December 2016

Promoting Breast Cancer Screening Among Chinese-American Women in Montgomery County, Maryland

A Qualitative Exploration

Nneka J. Madu, MPH
PRIMARY CARE COALITION

BHQC
National Capital Area
Breast Health Quality Consortium

primary care coalition

Funding for this project was provided by

Susan G. Komen

Acknowledgements

We thank both the Pan-Asian Volunteer Health Clinic and the Chinese Cultural and Community Center for their logistical support, as well as for making telephone calls to recruit participants. We would also like to thank Susan G. Komen, whose support for the National Capital Area Breast Quality Consortium made this project possible.

Purpose of the Project

The National Capital Area Breast Health Quality Consortium (BHQC) is a multi-year project, led by the Primary Care Coalition (PCC)'s Breast Health Initiative. The goal of the BHQC is to identify and reduce racial/ethnic disparities in breast health service delivery in the DC Metro Area. Since its inception, the BHQC has convened health care providers, community organizations, and local government entities to commit to a unified vision of improving breast health services throughout the region. This qualitative exploration was conducted to better inform the BHQC's breast health promotion strategy in the National Capital Area.

Chinese-American Women and Their Interactions with Health Care Providers

Despite reportedly having the lowest rate of diagnosis among all racial/ethnic groups, breast cancer is the most commonly diagnosed cancer and the second leading cause of cancer mortality among Asian Americans, Native Hawaiians, and Pacific Islanders (AANHPI) (American Cancer Society, 2016; Miller *et al*, 2008). When cancer statistics are reported, AANHPI are often viewed as an aggregate, however, this group refers to individuals representing over two dozen countries and regions of ethnic heritage (Hoeffel *et al*, 2012). This presents challenges in delineating specific cancer statistics for individual AANHPI groups. Chinese-Americans represent the largest AANHPI population in both the United States and Montgomery County, Maryland (U.S. Census Bureau, 2016). When AANHPI breast cancer data is stratified by Asian ethnicity, there is significant heterogeneity in breast cancer screening rates, cancer incidence rates, and cancer mortality rates (Lee *et al*, 2010, Miller *et al*, 2008). As a collective, AANHPI have the lowest mammography screening rates (Miller *et al*, 2008). However, Chinese-Americans appear to have lower rates of screening than average (American Cancer Society, 2016; Gomez et al, 2007). Regular screening is key to early detection and decreased breast cancer mortality.

Additionally, Approximately 73% of the county's AANPHI population was born outside of the United States (Montgomery County's Department of Health and Human Services). Literature suggests that there are differences in the breast cancer screening and treatment experiences of foreign born AANPHI vs. U.S. born AANHPI women. Foreign-born AANHPI women have been found to have a larger tumor size (.1 cm) at diagnosis compared to both U.S.-born Caucasian women and U.S.-born AANHPI women. This finding has been correlated to underutilization of mammography among AANHPI immigrants (Hedeen, White, & Taylor, 2009). Moreover, there appears to be a correlation between how recently one has immigrated to the West vs breast cancer risk. Women that have lived in the West for a decade or longer have been observed to have an 80% higher risk of diagnosis than more recent migrants (Stanford, Herrinton, Schwartz, & Weiss, 1995).

Another notable barrier that recent Chinese immigrants have encountered is the provision of language assistance. Nearly 46% of Montgomery county residents of Chinese-decent have limited English proficiency (Montgomery County Government, 2016). When there is language discordance between the patient and their provider, this increases the likelihood of the patient refraining from asking questions about their health, as well as the chance for inaccurate diagnosis and treatment (Clough, Lee, & Chae, 2013; Kim & Keefe, 2010). Existing literature suggests that Chinese immigrants prefer using a trained interpreter to using a family member as a translator. Relying on their children as translators may warp the power dynamic within the family, which results in discomfort for the patient (Kim & Keefe, 2010; Ngo-Metzger *et al*., 2003). Furthermore, family members may not possess the necessary medical terminology to make an effective translation (Ngo-Metzger *et al*., 2003; Clough *et al*., 2013). However, even when trained interpreters are available for the doctor's appointment, they often do not have time to assist with scheduling appointments or arranging transportation for follow-up care (Clough *et al*., 2013).

How We Collected Patient Feedback

For this project, we implemented a qualitative design to explore the breast cancer screening beliefs and behaviors of Chinese-American women among two groups: 1) two Mandarin-language focus groups with Chinese-American women living in Montgomery County, 2) four in-depth interviews with patient navigators that have worked throughout the National Capital Region. Preliminary findings from the two focus groups with the Chinese-American women were presented to the patient navigators.

