

Colorectal Cancer Screening in Vietnamese Americans

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Colorectal Screening in Vietnamese: A Controlled Trial

1 RO1 CA 100856-01

Outline

- Background
- Significance for Vietnamese Americans
- Study Aims
- Intervention
- Evaluation
- Measurements
- Results of pre-intervention survey

Why should we be concerned about colorectal cancer?

- Second leading cause of cancer deaths
- Fourth most common cancer in the U.S.
- Each year
 - about 150,000 have the disease
 - 60,000 die of it

•(American Cancer Society, 2007).

Why should we be concerned about colorectal cancer screening?

- Can reduce incidence and mortality
- by removing premalignant polyps and detecting early cancers

(Newcomb, 1992; Selby, 1992; Selby, 1993; Mandel, 1993; Mandel, 2000; Hardcastle, 1996).

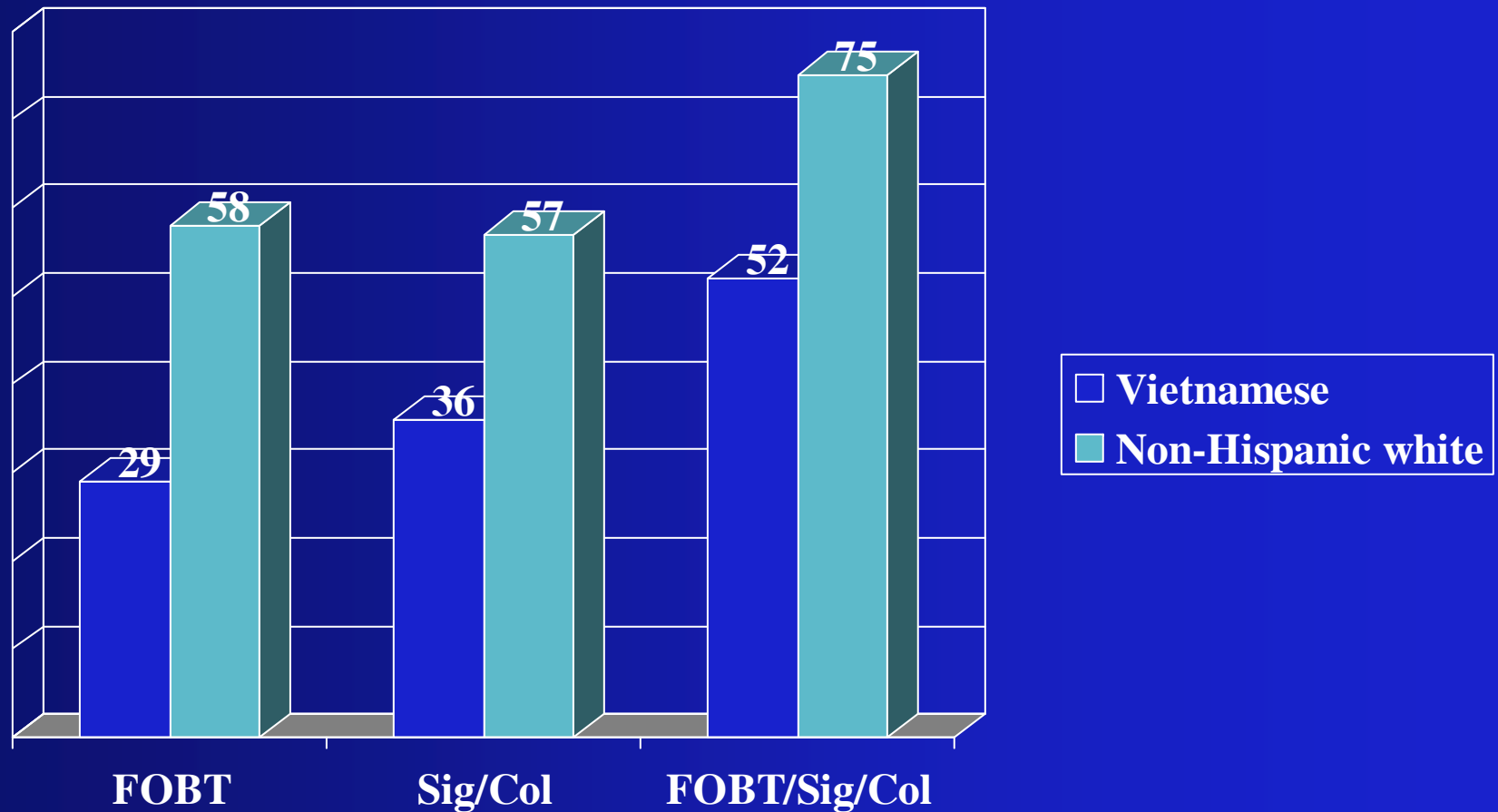
- If detected early, 90% can be cured

Why should we be concerned about CRC screening in Vietnamese Americans?

- Third most common cancer in both Vietnamese men and women in California (Cockburn, 2004).
- Age adjusted incidence rates have increased for Vietnamese in the Greater San Francisco Bay Area (Gomez, 2005).
- Colorectal screening rates are lower in Vietnamese than in non-Hispanic whites (Wong, 2005).

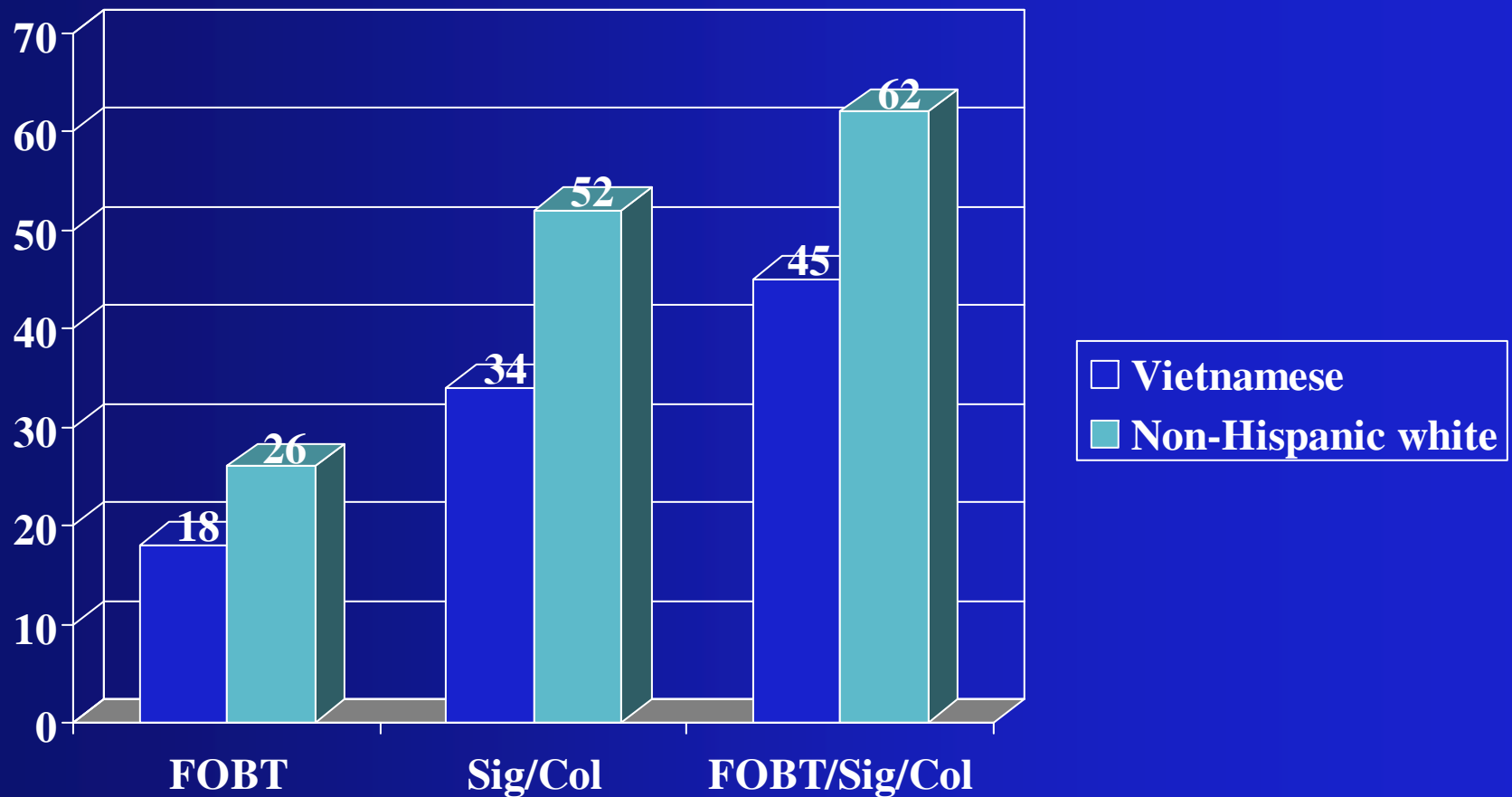
Proportions of ever screened

Patients aged 50 and older (Wong, 2005)



Proportions of being up-to-date

Patients aged 50 and older (Wong, 2005)



Study Aims

are to

- Increase colorectal cancer screening rates among Vietnamese Americans aged 50 to 74
- Evaluate the effectiveness of an intervention
- Identify factors associated with colorectal cancer screening among Vietnamese Americans

