevented through screening can counteract fear of screening and underscores the need for screening without symptoms.

"If I have a cancer screening test done, I'll be more relaxed."

Provide uplifting messages that screening is an opportunity.

- Our community members consistently leaned toward uplifting messages and did not want messaging that scared them.
- Fear campaigns and/or negative messages generally do not work well with Asian Americans.
- “Validate and educate” seems to work; that is affirm what the patient is already doing and build on it. “That’s great that you are already doing XXX, but here is something else you can do for your health...”
- Our community members told us that when we scare the community, “they avoid seeking help.”

Leverage the role of friends, family, and social networks in disseminating information about colorectal cancer screening.

- Many Asian Americans use a collective model (extended family) rather than an individual model (self) for making health care decisions.
 - Family is very important, and multiple generations may live together.
 - This is a collective community meaning that decisions are made based on how they benefit the family. Convey the message to “do this for all of us.”
- A majority of respondents agreed “if people around me think cancer screening is important,” or “if my family members suggest to me to have colon cancer screening,” they would do it.*

Appeal to strong desire to stay well.

- Many Asian cultures strongly believe in the importance of healthy lifestyles so you can leverage this mindset to include preventative care.
 - But there is a need to include prevention in their desire for wellness.
- ‘If I eat well and the right kinds of food, I will be healthy.’*

Help patients understand the pros and cons of each screening option.

- Many we spoke with found the idea of a colonoscopy to be scary/frightening.
 - Patients need to understand that there are various methods of screening for colorectal cancer. Decision-making in health care settings is rarely studied in the Asian American population.
 - FIT testing can be a good option for patients who don’t want a colonoscopy because of prep, time, fear, or cost.
- “Colonoscopy is dangerous and can perforate your intestine, so I am scared.”*

Use both “colon” and “large intestine” in messaging.

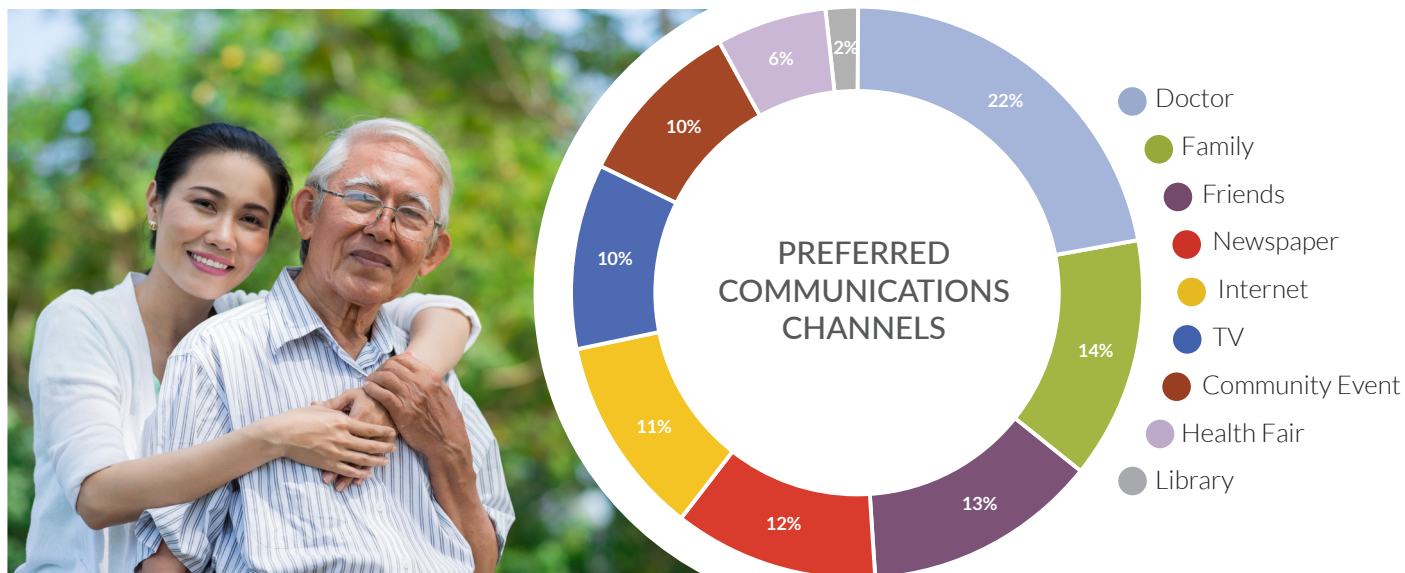
- Asian Americans refer to and understand the term “large intestinal cancer.” However, colorectal cancer is most often used in health messages, so it is important to make the link between these terms when messaging in English. Using these terms together will help increase awareness and understanding of colorectal cancer screening messages. Visual explanations may be helpful.

