



## Cancer Screening Rates Among Asian Ethnic Groups

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Cancer is the second leading cause of death in California and the nation, surpassed only by heart disease. Cancer screening tests are important in preventing both morbidity and deaths due to cancer because they can detect targeted cancers early when they are most treatable or even preventable.

Findings from a recent report on cancer screening in California show that Asians consistently lag behind most other racial/ethnic groups in rates of cancer screening.<sup>1</sup> However, because Asians are a diverse group, this fact sheet provides information for several Asian ethnic subgroups to more specifically identify populations that have a higher risk for not receiving cancer screenings at the recommended intervals.

The 2001 California Health Interview Survey (CHIS 2001) provides a uniquely valuable data source with which to examine the health needs of the heterogeneous Asian population. In addition to English and Spanish, the survey was administered in Cantonese, Mandarin, Korean, Vietnamese and Khmer. To increase the sample of several Asian ethnic subgroups, CHIS 2001 also included an oversample of Japanese, Vietnamese, Koreans, South Asians and Cambodians. Data from CHIS 2001 are used to examine screening rates among adults who had not been diagnosed with the site-specific cancer: Pap test for cervical cancer; mammography for breast cancer; and fecal occult blood test (FOBT), colonoscopy, or sigmoidoscopy for colorectal cancer (CRC). This fact sheet utilizes screening guidelines established by the U.S. Preventive Services Task Force.<sup>2</sup>

### Disparities in Cancer Screening Rates

There are considerable variations in receipt of recent cancer screening tests by Asian ethnic subgroup (Exhibit 1).

**Cervical Cancer Screening:** All Asian ethnic subgroups except Filipinos fall significantly below the overall cervical cancer screening rate for California (86.2%), although rates for Japanese women are somewhat higher than other groups. In fact, less than 70% of Chinese, Vietnamese and Korean women report having a Pap test in the past three years. This is particularly disturbing since Vietnamese women are five times more likely than white women to have cervical cancer.<sup>3</sup>

**Breast Cancer Screening:** Overall, 75.5% of women in California over the age of 40 report having a mammogram within the past two years. Filipino, Japanese, Vietnamese and South Asian women have rates that are statistically comparable to the state average. However, Cambodian and Korean women have rates far below the average.

**Colorectal Cancer Screening:** Although the CRC screening rates among Japanese and South Asian men and women are statistically comparable to the overall rate for the state (53.2%), nearly all other Asian ethnic subgroups reported rates in the 40-50% range. However, less than 40% of Cambodian and Korean adults over the age of 50 report a recent CRC screening.

### Limited English Proficiency

For this largely immigrant population, language barriers to obtaining preventive health care services can be significant.

1 Babey SH, Ponce NA, Etzioni DA, Spencer BA, Brown ER, and Chawla N. *Cancer Screening in California: Racial and Ethnic Disparities Persist; Policy Brief*. Los Angeles: UCLA Center for Health Policy Research, September 2003.

2 *Guide to Clinical Preventive Services Second Edition*, 1996. <http://www.ahcpr.gov/clinic/cpsix.htm>.

3 Miller BA, Kolonel LN, Bernstein L, Young, Jr. JL, Swanson GM, West D, Key CR, Liff JM, Glover CS, Alexander GA, et al., editors. *Racial/ethnic patterns of cancer in the United States 1988-1992*. Bethesda, MD: National Cancer Institute; 1996. NIH Pub No. 96-4104.

	Pap Test in the Past Three Years*	Mammogram in the Past Two Years**	Recent CRC Screening***
Chinese	69.4	64.6	46.2
Filipino	81.8	71.5	44.6
Japanese	77.6	76.4	55.2
Vietnamese	60.5	71.3	44.1
Korean	65.1	53.1	37.8
South Asian	70.7	69.6	45.7
Cambodian	71.7	56.6	35.4
All Racial/Ethnic Groups	86.2	75.5	53.2

\* Pap Test: Population includes only women age 18 and over, and excludes women diagnosed with cervical cancer or women who had a hysterectomy.

\*\* Mammogram: Population includes only women age 40 and over, and excludes women diagnosed with breast cancer.

\*\*\* CRC Screening: Population includes only adults age 50 and over, and excludes adults diagnosed with colon or rectum cancer. Recent CRC screening = fecal occult blood test (FOBT) in the past year or a sigmoidoscopy/colonoscopy in the past five years.