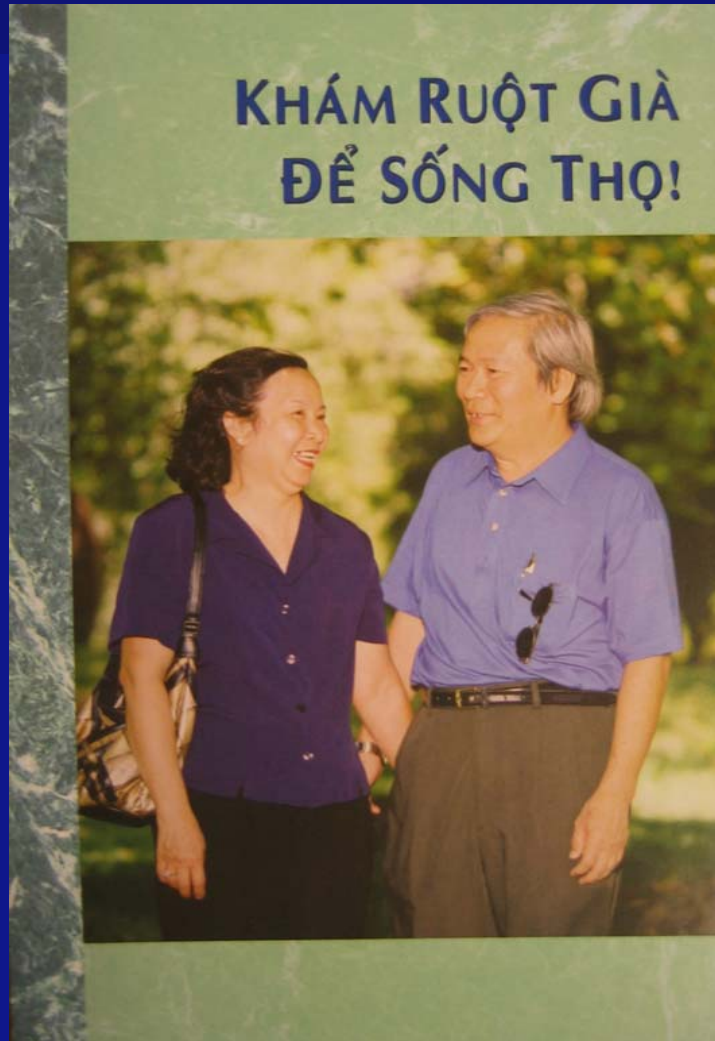
Public intervention

- Distribution of
 - Booklet
 - Promotional item pen light
- Vietnamese-language media campaign
 - Newspapers
 - Radio
 - Television

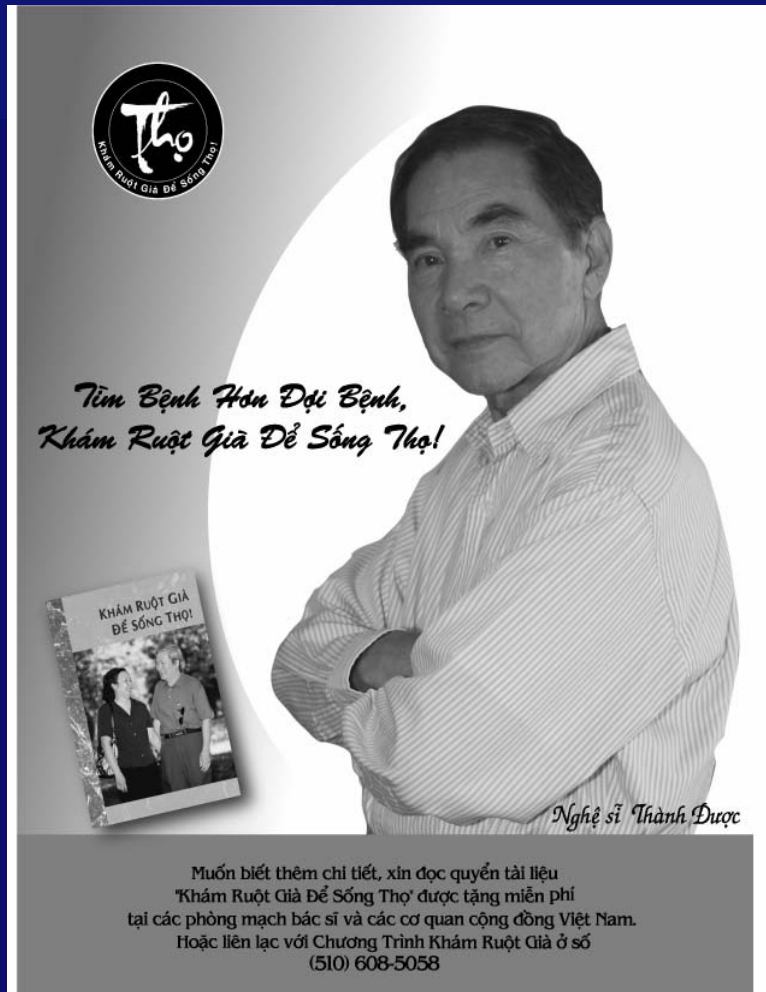
Provider intervention

- Continuing Medical Education seminars
- Distribution of
 - provider newsletters
 - provider videos
 - patient counseling booklet

For Long Life, Test The Colon!



Logo: Longevity



The advertisement features a black and white portrait of a middle-aged man with his arms crossed. In the top left corner is a circular logo with the Vietnamese word 'Thọ' (Longevity) in the center and 'Khám Ruột Già Để Sống Thọ' (Colon Screening for Longevity) around the perimeter. Below the logo, the text reads: 'Tìm Bệnh Hơn Dại Bệnh, Khám Ruột Già Để Sống Thọ!'. To the left of the man is a booklet titled 'KHÁM RUỘT GIÀ ĐỂ SỐNG THỌ!' with a photo of two people on the cover. At the bottom right of the man's portrait, it says 'Nghệ sĩ Thành Được'. At the bottom of the advertisement, there is a block of text: 'Muốn biết thêm chi tiết, xin đọc quyển tài liệu "Khám Ruột Già Để Sống Thọ" được tặng miễn phí tại các phòng mạch bác sĩ và các cơ quan cộng đồng Việt Nam. Hoặc liên lạc với Chương Trình Khám Ruột Già ở số (510) 608-5058'.

**Screening for a cancer
is better than waiting for
it to develop**

**For long life, Test the
colon!**

For more information, please read
booklet “For Long Life, Test the
Colon” that was distributed free at
Vietnamese doctor’s offices and
community- based organizations or
contact the Colon Screening Project
at : (510) 608-5058

Ung thư ruột già là ung thư gây chết người đứng hàng thứ hai ở Hoa Kỳ. Mọi người đều có thể bị ung thư ruột già, nhưng từ 50 tuổi trở lên dễ mắc bệnh hơn!



**Tìm bệnh hơn đợi bệnh
Khám ruột già để sống thọ**



Chương trình khám ruột già
Trung Tâm Ung Thư Bắc Cali

Muốn biết thêm chi tiết, xin gọi
(510) 608-5058

Colon cancer is the second most common cause of cancer deaths in the United States. Anyone can get colon cancer, though people over the age of 50 are more likely to get it!

Screening for a cancer is better than waiting for it to develop.

For long life, Test the colon!

Logo: “THO” (Longevity)

Colon Screening Project

Northern California Cancer Center

For more information, please contact:

(510) 608-5058

Từ 50 tuổi trở lên chúng ta hãy làm hẹn khám ruột già cho dù vẫn cảm thấy khỏe mạnh



**Tìm bệnh
hơn đợi bệnh
Khám ruột già
để sống thọ**

 **Chương trình khám ruột già** | Muốn biết thêm chi tiết, xin gọi
Trung Tâm Ung Thư Bắc Cali | (510) 608-5058

**If you are age 50 or over,
you need to get tested
even if you feel healthy.**

**Screening for a cancer is
better than waiting for it to
develop.**

**For long life, Test the
colon!**

**Logo: “THO” (Longevity)
Colon Screening Project
Northern California Cancer Center
For more information, please contact:
(510) 608-5058**



Khám ruột già
có thể giúp chúng ta
phòng ngừa hữu hiệu
ung thư ruột già

**TÌM BỆNH HƠN ĐỢI BỆNH
KHÁM RUỘT GIÀ ĐỂ SỐNG THỌ**

 Chương trình khám ruột già | Muốn biết thêm chi tiết, xin gọi
Trung Tâm Ung Thư Bắc Cali | (510) 608-5058

**Screening can help find
and prevent
colon cancer effectively.**

***Screening for a cancer is
better than waiting for it
to develop.***

***For long life, Test the
colon!***

**Logo: “THO”: Longevity
Colon Screening Project
Northern California Cancer Center**


**For more information, please contact:
(510) 608-5058**

“Quý vị từ 50 tuổi trở lên, nên đi khám truy tầm ung thư ruột già định kỳ.

Đây là một bệnh nguy hiểm nhưng nếu khám phá sớm có thể chữa khỏi được.”

Bác Sĩ **Nguyễn Kim Khánh**
chuyên khoa về tiêu hóa.

**Tìm bệnh hơn đợi bệnh,
Khám ruột già để sống thọ!**

 Chương Trình Khám Ruột Già | Muốn biết thêm chi tiết, xin gọi
Trung Tâm Ung Thư Bắc Cali | **(510) 608-5058**

If you are age 50 and over,
you should get colon cancer
screening tests periodically.