“What is a colon? Do you mean large intestine?”



Communication Channels

We explored preferred communication channels using both qualitative and quantitative research from our community-wide survey (n=470) collected across seven Asian American communities—Cambodian, Chinese, Filipino, Korean, Laotian, South Asian, and Vietnamese. We asked: Where do you usually receive helpful information about your health? The ring chart represents the most frequent responses from aggregated data across all groups.



When people share their individual stories it can raise awareness in the whole community.

The importance of exploring preferred communication channels among disaggregated Asian American subgroups is shown in the chart below. The most frequent answer is represented by the purple bar, followed by the green bars. As you can see, the best way to do outreach for many Asian groups are via 1) doctor, 2) newspaper, and 3) friends. Among the South Asian communities, doctors were chosen as the preferred modality for health communication. The Chinese preferred ethnic newspapers, while Koreans preferred the internet.

	CAMBODIAN	CHINESE	KOREAN	LAOTIAN	SOUTH ASIAN	VIETNAMESE
DOCTOR						
NEWSPAPER						
FRIEND						
FAMILY						
INTERNET						
COMMUNITY EVENT						

KEY: = Primary Channel
 = Secondary Channel

Note: This topic was not explored with Filipinos.

Perceptions of Screening Options

Our findings suggest that despite interest in health, there is a fear among Asian Americans about screening. This is especially true with the use of colonoscopy due to concerns about invasiveness, cost, time off work, and prep.

Many of the people we spoke with had not been told that there are several evidence-based options for completing colorectal cancer screening such as take-home stool-based tests—fecal occult blood test (FOBT) and fecal immunochemical test (FIT). Colonoscopy tended to be the only test offered for colorectal cancer screening. As a result, people were relatively surprised that there were other options.

It is important for providers to have a thoughtful discussion with patients about the benefits and limitations of different screening options.



Recommended Messages to Reach Asian Americans

These are the top messages that were developed based on the findings from our qualitative and quantitative research with seven Asian American subpopulations.

A Asian Americans are at risk for colorectal cancer.

B Screening can prevent colorectal cancer.

C Do it for your family and grandchildren.

D There are many ways to get screened.

E Feeling healthy does not replace the need for screening.

SYSTEM-LEVEL

- Cancer is the number one killer among Asian Americans.
- The “model minority” myth must not impede a screening recommendation.
- Language access is essential.
- The provider recommendation matters.

Recommended Messages



MESSAGE A

Asian Americans are at risk for colorectal cancer.

THIS MESSAGE WAS PREFERRED BECAUSE

- Asian Americans do not think they are at risk for colorectal cancer.
- Asian Americans believe they are at low risk because they may have a healthy diet and are not obese by American standards.
- It raises awareness.

FEEDBACK AND EVIDENCE

There's really a lack of familiarity with colon cancer because screening came relatively late in Asia compared to other places such as the United States.

People often felt that they weren't at risk and then through education realized, "Yes, we are at risk, and so why aren't we being screened."

People would say, "We believe that colon cancer is preventable and we believe that you can prevent colon cancer by screening, but we don't really believe that we, ourselves, are at risk of it."

"We get gastric cancer, we get liver cancer, we get diabetes, we get other things, but this is not one of these. This is an American disease."

MESSAGE **B**

Screening can prevent colorectal cancer.

THIS MESSAGE WAS PREFERRED BECAUSE

- People generally feel that screening can prevent cancer, but they're not doing it.
- Health care providers need to continue to recommend screening.
- This message conveys that colorectal cancer screening can prevent cancer, unlike a mammogram, which can find cancer early, but cannot prevent the disease.

