

Chinese Colorectal Cancer (CRC) Research Project: Physician-Initiated Intervention Project

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Purpose/Goals

Purpose: To assess effectiveness of involving CCHCA physicians in increasing CRC screening rate from 55% to 75%.

- Additional Goals:**
- Strengthen collaboration between academia and community.
 - Raise awareness of colorectal cancer screening.
 - Enhance physician-patient partnership.

Background

- Asian Americans (AA)⁶:**
- Comprised of 4.8% of the US population (14.6 million)
 - 3.8 million are of Chinese descent (about 26% of AA population)
 - 61.0% are immigrants
 - 75.3% spoke a language other than English at home
 - 41.1% endorsed low English proficiency
 - In San Francisco:
 - 32.9% are AA
 - 65.0% of AA group is Chinese (21.3% of SF County population)
 - 63.0% are immigrants
 - 85.2% spoke a language other than English
 - 52.8% endorsed low English proficiency
 - Average Household Size: 3.18 persons
 - Poverty rate: 11.4%
 - Studies indicated- in language communication between patient and provider leads to positive physical and mental health outcomes⁸

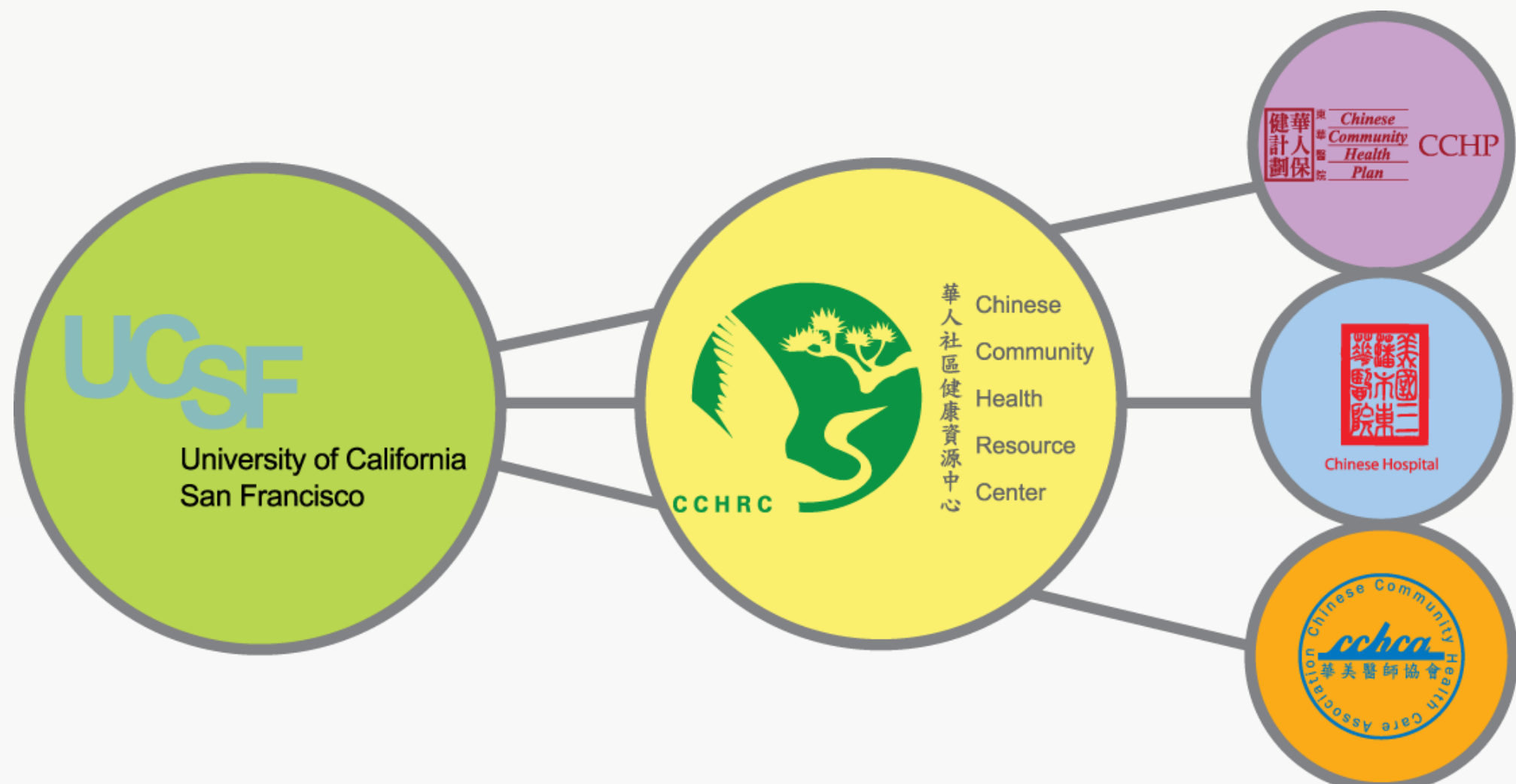
- Colorectal Cancer (CRC) among AA:**
- 2nd most commonly diagnosed cancer¹
 - 3rd leading cause of cancer-related mortality¹
 - CRC rates varied three-fold across AA, the highest among Chinese Americans².
 - Lower rates of CRC screening (Fecal Occult Blood Test (FOBT), colonoscopy, or either) compared to Caucasian³
 - Less likely to undergo CRC screening^{4,9}, especially if
 - Elderly (50+)
 - Female
 - Less educated
 - Recent Immigrant
 - Low-income
 - Uninsured

