

Adherence to Colorectal Cancer and Polyps Screening Recommendations  
Among Filipino-Americans

by

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A Thesis presented to the  
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Recommendations Among Filipino-Americans

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## **Abstract**

This cross-sectional study explored the perceptions and behaviors toward colorectal cancer screening and the predictors of adherence to colorectal cancer and polyps screening recommendations among Filipino-Americans. A total of 188 participants were recruited from community churches in southern California from September to November 2011. About half of the participants were found to be adherent to the screening recommendations. Multivariate logistic regression analyses revealed the following significant predictors of adherence: having a relative with colorectal cancer (odds ratio [OR]=6.17), having heard of fecal occult blood test (OR=4.58), strong agreement with benefit of screening in reducing worry about cancer (OR=2.81), age  $\geq$  65 (OR=2.64) and very easy communication with providers (OR=2.43). Patient awareness of colorectal cancer screening and its benefits through effective patient-provider communication were significant modifiable predictors of adherence to colorectal cancer and polyps screening recommendations. Nurses could have a major impact in improving screening behaviors through patient education in increasing patient awareness and benefits of cancer screening.

*Keywords: Colorectal cancer, Polyps, Adherence, Benefits*

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## **Introduction**

Colorectal cancer (CRC) is the third leading cause of cancer death, accounting for 9% of all cancer deaths in the United States with an estimated 143,460 new cases in 2012 (American Cancer Society [ACS], 2012). Although CRC is preventable if discovered in the pre-malignant adenomatous polyp stage (Peterson, Murff, Ness, & Dittus, 2007; Zauber et al., 2008) and potentially curable at localized stage, a majority of patients are diagnosed with regional or distant spread stages (ACS, 2012; Percac-lima et al., 2008). Due to early detection of CRC and removal of adenomatous polyps with the use of flexible sigmoidoscopy and colonoscopy, the incidence rate of CRC has been declining. However, the rate of adherence to the recommended sigmoidoscopy or colonoscopy is the lowest for Asians (47%) compared to non-Hispanic whites (61%) in 2010 (Centers for Disease Control and Prevention [CDC], 2012). The risk factors for developing colorectal cancer include age, personal history of inflammatory bowel disease, family history of CRC and inherited cancer syndromes (ACS, 2012; Seeff et al., 2008).

The Joint Guidelines from the American Cancer Society, the US Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology recommend either flexible sigmoidoscopy every 5 years or colonoscopy every 10 years for asymptomatic adults aged 50 years or older for early detection of colorectal cancer and adenomatous polyps. Additional options for early detection of colorectal cancer and adenomatous polyps are double-contrast barium enema every 5 years or computed tomographic colonography every 5 years (ACS, 2012; Levin et al., 2008). Annual Fecal Occult Blood Test (FOBT) is also an option for early detection of colorectal cancer, but not for early detection of adenomatous polyps. Accordingly, the rate of usage of an



annual FOBT has been declining from 21% in 2002 to 12% in 2010 while the rate of sigmoidoscopies within 5 years or colonoscopies within 10 years has been increasing from 42% in 2002 to 61% in 2010 (CDC, 2011).

Some of the common barriers to CRC screening behaviors are lack of symptoms, difficulty drinking the laxative, fear and embarrassment associated with the procedure, fear of the consequences of screening, inadequate social support, being an ethnic minority, having a low socio-economic status, lack of health insurance, or lack of recommendation from the health care provider for a cancer screening test (Friedemann-Sanchez, Griffin, & Partin, 2007; Goel et al., 2004; Lasser, Ayanian, Fletcher, & Good, 2008; Zheng, 2006). Providers are obligated to assist overcoming linguistic and cultural barriers, striving to promote cancer prevention and early detection messages to their patients (McCracken, 2007, Gorospe, 2006, Redaniel, 2010)

According to National Center for Health Statistics, Asian-Americans had the lowest prevalence rate of flexible sigmoidoscopy or colonoscopy among adults 50 years and older (CDC, 2012). Filipino-Americans among other Asian-Americans in California have the lowest screening test rates for colorectal cancer (McCracken, 2007). In a randomized controlled trial of 548 Filipino-Americans, multi-faceted interventions including distribution of free FOBT kits and education improved the 6-month colorectal cancer-screening rate from 9% to 30%, most of which were done as FOBT. The rate of sigmoidoscopy or colonoscopy screening was improved from 3% to 8% (Maxwell, Bastani, Crespi, Danao, & Cayetano, 2010). Among Filipino immigrants, the income and levels of acculturation may determine what screening modality is utilized (Bonus, 2000;

Maxwell et al., 2008). Filipino-Americans with extensive acculturation experience are more able to make use of the screening services that place significance on maintaining good health (Periyakoil, 2010). A 2001 California Health Interview Survey showed that Filipinos were the least likely to undergo CRC screening, especially if they were older, less educated, recent immigrants, living with three or more other individuals, or poor and uninsured (Wong, 2005).

Many Filipino-Americans still turn first to traditional remedies before going to the physician or clinic for help. They do not consider such care as part of mainstream healthcare practices, but rather as part of tradition and as a contribution to their wellbeing (Asian and Pacific Islander American Health Forum [APIAHF], 2003; The Historic Filipinotown Health Network, 2007). Little is known of how the awareness of screening procedures or other cultural factors affect the CRC screening behaviors in the Filipino-American population.

## **Methods**

### **Aims**

The aims of this study were to: (a) explore the health beliefs and practice among Filipino-Americans; (b) assess the colorectal cancer and polyps screening behaviors and perceived benefits of screening and; (c) determine predictors of adherence to colorectal cancer and polyps screening recommendations among Filipino-Americans.

### **Design and sample**

Filipino-Americans attending three community churches in southern California were recruited for this cross-sectional study from September to November 2011. The

eligibility for study participants were being: (a) Filipino in ethnicity; (b) of age of 50 years or older; (c) either male or female; and (d) fluent in either English or Tagalog.

### **Questionnaire**

A 44-item questionnaire included demographics, traditional health beliefs and practice, religion and spirituality, language use and communication with healthcare providers, perceived benefits of colorectal cancer screening tests and self-report measure of colorectal cancer screening behaviors. These question items were selected from open sources including a survey for Culture and Health Among Filipinos and Filipino-Americans in Central Los Angeles (Asian Pacific Health Care Venture Inc., 2007) and National Cancer Institute ([www.cancer.gov](http://www.cancer.gov)).

The demographic items incorporated questions exploring the participant's country of birth, years of living in the US, education, employment, religion and spirituality, language use and communication with healthcare providers, and traditional health beliefs and practices. Rawl's perceived benefit scale (Rawl, 2001; [www.cancer.gov](http://www.cancer.gov)) was used to measure the perceived benefits of FOBT, flexible sigmoidoscopy and colonoscopy on a 5-point Likert scale, ranging from strongly disagree (1) to strongly agree (5). The question items measured the degree of agreement on whether the screening procedures helped in finding the cancer, reducing the chances of dying from the cancer, saving life, not worrying about the cancer and providing/recommending easier treatment if the cancer is found early. The remaining items of the questionnaire were derived from the National Cancer Institute (NCI) Risk Assessment tool and assessed family history of colorectal cancer and colorectal cancer screening behaviors. A Tagalog version of the questionnaire was also developed using back-translation to ensure the validity of each question item.