FEEDBACK AND EVIDENCE

"If I feel well, why do it? I don't have any symptoms so why are you going to look?"

MESSAGE **C**

Do it for your family and grandchildren.

THIS MESSAGE WAS PREFERRED BECAUSE

- Family is very important, and multiple generations may live together.
- This is a collective community. Convey the message to do this for all of us.
- It's really important to think about significant others, whether those are elders, or children. You want to make sure that you are there for your entire family.

FEEDBACK AND EVIDENCE

Community members requested that visual messaging include grandparents and grandchildren.

MESSAGE **D**

There are many ways to get screened.

THIS MESSAGE WAS PREFERRED BECAUSE

- People often think only of colonoscopy when they think of colorectal cancer screening. Then they think about all the problems, the barriers, the time off work, the preparation, the scary procedure, the insurance, the cost. That's why educating patients about options is important.
- People are often not aware that there are a number of evidence based, effective colorectal cancer screening methods in addition to colonoscopy.

FEEDBACK AND EVIDENCE

It's often not about access or insurance, but rather people being worried about getting a colonoscopy.

It's not usually about cost, but about fear: "Well, I'm fearful. I can afford it, but I'm fearful. I don't want to do it".

Studies say that Asian Americans are more inclined to do the stool test, though some Asian subpopulations may not want to handle stool because of cultural beliefs.

MESSAGE **E**

Feeling healthy does not replace the need for screening.

THIS MESSAGE WAS PREFERRED BECAUSE

- Colorectal cancer screening is preventive, and the time to be screened is before you have symptoms.
- This is a population that everyone assumes is living and eating well and therefore is not at risk for colorectal cancer.
- It's important to remember that this population still needs to get screened.

FEEDBACK AND EVIDENCE

Especially in the South Asian community, people tend to say, "We eat really great food and we take good care of ourselves, we're thin, and we work hard," which are all reasons why you wouldn't have an illness.

You might hear it from your friends and family and you might also hear it from your physician, "Oh, you're so healthy. Asians are thin; you don't have any health problems."



SYSTEM-LEVEL MESSAGES

Cancer is the number one killer among Asian Americans.

- Be sure to recommend colorectal cancer screening to your patients.
- CRC is the second-leading cause of cancer among Asian Americans.

The “model minority” myth must not impede a screening recommendation.

- Asian Americans have among the lowest screening rates across minority populations.

Language access is essential.

- Studies show limited English-proficient populations have significantly lower screening rates.
- One in three Asian Americans are limited English-proficient.
- Any federally-funded organization is mandated by law to provide culturally appropriate materials for patients.

The provider recommendation matters.

- Asian Americans see doctors as an authority figure and will pay significant attention to their recommendation.
- Studies show that a provider recommendation is the number one reason why people get screened.

Tools to Reach the Priority Population

Custom Materials for Asian American Populations

Colon Cancer Message Postcards

Find links to materials like these on page 30.



Social Media Messages to Reach Asian Americans

Twitter Messages

Include links to other content where it makes sense; several examples are below of where to add them.

Tweet #1 Being healthy can help prevent cancer. So can screenings, including one for [#coloncancer](#).

Tweet #2 50 or older? Talk to your doctor about the many ways to get screened for [#coloncancer](#) (*attach shareable graphic*)

Tweet #3 Screening can prevent colon cancer. Do it for your family and grandchildren [#getscreened](#)

Tweet #4 "I'm thankful that I've beaten [#coloncancer](#) & will see my grandkids grow up." *[Insert name]* [#getscreened](#). (*insert website link*)

Tweet #5 [#Coloncancer](#) risk increases as you age, but it can often be prevented through screening. [#getscreened](#).

Tweet #6 Asian Americans are at risk for colon cancer. Talk to your doctor about [#coloncancer](#) (*insert website link*)



Facebook Posts

Include links to other content where it makes sense; several examples are below of where to add them.

Post #1 Colorectal cancer is the second most common cancer among Asian Americans, but it can often be prevented through screening or found at an early stage when it is more treatable. Remind those who are over 50 to [#getscreened](#) regularly.