Partnership

The multidisciplinary partnership was based on the **Community Based Participatory Research** approach that recognizes each individual partner's strengths and offers opportunities to develop better-informed hypotheses, effective interventions, and improve translation of research results into practice⁷.

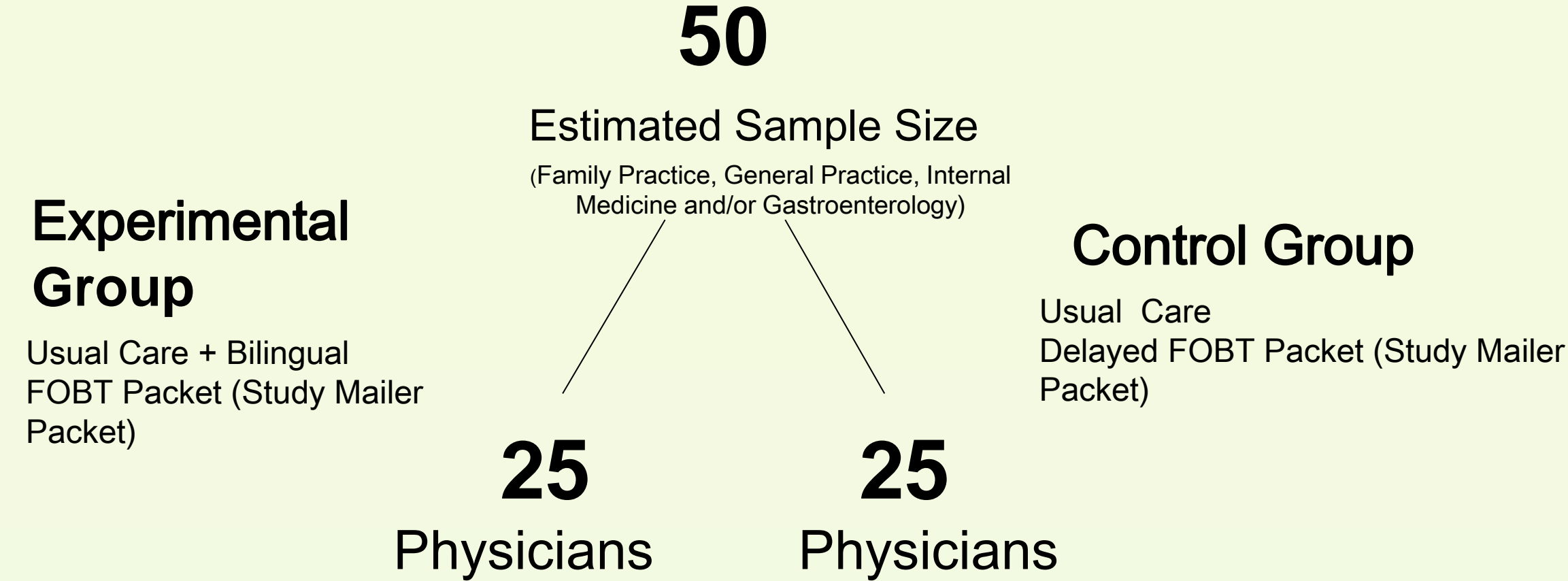
Aligning with the need from the community, the **Chinese Hospital Health System (CH Health System-community)** partnered with the **University of California, San Francisco (UCSF-academic)** to develop a 2-year Physician-Initiated Intervention aimed at increasing CRC screening rates.