**Ethical considerations**

This study was reviewed and approved by the university Institutional Review Board. The community church congregations were invited to participate in the study. Since this study had minimal risks for participants, waiver of consent was granted with completion of the study questionnaire as implied consent to the study. Those who agreed to participate completed the study questionnaire and were informed that all responses would be aggregated and numerically coded to provide anonymity of individual responses.

**Data analysis**

The data were analyzed using SPSS Version 20.0 (Statistical Package for the Social Sciences, Chicago, IL, USA). Descriptive statistics of frequencies and percentages were used to summarize the characteristics, health beliefs and practice, and perceived benefits of CRC screening behaviors among participants. The adherence to screening recommendations, i.e. sigmoidoscopy within past 5 years or colonoscopy within past 10 years for participants age  $\geq 50$  years or family history, was the dependent variable and was recoded as a dichotomous variable (1= yes; 0=no). To determine the demographic and other factors that predict adherence to screening recommendations, bivariate correlation and multivariate logistic regression procedures were employed. The demographic and other variables were recoded as dichotomous variables (e.g., 1 = strongly agree; 0 = agree, neutral, disagree or strongly disagree) as needed to allow odds ratio calculations. The Kendall's tau test was used to assess the relationships among the dichotomous independent variables and the dichotomous dependent variable. The statistically significant variables from bivariate correlations using Kendall tau test were

then entered into a multivariate logistic regression model. The variables that were not statistically significant were backwards eliminated until parsimonious variables were identified as the predictors of adherence to screening recommendations. The level of significance was set  $p < 0.05$  for all data analyses.

## **Results**

### **Sample characteristics, health beliefs and practice**

Out of 188 participants, the majority were females, college graduates, married, and employed (Table 1). Most of them were born in the Philippines, had lived in the United States for more than 10 years and were of Catholic faith. A majority stated their beliefs as being “deeply religious”, and stated that they attended religious services on a weekly basis (Table 2). Most of the participants stated a belief that there is a God who will take care of their health and provides care or healing through health care providers. Most had visited a healthcare provider more than once in the past year and reported having very easy communication with them. A majority had talked about preventing illness with doctors “all the time” and had “followed through” with their instructions “all the time”. However, most of them still believed in traditional Filipino preventive practice and about 40% used alternative remedies for health problems.

### **Colorectal cancer screening behaviors and perceived benefits**

Twenty-one participants (11.2%) reported fair health status and eighteen (9.6%) had a relative who had “ever had colon or rectal cancer” (Table 3). About half of the participants had heard of a FOBT (54.8%) and a third had a FOBT using a home test kit (34.6%). The rate of adherence to the recommendation of a sigmoidoscopy within the

past 5 years or a colonoscopy within the past 10 years was 49.5%. A majority of the participants strongly agreed with the perceived benefits of colorectal cancer screening questions (Figure 1).

Table 1 Demographic characteristics

	<i>n</i> (%)
Age, mean (range), yr Age $\geq$ 65	64 (49-94) 86 (45.7)
Gender Male Female	75 (39.9) 113 (60.1)
Education Less than high school High school Some college College/graduate	20 (10.6) 30 (16.0) 42 (22.3) 96 (51.1)
Married	129 (68.6)
Country of birth US-born Philippines-born	3 (1.6) 183 (98.4)
Living in the US < 5 years 5-10 years >10 years	9 (4.8) 20 (10.6) 159 (84.6)
Employment	95 (50.5)
Religion Catholicism Protestantism Islam Others	163 (86.7) 6 (3.2) 1 (0.5) 18 (9.6)

*Note:* Values are expressed as *n* (%) unless otherwise indicated. Percentage may not add up to 100% because of the missing data or rounding.

Table 2 Health beliefs and practices

	<i>n</i> (%)
Deeply religious	105 (55.9)
Weekly religious service attendance	161 (85.6)
Belief in God taking care of health	183 (97.3)
Belief in God working through healthcare providers	177 (94.1)
Praying for healing is important	131 (69.7)
Used alternative remedies for health problems	73 (38.8)
Traditional Filipino preventive practice	95 (50.5)
Frequency of healthcare visit in the past year	
0 times	7 (3.7)
$\geq 1$	181 (96.3)
Speaking to doctor/nurse	
English	87 (46.3)
Tagalog	23 (12.2)
Both	74 (39.4)
Very easy communication with healthcare providers	122 (64.9)
Talked about preventing illness with doctor all the time	122 (64.9)
Trust in doctor completely	137 (72.9)
Willing to follow doctor's advice for medicine	148 (78.7)
Follow through with doctor's instruction all the time	131 (69.7)