This is a serious disease but
it can be cured if it is
detected early.”

Dr. Khanh Kim Nguyen, MD
Gastroenterologist

Screening for a cancer is better
than waiting for it to develop.

For long life, Test the colon!

Logo: “THO” (Longevity)

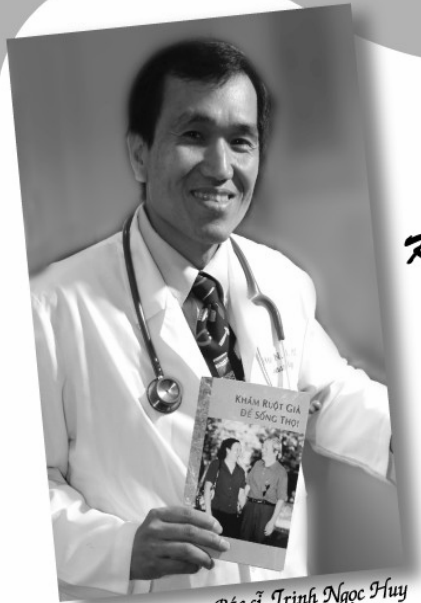
Colon Screening Project

Northern California Cancer Center

For more information, please contact:

(510) 608-5058

Ung thư ruột già thường xảy ra cho những người từ 50 tuổi trở lên. Nhưng bệnh có thể chữa khỏi nếu được tìm ra sớm bằng cách khám truy tìm ung thư ruột già định kỳ.



Bác sĩ Trịnh Ngọc Huy

*Tìm Bệnh
Hơn Dời Bệnh,
Khám Ruột Già
Để Sống Thọ!*



Muốn biết thêm chi tiết, xin đọc quyển tài liệu "Khám Ruột Già Để Sống Thọ" được tặng miễn phí tại các phòng mạch bác sĩ và các cơ quan cộng đồng Việt Nam. Hoặc liên lạc với Chương Trình Khám Ruột Già ở số (510) 608-5058

“Colon cancer occurs more often in persons age 50 and over. However, it can be treated successfully and even cured if it is detected early by periodic colon screening tests.”

Dr. Huy Ngoc Trinh, MD

***Screening for a cancer is better than waiting for it to develop.
For long life, Test the colon!***

Logo: Tho (Longevity)

For more information, please read booklet “For Long Life, Test the Colon” that was distributed free at Vietnamese doctor’s offices and community- based organizations or contact the Colon Screening Project at : (510) 608-5058

**“Tôi bị ung thư ruột già nhưng nhờ tìm ra bệnh sớm nên đã được chữa khỏi.
Tôi thành thật khuyên quý vị, từ 50 tuổi trở lên, nên đi khám ruột già định kỳ để sống vui sống thọ”**

Lê Tiến Cán



**Tìm bệnh hơn đợi bệnh,
Khám ruột già để sống thọ!**

 Chương Trình Khám Ruột Già | Muốn biết thêm chi tiết, xin gọi
Trung Tâm Ung Thư Bắc Cali | **(510) 608-5058**

“ I got colon cancer, but treatment was effective and it was cured because it was detected early.

I strongly recommend that if you are age 50 and over, you should get periodic colon cancer screening tests for a happy and long life.”

Mr. Can Tien Le

**Screening for a cancer is better than waiting for it to develop.
For long life, Test the colon!**

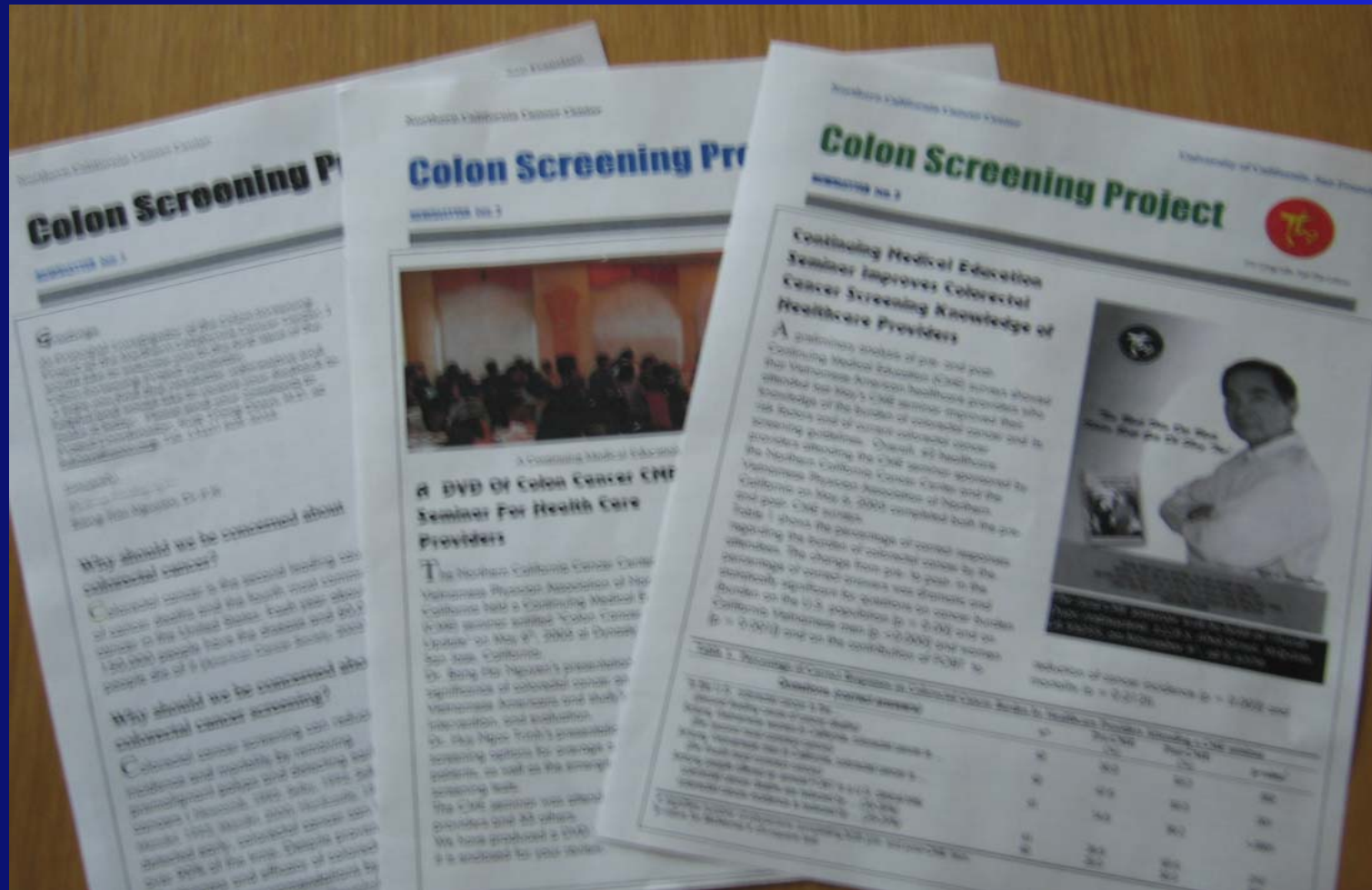
**Logo: “THO”: Longevity
Colon Screening Project
Northern California Cancer Center**

**For more information, please contact:
(510) 608-5058**

Promotional Material – Pen Light



Provider Newsletters



Evaluation

- **Public Intervention: Quasi-experimental design**
 - **Intervention area:** Alameda and Santa Clara Counties, California
 - **Control area:** Harris County, Texas
- **Provider Continuing Medical Education Seminars: Pre- and Post- test design**

Public Intervention Methods: Sampling

- Sampling frames include individuals listed in the study area telephone directories with Vietnamese surnames.
- A cohort design: follow same individual in the pre- to post-intervention surveys.

