

## **JASC and Academic Partners Explored Ways to Promote Colorectal Cancer Screening among Japanese American Families**

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Colorectal cancer (CRC) is the second leading cancer in the United States. Moreover, Japanese Americans have significantly higher risk for CRC compared to non-Hispanic Whites. Why? Research indicates that it is partially due to a combination of genetic predisposition and Western dietary patterns such as high consumption of red and processed meat. Despite their relatively high risk for CRC, Japanese Americans are less likely to get up-to-date CRC screening compared to individuals from other racial/ethnic groups. To address this community health concern, JASC has partnered with academic institutions – Northwestern University, University of Illinois at Chicago, and the Chicago School of Professional Psychology – to conduct an exploratory study using educational brochures to promote CRC screening in Japanese American families.

A total of 59 Japanese American pairs of parent and adult offspring living in Chicagoland were contacted and 24 eligible pairs participated in the study. The primary reason for this low participation rate was that most of the parents in the remaining pairs had a prior CRC screening and thus were ineligible to participate. Interestingly, the rate of prior screening among those we contacted (51%) was comparable to the national average estimated to be about 54%. Educational brochures on CRC used in our study were positively perceived by both parents and offspring. One parent said, “They were informative but not scary.” Another said, “They really clarified what my doctor didn't tell me.” Over 80% of parents and offspring found the CRC brochures clear, informative, trustworthy, useful and understandable. As expected, more parents found the brochures relevant than offspring.

The study found that brochures increased participants' knowledge on CRC but attitudes toward screening options, particularly among offspring, did not improve afterwards. In addition, brochures did not necessarily encourage parents to get screened. Many Japanese American parents noted their busy schedule and worries about preparation for the screening tests as reasons for not getting screened. There were still misconceptions about when to get screened for CRC after reading the brochures. Some participants said that they would not need to get screened if they were symptom free. Other participants said they were waiting for their doctors to make the recommendation, as one parent said, “Unless my doctor says I need to, I just don't think it's necessary [to get screened].”

In addition, this study found that CRC brochures alone did not promote sharing of CRC information or communication about health issues between parent and offspring. There appeared to be barriers that prevented Japanese American families from discussing health issues across generations. For example, one offspring pointed out, “Culturally, it is difficult to openly talk about health issues. It's hard to openly ask questions about them either.” Despite this lack of intergenerational communication on health issues, participants said they remained generally satisfied with the communication patterns with each other. One might suspect that they did not feel the need to talk about health issues with each other unless there is a serious health problem.

One parent said, “I’m in good health, so we don’t talk about health subjects.” Another said, “If I didn’t have any symptoms there wouldn’t be anything to talk about.”

In conclusion, this study found that although educational brochures may improve knowledge on CRC and screening options, additional interventions are needed to improve attitudes, screening behaviors, and family communication about CRC. Based on these findings, several recommendations were suggested by the research team. First, JASC should work closely with physicians to persistently recommend CRC screening to their Japanese American patients of target age range between 50 and 85 years old. Second, because of the strong influences of family and social networks within the Japanese American community, JASC should consider other interventions besides brochures to convey information about CRC, such as personal narratives or storytelling, that may be more relatable and customized to the target audience. Third, JASC should continue to prioritize family communication about CRC and other health topics in the continuing effort to promote health screening and overall wellbeing in the Nikkei community.

If you are interested in learning more about our study or have been affected by this disease, we are planning to conduct a meeting in early June with community members to further discuss these findings. Please contact Carol Yoshino for additional information.

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