ATTITUDES AND BELIEFS ABOUT COLORECTAL CANCER SCREENING IN GUAMAN

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Colorectal and Oral Cancer Symposium
Westin Resort, Tumon, Guam
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I do not have a financial relationship with or interest in any commercial entity that may have a direct interest in the subject matter of this presentation.
BY THE END OF THIS TALK, YOU WILL...

➢ Know more about attitudes and beliefs related to CRC screening based on qualitative data collection from interviews and focus groups

➢ Discover implications for colorectal cancer screening education interventions

➢ Explore how these influence your practice
DATA SHARED TODAY

2017 Dissertation Study (Qualitative Arm)

2018 U54 COC Small Focus Groups
THEORETICAL FRAMEWORK:
ACCESS TO CARE AND HEALTH SERVICES UTILIZATION

The Andersen Model of Health Care Utilization

Environment

Health Care System

External Environment

Population Characteristics

Predisposing Characteristics

Enabling Resources

Need

Individual/Provider – Related

Community

Health Behavior

Personal Health Choices

Use of Health Services

INTERVIEW DATA COLLECTION AND ANALYSIS

❖ Non-probability purposive and snowball sampling

❖ Semi-structured interviews (N=26) conducted in English were audio-taped, approx. 60 minutes

❖ Interviews were transcribed

❖ PI trained 4 MSW students from UH Manoa to use Grounded Theory approach
<table>
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<tr>
<th>Demographic</th>
<th>n</th>
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<tbody>
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<td>Female</td>
<td>15</td>
<td>57.7</td>
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<tr>
<td>Heterosexual</td>
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<td>College degree and higher</td>
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<tr>
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<td>96.2</td>
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<tr>
<td>Cancer survivor</td>
<td>6</td>
<td>23.1</td>
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<tr>
<td>Screened for colorectal cancer</td>
<td>20</td>
<td>76.9</td>
</tr>
<tr>
<td>Family history of colorectal cancer</td>
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<td>30.8</td>
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</table>
1. Being proactive in one’s healthcare
2. Intergenerational consciousness
3. Social stigma associated with colonoscopy procedure
4. “If I’m gonna die, I’m gonna die.”
5. Negative perceptions of the healthcare system
Self-reported proactive behavior:

- Regular visits to a medical practitioner
- Annual check-ups
- Cancer screening (breast, cervical, prostate, colorectal)
- Other activities: quitting smoking, eliminating white rice, weekly zumba, etc.
I ask the doctor, I said I want a complete physical. I never had an MRI done on me....I go online sometimes then read a lot too...there’s something in me that might be wrong. I said, “I need to go through the MRI because it shows everything.”

- 68-year old male
I wanted to keep my doctor happy. He was a good man. We had a very good rapport. There was a part of me that felt umbe nai, Chamoru respetu. That if I didn’t do it, I wasn’t respecting my doctor. Because I knew I was always going to routinely come back.

- 62-year old male
INTERGENERATIONAL CONSCIOUSNESS

a) Expressed family genealogies of cancer

b) Accounts of how parents or siblings opted for or against medical treatment and/or cancer screening in general

c) Stories about the passing down of knowledge or values regarding wellness or disease to the next generation
My oldest brother...had been diagnosed having thyroid cancer...My oldest sister, she has breast cancer in ‘95. She’s been in remission. My third oldest sibling, he’s had colon cancer. He passed away three years ago. My mom’s sister passed away of colon cancer. My father’s mother died of colon cancer.

- 62-year-old female
I think my brother did it [screening] because he was scared. Because he had other things wrong with him and then he had seen my mom die of cancer. We had two cousins that died of colon cancer. My brother told my [other] brother to do it. Then my brother told my sister to do it. I think siblings telling one another to do it. Then I did it because I got scared.

- 59-year old female
SOCIAL STIGMA ASSOCIATED WITH A COLONOSCOPY

a) Embarrassment or humiliation about the procedure
b) A deep sense of privacy or secrecy connected to the procedure
c) Being teased about the procedure
d) Fear of compromising masculinity

*The participant themselves experienced or expressed the stigmatization or they heard others tell stories of how stigmatizing it was.
Whenever you want to humiliate a Chamoru, you talk about their dåggan. How big it is! That’s just the opening where the waste comes out of...Because it’s humiliating, you know, to even say it [colonoscopy] or to show people that part of you. Especially while you’re asleep.

- 62-year old female
We Chamoru...we’re private. Especially older Chamoru! My generation and my mom’s generation – our body is sacred. Is very private.

- 67-year old female
Well, for the male part, I think it’s male ego...when we discuss those things among men, some of them just say, “No way.”

- 64-year old male
Fear of compromising masculinity

I think a lot of my peers?...There’s still that mentality: I don’t want to, I don’t need to. Basically, it’s like a Superman mentality. “Nothing’s going to happen to me.”