Public Intervention Methods: Eligibility

- Self-identified Vietnamese
- Aged 50 to 74
- Lived in Alameda and Santa Clara Counties, California and Harris County, Texas
- Understood either English or Vietnamese
- Intended to be in the study areas for 2 yrs

Methods: Survey questions

- 1) had ever heard of
- 2) had ever had
- 3) if had, date of the most recent test
- 4) If Dr. recommends a test, will have one
- 5) If Dr. will not mention a test, would ask for one

For fecal occult blood test (FOBT),
sigmoidoscopy (sig), and colonoscopy (col)

Methods: Measurements

Measurements

1. Recognition
2. Receipt
3. Currency
4. Intention to accept a CRC screening test
5. Intention to ask for CRC screening test
6. Intention to ask for CRC screening test in the recommended intervals

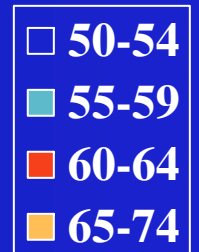
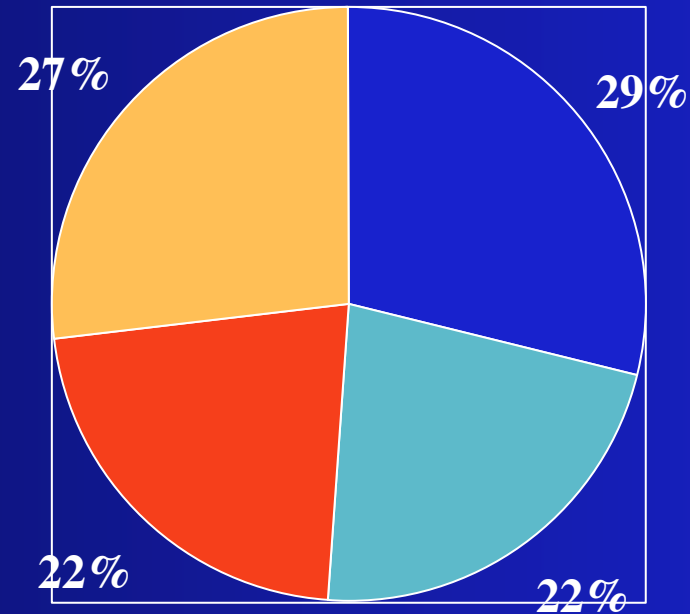
Definitions

1. Having ever heard of
2. Having ever had
3. Being up-to-date with
4. Willing to accept doctors' recommendation
5. Would ask for CRC test if doctor does not mention
6. Willing to ask for CRC test in the recommended intervals

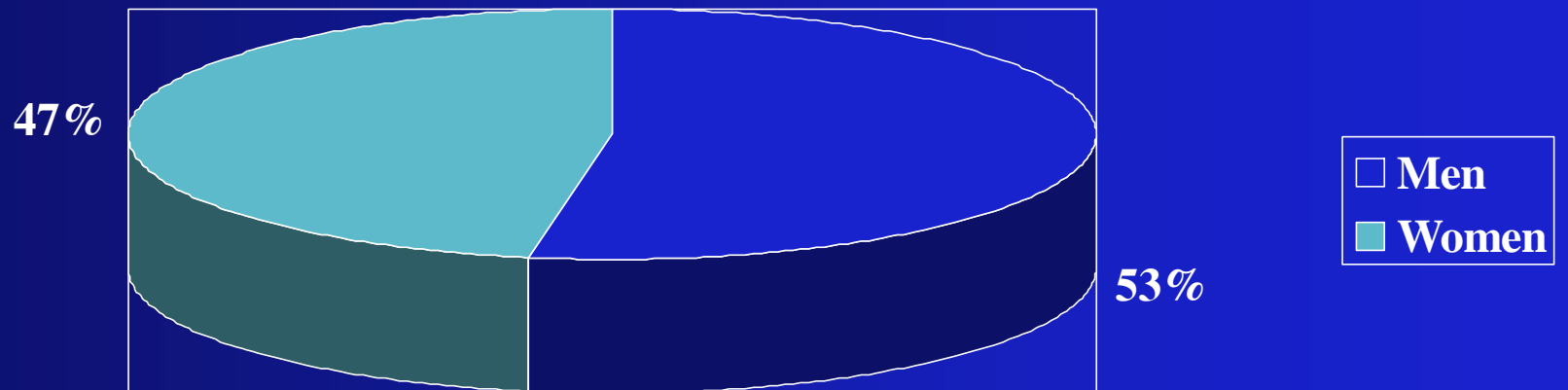
Results of Pre-intervention Survey

- Demographics
- Healthcare characteristics
- Knowledge of and attitudes toward colon cancer and screening
- Colorectal cancer screening rates
- Predictors of colorectal screening

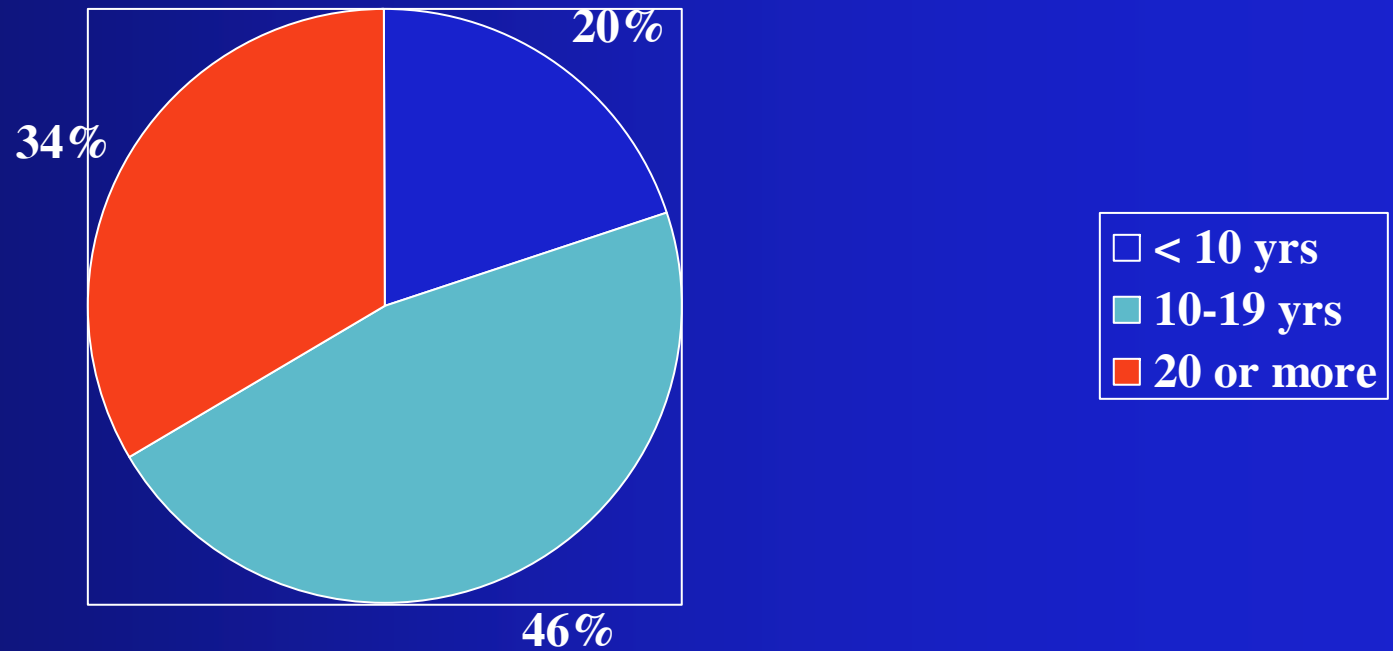
Demographics: Age (years)



Demographics: Gender

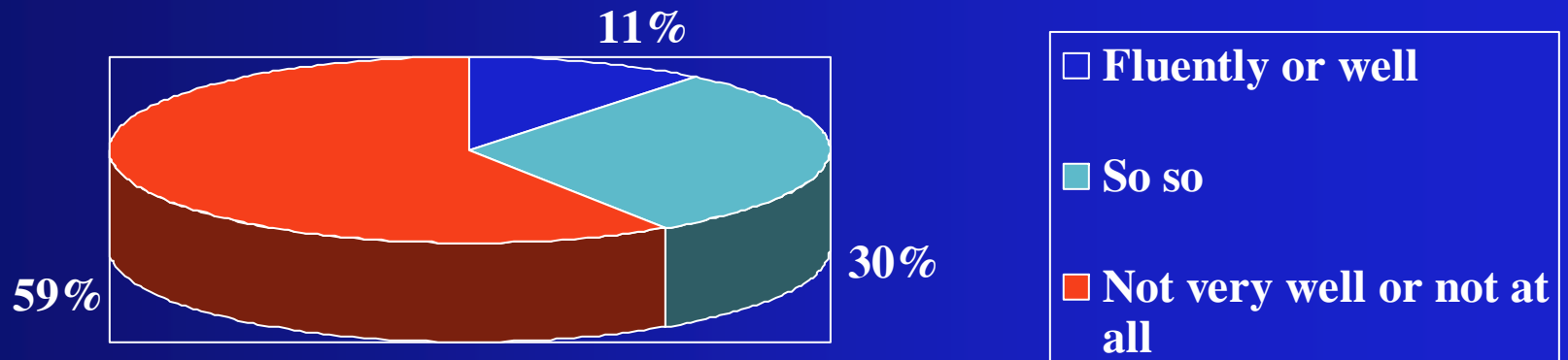


Demographics: Years in U.S.