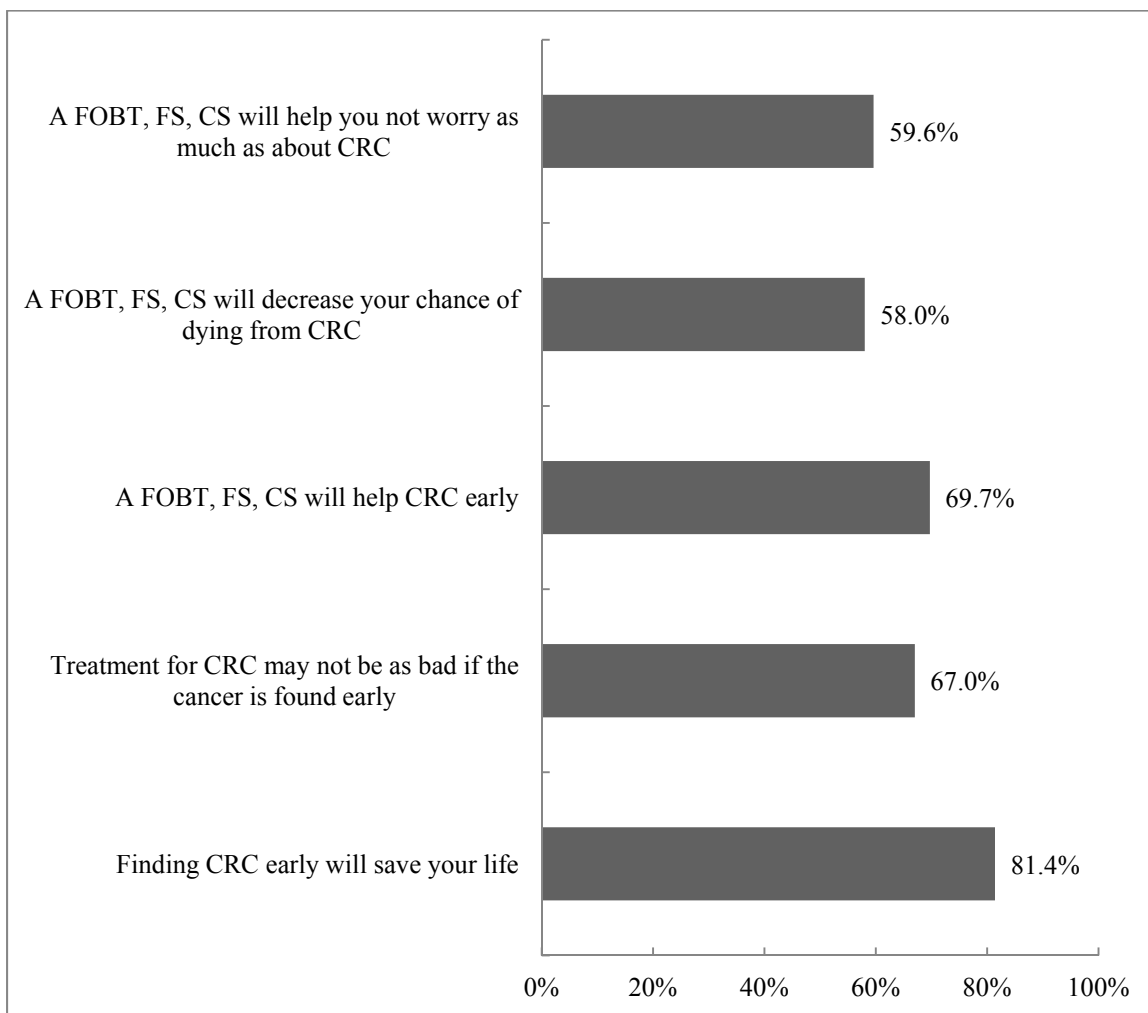


Table 3 Colorectal cancer screening behaviors

	<i>n</i> (%)
General health status	
Excellent	15 (8.0)
Very good	72 (38.3)
Good	80 (42.6)
Fair	21 (11.2)
Have a relative who ever had colon or rectal cancer	18 (9.6)
Have heard of a FOBT	103 (54.8)
Have done a FOBT using a home test kit	65 (34.6)
Have had FS	21 (11.2)
Have had CS	76 (40.4)
Adherence to CRC screening guidelines <sup>a</sup>	93 (49.5)

*Note:* <sup>a</sup> Sigmoidoscopy within past 5 years or colonoscopy within past 10 years for age  $\geq 50$  years or family history  
 CRC, Colorectal cancer; FOBT, Fecal Occult Blood Test; FS, Flexible Sigmoidoscopy;  
 CS, Colonoscopy

Figure 1 Perceived benefits of colorectal cancer screening



*Note.* CRC, colorectal cancer; FOBT, Fecal Occult Blood Test; FS, Flexible Sigmoidoscopy; CS, Colonoscopy

### **Predictors of adherence to colorectal cancer and polyps screening recommendations**

Bivariate correlation analyses identified a large number of independent variables that correlated with adherence to the screening recommendations including: age  $\geq 65$  years, living in the US  $> 10$  years, employment, Catholicism, having a relative with colorectal cancer, speaking in English, very easy communication with healthcare providers, doctor talking about prevention all the time, strong willingness to follow doctor's advice, having heard of FOBT, having done FOBT using a home-test kit, and strongly agreeing with several benefits of colorectal screening (Table 4).

All 15 independent variables significantly correlating with the adherence to screening recommendations were entered into a multivariate logistic regression model. Five variables emerged as significant predictors of adherence to screening recommendations: having a relative with colon or rectal cancer (OR=6.17;  $p=0.011$ ); having heard of FOBT (OR=4.58;  $p<0.001$ ); strong agreement with benefit of screening procedures reducing worry about CRC (OR=2.81;  $p=0.005$ ); age  $\geq 65$  (OR=2.64;  $p=0.008$ ); and very easy communication with health care providers (OR=2.43;  $p=0.018$ ).

Table 4 Significant Correlations between adherence to CRC screening guidelines and variables

	Adherence to screening recommendations
Age $\geq$ 65	0.202*
Living in the US >10 years	0.206**
Employment	-0.170*
Catholicism	0.199**
English speaking with healthcare providers	0.149*
Very easy communication with healthcare providers	0.260***
Talked about preventing illness with doctor all the time	0.148*
Willing to follow doctor's advice for medicine	0.150*
Have a relative who ever had colon or rectal cancer	0.220**
Have ever heard of a FOBT	0.322***
Have ever done a FOBT using a home test kit	0.310**
Treatment for CRC may not be as bad if the cancer is found early	0.241**
A FOBT, FS, CS will help you not worry as much as about CRC	0.295***
A FOBT, FS, CS will decrease your chance of dying from CRC	0.282***
A FOBT, FS, CS will help find CRC early	0.282***

*Note.* Adherence to colorectal cancer and polyps screening recommendations, flexible sigmoidoscopy within past 5 years or colonoscopy within past 10 years; CRC, Colorectal cancer; FOBT, Fecal Occult Blood Test; FS, Flexible Sigmoidoscopy; CS, Colonoscopy; \* $p < 0.05$ ; \*\* $p < 0.01$ ; \*\*\* $p < 0.001$ ;

## Discussion

In the current study, a large number of variables were found to correlate with the adherence to colorectal cancer and polyps screening recommendations in bivariate correlation analyses. However, multivariate logistic regression model showed that only five variables were significant predictors of adherence: having a relative with colorectal cancer, having heard of FOBT, strongly agreeing that screening procedures would reduce worry about CRC, age  $\geq 65$  years and very easy communication with healthcare providers.

Among the five predictors, the odds ratio was the highest for participants who have a relative with colorectal cancer with greater than 6-fold increased odds of adherence to screening recommendation compared to those without a relative with colorectal cancer. The current study findings are consistent with a previous study that showed an eleven-fold higher odds of willingness to undergo colonoscopy screening for those who had a first-degree relative with colorectal cancer compared to those without (Delgado-Plasencia, Lopez-Tomassetti-Fernandez, Hernandez-Morales, Torres-Monzon, & Gonzalez-Hermoso, 2009). However, the predictors “having a relative with CRC or age of 65 years and older” are obviously not modifiable.

Three of the five predictors are potentially modifiable: i.e., having heard of FOBT, strongly agreeing that screening procedures would reduce worry about CRC and very easy communication with healthcare providers. These three predictors are likely associated with effective patient-provider communications and interactions where the benefits of CRC screening, including FOBT, are discussed. A similar study finding on the patient-provider communications was also reported in a previous study that showed a

five-fold higher odds ratio of colonoscopy for those who received physicians' recommendations for screening (Taouqi, Beauchant, Migeot, & Ingrand, 2010). The findings of the current study are consistent with the results from a randomized controlled trial of educational interventions with distribution of free FOBT kit among Filipino-Americans where the 6-month rates of sigmoidoscopy or colonoscopy was improved to 8% in the intervention group compared to the 3% in the control group (Maxwell et al., 2010).

In the current study, only 49.5% of the participants were adhering to the colorectal cancer and polyps screening recommendations, which is very similar to the 47% rate reported by CDC among Asians in 2010 (CDC, 2012). Furthermore, slightly more than half of the participants in the current study had heard about FOBT (54.8%), perceived benefit of reduced worry through CRC screening (59.6%) and had ease of communication with healthcare providers (64.9%). Thus, there is still much room for improvements in the adherence rate as well as the modifiable predictors. These may be the areas where nurses could play a major role through patient education to increase patient awareness about CRC screening and reinforcing the adherence to the screening recommendations. In addition, nurses can help institute checklist or reminder procedures for CRC screening to identify non-adherent patients for targeting of interventional efforts.

### **Limitations**

There were several limitations of this study. The relationship between predictors and adherence to screening recommendations should not be taken as a cause-and-effect relationship since this study was a cross-sectional study. The self-reported responses to the questionnaire may have over-estimated the true adherence to the colorectal cancer and

polyps screening recommendations. Because the participants were all Filipino-Americans attending community churches, the study findings may not be generalized to the population at large. Finally, the adherence to the annual FOBT recommendation was not assessed in this study. Although FOBT is non-invasive and easy to perform, FOBT alone cannot detect adenomatous polyps. Innovative strategies are needed to achieve high rates of adherence to the screening recommendations for early detection of colorectal cancer and adenomatous polyps to reduce mortality from colorectal cancer.

