



Project Buhay (Life): Promoting Colorectal Cancer Screening among Filipinos in Alaska

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Funding Sources

- Center for Community Engagement & Learning – Mini Grant
- Honors College – FLEUR
- BUILD-EXITO – Mentorship grant





INTRODUCTION

Buhay Staff



- Dr. Gabriel Garcia, Principal Investigator
- Dr. Joy Chavez Mapaye, Co-Principal Investigator
- Dr. Travis Hedwig, Research Associate
- Dr. Carol Paredes, Health Educator
- Ms. Jessica Petalio, Graduate Student Researcher
- Various undergraduate students

The Inspiration



Colorectal Cancer

- Colorectal cancer is the second largest cancer killer in the United States.
- Among Filipino **males living in the U.S.**, **44 %** of those with colorectal cancer die within 5 years of diagnosis.
- Among Filipino **females living in the U.S.**, **32%** of those with colorectal cancer die within 5 years of diagnosis.



The Model



Research-tested Intervention Programs (RTIPs)

RTIPs - Moving Science into Programs for People

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Filipino-American Health Study

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Products



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Highlights

Program Title	Filipino-American Health Study
Purpose	Designed to increase colorectal cancer screening among Filipino Americans. (2010)
Program Focus	Awareness building
Population Focus	Un- and/or Underscreened Individuals
Topic	Colorectal Cancer Screening
Age	Adults (40-65 years), Older Adults (65+ years)
Gender	Female, Male
Race/Ethnicity	Asian
Setting	Community, Religious establishments, Urban/Inner City
Origination	United States
Funded by	American Cancer Society (Grant number(s): RSGT-04-210-01-CPPB), NCI (Grant number(s): P30CA16042)

RTIPs Scores

This program has been rated by external peer reviewers. [Learn more about RTIPs program review ratings.](#)

Research Integrity

4.1

Intervention Impact

3.0

Dissemination Capability

4.0

(1.0 = low 5.0 = high)

RE-AIM Scores

This program has been evaluated on criteria from the [RE-AIM](#) framework, which helps translate research into action.

Reach

100.0%

Effectiveness

66.7%

Adoption

0.0%

Implementation

50.0%





**Can we translate the UCLA Filipino
American Health Study in Alaska?**



Not exactly...

Why not?


- The UCLA Filipino American Health Study has a budget in the range of more than \$350,000 plus each year (for 4 years).
- Los Angeles and Alaska have completely different landscape/environment.
- UCLA has partnership with neighboring community health centers
- More Filipino organizations at Los Angeles
- Access to Filipino and Asian businesses in Los Angeles



