A Community-based Approach to Increase Colorectal Cancer (CRC) Screening Compliance among South Asians

Ulpe RR1, Manne LM1, Frederick S1, Singh B1,2, D’Agostino TA1, Delnevo CD2, Steinberg ME2,3
1 – Rutgers Cancer Institute of New Jersey; 2 – Rutgers School of Public Health; 3 – Rutgers Robert Wood Johnson Medical School

CONCLUSIONS/IMPLICATIONS

With critical linkages in the local South Asian • The New Jersey/New York City area With a goal to reducing health disparities, it • CRC screening rates remain low among South Asians are more likely to be diagnosed with advanced cancers. ** • CRC screening rates remain low among South Asians.*** • With a goal to reducing health disparities, it is necessary to garner a deeper understanding of sociocultural and contextual factors affecting CRC screening among South Asians. • The New Jersey/New York City area (NJ/NYC) has the largest South Asian population in the U.S. This study is among the first to examine CRC screening-related factors among local South Asians. • With critical linkages in the local South Asian community, this community-based study could lead to a reduction in cancer health disparities in the NJ/NYC area.

RESEARCH OBJECTIVES

• This community-based study is aimed at reducing gaps in the literature related to cancer screening uptake and compliance (breast, cervical, and CRC) in the South Asian population. • The primary objective of the current community-based study is to understand how demographic, sociocultural, and attitudinal factors affect CRC screening practices in South Asians eligible for screening. • Data collected from this study will be used to develop a culturally-appropriate intervention to increase CRC screening in the South Asian population.

COMMUNITY PARTNERSHIPS

• Community partnerships played a key role in identifying eligible subjects and promoting our study within local South Asian communities. • The principal investigator (Manne) identified key community stakeholders through meetings with community organizations in the NJ/NYC area. • New partnerships were established with community and religious organizations: ParamCARE, Hindu Temple of Flushing (Queens); and a South Asian cultural organization in Jersey City (Hudson County). • Study staff visited South Asian enclaves in both NYC and NJ for outreach and recruitment (e.g., Jackson Heights in Queens, NY; Edison and Woodbridge in NJ).

METHODS/MATERIALS

• The current project used a cross-sectional design and a mix of convenience and snowball sampling techniques. • Several innovative strategies for outreach and recruitment were utilized: Volunteering at local ethnic celebrations; Collaborating with outreach staff at three community organization sites in the target geographical areas. • Participants completed a survey that included validated scales on acculturation, attitudes to CRC screening, doctor-patient communication, subjective norms, and more. • Of the 364 individuals approached between April 2014 and March 2015, 235 agreed to participate and 224 subjects completed the study (completion rate=95%). • 22 subjects were excluded due to missing data and 202 was the final sample size for analysis.

RESULTS

• The 202 participants, 105 males and 97 females, were first-generation immigrants, predominantly from India (87%) and Bangladesh (9%). • Only 78 participants (38%) had ever completed some form of CRC screening. • Approximately 6 out of 10 subjects recruited from community organizations were non-adherent with CRC screenings.

ACKNOWLEDGMENTS

• Household income, education, time living in U.S., and regular visits with a primary care physician contributed to CRC screening adherence. • Gender and age demonstrated no association with CRC screening compliance.

CONCLUSIONS/IMPLICATIONS

• Subjects recruited from community organizations displayed greater rates of CRC screening non-adherence. • Wide disparities in income, education, English speaking proficiency, and dependence on community networks for transportation were evident. • When targeting SA communities, developing collaborations with community-based organizations are more effective to reach people with unmet health needs. • Identifying reasons for lack of access to healthcare despite living in the U.S. for greater than 5 years may help reduce health disparities in this community.

BACKGROUND/SIGNIFICANCE

• Recognized as one of the fastest growing immigrant groups in the United States (U.S.), the South Asian population is disproportionately affected by several health conditions. • Current research indicates an increase in colorectal cancer (CRC) rates among South Asians upon migration to the U.S.* • South Asians are more likely to be diagnosed with advanced cancers. ** • CRC screening rates remain low among South Asians.***

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