### **Conclusions**

Patient awareness of colorectal cancer screening and its benefits through effective patient-provider communication were significant modifiable predictors of adherence to colorectal cancer and polyps screening recommendations among Filipino-Americans. To improve cancer-screening behaviors, nurses could have a major impact through effective patient education in increasing patient awareness and benefits of cancer screening. Innovative strategies are needed to achieve high rates of adherence to screening recommendations.

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## Appendix A: IRB Approval Letter

### **PLNU IRB**

#### **Expedited Review**

**# 906**

**Thursday, August 25th, 2011**

**PI: Dorilyn D. Francisco, RN**

**Additional Investigators: N/A**

**Faculty Advisor: Son Chae Kim, PhD, RN**

**Title: Knowledge, attitudes, practice and barriers in colorectal cancer screening among Filipino Americans.**

The research proposal was reviewed and verified as an expedited review under category 7 and has been approved in accordance with PLNU's IRB and federal requirements

pertaining to human subjects protections within the **Federal Law 45 CFR 46.101 b.**

Your project will be subject to approval for one year from the August 25, 2011 date of approval. After completion of your study or by August 25, 2012, you must submit a summary of your project or a request for continuation to the IRB. If any changes to your study are planned or you require additional time to complete your project, please notify the IRB chair.

For questions related to this correspondence, please contact the IRB Chair, Ross A.

Oakes Mueller, Ph.D., at the contact information below. To access the IRB to request a review for a modification or renewal of your protocol, or to access relevant policies and guidelines related to the involvement of human subjects in research, please visit the PLNU IRB web site.

Best wishes on your study,

Ross A. Oakes Mueller, Ph.D.

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## **Appendix B: Introductory Letter**

### **Knowledge, Attitudes, Practice and Barriers in Colorectal Cancer Screening among Filipino-Americans**

#### **Introductory Letter to Potential Filipino/Filipino-American Research Participants**

Dear Fellow Filipino/Filipino-Americans,

Dorilyn D. Francisco, is conducting a research study for her master's thesis in nursing, at Point Loma Nazarene University. The purpose of this study is to evaluate the knowledge, attitudes, practice and barriers in colorectal cancer screening among Filipino-Americans. Education and preventive cancer strategies are vital in reducing CRC related deaths and increase rates of CRC screening will show promise for reducing mortality rates among Filipino/Filipino-Americans. You have been asked to take part in this research study because you are at least 50 years old or above. There will be approximately 200 Filipino-American 50 years old and above participants involved in this research project.

If you consent to participate in this study, you will complete a research questionnaire form. The questionnaire form will take approximately 15-20 minutes to complete. Your completion of the research questionnaire form indicates your willingness to participate. At any time during this study, you can decline to answer any questions in the questionnaire or withdraw from the study, without any penalty or consequences.

Participation in this study does not involve any risk for physical or emotional harm. Your individual responses to the study questionnaire will be numerically coded to provide anonymity of your individual responses. To maintain confidentiality of your individual demographic data and study questionnaire responses, these data will be kept in a secure and locked area and will not be available to anyone not directly involved in this particular study's data collection or analysis. Your individual responses will be aggregated with the responses of the other participants and reported only in the aggregate form. No personal identifying information will be reported.

I hope that you will be willing to participate in this study. Your consent to participate in the study is implied if you elect to complete the questionnaires and return them to the study investigator. If you have any questions or research related problems, you may call Dorilyn D. Francisco at 858-349-0515 or my thesis project adviser, Dr. Son Chae Kim at 619-849-7146. If you have any questions about your rights as a participant in this study or to report any research related problems, you may contact the Institutional Review Board at Point Loma Nazarene University at 619-849-2710.

Thank you for consideration of this study.

Dorilyn D. Francisco

### Appendix C: Introductory Letter (Tagalog)

Minamahal na Kapwa Filipino/Filipino-American,

Si Dorilyn D. Francisco, ay nagsasagawa ng pag-aaral ng pananaliksik para sa sanaysay ng kanyang master sa nursing, sa Point Loma Nazarene University. Ang layunin ng pag-aaral na ito ay upang suriin ang kaalaman, mga kaugalian, kasanayan at mga hadlang sa colorectal cancer screening ng mga Filipino at Filipino-American. Kaalaman at mga mahalagang pag-iingat ukol sa colorectal cancer screening ay magpapatunay upang mabawasan ang sanhi ng karamdaman at dahilan ng pagpanaw ng mga Filipino at Filipino-American. Ikaw ay tatanungin upang makibahagi sa pag-aaral pananaliksik sapagkat ang iyong edad ay hindi bababa ng 50 taong gulang. Humigit-kumulang na 200 na Filipino at Filipino-Amerikano, 50 taon gulang at pataas ang kalahok sa pananaliksik na ito.

Kung sumasangayon ka na lumahok sa pananaliksik na ito ikaw ay tutugon sa isang palatanungan. Ang palatanungan ay tatagal ng 15-20 minuto. Ang inyong pakikilahok ay ganap na kusang loob at maaaring tumanggi sa paglahok anumang oras habang sinasagot ang mga palatanungan. Kung pumapayag ka sa paglahok sa pananaliksik na ito, mangyari na sagutin lahat ang mga palatanungan na tatagal ng humigit kumulang sa 15-20 minuto. Ang iyong pagtugon sa palatanungan ng pananaliksik na ito ay nagpapahiwatig ng iyong pagsangayon sa paglahok. Maaari mong tanggihan na sagutin ang alinman sa mga tanong o tumangging lumahok sa anumang oras.

Napakaliit ang panganib na ang mga katugunan sa mga palatanungan ay matutukoy sa mga lumahok sa pananaliksik na ito. Walang pisikal o emosyonal na pinsala ang inaasahan na magiging sanhi sa pagtugon sa mga katanungan. Ang inyong mga tugon sa mga palatanungan ay tutugmaan ng nararapat na bilang upang mapanatiling lihim kung sino ang tumugon sa palatanungan. Upang mapanatiling lihim ang anumang mapagkakakilanlan sa mga tugon sa palatanungan, ang mga tugon ay ilalagak na matiwasay sa isang ligtas na lugar. Walang sinumang hindi kabilang sa pagsasaliksik na ito ang makakagamit ng mga tugon at ulat ng mga palatanungan. Ang bawat tugon sa mga palatanungan ay lilikupin at iuulat ng sama-sama. Walang anumang tugon na pagkakakilanlan ang maaaring iulat.

Ako ay umaasa na ikaw ay handang lumahok sa pananaliksik na ito. Ang inyong pagsagot sa mga palatanungan at pagpasa ng mga tugon ay nagpapahiwatig ng iyong pahintulot upang lumahok sa pananaliksik na ito. Kung mayroon kang anumang mga katanungan kaugnay sa pananaliksik na ito, maaari kang tumawag kay Dorilyn D. Francisco sa 858-349-0515 o sa kanyang tagapagpayo ng sanaysay-pananaliksik na ito, Dr. Son Chae Kim sa 619-849-7146. Kung mayroon kang anumang mga katanungan tungkol sa iyong mga karapatan bilang isang kalahok sa pananaliksik na ito o upang mag-ulat ng anumang mga kaugnay na sigalot, maaari kang makipag-ugnay sa Institutional Review Board sa Point Loma Nazarene University sa 619-849-2710.