- The **CH Health System** is comprised of the following entities:
- Chinese Hospital (CH)
 - Chinese Community Health Plan (CCHP)
 - Chinese Community Health Care Association (CCHCA)
 - Chinese Community Health Resource Center (CCHRC)



Methods

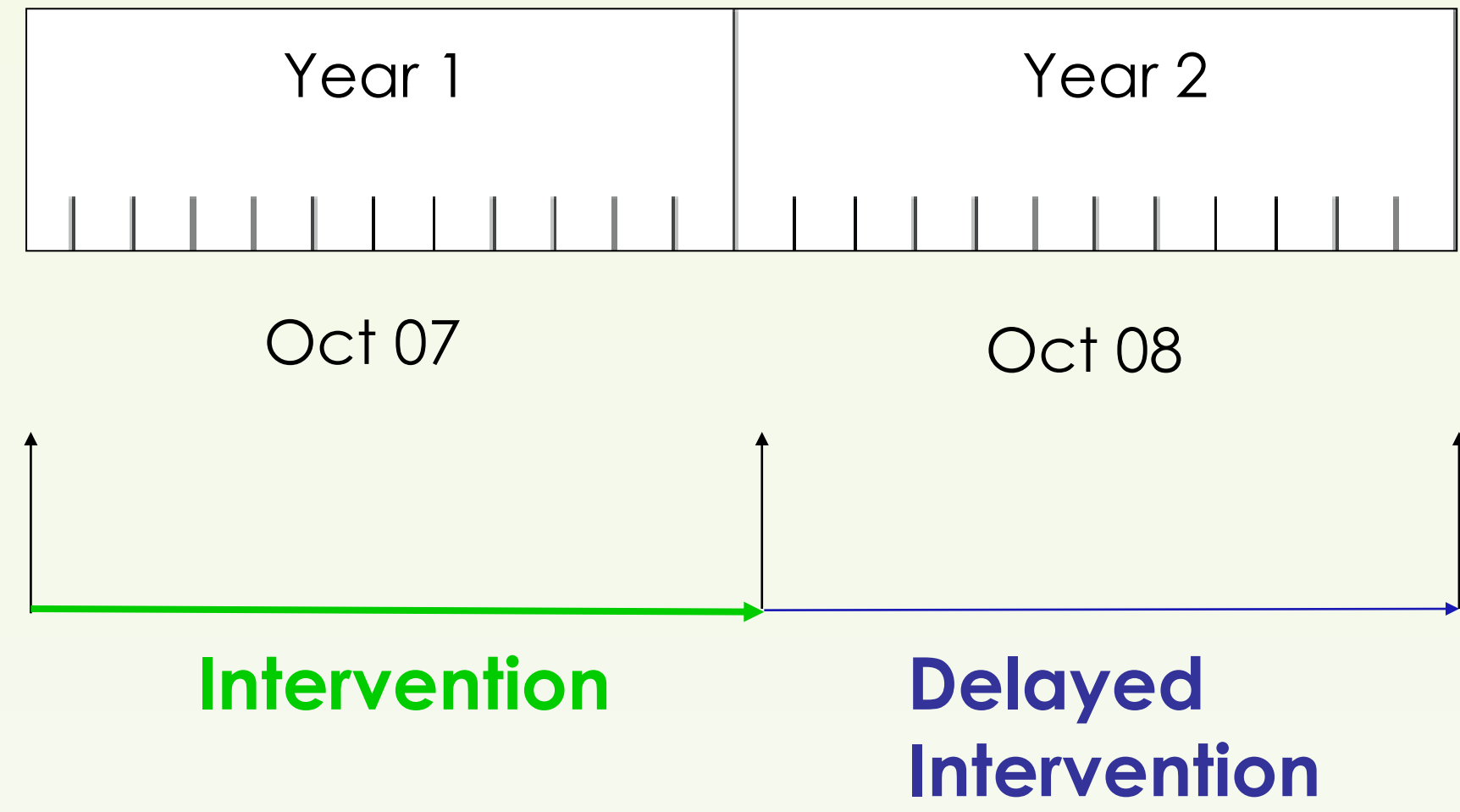
Study Design



Criteria for Participation

- Physician:**
- Are members of Chinese Community Health Care Association
 - Specialize in Family Practice, General Practice, Internal Medicine and/or Gastroenterology
- Patient:**
- Are members of Chinese Community Health Plan with their physician's consent for study enrollment
 - Are between ages 50-85
 - Have an estimated life expectancy of 10 years or more
 - Did not have FOBT within one year or sigmoidoscopy within five years or double-contrast barium enema within five years or colonoscopy within 10 years.

