

**Title:** Assessing Colorectal Cancer Education among Pacific Islanders in Orange County, CA (Project 7)

**Project Purpose:** To assess the impact of a culturally tailored educational intervention on knowledge and beliefs regarding colorectal cancer (CRC) and screening, and to determine if these changes in knowledge and beliefs are associated with positive intentions to get screened among Pacific Islanders age 50 years and older in Orange County, California.

**Rationale:** Of cancers affecting both men and women, CRC is the second leading cause of death. Compared to other racial/ethnic minorities, Pacific Islanders experience relatively higher rates of cancer incidence and mortality. Colorectal cancer is highly preventable and treatable when detected early; it is recommended that regular screening begin at age 50 years and continue until age 75. Unfortunately, Pacific Islanders underutilize CRC screening as they have one of the lowest screening rates. Therefore, targeting knowledge and beliefs shown to be related to screening behavior can improve screening rates. The data will contribute to future interventions targeting Pacific Islanders and other medically underserved minorities.



**Implementation:** The patient navigation program was implemented over a 1-year period with activities focused on outreach and education in order to promote screening. Community health educators (CHEs) recruited participants from community-based organizations, churches, and other health workshops (i.e. diabetes, heart 101, breast cancer). Educational workshops were held at churches, community centers, one-on-one meetings, and community-based organizations; the workshop included a culturally tailored, in-language PowerPoint presentation, video, and use of a colon model for demonstration purposes. Three key messages were emphasized during the workshop regarding cancer prevention, talking to your doctor, and the importance of screening for yours and your family's health. Pre-test and post-test surveys collected information on demographic, enabling, and predisposing characteristics. Surveys were distributed and collected by CHEs during the workshop. All data collection instruments and procedures were approved by the California State University, Fullerton Institutional Review Board.

**Results:** In total, 196 participants aged 50 years and older received education services from CHEs and completed pre- and post-tests. A majority were born in Micronesia<sup>1</sup> (88.3%), Chamorro (91.3%), and reported that they had not received a referral for cancer screening (88.8%). After the education workshops, a majority experienced a positive change in knowledge score (70.9%), and a positive change in belief score (93.9%). Additionally, 74.5% intended to talk to a doctor about CRC screening, and 73.5% intended to participate in CRC screening. It was found that positive change in knowledge score ( $p < .001$ ) was a significant predictor for planning to talk to a doctor about CRC screening. Further, female gender ( $p = .001$ ) and positive change in knowledge score ( $p < .001$ ) were significant predictors for planning to participate in screening.



**Lesson Learned:** The intervention underscored the effectiveness of tailored education in addressing the cultural and linguistic needs of Pacific Islanders in Orange County. Moreover, it highlighted the importance of understanding and addressing knowledge and beliefs that Pacific Islander and other ethnic minorities have concerning CRC and screening.

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