Salamat sa iyong pagsasaalang-alang ng pananaliksik na ito.

Dorilyn D. Francisco

### **Appendix D: Actual Script for Subject Recruitment**

My name is Dorilyn D. Francisco, Registered Nurse, and a MSN student from Point Loma Nazarene University (PLNU) conducting a research on Knowledge, attitudes and barriers in colorectal cancer (CRC) screening among Filipino/ Filipino-Americans. The purpose of this study is to help identify the need to develop an educational intervention to increase awareness of CRC screening among us.

I am inviting you to participate in this research study by answering the survey questionnaire related to CRC screening. Your participation is entirely voluntary and you may refuse to participate or withdraw anytime during the process of answering the survey questionnaire. If you consent to participate in this study, you will complete a research questionnaire form. The questionnaire form will take approximately 15-20 minutes to complete. Thank you for your consideration to participate in the study.

There is minimal risk involve as the data collected will be anonymous and no physical or emotional harm expected resulting from answering the survey questionnaire.

### **Appendix E: Actual Script for Subject Recruitment (Tagalog)**

Ako po ay si Dorilyn D. Francisco, isang nars at mag-aaral sa Point Loma Nazarene University(PLNU) na nagsasagawa ng pananaliksik sa kaalaman, kaugalian, kasanayan at mga hadlang tungkol sa colorectal cancer screening sa mga Filipino at mga Filipino-American. Ang layunin ng pananaliksik na ito ay upang makatulong sa paghahanap ng lunas na pang edukasyon upangmataasan ang ating kaalaman ukol sa colorectal cancer screening. Inaanyayahan ko kayo na lumahok sa pananaliksik na ito sa pamamagitan ng pagtugon sa mga palatanungan na may kaugnayan sa colorectal cancer screening. Ang inyong pakikilahok ay ganap na kusang loob at maaaring tumanggi sa paglahok anumang oras habang sinasagot ang mga palatanungan. Kung pumapayag ka sa paglahok sa pananaliksik na ito, mangyari na sagutin lahat ang mga palatanungan na tatagal ng humigit kumulang sa 15-20 minuto.

Maraming salamat sa inyong pagsasaalang-alang sa paglahok. Napakaliit ang panganib na ang mga katugunan sa mga palatanungan ay matutukoy sa mga lumahok sa pananaliksik na ito. Walang pisikal o emosyonal na pinsala ang inaasahan na magiging pagtugon sa mga katanungan.



### **Appendix F: Actual Script for Subject Debriefing**

I would like to thank everyone for participating in this research study. This will help identify the need to develop an educational intervention to increase awareness of CRC screening among us.

Many Filipino descents seek medical attention only when symptoms arise leading to late diagnosis. CRC has been described as preventable if discovered in pre-malignant stage. Early CRC usually has no symptoms and are successfully treated when detected early. There are different screening modalities available for colon screening tests. Please see your regular doctors and discuss colon screening as part of your preventive care. If you do not have a regular doctor I can give you a list to choose a doctor.

You can ask me as many questions about the study and the significance of this research to make you more comfortable participating. At any time, you can decline to answer any questions in the questionnaire or withdraw from the study, without any consequences.

**Appendix G: Actual Script for Subject Debriefing (Tagalog)**

Maraming salamat sa lahat ng lumahok sa pananaliksik na ito. Makakatulong ang pananaliksik na ito sa paghahanap ng lunas na pang edukasyon upang mataasan ang ating kaalaman ukol sa colorectal cancer screening.

Karamihan sa mga Filipino ay nagpapagamot lamang kung may masamang naramdaman na kung kayat sa pagsusuri ang karamdaman ay kalimitang malala na. Ang colorectal cancer ay maiiwasan kung matutuklasan ng maaga. Karaniwan sa colorectal cancer ay walang palatandaan at maagapan ng lunas kung matutuklasan ng maaga. Maraming ibat ibang paraan ng pagtuklas ng colorectal cancer.

Mangyari ay magpasuri sa inyong mga doktor at talakayin ang colorectal cancer screening bilang bahagi ng pag-iwas ng pagkakasakit. Maaari ko kayong bigyan ng listahan ng mga doktor kung inyong nanaisin.

Maaari kang magtanong tungkol sa kahalagahan ng pananaliksik na ito.

### Appendix H: Questionnaire

<p>Directions: This questionnaire asks questions about your knowledge, attitudes, practice, and barriers toward colorectal cancer screening. Please carefully read each question before responding and answer each question as honestly as possible. Your participation in this study is voluntary. Do not write your name on this survey. Completion of this questionnaire indicates your consent to participate in this study.</p>	
1. What is your age? _____ years old	2. What is your gender? <input type="radio"/> Male <input type="radio"/> Female
3. Where were you born? <input type="radio"/> US <input type="radio"/> Philippines <input type="radio"/> Others	4. How long have you been living in the US? <input type="radio"/> Less than 5 years <input type="radio"/> 5 – 10 years <input type="radio"/> More than 10 years
5. What is your marital status? <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Living with partner	6. What is your highest earned degree? <input type="radio"/> Less than high school <input type="radio"/> High School graduate <input type="radio"/> Some College <input type="radio"/> College/graduate/postgraduate <input type="radio"/> No formal education
7. Are you currently employed? <input type="radio"/> Yes <input type="radio"/> No	8. Please rate how religious you are? <input type="radio"/> Deeply religious <input type="radio"/> Somewhat religious <input type="radio"/> Not religious
9. Which religion do you believe in and/or practice? <input type="radio"/> Catholicism <input type="radio"/> Protestantism <input type="radio"/> Islam <input type="radio"/> Other: _____	10. How often do you attend religious services? <input type="radio"/> 2 or 3 times a week <input type="radio"/> once a week <input type="radio"/> once a month <input type="radio"/> Hardly ever <input type="radio"/> Never
11. Do you believe that there is a God who will take care of your health and your family's health? <input type="radio"/> Yes <input type="radio"/> No	12. God provides care and/or healing through doctors and other health providers. <input type="radio"/> True <input type="radio"/> False
13. When a family member or I becomes sick, it is just as important or even more important to pray for healing than go to the doctor for medical help. <input type="radio"/> True <input type="radio"/> False	14. What dialects/languages do you use when speaking to a doctor/nurse/clinician? <input type="radio"/> English <input type="radio"/> Tagalog <input type="radio"/> Both <input type="radio"/> Other: _____
15. How long have you been a patient with your doctor/clinician? <input type="radio"/> Less than 1 year <input type="radio"/> 1-3 years <input type="radio"/> 4-5 years <input type="radio"/> 5 or more years <input type="radio"/> Others	16. On a scale from 1-5, how easy or difficult is communicating with health care providers (doctors, nurses, therapists, etc) <input type="radio"/> 1 – Very Easy <input type="radio"/> 2 – Somewhat Easy <input type="radio"/> 3 – Neither Easy or Difficult <input type="radio"/> 4 – Somewhat Difficult <input type="radio"/> 5 – Very Difficult
17. When discussing your health, which doctor are you likely to understand better? <input type="radio"/> A doctor born in the Philippines <input type="radio"/> A Filipino-American doctor (US born) <input type="radio"/> Both of the above equally well <input type="radio"/> A doctor who is neither a Filipino or Filipino-American <input type="radio"/> None of the above	18. Would you say that in general your health is... <input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Fair
19. How many times have you visited a doctor/clinic provider in the last year? <input type="radio"/> 0 times	20. If you did not visit a doctor in the last year, check all that apply. <input type="radio"/> Could not get time off from work