**EXHIBIT 1:**  
*Percent Reporting Cancer Screening Tests by Asian Ethnic Subgroups, California, 2001*  
Source: 2001 California Health Interview Survey, Asian Supplemental Sample File

**EXHIBIT 2:**  
**Percent Reporting**  
**Cancer Screening**  
**Tests by Asian**  
**Ethnic Subgroups and**  
**English Proficiency,**  
**California, 2001**  
 Source: 2001 California  
 Health Interview Survey,  
 Asian Supplemental  
 Sample File

	Pap Test in the Past Three Years*		Mammogram in the Past Two Years**		Recent CRC Screening***	
	English Proficient	Limited English Proficient	English Proficient	Limited English Proficient	English Proficient	Limited English Proficient
Chinese	75.5	56.7	69.1	59.4	51.4	41.6
Filipino	81.8	—	72.7	—	47.4	—
Japanese	78.7	60.1	76.9	—	55.7	46.7
Vietnamese	55.9	64.4	—	66.9	45.9	43.5
Korean	69.7	59.2	63.8	45.4	45.2	33.1
South Asian	70.9	—	72.1	—	41.7	—
Cambodian	—	68.1	—	48.6	—	39.0

\* Pap Test: Population includes only women age 18 and over, and excludes women diagnosed with cervical cancer or women who had a hysterectomy.  
 \*\* Mammogram: Population includes only women age 40 and over, and excludes women diagnosed with breast cancer.

\*\*\* CRC Screening: Population includes only adults age 50 and over, and excludes adults diagnosed with colon or rectum cancer. Recent CRC screening = fecal occult blood test (FOBT) in the past year or a sigmoidoscopy/colonoscopy in the past five years.  
 — The relative standard error exceeds 30 percent and therefore the estimate is not statistically stable.

**Cervical Cancer Screening:** Among most Asian ethnic subgroups, the percentage reporting a Pap test in the past three years is lower among those with limited English proficiency compared to those who are English proficient (except Vietnamese women with slightly higher rates among the limited English proficient population, Exhibit 2). Among Chinese women, the proportion reporting a Pap test is significantly lower for limited English proficient (LEP) women than for English proficient women (56.7% vs. 75.5%).

**Breast Cancer Screening:** Barriers to preventive care services as a result of language are also apparent when examining screening rates for breast cancer. For example, while 63.8% of English proficient Korean women reported having a mammogram within the past two years, this number drops to 45.4% among those with limited English proficiency.

**Colorectal Cancer Screening:** Colorectal cancer screening rates are low for all Californians and are also low for all Asian men and women, regardless of English proficiency. The difference in CRC screening rates by English proficiency is not statistically significant.

**Policy Implications/Recommendations:**

Initial findings from the policy brief, *Cancer Screening in California*, suggest that Asians are less likely than most racial/ethnic groups to report screenings for several types of site-specific cancers. This fact sheet demonstrates that, within the Asian population, ethnic subgroups differ substantially in their cancer screening rates. Moreover, screening rates for cervical and breast cancer generally are much lower for members of Asian ethnic subgroups with limited English proficiency.

These disparities in screening rates suggest the need for public policy, community action, culturally sensitive/language-appropriate outreach and education to assist certain high-risk groups in obtaining timely preventive care. The higher cervical cancer screening

rates for LEP Vietnamese women may be due in part to state and local government programs such as the California Department of Health Services “Every Woman Counts” campaign, augmented by community-based efforts that have demonstrated success in reducing the barriers to screening due to language.<sup>4</sup> Additionally, broad-based efforts are needed to raise CRC screening rates for Asian groups, regardless of their proficiency in English. Finally, raising provider awareness of the disparate screening rates within the aggregate Asian population is crucial — particularly for providers who serve communities with the lowest rates of screening.

Note: We do not report on prostate cancer screening due to sample size limitations.

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**Data Source and Funding**

*This fact sheet is based on findings from the 2001 California Health Interview Survey (CHIS 2001). The data for Asian Americans presented in this fact sheet are based on a sample of 5,506 adults who most identified as being Asian American. The data were weighted based on the 2000 Census.*

*The California Health Interview Survey (CHIS) is a collaboration of the UCLA Center for Health Policy Research, the California Department of Health Services, and the Public Health Institute. For more information on CHIS, visit [www.chis.ucla.edu](http://www.chis.ucla.edu).*

4 For more information on “Every Woman Counts,” call (800) 511-2300.



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