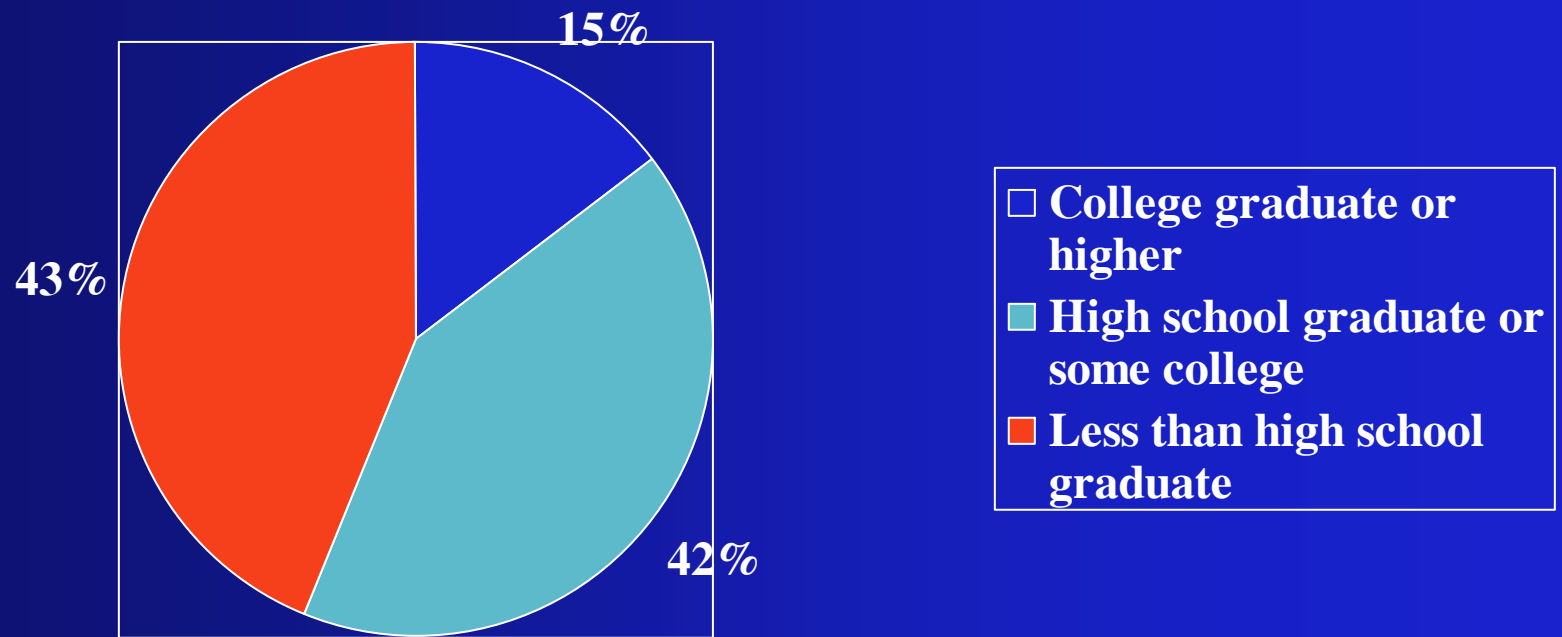


Demographics: English Language Proficiency

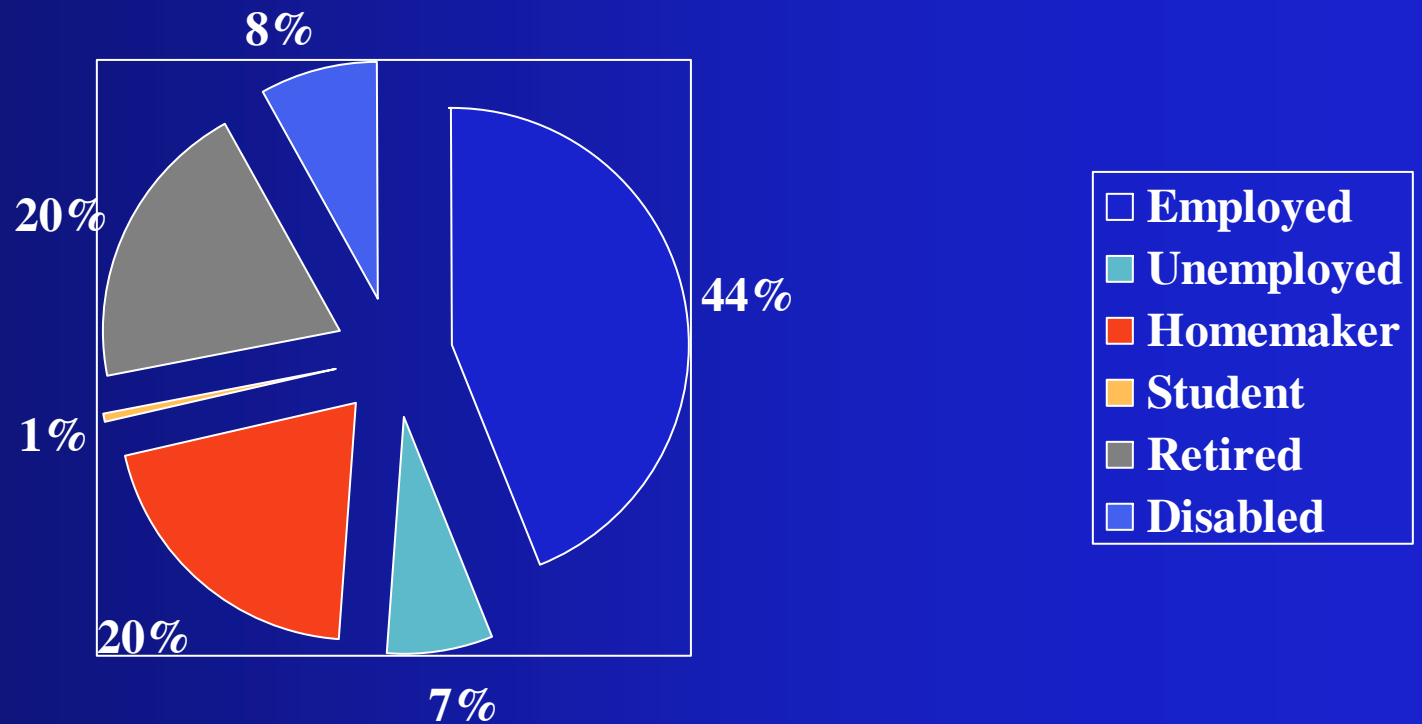
Speaks English



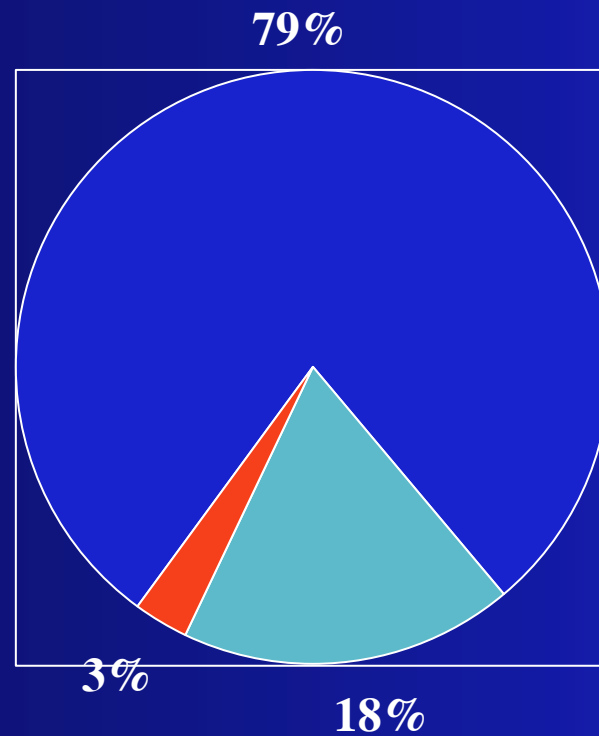
Demographics: Education



Demographics: Employment status

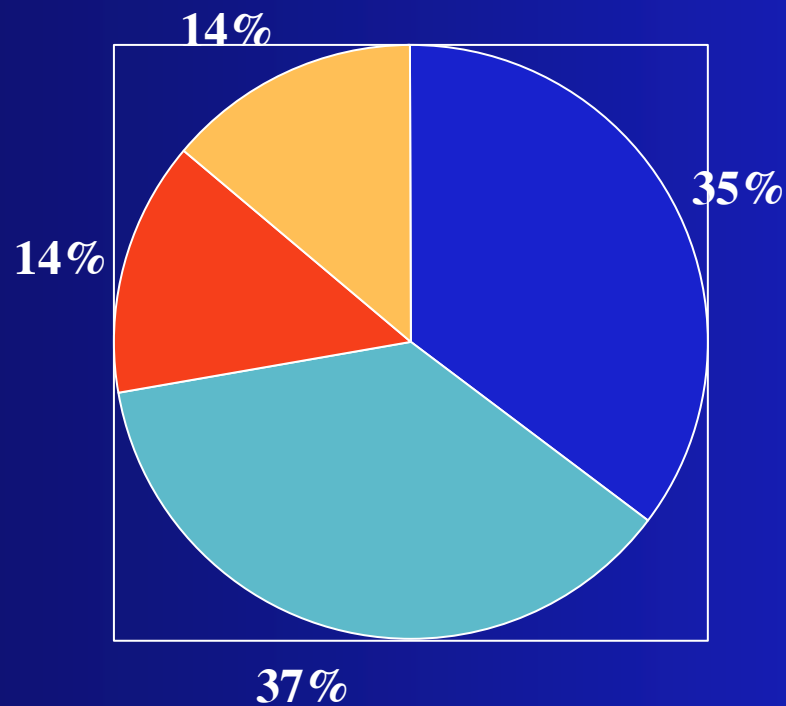


Demographics: Marital Status

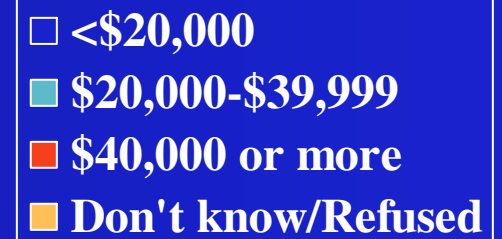
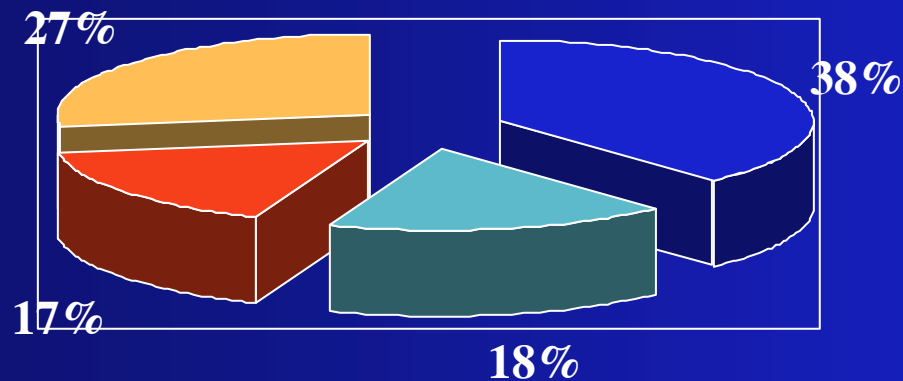