<input type="radio"/> 1-3 times <input type="radio"/> 4-7 times <input type="radio"/> 8-9 times <input type="radio"/> 10 plus	<input type="radio"/> No insurance <input type="radio"/> Rather see a Filipino healer <input type="radio"/> Other: _____
21. If you visited a doctor in the last year, check all that apply. <input type="radio"/> Check-up / Follow-up <input type="radio"/> Feeling sick <input type="radio"/> Other: _____ _____	22. If you visited a doctor/clinic provider, where did you go for those services? Check all that apply. <input type="radio"/> Private or independent health care provider <input type="radio"/> Community clinic <input type="radio"/> Emergency room <input type="radio"/> Community healer <input type="radio"/> Asian Pacific Health Care Venture <input type="radio"/> Other: _____
23. Have you ever talked about preventing illnesses with your doctor? <input type="radio"/> All the time <input type="radio"/> Often <input type="radio"/> Occasionally <input type="radio"/> Rarely <input type="radio"/> Never	24. While on a doctor visit, when the doctor tells you about your health condition or your diagnosis, do you believe what he/she says? <input type="radio"/> All the time <input type="radio"/> Often <input type="radio"/> Occasionally <input type="radio"/> Rarely <input type="radio"/> Never
25. Do you follow through with everything the doctor tells you to do? <input type="radio"/> Always <input type="radio"/> Often <input type="radio"/> Occasionally <input type="radio"/> Rarely <input type="radio"/> Never	26. On a scale of 1-5, how much would you say you could trust what the doctor tells you about your health? <input type="radio"/> 1 - Completely <input type="radio"/> 2 – Somewhat <input type="radio"/> 3 – Not sure <input type="radio"/> 4 – Not much <input type="radio"/> 5 – Not at all
27. If your doctor gives you a prescription how willing are you to follow his/her advice and take the prescribed medicine? <input type="radio"/> Very willing <input type="radio"/> Somewhat willing <input type="radio"/> Not very willing <input type="radio"/> Not willing at all	28. Have ever used remedies for health problems that are different from Western medicine? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
29. Do you practice any traditions to prevent sickness that are different from Western medicine? <input type="radio"/> Yes <input type="radio"/> No	30. If you answered Yes on the previous question, rate on a scale from 1-5 the overall effectiveness of these traditions for you in preventing sickness. (Skip if you answered No) <input type="radio"/> 1 – Helped a lot <input type="radio"/> 2 – Helped somewhat <input type="radio"/> 3 – Helped but only a little <input type="radio"/> 4 – Made no difference <input type="radio"/> 5 – Made me sick
31. Finding colorectal cancer early will save your life. <input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Neutral <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree	32. Think only about your biological mother and father, full brothers and sisters, and your biological sons or daughters. At any time in their lives, did any of these relatives ever have cancer of the colon or rectum? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
33. How many of these relatives had cancer of the colon or rectum (cancer of the lower intestine)? <input type="radio"/> 1 <input type="radio"/> 2 or more <input type="radio"/> I don't know	34. Have you ever heard of a fecal occult or stool blood test? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
35. Have you ever done a stool blood test using a "home" test kit? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure / I don't know	36. If yes, why did you do your most recent home stool blood test? <input type="radio"/> Part of a routine examination or checkup <input type="radio"/> Because of a symptom or health problem <input type="radio"/> Follow-up of an earlier abnormal test

	<input type="radio"/> Not sure / I don't know
<p>37. A fecal occult blood test or stool blood test, flexible sigmoidoscopy, colonoscopy will help find colorectal cancer early.</p> <input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Neutral <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree	<p>38. A fecal occult blood test or stool blood test, flexible sigmoidoscopy, colonoscopy will decrease your chances of dying from colorectal cancer.</p> <input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Neutral <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree
<p>39. A fecal occult blood test or stool blood test, flexible sigmoidoscopy, colonoscopy will help you not worry as much about colorectal cancer.</p> <input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Neutral <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree	<p>40. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
<p>41. Have you ever had a sigmoidoscopy (a flexible tube is inserted into the rectum to look for problems) or colonoscopy (colonoscopy is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test)?</p> <input type="radio"/> Sigmoidoscopy <input type="radio"/> Colonoscopy <input type="radio"/> Not sure / I don't know <input type="radio"/> None	<p>42. How long has it been since your last sigmoidoscopy or colonoscopy?</p> <input type="radio"/> None <input type="radio"/> Within past year (less than 12 months ago) <input type="radio"/> Within past 2 years (1 year but less than 2 years ago) <input type="radio"/> Within past 3 years (2 years but less than 3 years ago) <input type="radio"/> Within the past 5 years (3 years but less than 5 years ago) <input type="radio"/> Within the past 10 years (5 years but less than 10 years ago) <input type="radio"/> 10 or more years ago
<p>43. Why did you have your most recent sigmoidoscopy or colonoscopy?</p> <input type="radio"/> Part of a routine examination or checkup <input type="radio"/> Because of a symptom or health problem <input type="radio"/> Follow-up of an earlier abnormal test <input type="radio"/> Not sure / I don't know	<p>44. The treatment for colorectal cancer may not be as bad if the cancer is found early.</p> <input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Neutral <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree

### Appendix I: Questionnaire (Tagalog)

<p>Direksyon: Ang mga sumusunod na katanungan ay humihingi ng mga katugunan tungkol sa iyong kaalaman, kaugalian, kasanayan at mga hadlang tungkol sa colorectal cancer. Mangyaring maingat na basahin ang bawat tanong bago sagutan ng buong katapatan. Ang inyong pakikilahok sa pagsasaliksik na ito ay kusang loob. Huwag isulat ang iyong pangalan sa alinmang bahagi ng papeles. Ang pagkumpleto ng palatanungan na ito ay nagpapahiwatig ng iyong pahintulot upang lumahok sa pagsasaliksik na ito.</p>	
<p>1. Ano ang iyong edad? _____ taong gulang</p>	<p>2. Ano ang iyong kasarian? O Lalake O Babae</p>
<p>3. Saan ka ipinanganak? O US O Pilipinas O iba</p>	<p>4. Gaano katagal ka na naninirahan sa Estados Unidos? O Mas mababa sa 5 taon O 5 - 10 taon O Higit sa 10 taon</p>
<p>5. Ikaw ba ay... O Binata / Dalaga O Kasal O Diborsiyado O Biyuda / Biyudo O May Kasambahay</p>	<p>6. Ano ang iyong pinakamataas na pinag-aralan? O Mababang Paaralan O Mataas na Paaralan O Konting Kolehiyo O Kolehiyo / Nakapagtapos O Walang pormal na edukasyon</p>
<p>7. Kasalukuyang may trabaho? O Oo O Hindi</p>	<p>8. Gaano ka karelihiyoso? O Relihiyoso O Medyo Relihiyoso O Hindi Relihiyoso</p>
<p>9. Ano ang iyong kasalukuyang relihiyon? O Katoliko O Protestante O Islam O Iba pa: _____</p>	<p>10. Gaano ka kadalas na sumimba? O 2 - 3 beses isang linggo O isang beses sa isang linggo O isang beses sa isang buwan O hindi kadalasan O Hindi kailanman</p>
<p>11. Naniniwala ka ba na may Diyos na magpapatnubay ng iyong kalusugan at kalusugan ng iyong pamilya? O Oo O Hindi</p>	<p>12. Naniniwala ka ba na ang Diyos ang nagbibigay ng pangangalaga at paglunas ng karamdaman sa pamamagitan ng mga doktor? O Tama O Mali</p>
<p>13. Kapag ang isang miyembro ng pamilya o ako ay may sakit, mas mahalaga na manalangin para sa paglunas ng karamdaman kaysa pumunta sa doktor. O Tama O Mali</p>	<p>14. Ano ang mga wika na iyong ginagamit sa pakikipag-usap sa doktor o nars? O Ingles O Tagalog O Pareho O Iba pa: _____</p>
<p>15. Gaano katagal ka nang pasyente sa iyong doktor ? O Mas mababa sa 1 taon O 1-3 taon O 4-5 taon O 5 o mahigit pang taon O Iba pa: _____</p>	<p>16. Gaano kadali o kahirap makipag-usap sa mga nangangalaga ng iyong kalusugan (doktor, nars, therapists, atbp.) O 1 - Napakadali O 2 - Medyo madali O 3 - Katamtaman O 4 - Medyo mahirap O 5 - Masyadong mahirap</p>

