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Community Assessment on Colorectal Cancer Screening Knowledge, Attitudes, Behavior, and Health Literacy in American Samoa: Methods and Results

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ABSTRACT

Purpose/Background: “Weaving” Indigenous and Western knowledges are understood to advance health equity for the Indigenous community whose own knowledge and values are often subsumed. Partnerships that support Indigenous leadership and bring Indigenous knowledge to greater parity with Western knowledge are imperative. Indigenous people living in Small Island Developing States like the U.S. territories experience health disparities. The WHO has declared non-communicable diseases as a global health epidemic, including cancer disparities. In American Samoa (AS) less than 7% of age-eligible adults participated in colorectal cancer (CRC) screening, while the Healthy People 2020 target is 70% screened. CRC may be prevented through screening and early detection. The relationship between CRC screening with knowledge, attitudes, beliefs (KAB), and health literacy has never been locally assessed in AS. AS based community researchers partnered with regional academic researchers in local research training, instrument development, data collection, and data analysis. Community relevant approaches guided assessment of CRC screening rates, CRC screening KAB, and health literacy.

Objective: This abstract describes the community engaged approaches and results through the National Institute of Minority Health Disparities funded Indigenous Samoan Partnership to Initiate Research Excellence (INSPIRE), introduced at the 2015 CTR-IN annual meeting.

Materials & Methods: INSPIRE principal Investigators are based in AS, operated through the American Samoa Community Coalition, a community-based organization, partnering with academic co-investigators in Hawaii and California. To assess CRC KAB and health literacy, two validated assessment instruments were adapted: The KAB survey, from self-developed and

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population-based instruments, and Short Test for Functional Health Literacy in Adults (S-TOFHLA). Community partners translated then back translated both surveys with three focus groups. Twenty cognitive interviews were conducted to test translation cogency. Seven AS INSPIRE research trainees participating in year-long workshops were trained on Respondent Driven Sampling (RDS). Initial participants (seeds) were recruited by social characteristics. Upon survey completion participants received coupons to each recruit three eligible participants. 713 community respondents participated in three months. An INSPIRE researcher (epidemiologist) analyzed data, with technical assistance from an academic biostatistician in Hawaii when needed fostering research capacity training. Bivariate and multivariate statistics analyzed CRC knowledge, attitudes, health literacy as correlates and predictors of self-reported screening.

Results: About 65 percent of respondents finished high school; 68.9% had no insurance. Only 2 respondents completed CRC screening, but 63.3% and 82.3% of English vs Samoan survey respondents respectively would get colonoscopy. Among the 11 knowledge questions, 5 items were “don’t know” while 2 items were incorrect responses on English and Samoan surveys respectively. Almost twice as many Samoan compared to English survey respondents (81% vs. 44%) scored “inadequate” in the S-TOFHLA. Correlates and predictors of CRC screening behavior and differences in results between the respondents who took English vs Samoan surveys will be reported.

Discussion/Conclusion: Almost all participants have not received CRC screening, lower than other reported AS nationwide figures. This first ever study, led by and for American Samoans obtained robust results on knowledge, attitudes, and health literacy of CRC screening to allow continued research and interventions to increase very low CRC screening rates.

Likelihood of getting colonoscopy Samoan v English Survey Respondents

| Likelihood of getting colonoscopy | Samoan Survey | | English Survey | |
|-----------------------------------|---------------|---------|----------------|---------|
| | N | Percent | N | Percent |
| Very likely | 209 | 70.5 | 163 | 39.0 |
| Likely | 35 | 11.9 | 101 | 24.2 |
| Neither unlikely or likely | 11 | 3.7 | 33 | 7.9 |
| Unlikely | 26 | 8.8 | 34 | 8.1 |
| Very unlikely | 1 | 0.3 | 40 | 9.6 |
| Decline | 13 | 4.4 | 47 | 11.2 |
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