- Married or living with a partner
- Separated/widowed/divorced
- Never Married

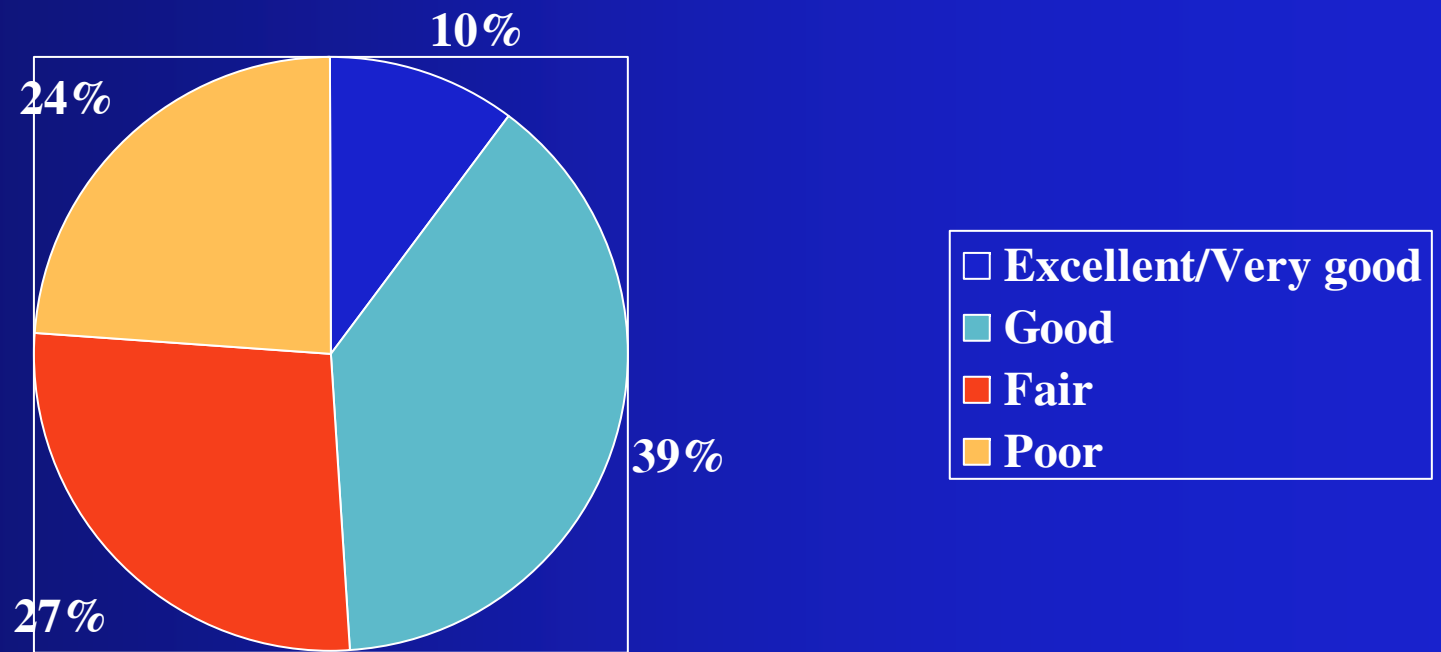
Demographics: Health Insurance



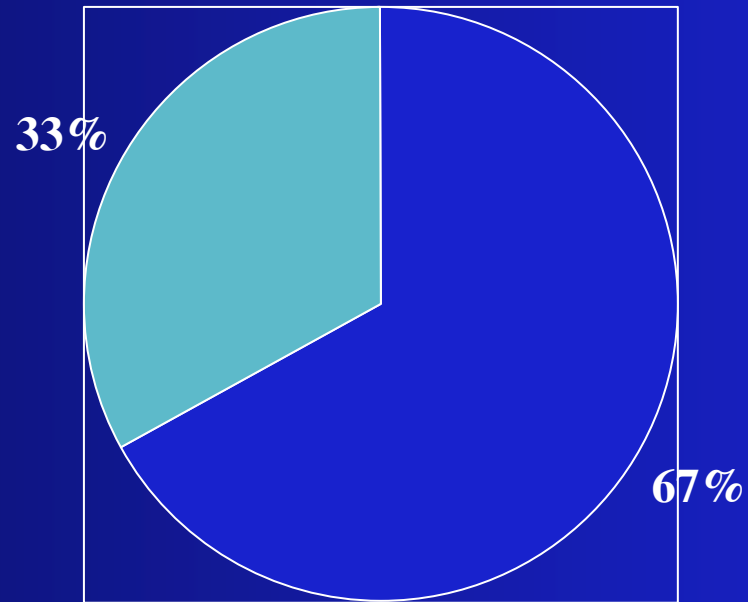
Demographics: Annual Household Income



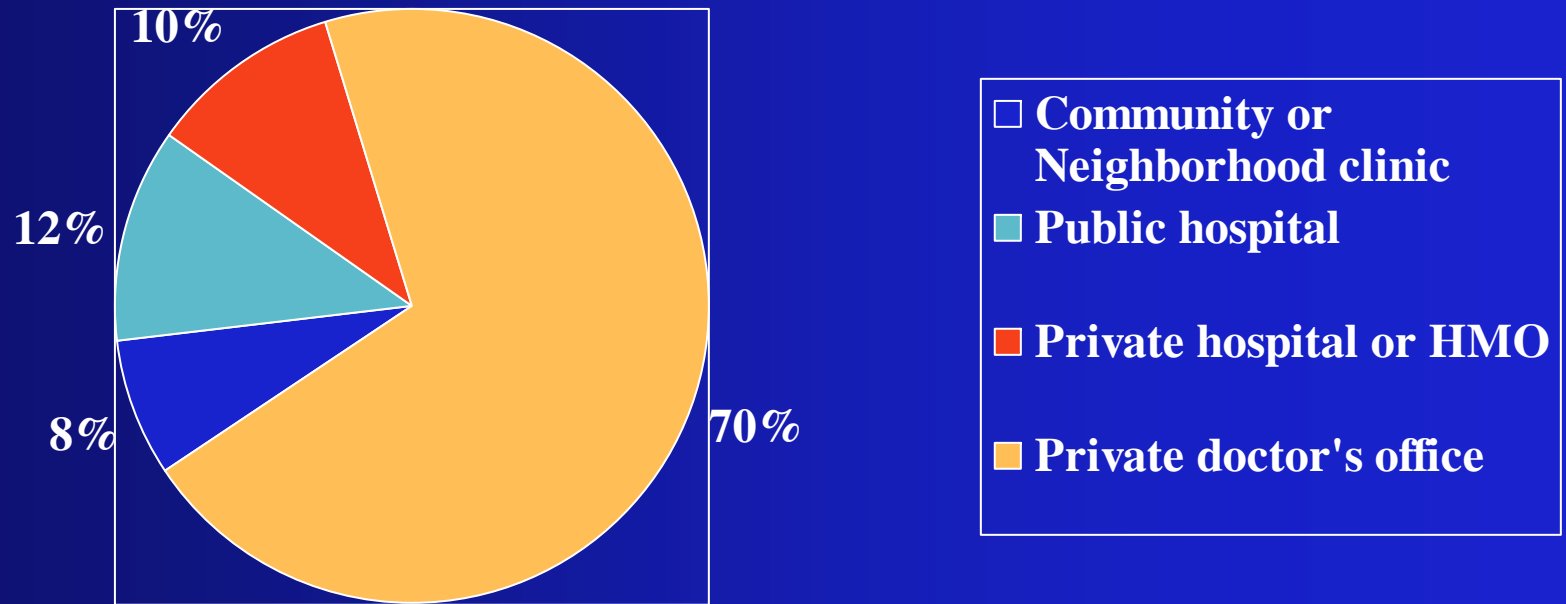
Healthcare characteristics: Health status