- 67-year old male
“IF I’M GONNA DIE, I’M GONNA DIE”

a) Narratives related to God’s will in the determination of one’s life or death

b) Feeling prepared to die

b) “Cancer as a death sentence” or perceiving that a cancer diagnosis means death is inevitable
I believe that He controls everything. If you have it, you were meant to have it. Despite how proactive you were, despite how early you got screened for it. That’s what I believe.

- 65-year old male
“IF I’M GONNA DIE, I’M GONNA DIE”

You know what? I believe that if we’re gonna go, we’re gonna go. But if there’s a way of preventing the ‘go,’ we gotta get there.

- 55-year old female
NEGATIVE PERCEPTIONS OF THE HEALTHCARE SYSTEM

a) Sharing stories in which professionalism, competence, or expertise of medical professionals were questioned

b) Indicating a lack of trust in the system

c) Not feeling fully informed about results from a test, screening, or medical appointment

d) Perceiving a lack of specialists on Guahan

e) Stating a preference for off-island medical services
First of all, we don’t have many gastroenterologists. If we have, it’s probably one. And if he’s on vacation, we have none. I don’t even know if we have one.

- 62-year old female
I went back to my doctor and I said, “What happened here?” The radiologist in Guam – his yearly reports were showing that these masses were increasing in size but I kept getting these letters that said oh, it’s negative, you’re fine, see you next year.

- 54 year old female
<table>
<thead>
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<th>Gender</th>
<th>Ethnicity</th>
<th>Age Range</th>
<th>Screened</th>
<th>Not Screened</th>
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<tr>
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<td>6 Filipinos</td>
<td>48-64</td>
<td>2</td>
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<td>5</td>
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<tr>
<td></td>
<td>2 CHamoru</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Male</td>
<td>4 CHamoru</td>
<td>48-60</td>
<td>3</td>
<td>2</td>
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<tr>
<td></td>
<td>2 Filipinos</td>
<td></td>
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FOCUS GROUP ANALYSIS: KNOWLEDGE

- Varied knowledge of cancer and colorectal cancer
- Colonoscopy perceived as the most common type of screening associated with colorectal cancer detection
- CRC cancer knowledge comprised of personal/direct experience
- Knowledge of CRC symptoms
- Older age and male gender most commonly associated risk factor for colorectal cancer
FOCUS GROUP ANALYSIS: FACILITATORS

- Family members, friends and physicians greatly influenced CRC awareness and screening outcomes
- Greater awareness of cancer prevention & information on Guam
- Knowing recommended CRC testing age influenced decisions to get screened/tested
FOCUS GROUP ANALYSIS: GENDER-BASED CHALLENGES

- Threats to male masculinity
FOCUS GROUP ANALYSIS: BARRIERS

- Current guidelines precluding CRC screening of younger individuals at-risk for colorectal cancer
- Cultural values and beliefs
- Access to CRC screening perceived as costly
- Justifying Possible CRC Symptoms To Other Ailments
<table>
<thead>
<tr>
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<th>THEMES FROM QUALITATIVE ANALYSIS</th>
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<tr>
<td>1</td>
<td>Being proactive in one’s healthcare</td>
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<td>2</td>
<td>Intergenerational consciousness</td>
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<tr>
<td>5</td>
<td>Negative perceptions of the healthcare system</td>
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</table>
DISCUSSION AND IMPLICATIONS

Applications to Behavioral Model of Health Service Utilization

**Predisposing Characteristics**
- Intergenerational consciousness (Cultural and health belief)
- Social stigma (Cultural and health belief)
- “If I’m gonna die, I’m gonna die” (Cultural, spiritual, and health belief)
- Negative perceptions of medical system (Health belief)

**Enabling resource**
- Annual medical exam

**Health Behavior**
- Proactive health behavior
DISCUSSION AND IMPLICATIONS

Colorectal cancer screening education and literacy

Culturally tailored messaging
- Address stigma and embarrassment
- Acknowledge potential mistrust and fear
- Recognize intergenerational consciousness

Provide language access

Colorectal cancer screening literacy and education
- Emphasize the ability of early CRC detection to save lives
- Engage proactive health behavior
- Provide information about the types of screening
- Explain colonoscopy procedure and what to expect
- Request feedback and encourage questions to inform decision-making
POSSIBILITIES FOR FUTURE RESEARCH

1. Assessment of how cultural beliefs influence colorectal cancer screening
   - Stigma and embarrassment
   - Notions of masculinity
   - Spiritual beliefs

2. Exploration and development of health literacy among residents as it applies to colorectal cancer screening

3. Examination of access to vital cancer and related health resources
Un Dångkolo Na Si Yu'os Ma'åse'!

Maraming Salamat Po!
CHAMORU & GUAHAN

Colonized island nation

Unincorporated U.S. territory

Indigenous peoples of the Mariana Islands (Guahan, Luta, Saipan, Tinian)

Are approximately 37% (59,381) of Guahan’s population (159,358)

Are the third largest NHOPi group in the US and comprise approx. 12% of the NHOPi population

Chamoru traditional health practices, suruhanu and surhana