

Online Resource 1

Beyond Access: Language, Knowledge, and Psychosocial Barriers to Colorectal Cancer Screening in a South Asian Community Cohort

Digestive Diseases and Sciences

Abraham Mahmood, DO; Aimaloghi Eromosele, BS; Blanca Sckell, MD, MPH, FACP; Elizabeth Brondolo, PhD; Constantine Fisher, MD

Corresponding author: Abraham Mahmood, DO | Department of Medicine, NewYork-Presbyterian Queens | abe.mahmood@outlook.com

Online Resource 1. Exploratory site-based differences within the South Asian community cohort

Outcome	Overall South Asian community cohort (N=126)	Senior Center (n=85)	Masjid Noor (n=41)	p-value
Knowledge outcomes				
Heard of colorectal cancer, n/N (%)	74/124 (59.7%)	50/83 (60.2%)	24/41 (58.5%)	1.000
Aware of CRC screening tests, n/N (%)	84/123 (68.3%)	54/82 (65.9%)	30/41 (73.2%)	0.538
Answered correctly that women can get CRC, n/N (%)	49/123 (39.8%)	33/82 (40.2%)	16/41 (39.0%)	1.000
Believes personally at risk for CRC, n/N (%)	20/125 (16.0%)	14/84 (16.7%)	6/41 (14.6%)	1.000
Psychosocial measures				
Embarrassment about screening, mean +/- SD	2.9 +/- 1.3	3.0 +/- 1.4	2.6 +/- 1.1	0.130
Cancer taboo, mean +/- SD	2.7 +/- 1.2	2.8 +/- 1.3	2.5 +/- 1.0	0.209
Modesty concerns, mean +/- SD	3.2 +/- 1.2	3.2 +/- 1.3	3.1 +/- 1.1	0.634
Fatalism: disease in general, mean +/- SD	2.8 +/- 1.3	2.5 +/- 1.3	3.2 +/- 1.2	0.015
Fatalism: CRC-specific, mean +/- SD	2.5 +/- 1.2	2.2 +/- 1.2	3.0 +/- 1.2	<0.001
Fatalism: ability of action to change outcome, mean +/- SD	2.4 +/- 1.1	2.5 +/- 1.3	2.4 +/- 0.8	0.942
Access / system factors				
Ease of scheduling, mean +/- SD	2.0 +/- 1.2	1.6 +/- 1.0	2.6 +/- 1.1	<0.001
Health insurance, n/N (%)	110/117 (94.0%)	73/77 (94.8%)	37/40 (92.5%)	0.689
Has primary care provider, n/N (%)	109/117 (93.2%)	74/77 (96.1%)	35/40 (87.5%)	0.120
Physician recommended CRC screening, n/N (%)	49/112 (43.8%)	40/72 (55.6%)	9/40 (22.5%)	<0.001
CRC screening conflicts with religion, n/N (%)	5/123 (4.1%)	3/82 (3.7%)	2/41 (4.9%)	1.000

This exploratory analysis compares recruitment sites within the South Asian community cohort. Site was defined by recruitment location, not respondent-level religious identity. Binary outcomes are reported as n/N (%), with N reflecting non-missing responses. For knowledge items, 'Yes' was coded as correct and 'No' plus 'Not sure' were coded as incorrect. Likert-scale items are reported as mean +/- SD.