Timeline



Study Mailer Packet



Roles and Skills provided by Community and Academic Partners

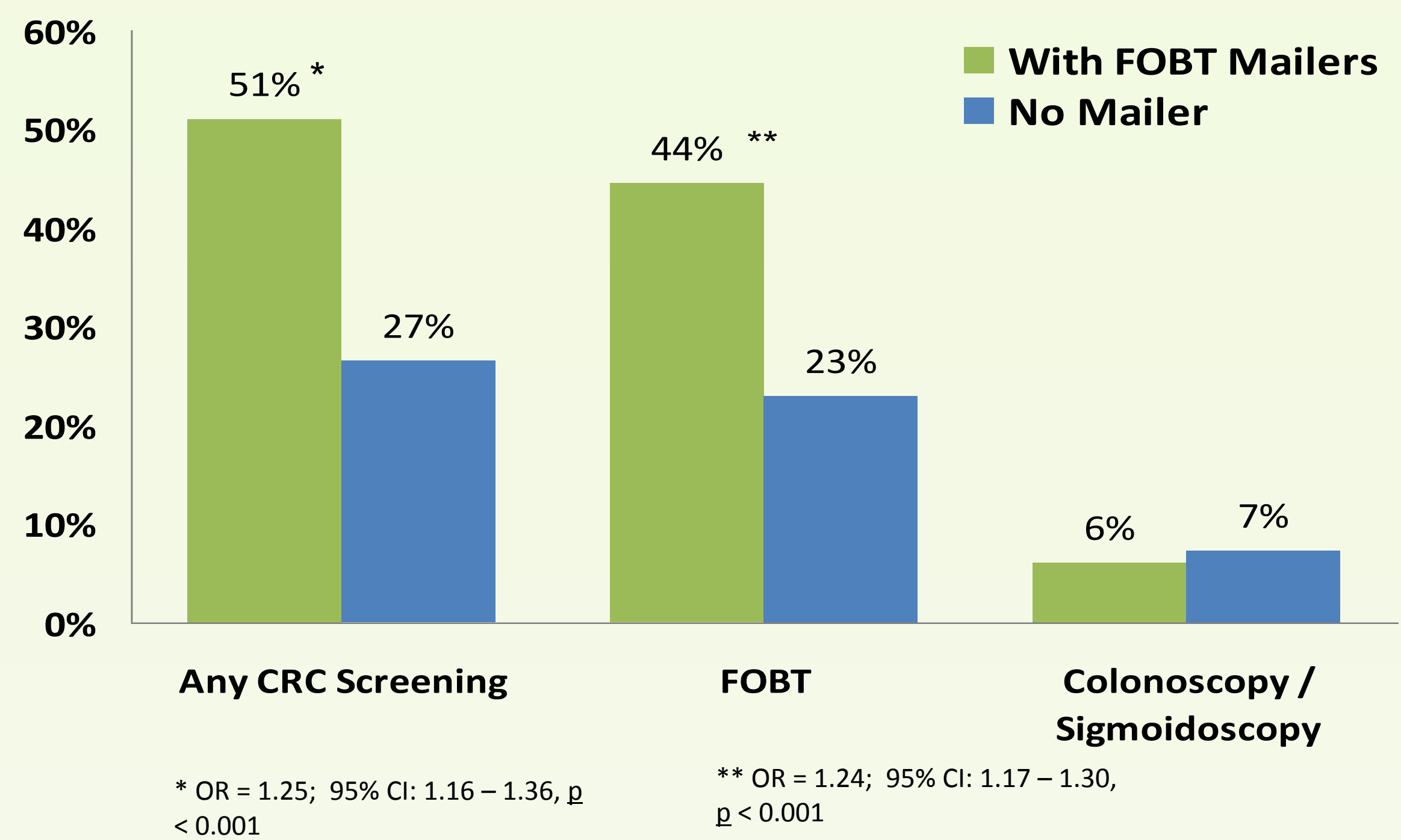
- Academic (UCSF):**
- Research Design
 - Randomization
 - Data Analyses
 - Research Dissemination
- Community (CH Health System):**
- CCHP:** Provision of Patient and Physician Contact Lists and Patient Data
 - CCHCA:** Review of Patient List and Consent for CCHRC to send Study Mailer Packet on their behalf
 - CCHRC:** Outreach
 - Cultural and Linguistic Competency
 - Material Development
 - Health Seminars
 - Coordination
 - Mailing of Packets to Eligible Patients
 - CH:** Lab Tests for FOBT
 - CH Medical Staff:** Development of Continuing Medical Education
- All Partners:** Manuscript preparation to disseminate findings