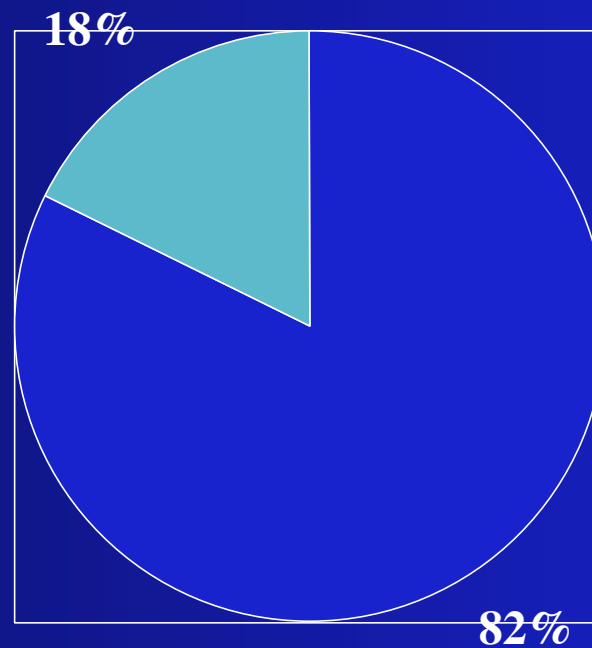
Healthcare characteristics: Had a particular place of care



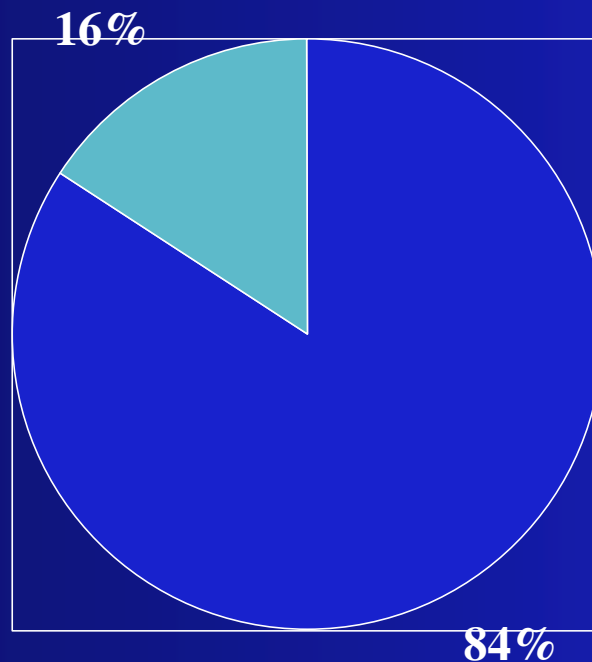
Healthcare characteristics: A particular place of care is



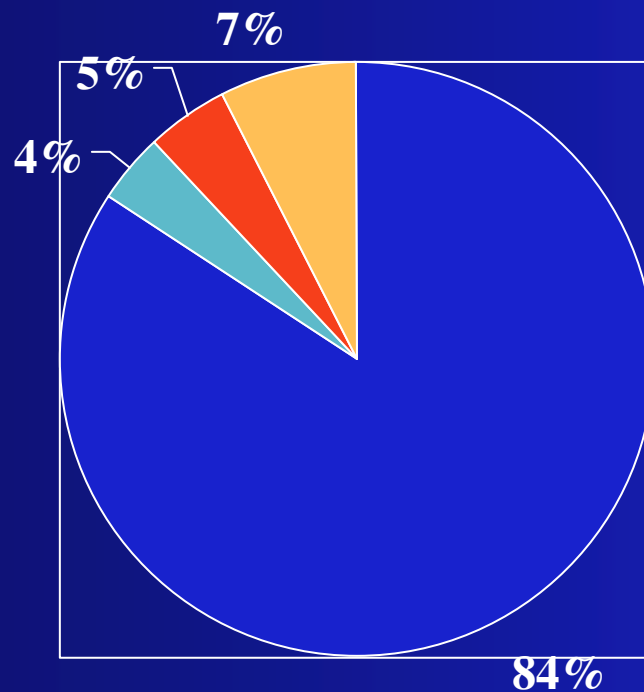
Healthcare characteristics: Had a personal doctor



Healthcare characteristics: Ethnicity of personal doctor



Healthcare characteristics: Language access



- Had Vietnamese speaking doctor
- Used an interpreter
- Had no interpreter but spoke English well or were interviewed in English
- Had no interpreter and did not speak English well

Knowledge of and attitudes toward colorectal cancer and screening

	N	%
Knew someone with colon cancer	141	23
Had ever heard of colon cancer	638	74
Had heard of colon polyp	434	50
Believed colon cancer can be cured	565	88
Were worried about colon cancer	261	41
Had ever thought might get colon cancer	220	34

Knowledge of Colorectal Cancer and Screening

- Although three quarter (74%) of respondents had heard of “colon cancer”
- only half had ever heard of “colon polyps”

Attitudes toward colorectal screening

	N	%
Thought need FOBT if feel healthy	374	43
Were afraid FOBT might find cancer	123	14
Thought need sig or col if feel healthy	311	36
Were afraid sig or col find cancer	114	13
Thought sig or col painful	330	38
Thought sig or col prep troublesome	325	37

Attitudes

- Less than half (43%) thought they need FOBT if they feel healthy
- And even a smaller proportion (36%) thought they need sigmoidoscopy or colonoscopy if they feel healthy.

Attitudes

- Potential barriers against sigmoidoscopy and colonoscopy included concerns regarding pain (38%) and troublesome preparation (37%)

Colorectal Screening Rates

- among Vietnamese Americans were low.

Colorectal Screening Rates: Recognition--Having ever heard of

	FOBT	Sig	Col	Any test
Recognition	55%	40%	36%	71%

Colorectal Screening Rates: Receipt-- Having ever had

	FOBT	Sig	Col	Any test
Receipt	48%	20%	26%	62%

Colorectal Screening Rates: Last test were done because

	FOBT	Sig	Col
Routine	76%	56%	52%
Symptoms	10%	18%	21%
Follow up	10%	24%	25%

Colorectal Screening Rates: Currency-- Being up-to-date

	FOBT	Sig	Col	Any test
Currency	25%	16%	23%	46%

Colorectal Screening Rates: Intention

	FOBT	Sig	Col	Any test
If doctor recommends test, will have one	85%	76%	75%	92%
If doctor not mention test, would ask for one	26%	20%	21%	39%
Intention to screen in recommended intervals	14%	10%	13%	26%

Factors Associated with Ever Being Screened for CRC (1)

Adjusted for gender, education, years in U.S., English Fluency, health status, and all variables tabulated

Demographics (1)	FOBT (n=832) OR 95%CI	Sigmoid. (n=828) OR 95%CI	Colon (n=828) OR 95%CI	Any test (n=827) OR 95%CI
Age group 65-74 yrs	1.3 (0.9, 1.9)	2.0 (1.3, 3.3)	0.9 (0.6, 1.4)	1.3 (0.9, 2.1)
50-64 yrs	1.0	1.0	1.0	1.0
Marital status Married	1.0 (0.7, 1.5)	1.4 (0.8, 2.3)	1.4 (0.9, 2.1)	1.2 (0.8, 1.8)
Unmarried	1.0	1.0	1.0	1.0
Household Inc. <\$20,000	0.6 (0.4, 1.0)	1.2 (0.7, 2.0)	0.8 (0.5, 1.4)	0.7 (0.4, 1.1)
DK/Refused	0.8 (0.5, 1.2)	1.1 (0.6, 2.0)	0.7 (0.4, 1.3)	0.9 (0.6, 1.5)
>= \$20,000	1.0	1.0	1.0	1.0

Factors Associated with Ever Being Screened for CRC (2)

Adjusted for gender, education, years in U.S., English Fluency, health status, and all variables tabulated

Demographics (2)	FOBT (n=832)	Sigmoid. (n=828)	Colon (n=828)	Any test (n=827)
	OR 95%CI	OR 95%CI	OR 95%CI	OR 95%CI
Emp Status Employed	0.7 (0.5, 1.0)	1.2 (0.8, 2.0)	0.5 (0.3, 0.9)	0.6 (0.4, 0.8)
Not Employed	1.0	1.0	1.0	1.0
Residence California	2.1 (1.5, 2.9)	1.8 (1.2, 2.6)	1.0 (0.7, 1.4)	2.3 (1.6, 3.2)
Texas	1.0	1.0	1.0	1.0
Health Coverage Private ins.	0.9 (0.6, 1.5)	1.0 (0.5, 2.0)	2.6 (1.3, 5.0)	1.3 (0.8, 2.2)
Public ins.	1.4 (0.8, 2.4)	0.8 (0.4, 1.6)	2.1 (1.1, 4.3)	1.6 (0.9, 2.7)
Indigent care	1.7 (0.9, 2.9)	0.7 (0.3, 1.6)	0.6 (0.2, 1.4)	1.3 (0.7, 2.3)
None	1.0	1.0	1.0	1.0

Factors Associated with Ever Being Screened for CRC (3)

Adjusted for gender, education, years in U.S., English Fluency, health status, and all variables tabulated

Healthcare Characteristics	FOBT (n=832) OR 95%CI	Sigmoid. (n=828) OR 95%CI	Colon (n=828) OR 95%CI	Any test (n=827) OR 95%CI
Had a reg. place of care	1.1 (0.8, 1.5)	1.6 (1.0, 2.5)	1.5 (1.0, 2.3)	1.3 (0.9, 1.9)
Had a personal doctor	1.6 (0.9, 3.0)	2.5 (1.2, 5.3)	1.3 (0.6, 2.7)	2.2 (1.2, 4.1)
Personal doctor was Vietnamese	0.8 (0.5, 1.3)	0.5 (0.3, 0.9)	0.8 (0.5, 1.3)	0.7 (0.4, 1.2)