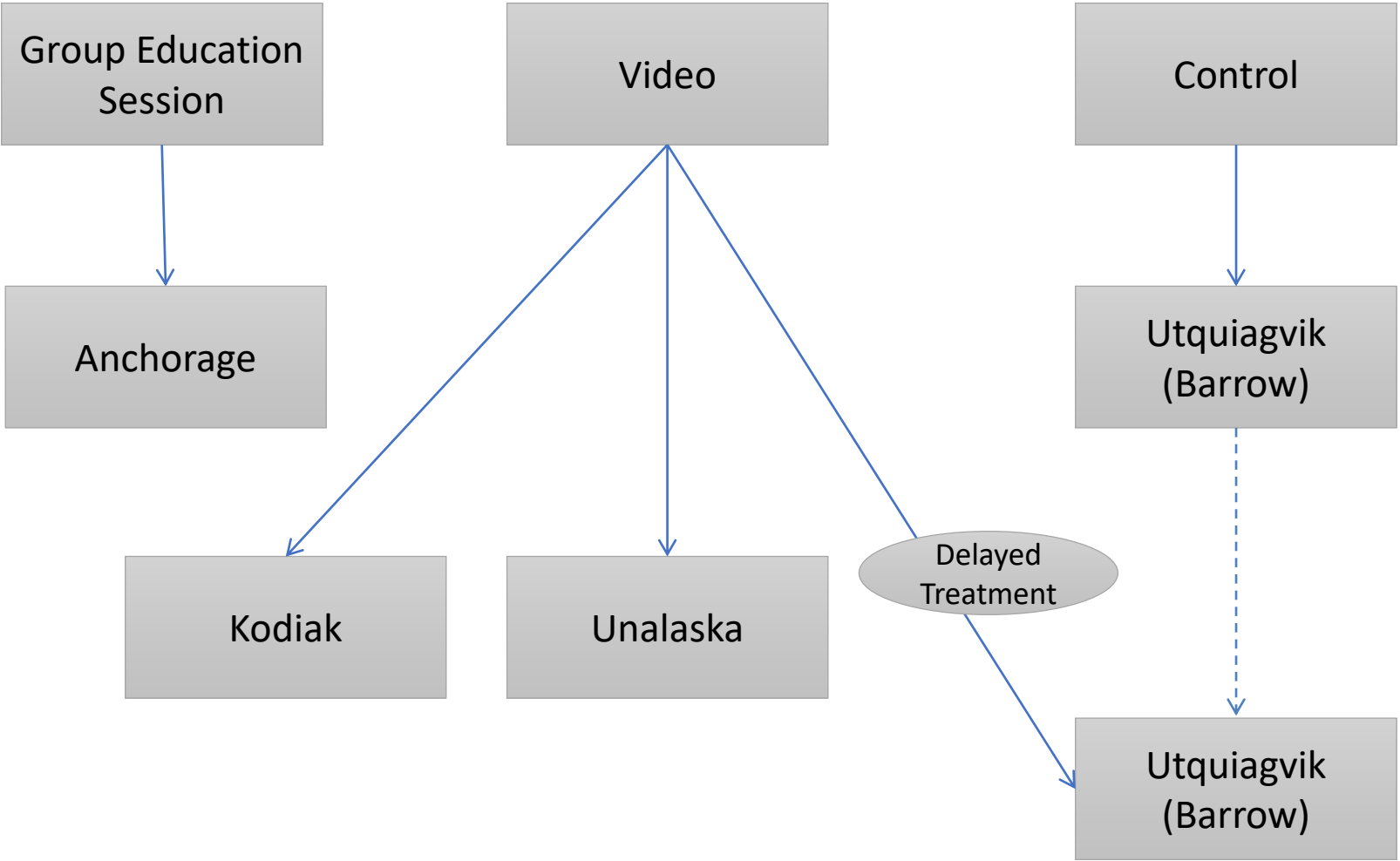


INTERVENTION & COMMUNITY ENGAGEMENT

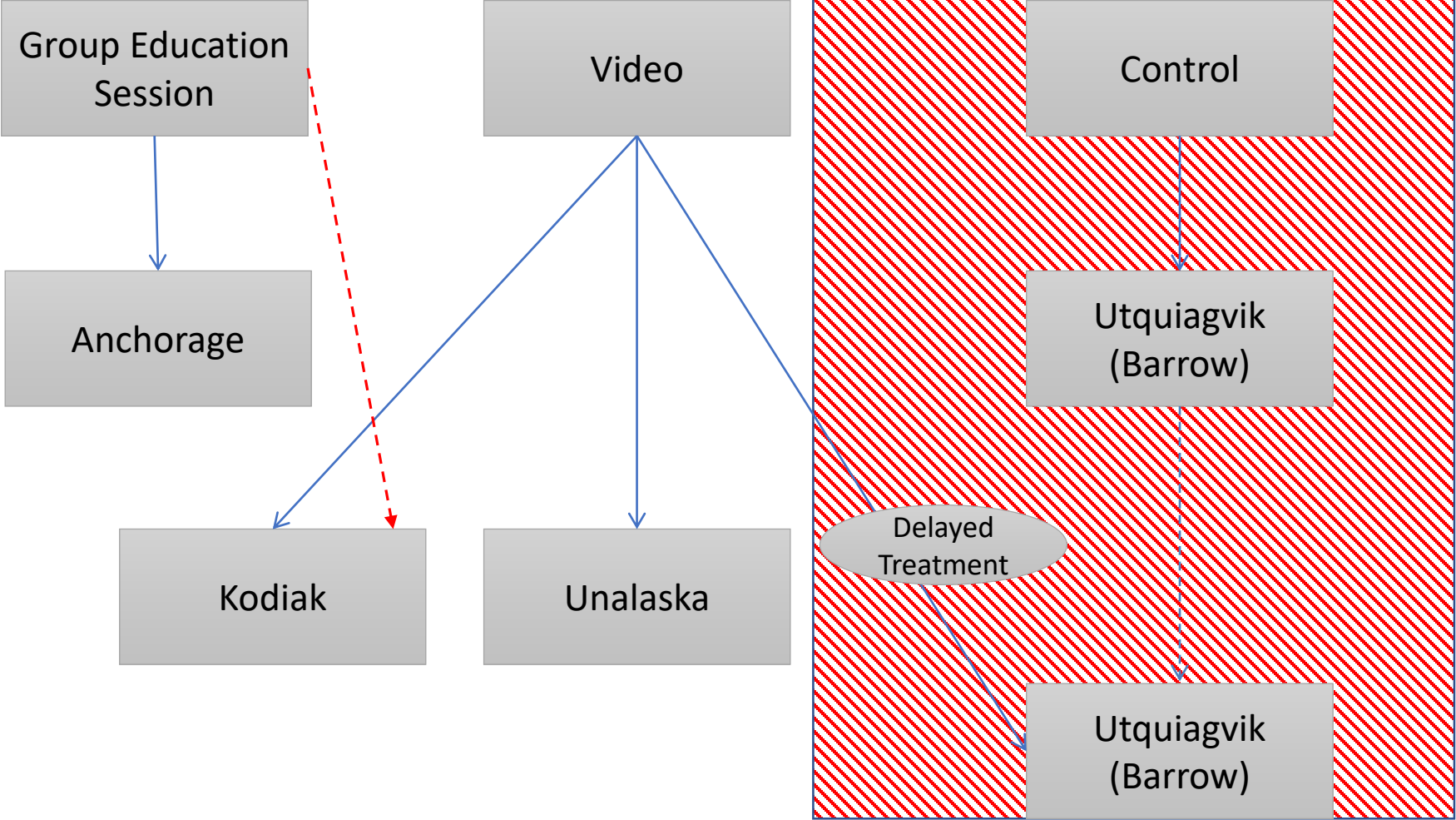
Our Adjustments to the UCLA Study

- 
- Introduce a video-based intervention
 - Chose one health educator
 - Involve undergraduate students
 - Sought assistance from students from our communities of interest
 - Recruitment via event participation (i.e., Filipino American History Month, church gatherings), general invitation

Project Design



Project Design



Recruitment

- Indirect recruitment
 - Individuals recruited via flier distribution, informing community leaders of the project, referrals from individuals
- Direct recruitment
 - Going to events or gatherings and directly recruiting individuals
 - Directly recruiting individuals from referrals – family, friends, friends of friends



Participation Criteria

- Self-identified Filipino
- Male or female
- 50 – 75 years old



Group Education Sessions

- Snacks, socializing, & signing up – 15 min
- Study introduction & consent – 10 min
- Interactive lesson by health educator (Filipino and English language) – 45 min
- Question & answer – 10 min
- Evaluation (Filipino and English) – 10 min



Video-Based Intervention

- KTUU health and medical reporter
- Statistics into stories
- Katie Couric Effect – 20% increase in colonoscopies
- Research on vicarious experience