Post #2 Be there for your family! Colorectal cancer is a leading cause of cancer death for Asian Americans, but it can be prevented or found at an early stage. Call your doctor and [#getscreened](#).

Post #3 Colorectal cancer is a leading cause of cancer death for Asian Americans. Spread the word that if you are over 50, you're at a higher risk for colorectal cancer—even if you feel healthy. There are simple, take-home, affordable screening options. Talk to your doctor today. [\(insert website link\)](#)

Post #4 Cancer is the leading cause of death for Asian Americans, but some cancers can be prevented or found earlier when they are more treatable. Colorectal cancer – or cancer of the large intestine – is one of those! If you are 50 or older, you need to be screened for colorectal cancer, even if you feel healthy. There are many options available, including some you take at home. Call your doctor today. [\(insert website link\)](#)

Post for March It's National Colorectal Cancer Awareness Month! Are you 50 or older? Then you need to be screened for colorectal cancer. Your risk of developing this cancer increases with age. And even if you are living a healthy lifestyle, you need regular screening. Learn about the many screening options available to you, including simple take-home options: [\(insert website link\)](#)



Sample Radio and TV PSA Scripts

PSA 1 | :10 If you're 50 or older, it's time to get screened for colorectal cancer, even if you are healthy! You have many choices for getting screened, so call your doctor about screening today!

PSA 1 | :15 Cancer is the number one cause of death among Asian Americans, but some cancers can often be prevented or found at an early stage. Colorectal cancer is one of those! If you are 50 or older, talk to your doctor about the various screening tests and find one that is right for you!

PSA 2 | :15 If you're 50 or older then it's time to get screened for colorectal cancer, even if you feel healthy! With screening, colorectal cancer can be prevented or found at an early stage. There are many ways to get screened, including simple take home tests. Call your doctor today.

PSA 3 | :15 Colorectal cancer—or cancer of the large intestine—is a leading cause of cancer death among Asian Americans, and the chances of having it increase with age. Colorectal cancer can often be prevented or found early. If you are 50 or older, talk to your doctor about the many ways to get screened.

PSA 1 | :30 Colorectal cancer is a leading cause of cancer death among Asian Americans, and it doesn't always cause symptoms! Fortunately, it can often be prevented or found early when it is more treatable. There are various screening options available. These include simple tests that can be done at home. If you are 50 or older, and even if you are healthy, it's time to talk to your doctor about which colorectal cancer screening test is best for you. Your family is counting on you!

PSA 2 | :30 Colorectal cancer is a leading cause of cancer death among Asian Americans. We need your help to spread the word that if you are 50 or older, you're at a higher risk for colorectal cancer. Even if you have a healthy lifestyle, it doesn't take the place of getting screened. There are many ways to get screened, and the test can often prevent cancer or find it early when it is more treatable. Do it for your children and your grandchildren. Talk to your doctor today about colorectal cancer screening.

Tip! If someone offers you a :60 PSA, consider using a survivor to quickly tell their story and hit on a few of the key messages from the shorter PSA scripts.

Educational Brochure



THIS PUBLIC SERVICE ANNOUNCEMENT HAS BEEN MADE POSSIBLE THROUGH A GRANT R24HS022063 FROM THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

This brochure is in Khmer—the Cambodian language. In English, it reads:

“The early signs of colorectal cancer are often hidden.

Early detection with screening can prevent colorectal cancer. If your age is 50+, talk to your doctor today.”

Find links to materials like these on page 30.



Materials in Asian Languages

Listed below are examples of tested materials to raise colorectal cancer awareness among Asian American populations.

Asian American Research Center on Health (ARCH) - http://asianarch.org/materials_colons.html



Instructional FOBT videos available in English, Cantonese, Mandarin, Hmong, Ilokano, Tagalog, Korean, and Vietnamese.

Asian American Research Center on Health (ARCH) - <http://asianarch.org/materials.html>



Various flipcharts and other downloadable PDF educational materials available in multiple languages.

Asian American Network for Cancer Awareness, Research and Training (AANCART) - <http://aancart.org/cancer-research/publications/aancart-educational-videos>



Our videos are also available in these languages: [Ilokano](#), [Hmong](#)

Educational videos directed to both physicians and community members, including guaiac tests, fecal immunochemical test (FIT), and topics including hepatitis B.