<p>17. Kapag ang iyong kalusugan ang tatalakayin, sino sa mga sumusunod na doktor ang iyong mas mauunawaan?</p> <p><input type="radio"/> Doktor na ipinanganak sa Pilipinas</p> <p><input type="radio"/> Filipino-Amerikano na doktor (ipinanganak sa US)</p> <p><input type="radio"/> Alinman ng nasa itaas</p> <p><input type="radio"/> Doktor na banyaga</p> <p><input type="radio"/> Wala sa itaas</p>	<p>18. Sa pangkalahatan ang iyo bang kalusugan ay ...</p> <p><input type="radio"/> Mahusay na mahusay</p> <p><input type="radio"/> Napakabuti</p> <p><input type="radio"/> Mahusay</p> <p><input type="radio"/> Katamtaman</p>
<p>19. Ilang beses kang bumisita sa iyong doktor nitong nakalipas na taon?</p> <p><input type="radio"/> wala</p> <p><input type="radio"/> 1-3 beses</p> <p><input type="radio"/> 4-7 beses</p> <p><input type="radio"/> 8-9 beses</p> <p><input type="radio"/> 10 o mahigit</p>	<p>20. Kung hindi ka bumisita sa iyong doktor nitong nakaraang taon, markahan ang mga dahilan na tumutugma.</p> <p><input type="radio"/> Hindi makaliban sa trabaho</p> <p><input type="radio"/> Walang health insurance</p> <p><input type="radio"/> Pumunta sa albularyo/manghihilot</p> <p><input type="radio"/> Iba pa: _____</p>
<p>21. Kung bumisita ka sa doktor nitong nakalipas na taon, markahan ang mga tumutugma na kasagutan.</p> <p><input type="radio"/> Check-up / Follow-up</p> <p><input type="radio"/> May karamdaman</p> <p><input type="radio"/> Ibang dahilan: _____</p> <p>—</p>	<p>22. Kung binisita mo ang nangangalaga ng iyong kalusugan, saan ka pumupunta upang magpasuri? Markahan ang mga tumutugma na kasagutan.</p> <p><input type="radio"/> Pribadong health care provider</p> <p><input type="radio"/> Community Clinic</p> <p><input type="radio"/> Emergency Room</p> <p><input type="radio"/> Albularyo o manghihilot</p> <p><input type="radio"/> Iba pa: _____</p>
<p>23. Tinalakay na ba ninyo ng iyong doktor kung paano mapipigilan ang pagdapo ng mga karamdaman?</p> <p><input type="radio"/> Palagi</p> <p><input type="radio"/> Madalas</p> <p><input type="radio"/> Paminsan-minsan</p> <p><input type="radio"/> Bihira</p> <p><input type="radio"/> Hindi Kailanman</p>	<p>24. Naniniwala ka ba sa lahat ng sinasabi ng iyong doktor tungkol sa iyong karamdaman?</p> <p><input type="radio"/> Palagi</p> <p><input type="radio"/> Madalas</p> <p><input type="radio"/> Paminsan-minsan</p> <p><input type="radio"/> Bihira</p> <p><input type="radio"/> Hindi Kailanman</p>
<p>25. Sumusunod ka ba sa lahat ng payo ng iyong doktor?</p> <p><input type="radio"/> Palagi</p> <p><input type="radio"/> Madalas</p> <p><input type="radio"/> Paminsan-minsan</p> <p><input type="radio"/> Bihira</p> <p><input type="radio"/> Hindi Kailanman</p>	<p>26. Gaano ka nagtitiwala sa mga payo ng iyong doktor tungkol sa iyong kalusugan.</p> <p><input type="radio"/> 1 - Ganap</p> <p><input type="radio"/> 2 - Medyo</p> <p><input type="radio"/> 3 - Hindi sigurado</p> <p><input type="radio"/> 4 - Hindi gaano</p> <p><input type="radio"/> 5 - Hindi kailanman</p>
<p>27. Kung nagresetang ang iyong doktor, sang ayon ka ba sa kanyang mga payo at handang gamitin ang mga gamot?</p> <p><input type="radio"/> Sang-ayon</p> <p><input type="radio"/> Medyo sang-ayon</p> <p><input type="radio"/> Hindi gaanong sang-ayon</p> <p><input type="radio"/> Hindi kailanman</p>	<p>28. Gumamit ka na ba ng mga panlunas sa mga karamdaman na hindi katulad ng ginagamit sa US?</p> <p><input type="radio"/> Oo</p> <p><input type="radio"/> Hindi</p> <p><input type="radio"/> Hindi ko alam</p>
<p>29. Mayroon ka bang mga tradisyon upang maiwasan ang mga karamdaman na naiiba kaysa sa mga ginagawa sa US?</p> <p><input type="radio"/> Oo</p> <p><input type="radio"/> Hindi</p>	<p>30. Kung sumagot ka ng “Oo” sa nakaraang katanungan, gaano kabisa ang mga ito upang maiwasan ang karamdaman. (Laktawan ang tanong na ito kung “Hindi” ang iyong sagot.)</p> <p><input type="radio"/> 1 - Nakatulong ng marami</p> <p><input type="radio"/> 2 – Medyo nakatulong</p>