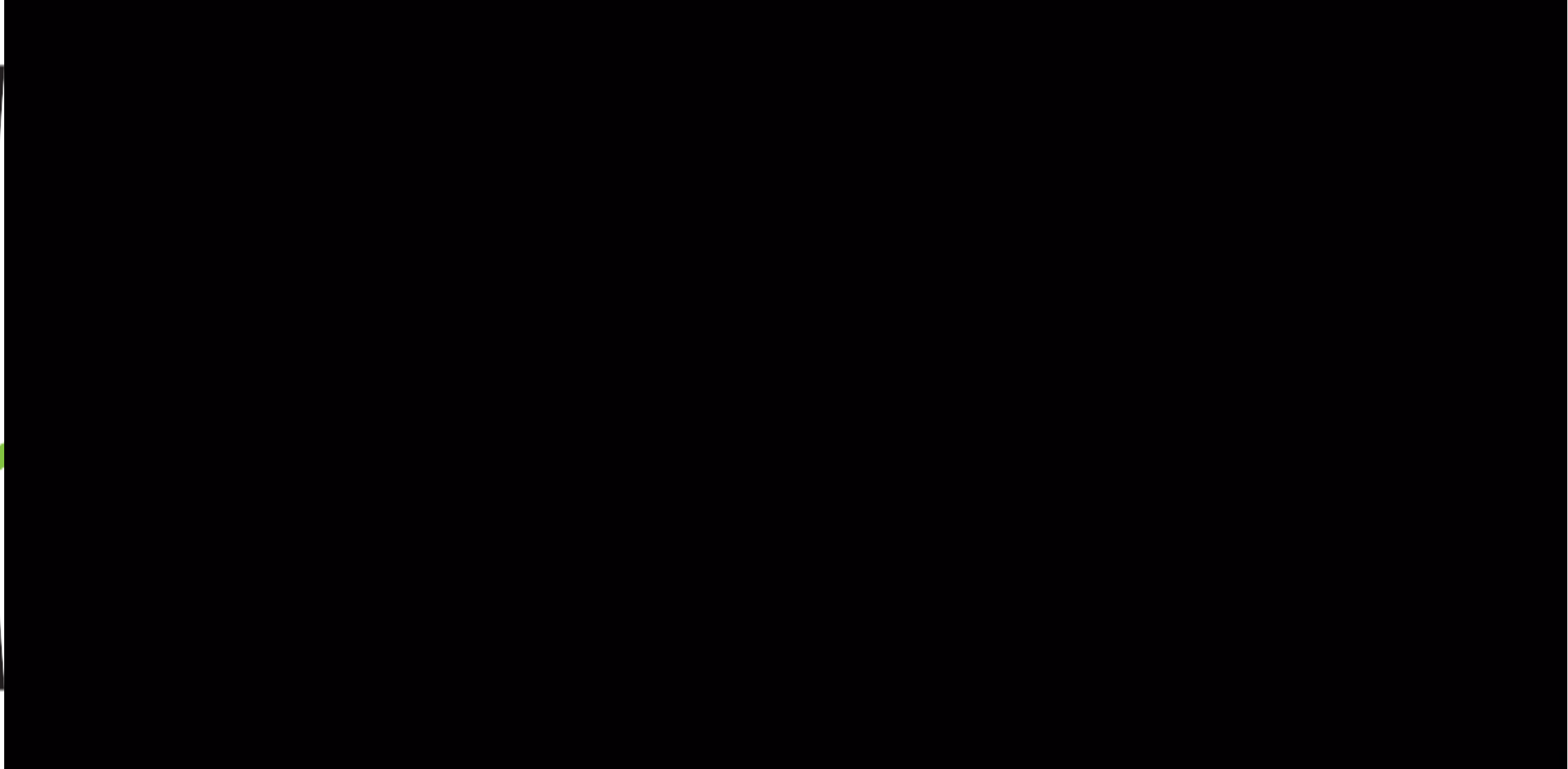


Video-Based Intervention

- Story search and development
- Story length
- Barrow (Utquagvik)
- Plan, shoot video, log video, write script, edit
- Alaska Public Media



Video-Based Intervention



Community Engagement



- 7 undergraduate students and 1 graduate students recruited participants during large Filipina/o community gatherings such as church, organization meetings, banquets, and events
 - Filipino American History Month
 - Philippine Nurses Association
 - Filipino Bible Church
 - Our Lady of Guadalupe
 - Filipino Community of Anchorage, Alaska Inc.
 - Alaska Federation of Filipino Americans, Inc.
- Students also directly contacted other individuals who other participants recommended
- 2 undergraduate students from Kodiak and Unalaska recruited participants in their respective home communities

Student Engagement



- Community engagement structured into HS 433: Health Education, Theory and Practice (FLEUR)
- Students introduced to the project and relevant theoretical frameworks (health belief and transtheoretical models).
- How can we translate theories of health education into community action and practice?
 - How can we use this information to alleviate known health disparities in our communities?



PROJECT RESULTS

Results: Recruitment



Table 1. Recruitment Information, *N* = 105

Recruitment Type	Frequency	Percent
Indirect Recruitment	44	42%
Direct Recruitment	61	58%

Results: Recruitment, Con't...

Table 2. Demographics Recruited Participants and Their Colorectal Cancer (CRC) Screening Status, N = 105

Sex	Percent
Female	37.1
Male	62.9
Community	
Anchorage	53.3
Kodiak	10.5
Unalaska	36.2
Current with CRC screening	
Yes	42.9
No	56.2



Results: Distribution of Project Participants



Eligible Participants,
 $N = 54$

3 Didn't
participate

Group Education
Session, $N = 38$

Video-Based
Intervention, $N = 13$



Results: Group Education Session

Table 3. Information Regarding Education Sessions and Their Participants

Number of Education Sessions	Frequency/Percent
Anchorage	4
Kodiak	2
Total number of participants	38
Assessment of the education session	
Proportion who felt all/most of presented in the session were understood	94.7%
Proportion who felt all/most of the information presented was new	68.4%
Proportion who felt the presenter presented materials very well/well	100%




Results: Group Education Session



- Important Lessons Learned

- *“Screening is important.”*
- *“To have check up.”*
- *“Prevention is key.”*
- *“Getting early check-up; proper eating habits; [and] exercise—[all] helps prevent crc.”*
- *“Follow doctor’s advice.”*