Asian American Network for Cancer Awareness, Research and Training (AANCART) - <http://aancart.org/cancer-research/publications/aancart-educational-materials>



Health education materials for viewers to learn about healthy living, cancer screening, cancer treatments, and more. Health educators and clinicians can also download these materials and share them with their students and patients.

Appendix A: Recommended Messages to Reach Asian Americans - Translated

Chinese Translation

A	Asian Americans are at risk for CRC. 亞洲人有患腸癌的風險。
B	Screening can prevent colorectal cancer. 篩檢可預防腸癌。
C	Do it for your family and grandchildren. 為了你的家人和子孫，請做腸癌篩檢。
D	There are many ways to get screened. 有很多種方法去做腸癌篩檢。
E	Being healthy does not replace the need for screening. 良好的健康並不表示不需要做腸癌篩檢。
SYSTEM LEVEL	Cancer is the number one killer among Asian Americans. 在美國亞裔人郡中，癌症是頭號殺手。 Do not let the model minority myth stop you from recommending screening. 請不要因亞裔是少數民族模範，而不推薦腸癌篩檢。 Language access is essential. 語言翻譯服務是十分重要。 Your recommendation matters. 你的推薦十分重要。

Korean Translation

A	아시아계 미국인은 대장암에 대한 위험이 높습니다.
B	검진을 통해 대장암을 예방할 수 있습니다.
C	검진은 가족과 후손을 위해서 받아야 합니다.
D	검진에는 여러가지 방법이 있습니다.
E	지금 건강하더라도 검진은 받을 필요가 있습니다.
SYSTEM-LEVEL	<p>아시아계 미국인의 사망 원인 1위는 암입니다.</p> <p>소수민족의 통념 때문에 검진을 권고하는 것을 주저해서는 안됩니다.</p> <p>언어에 대한 지원은 필수적입니다.</p> <p>당신의 권고가 중요합니다.</p>

Lao Translation

ຂໍ້ຄວາມສຳຄັນຮະດັບສູງທີ່ສື່ງຫາຄົ້ນຫາເມື່ອກັ້ນ
ເຊື້ອສາຍອາຊີບິນ

ນີ້ແມ່ນຂໍ້ຄວາມທີ່ຈັດໂດຍກຸ່ມສຶກສາໃນເປົ້າໝາຍນີ້

ກ	ຊາວອາເມຣິກັນເຊື້ອສາຍອາຊີບິນແມ່ນມີຄວາມສ່ຽງຕໍ່ໂລກມະເຮັງລຳໄສ້
ຂ	ການກວດພິພາກສາແມ່ນສາມາດປ້ອງກັນມະເຮັງລຳໄສ້
ຄ	ເພື່ອຄອບຄົວແລະລູກຫຼານຂອງທ່ານຈຶ່ງພາກັນໄປກວດ
ງ	ມີຫຼາຍວິທີໃນການກວດຫາພິພາກສາ
ຈ	ການມີສຳພັນແຂງແຮງດີບໍ່ສາມາດປ່ຽນແທນຄວາມຕ້ອງການໃນການກວດຫາພິພາກສາ

Urdu Translation

ایشیائی امریکی لوگوں تک پہنچانے کے لیے سب سے اہم پیغام
یہ وہ پیغامات ہیں جنہیں مطالعاتی فوکس گروپ نے بڑے پیمانے پر ریٹنگ دی گئی۔

	الف ایشیائی امریکی سی آر سی کے خطرہ سے دوچار ہیں۔
	ب سکریننگ کولوریکٹل کینسر کو روک سکتی ہے۔
	ج اپنے خاندان اور اپنے پوتوں، پوتیوں، نواسوں، نواسیوں، کے لیے اسے خود ہی انجام دیں۔
	د سکریننگ کروانے کے کئی ایک طریقے ہیں۔
	ه صحت مند ہونا سکریننگ کروانے کی ضرورت کا بدل نہیں ہو سکتا۔
سسٹم لیول	ایشیائی امریکی لوگوں میں کینسر ایک اہم قاتل ہے۔ ایک ماڈل اقلیتی وہم آپ کو سکریننگ کی تجویز دینے سے باز رکھنے نہ دیں۔ زبان تک رسائی اہم ہے۔ آپ کی سفارش اہم ہے۔

*Vietnamese Translation***Các thông điệp hàng đầu để tiếp cận người Mỹ Gốc Châu Á**

Đây là những thông điệp được các nhóm nghiên cứu tập trung đánh giá cao.