Results

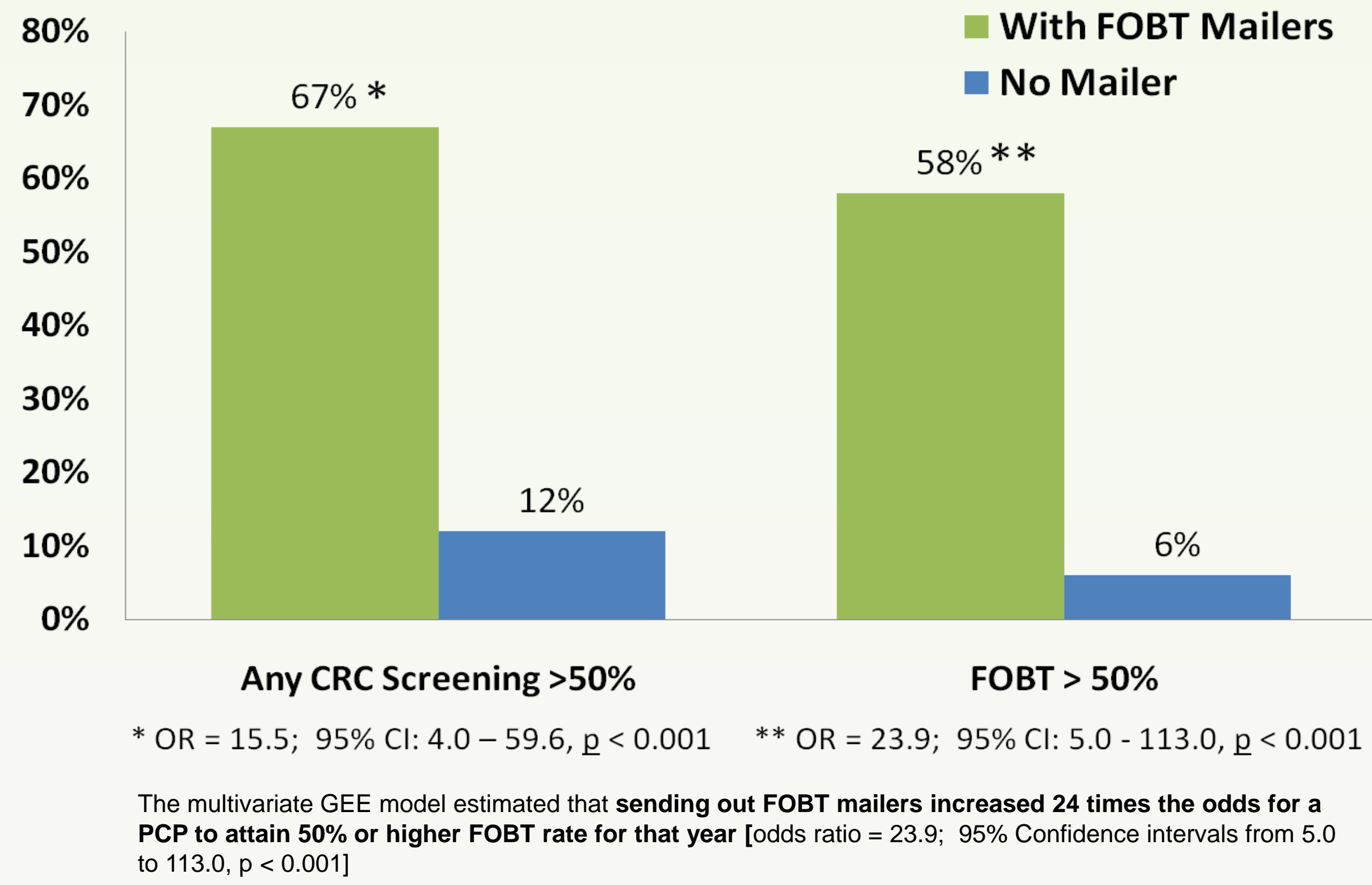
Participation

- 42 physicians consented to participate
- 12 physician refused
- 1,745 patients received mailed FOBT packet

Graph 1: Adjusted CRC Screening Rates



Graph 2: Adjusted proportions of PCPs who achieved 50% or higher in CRC Screening rates



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Overcoming Challenges

- Balanced communication and coordination among all partners
- Displaced barriers that may lead to lack of participation among partners
- Selected an appropriate and agreeable decision-making strategy
- Sought and secured external funding sources

Discussion/Conclusion

- Statistically significant increase in CRC screening rates including FOBT rate with physician-initiated intervention.
- Success of Collaboration: The objectives of the study were met because partners utilized essential aspects of successful multidisciplinary collaboration, namely:
 - Common Vision
 - Balanced Power and Visibility
 - Recognition of Differences in strength and resources
 - Well-defined responsibilities
 - Flexibility

- Project can be used as a model for building prevention programs via community-academic partnerships.
- Project can be adapted cross culturally and tailored to meet the needs of the target population.

- Involved community partners are considering to implement new policies involving physicians in CRC screening for Chinese patients.

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