Factors Associated with Ever Being Screened for CRC (4)

Adjusted for gender, education, years in U.S., English Fluency, health status, and all variables tabulated

Knowledge and Attitudes (1)	FOBT (n=832) OR 95%CI	Sig. (n=828) OR 95%CI	Col. (n=828) OR 95%CI	Any test (n=827) OR 95%CI
Had heard of colon polyps	1.5 (1.1, 2.0)	1.7 (1.1, 2.5)	1.9 (1.3, 2.7)	1.7 (1.2, 2.3)
Worried about colon cancer	1.3 (0.9, 1.9)	1.2 (0.8, 1.8)	1.2 (0.8, 1.8)	1.4 (1.0, 2.1)
Thought might get colon cancer	0.9 (0.6, 1.3)	1.5 (1.0, 2.4)	1.4 (1.0, 2.2)	1.1 (0.7, 1.7)
Thought need FOBT if feel healthy	1.4 (1.0, 1.9)			1.3 (0.9, 2.0)
Afraid FOBT might find cancer	1.0 (0.7, 1.6)			0.8 (0.5, 1.5)

Factors Associated with Ever Being Screened for CRC (5)

Adjusted for gender, education, years in U.S., English Fluency, health status, and all variables tabulated

Knowledge and Attitudes (2)	FOBT (n=832) OR 95%CI	Sig. (n=828) OR 95%CI	Col. (n=828) OR 95%CI	Any test (n=827) OR 95%CI
Thought need sig/col if feel healthy		1.0 (0.7, 1.5)	1.8 (1.2, 2.6)	1.0 (0.7, 1.5)
Afraid sig/col might find cancer		0.6 (0.3, 1.1)	0.9 (0.6, 1.6)	1.0 (0.5, 1.9)
Thought sig/col painful		1.1 (0.8, 1.7)	0.5 (0.3, 0.7)	0.8 (0.5, 1.1)
Thought sig/col preparation troublesome		1.5 (1.0, 2.2)	2.7 (1.9, 4.0)	1.6 (1.2, 2.3)

Factors Positively Associated with Receipt of CRC Screening Tests

- Being in the older age group (65 to 74 years)
- Residing in California
- Having private or public insurance
- Having a regular place of care
- Having a personal doctor
- Having heard of colon polyps
- Worrying about colon cancer
- Thinking might develop colon cancer
- Thinking need FOBT even if feeling healthy
- Thinking need sig/col even if feeling healthy
- Thinking sig/col preparation troublesome

Factors Negatively Associated with Receipt of CRC Screening Tests

- Having annual household income less than \$20,000
- Being employed
- Having a Vietnamese doctor
- Thinking sigmoidoscopy/colonoscopy painful

Factors Associated with Being Up-to-Date with CRC Screening (1)

Adjusted for gender, education, years in U.S., English Fluency, health status, and all variables tabulated

Demographics (1)	FOBT (n=832) OR 95%CI	Sigmoid. (n=828) OR 95%CI	Colon (n=828) OR 95%CI	Any test (n=827) OR 95%CI
Age group 65-74 yrs	0.9 (0.6, 1.4)	1.7 (1.0, 2.8)	0.8 (0.5, 1.3)	1.0 (0.7, 1.4)
50-64 yrs	1.0	1.0	1.0	1.0
Marital status Married	0.8 (0.5, 1.2)	1.9 (1.1, 3.5)	1.6 (1.0, 2.6)	1.2 (0.8, 1.7)
Unmarried	1.0	1.0	1.0	1.0
Household Inc. <\$20,000	1.0 (0.6, 1.6)	1.2 (0.7, 2.2)	0.8 (0.5, 1.3)	1.0 (0.7, 1.5)
DK/Refused	1.1 (0.6, 1.9)	1.2 (0.6, 2.3)	0.7 (0.4, 1.2)	1.0 (0.6, 1.6)
>= \$20,000	1.0	1.0	1.0	1.0

Factors Associated with Being Up-to-Date with CRC Screening (2)

Adjusted for gender, education, years in U.S., English Fluency, health status, and all variables tabulated

Demographics (2)	FOBT (n=832)	Sigmoid. (n=828)	Colon (n=828)	Any test (n=827)
	OR 95%CI	OR 95%CI	OR 95%CI	OR 95%CI
Emp. Status Employed	0.7 (0.5, 1.1)	1.2 (0.7, 2.1)	0.6 (0.4, 1.0)	0.7 (0.5, 1.1)
Not Employed	1.0	1.0	1.0	1.0
Residence California	1.8 (1.3, 2.6)	1.7 (1.1, 2.6)	0.9 (0.6, 1.3)	1.6 (1.2, 2.2)
Texas	1.0	1.0	1.0	1.0
Health Coverage Private ins.	1.1 (0.6, 2.2)	0.9 (0.5, 1.9)	2.3 (1.1, 4.5)	1.4 (0.8, 2.5)
Public ins.	1.6 (0.9, 3.1)	0.8 (0.4, 1.6)	2.1 (1.1, 4.6)	1.9 (1.1, 3.3)
Indigent care	2.6 (1.4, 5.1)	0.7 (0.3, 1.7)	0.6 (0.2, 1.4)	1.6 (0.9, 3.0)
None	1.0	1.0	1.0	1.0

Factors Associated with Being Up-to-Date with CRC Screening (3)

Adjusted for gender, education, years in U.S., English Fluency, health status, and all variables tabulated

Healthcare Characteristics	FOBT (n=832) OR 95%CI	Sigmoid. (n=828) OR 95%CI	Colon (n=828) OR 95%CI	Any test (n=827) OR 95%CI
Had a reg. place of care	1.3 (0.9, 1.9)	1.8 (1.1, 3.1)	1.8 (1.1, 2.8)	1.8 (1.3, 2.5)
Had a personal doctor	1.3 (0.7, 2.7)	2.1 (0.9, 4.9)	1.1 (0.5, 2.4)	1.8 (1.0, 3.4)
Personal doctor was Vietnamese	1.3 (0.7, 2.1)	0.6 (0.4, 1.1)	0.9 (0.5, 1.5)	0.8 (0.8, 1.3)

Factors Associated with Being Up-to-Date with CRC Screening (4)

Adjusted for gender, education, years in U.S., English Fluency, health status, and all variables tabulated

Knowledge and Attitudes (1)	FOBT (n=832) OR 95%CI	Sig. (n=828) OR 95%CI	Col. (n=828) OR 95%CI	Any test (n=827) OR 95%CI
Had heard of colon polyps	1.5 (0.8, 1.7)	1.8 (1.2, 2.8)	1.8 (1.2, 2.6)	1.6 (1.2, 2.2)
Worried about colon cancer	1.1 (0.7, 1.6)	1.5 (1.0, 2.4)	1.2 (0.8, 1.8)	1.5 (1.0, 2.1)
Thought might get colon cancer	0.7 (0.5, 1.1)	1.5 (1.0, 2.4)	1.3 (0.8, 1.9)	1.0 (0.7, 1.4)
Thought need FOBT if feel healthy	2.1 (1.5, 3.0)			1.5 (1.0, 2.1)
Afraid FOBT might find cancer	1.7 (1.1, 2.7)			1.2 (0.6, 2.1)

Factors Associated with Being Up-to-Date with CRC Screening (5)

Adjusted for gender, education, years in U.S., English Fluency, health status, and all variables tabulated

Knowledge and Attitudes (2)	FOBT (n=832) OR 95%CI	Sig. (n=828) OR 95%CI	Col. (n=828) OR 95%CI	Any test (n=827) OR 95%CI
Thought need sig/col if feel healthy		1.1 (0.7, 1.7)	2.1 (1.4, 3.1)	1.0 (0.7, 1.5)
Afraid sig/col might find cancer		0.7 (0.4, 1.3)	0.9 (0.5, 1.6)	0.9 (0.5, 1.7)
Thought sig/col painful		1.1 (0.7, 1.7)	0.5 (0.3, 0.7)	0.7 (0.5, 1.0)
Thought sig/col preparation troublesome		1.5 (1.1, 2.5)	2.8 (1.9, 4.1)	1.6 (1.2, 2.3)

Factors Positively Associated with Currency with CRC Screening (1)

Same factors as receipt

- Being in the older age group (65 to 74 years)
- Residing in California
- Having private or public insurance
- Having a regular place of care
- Having a personal doctor
- Having heard of colon polyps
- Worrying about colon cancer
- Thinking might develop colon cancer
- Thinking need FOBT even if feel healthy
- Thinking sig/col preparation troublesome

Factors Positively Associated with Currency with CRC Screening (2)

Do not include: Thinking need sig/col even if feel healthy

Additional factors include:

- Being married
- Receiving indigent care from counties
- Being afraid FOBT might find cancer

Factors Negatively Associated with Currency with CRC Screening

- Thinking sigmoidoscopy/colonoscopy painful

Summary

- Overall colorectal screening rates in Vietnamese Americans were low.
- Modifiable factors include knowledge, attitudes, access, and provider.

Knowledge and Attitudes

- Vietnamese Americans are willing to accept colorectal screening if they understand the need for it and it is recommended by healthcare providers
- Public intervention can increase knowledge and improve attitudes

Access

- Programs enhancing access to colorectal screening services to low- and moderate-income populations without health insurance coverage are needed.

Provider

- Health care providers need training to provide and recommend colorectal screening tests to patients.

Thank you