A Người Mỹ Gốc Châu Á có nguy cơ mắc ung thư đại trực tràng.

B Khám sàng lọc có thể ngăn được ung thư đại trực tràng.

C Hãy làm điều đó vì gia đình và con cháu của quý vị.

D Có nhiều cách để sàng lọc ung thư.

E Sống lành mạnh không thay thế cho nhu cầu khám sàng lọc.

CẤP HỆ THỐNG Ung thư là nguyên nhân gây tử vong hàng đầu trong số những người Mỹ Gốc Châu Á.
Đừng để những lời đồn đoán thiếu cơ sở của thiểu số ngăn cản quý vị đề xuất sàng lọc.
Có quyền sử dụng ngôn ngữ là điều cần thiết
Đề xuất của quý vị đóng vai trò quan trọng.

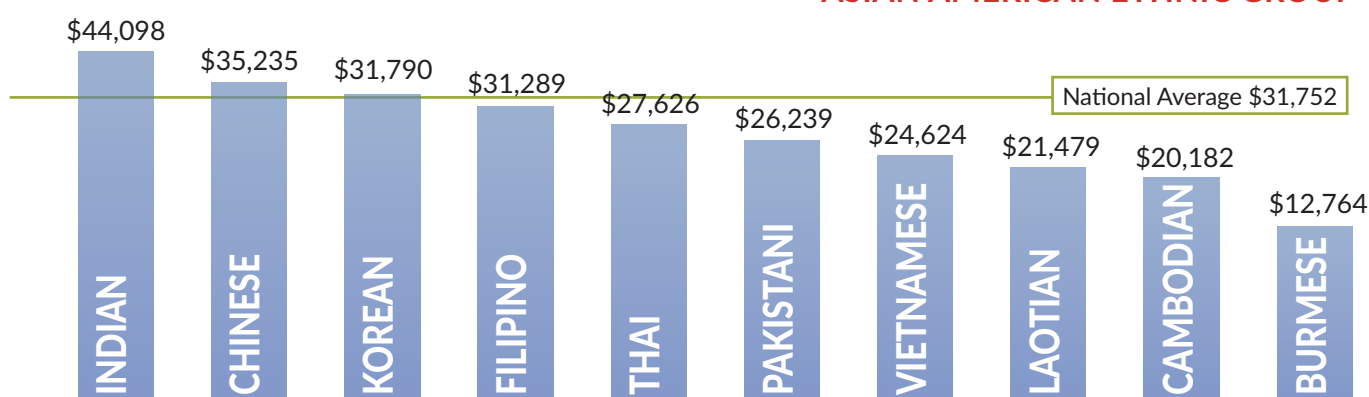
Appendix B: Profiles of Subpopulations¹⁰



INCOME

Income levels among Asian American ethnic groups vary widely. Southeast Asians (Burmese, Cambodians, Laotian, and Vietnamese) and Pakistanis are at a disadvantage due to lower income. Socioeconomic factors can influence access to health care, health care utilization, health behaviors, and health outcomes.