Results: Group Education Session

- 
- Additional Comments Regarding the Education Sessions
 - *“Present this project in a bigger audience. More power.”*
 - *“Very informative. Presentation is really good.”*
 - *“I hope you come back to Kodiak.”*
 - *“This type of presentation is very much needed in rural communities like Kodiak.”*

Results: Video Based Intervention

Table 3. Information Regarding Video Based Intervention and Its Participants, N = 13

Perceptions About the Video	Average ± S.D.
Degree to which participants felt they could related to the videos main character (1 = very low; 10 = very high)	6.42 ± 2.23
Likelihood to recommend video to others (1 = very low; 10 = very high)	6.29 ± 3.05
Open-Ended Comments On...	Representative Quotes
Most Effective Part of Video	<i>“Everything—general information, information on screening.”</i>
Suggestions for Improvement	<i>“Make the video bilingual; have Tagalog, Ilocano, and/or Visayan version”</i>



Results: Post-Intervention

Table 4. Results of 3 Month Follow-Up, N = 31*

	Education Intervention N = 17 Percent	Video-Based Intervention N = 14 Percent
Obtained CRC screening in the past 3 months		
Stool blood test (FOBT)	11.1	0
Sigmoidoscopy	5.6	0
Colonoscopy	0	0
Intent to obtain CRC screening		
Very likely to obtain annual stool blood test	38.9	6.7
Very likely to obtain sigmoidoscopy/colonoscopy regularly in the future	22.2	7.6

*20 were lost to follow-up





LESSONS LEARNED

“Project Buhay”

A Community-Based Colorectal Cancer Screening Intervention

Hannah Warren, Daniel Jackson, Doug Echternacht, Kyle Christians & Josiah Leigh

Travis Hedwig, Health Sciences

Abstract

Colorectal cancer is the second leading cause of cancer death in the United States. The incidence of colorectal cancer is increasing among Alaska Natives, particularly in the Anchorage area. This project aims to increase colorectal cancer screening rates among Alaska Natives through a community-based intervention. The intervention includes education, outreach, and screening services. The project is currently in the planning phase and will be implemented in the coming year.

Objectives

- Increase colorectal cancer screening rates among Alaska Natives.
- Provide education and outreach to Alaska Natives about colorectal cancer screening.
- Provide screening services to Alaska Natives.



Methods

- Community-based participatory research approach.
- Focus group discussions to identify barriers to screening.
- Development of educational materials and outreach strategies.
- Implementation of screening services through community health workers.

Conclusions and Lessons Learned

- Community-based participatory research is an effective approach for addressing health disparities.
- Education and outreach are essential for increasing screening rates.
- Community health workers play a critical role in providing screening services to underserved populations.

Activities

- Focus group discussions
- Development of educational materials
- Outreach to community health workers
- Implementation of screening services



Project Buhay is a community-based intervention to increase colorectal cancer screening rates among Alaska Natives. The project is currently in the planning phase and will be implemented in the coming year.

Next Steps


- Finalize educational materials and outreach strategies.
- Recruit and train community health workers.
- Implement screening services through community health workers.
- Evaluate the effectiveness of the intervention.



Acknowledgements

Project Buhay is supported by the University of Alaska Anchorage. We thank the Alaska Federation of Filipino Americans, Inc. for their support and the community health workers for their dedication to the project.


From Student Perspective

- 
- Community-based research never goes as planned!
 - Stay flexible and reflexive of community feedback in real-time
 - Consideration of emic (insider) and etic (outsider) perspectives
 - Limitation or opportunity?
 - Constructive dialogue can serve as a health promotion tool
 - Important to pay attention to details of messaging
 - FOBT story in class
 - What to do with the broader public health problem of “fatalism”?
 - “What will be will be”




IMPLICATIONS & NEXT STEPS

Summary

- 
- Even with limited resources, the program was able to provide some modest gains in number of participants intending to get any form of CRC screening, particularly FOBT.
 - The education session appears to be more effective intervention than video intervention alone.
 - It takes a "community" to make a program like ours work.

Implications

- 
- Find ways to build partnerships with community health centers and primary care clinics
 - Test the effect of showing video during education session and involve participants in discussion
 - Consider having a patient navigator/advocate who could remind patients about CRC screening and answer questions related to screening who could speak the patients' language
 - Consider training community members with medical/health background to do the education sessions
 - Assess whether mass education as opposed to targeted education is more effective.



**Maraming Salamat Po!
(Thank you very much!)**

Questions?