	<p>O 3 - Nakatulong ng kaunti  O 4 - Walang pagkakaiba  O 5 – Lumala ang karamdaman</p>
<p>31. Ang pagtuklas ng colorectal cancer ng maaga ay makakasagip ng buhay.  <input type="radio"/> Matinding pagsang-ayon  <input type="radio"/> Sang-ayon  <input type="radio"/> Walang kinikilingan  <input type="radio"/> Hindi sumasang-ayon  <input type="radio"/> Matindi ang hindi pagsang-ayon</p>	<p>32. Nagkaroon ba ng colorectal cancer ang alin man sa iyong mga magulang, kapatid o alin man sa iyong mga anak?  <input type="radio"/> Oo  <input type="radio"/> Hindi  <input type="radio"/> Hindi ko alam</p>
<p>33. Ilan sa kanila ang nagkaroon ng colorectal cancer?  <input type="radio"/> 1  <input type="radio"/> 2 o higit pa  <input type="radio"/> Hindi ko alam</p>	<p>34. Mayroon ka bang kaalaman tungkol sa “fecal occult” o “stool blood test”?  <input type="radio"/> Oo  <input type="radio"/> Hindi  <input type="radio"/> Hindi ko alam</p>
<p>35. Nakagamit ka na ba ng “stool blood test” sa pamamagitan ng “home test kit”?  <input type="radio"/> Oo  <input type="radio"/> Hindi  <input type="radio"/> Hindi sigurado / hindi ko alam</p>	<p>36. Kung “Oo” ang iyong sagot, ano ang dahilan?  <input type="radio"/> Bahagi ng isang regular na pagsusuri o checkup  <input type="radio"/> Sanhi ng isang palatandaan ng problema sa kalusugan  <input type="radio"/> Pagsusuri sa isang hindi normal na resulta  <input type="radio"/> Hindi sigurado / Hindi ko alam</p>
<p>37. Ang “fecal occult blood”, “stool blood test”, “flexible sigmoidoscopy”, “colonoscopy” ay makakatulong sa maagang pagtuklas ng colorectal cancer.  <input type="radio"/> Matinding pagsang-ayon  <input type="radio"/> Sang-ayon  <input type="radio"/> Walang kinikilingan  <input type="radio"/> Hindi sumasang-ayon  <input type="radio"/> Matindi ang hindi pagsang-ayon</p>	<p>38. Ang “fecal occult blood”, “stool blood test”, “flexible sigmoidoscopy”, “colonoscopy” ay makakatulong sa pagbawas ng pagkakasakit ng “colorectal cancer”.  <input type="radio"/> Matinding pagsang-ayon  <input type="radio"/> Sang-ayon  <input type="radio"/> Walang kinikilingan  <input type="radio"/> Hindi sumasang-ayon  <input type="radio"/> Matindi ang hindi pagsang-ayon</p>
<p>39. Ang “fecal occult blood”, “stool blood test”, “flexible sigmoidoscopy”, “colonoscopy” ay mga pagsusuri upang hindi ka mag alala ukol sa “colorectal cancer”.  <input type="radio"/> Matinding pagsang-ayon  <input type="radio"/> Sang-ayon  <input type="radio"/> Walang kinikilingan  <input type="radio"/> Hindi sumasang-ayon  <input type="radio"/> Matindi ang hindi pagsang-ayon</p>	<p>40. Ang “sigmoidoscopy” at “colonoscopy” ay pagsusuri kung saan ang tubo ay pinapasok sa tumbong upang malaman kung may karamdaman o may problema sa kalusugan. Ginawa na ba sa iyo ang ganitong pagsusuri?  <input type="radio"/> Oo  <input type="radio"/> Hindi  <input type="radio"/> hindi ko alam</p>
<p>41. Ginawa na ba sa iyo ang sigmoidoscopy o colonoscopy? Markahan ang sagot na tumutugma.  <input type="radio"/> Sigmoidoscopy – pagsusuri kung saan ang tubo ay pinasok sa tumbong upang malaman kung may karamdaman o problema sa kalusugan  <input type="radio"/> Colonoscopy - pagsusuri na katulad ng sigmoidoscopy ngunit may kasamang gamot na pampatulog at sinabihan ka na kailangan mo ng ibang tao na maghahatid sa iyo pauwi  <input type="radio"/> Hindi sigurado / hindi ko alam  <input type="radio"/> Wala</p>	<p>42. Gaano katagal na ang nakalipas ng iyong huling sigmoidoscopy o colonoscopy?  <input type="radio"/> Wala pa  <input type="radio"/> 1 taon (mas mababa sa 12 buwan na nakalipas)  <input type="radio"/> 2 taon (1 taon ngunit mas mababa sa 2 taon na nakalipas)  <input type="radio"/> 3 taon (2 taon ngunit mas mababa sa 3 taon na nakalipas)  <input type="radio"/> 5 taon (3 taon ngunit mas mababa sa 5 taon na nakalipas)  <input type="radio"/> 10 taon (5 taon ngunit mas mababa sa 10 taon nanakalipas)  <input type="radio"/> 10 o higit pang mga taon na nakalipas</p>



<p>43. Bakit ka nagpa-sigmoidoscopy o colonoscopy?</p> <p><input type="radio"/> Bahagi ng isang regular na pagsusuri o checkup</p> <p><input type="radio"/> Sanhi ng isang palatandaan ng problema sa kalusugan</p> <p><input type="radio"/> Pagsusuri sa isang hindi normal na resulta</p> <p><input type="radio"/> Hindi sigurado / Hindi ko alam</p>	<p>44. Kung matutuklasan ng maaga ang colorectal cancer, ang mga lunas dito ay hindi gaanong mahirap sa katawan.</p> <p><input type="radio"/> Matinding pagsang-ayon</p> <p><input type="radio"/> Sang-ayon</p> <p><input type="radio"/> Walang kinikilingan</p> <p><input type="radio"/> Hindi sumasang-ayon</p> <p><input type="radio"/> Matindi ang hindi pagsang-ayon</p>
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**Appendix J: Letters of Support**



## Good Shepherd Parish

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8200 Gold Coast Drive • San Diego, CA • 92126-3669

Tel (858) 271-0207

### Letter of Support

July 18, 2011  
Institutional Review Board  
Point Loma Nazarene University  
3900 Lomaland Dr  
San Diego, CA 92106

To Whom It May Concern,  
I am allowing Dorilyn D. Francisco to conduct her research survey among my parishioners in the issue of Colorectal Cancer screening knowledge, attitudes, practices and barriers among Filipino-Americans.

Sincerely,  
  
The Reverend Father Michael Robinson



## Jesus Is Alive Christian Fellowship

"... behold I am alive for evermore. Rev. 1:18

660 Azusa Ave. Azusa CA 91702

### Letter of Support

July 28 2011  
Institutional Review Board  
Point Loma Nazarene University  
3900 Lomaland Dr  
San Diego, Ca 92126

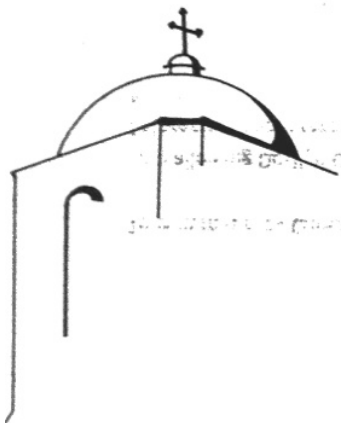
To Whom It May Concern,

I give permission to Dorilyn D. Francisco to conduct her research study survey among my congregation. We understand that education and preventive cancer strategies are vital in reducing colorectal cancer related deaths that is why we participate in this survey.

We hope in some ways we can be at help in these studies.

Sincerely,

  
Rex. Pastor Manuel Rojas



# ST. MICHAEL PARISH

August 4, 2011

Institutional Review Board  
Point Loma Nazarene University  
3900 Lomaland Dr.  
San Diego, CA 92106

To Whom It May Concern,

I am allowing Dorilyn D. Francisco to conduct survey among my parishioners in the issue of Colorectal Cancer screening knowledge, attitudes, practices and barriers among Filipino-Americans

Sincerely,

Rev. Manny Ediza  
Pastor