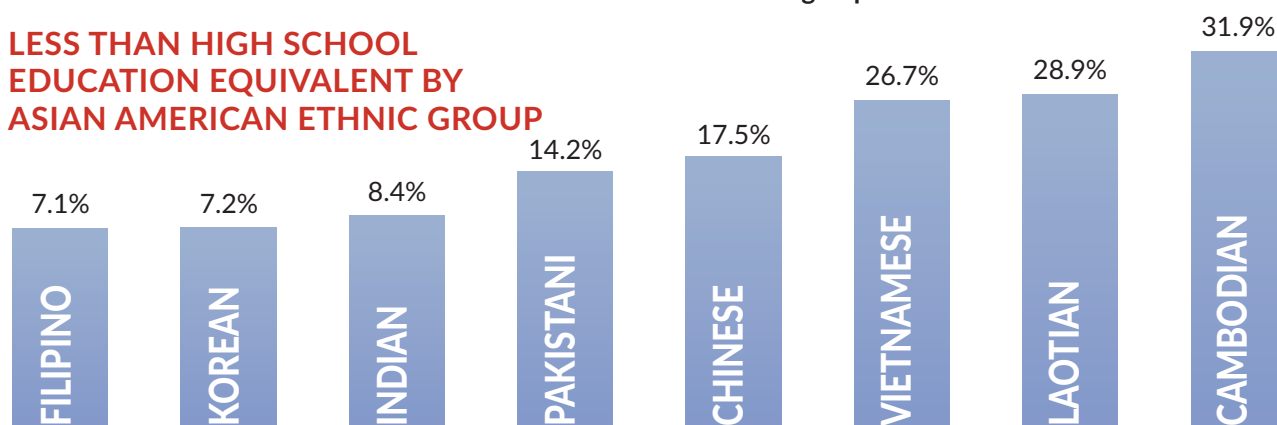
PER CAPITA INDIVIDUAL INCOME BY
ASIAN AMERICAN ETHNIC GROUP



EDUCATION

Education level is a key data point that perpetuates the “model minority” myth of Asian Americans, connecting their higher academic achievement to socioeconomic success, and by extrapolation, to receipt of health care. However, a closer look at the data shows that some Asian American ethnic groups continue to attain very low levels of education. The struggles of the Cambodian, Chinese, Laotian, Pakistanis, and Vietnamese are marginalized in the “model minority” view. Workgroup partners also observed a **direct correlation between education level and lower income levels experienced by South Asians and Pakistanis**. Given the rising cost of education, this may perpetuate lower levels of education attainment within these Asian American subgroups.

LESS THAN HIGH SCHOOL
EDUCATION EQUIVALENT BY
ASIAN AMERICAN ETHNIC GROUP



Appendix C: Call to Action for Health Care Providers and Administrators

If you are a health care provider or administrator, you can make changes to your health care system to meet the needs of Asian American patients and accommodate the diversity across their communities through culturally and linguistically-informed access to care.

Desired Outcomes	Tactics to Activate This Recommendation
Improve utilization of services through consumer advocacy support.	<ul style="list-style-type: none"> ▶ Empower health care consumers with information about their rights, available services, and how they can become effective health care advocates. ▶ Fund navigators to provide consumer support, including information on how to access services, communicate with insurers, and explore health care options.
Increase access to high-quality medical interpretation services.	<ul style="list-style-type: none"> ▶ Prompt immigrant clients to request no-cost interpretation services at time of appointment, or find another way to systematize use of interpreters. Providing translators is a mandate for federally funded providers. ▶ Discourage the use of patients' minor children or family members as medical interpreters. ▶ Partner with neighborhood health systems to develop referral services.
Use established clinical guidelines and best practices for Asian American health care.	<ul style="list-style-type: none"> ▶ Encourage providers to use established clinical guidelines. ▶ Review the patient intake process to collect language and country of birth to provide better culturally competent support during patient visits. ▶ Establish an electronic medical record prompt to alert providers about language preferences and interpretation needs. ▶ Discuss screening options, pros, and cons.
Increase health provider cultural competency and community health literacy.	<ul style="list-style-type: none"> ▶ Institute programs that orient immigrant patients to clinical procedures in partnership with Asian community- and faith-based organizations. ▶ Require cultural competence and linguistic access training for all staff. ▶ Offer incentives or recognition for providers that demonstrate cultural competence.
Improve data collection and assessment on race, ethnicity, country of birth, and language preference.	<ul style="list-style-type: none"> ▶ Develop health system policies, procedures, and infrastructure to support data collection at the point of the patient's first encounter. ▶ Determine if enhancements are needed to existing systems of data collection. ▶ Measure progress toward better care by tracking urgent care visits, rates of preventive screenings, and other metrics.
Diversify the health care workforce to include more immigrant and minority providers.	<ul style="list-style-type: none"> ▶ Set institutional goals for minority and immigrant hiring.

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