The focus groups included 28 participants with an age range of 40-76 and a median age of 54. Women were recruited from Pan Asian Volunteer Health Clinic patient records. Women with and without recent breast cancer screening experience were sought to participate in the focus groups. Table 1 below describes the demographics of the focus group participants, who are generally representative of Pan Asian Volunteer Health Clinic patient population.

Table 1. Focus Group Participant Demographics

Demographic Item	**Response**	**n**	**%**
Country of Birth	China	26	93%
	Hong Kong	1	4%
	Vietnam	1	4%
Are you of Hispanic, Latino, or Spanish Origin?	No	28	100 %
What race(s) do you identify as?	Chinese	27	96%
	Self-reported by respondent: "Taiwanese"	1	4%
Highest level of education completed?	Grade school (1 to 8 grade)	1	4%
	Some high school (9 to 11 grade)	2	7%
	High school graduate or GED	7	25%
	Some high school (9 to 11 grade)	2	7%
	Some college/technical or vocational school	1	4%
	Associate's degree	8	29%
	Bachelor's degree	5	18%
	Postgraduate degree/study (Master's degree/PhD/MBA)	2	7%
How much money did you make in 2015?	Less than $25,000	15	54%
	$25,000-$49,999	12	43%
	$100,000 or more	1	4%
In the past 5 years, how often have you gotten a mammogram?	Every year	7	25%
	Most years but not all	4	14%
	Once or twice	14	50%
	Never	3	11%

During the focus groups, the facilitator had participants complete a naming exercise where they generated two lists: 1) motivations for pursuing breast cancer screening and 2) barriers to pursuing breast cancer screening. The items named were written on a large white board. After the naming exercise was completed, participants were given six stickers and asked to vote for their top three motivations and barriers to screening. If there was a particularly strong motivator or barrier, participants were permitted to dedicate more than one vote to their chosen item.

Findings: Motivations for Breast Cancer Screening Named By Patients

1. **Insurance/Employer Benefit Package** (31 votes received)

When asked to explain how this was a motivation, participants said the following:

- *"It's covered by health insurance. It does not cost any money. It's a waste if you don't get it checked."*

"I have the insurance, so that's no problem."

2. **Receiving Communication from the Physician about Screening** (19 votes received)

When asked to explain how this was a motivation, participants said the following:

- *"I actually would not think of doing it. I always do it when the doctor reminds me."*

"Everyone in my family except for me is a doctor. Also, I always do what the doctor tells me to do. That's all."

3. **Early Detection/Part of Annual Wellness Routine** (15 votes received)

When asked to explain how this was a motivation, participants said the following:

- *"I think that you have to do things to keep yourself healthy. You need to find out if you are sick early so that you can get treatment early."*
- *"I had one last year. I get one every year when I get a physical."*

4. **Received: Family/Friend History** (11 votes received)

When asked to explain how this was a motivation, participants said the following:

- *"If I don't go get tested, and then it is already the advanced stage, then it will be nothing but bad news. I have a co-worker who discovered it too late..."*
- *"I have two friends who are just a few years older than me, and they had this before. So, I think, wow! It seems closer to me."*

5. **Menopause** (6 votes received)

When asked to explain how this was a motivation, participants said the following:

- *"I think that after women reach their 40s, then they start to enter menopause. It is the time when you should start being concerned about the breasts and the uterus because that is a turning point in life."*
- *"Menopause is when you reach a certain age and the female hormones fluctuate up and down. It has a big influence on the breasts and other parts of the body. It increases the chance of breast cancer and mastadenoma. So, it is essential to get some checks during menopause. It is a hormonal change."*

6. **News** (2 votes received)

When asked to explain how this was a motivation, participants said the following:

- *"So many people are getting this disease now. It is always in the news."*
- *"You can see it in the news. There was a singer who was only 32 years old, [inaudible]. She was so young! She got breast cancer, too. It is such a pity!"*

7. **Following up on a lump found during a Breast Self-Exam** (1 vote received)

Findings: Barriers to Breast Cancer Screening Named by Patients

1. **Pain** (18 votes received)

   When asked to explain how this was a barrier, participants said the following:

   - *"I don't want to go because it is too painful. It hurts."*
   - *"We might be afraid it will hurt. They squeeze you and pull you. This is something that should be done very gently. Sometimes they pull too hard. So, I sometimes don't dare go to get it done."*

2. **Language** (11 votes received)

   When asked to explain how this was a barrier, participants said the following:

   - *"Some people have a language problem. They worry that they won't be able communicate."*
   - *"I have a friend who is like that. They immigrated more recently. Even though she can get by pretty well [speaking English], she still would rather have a Chinese doctor."*

3. **No Family History** (9 votes received)

   When asked to explain how this was a barrier, participants said the following:

   - *"So, I think there's no history of it in my family, and so I am not worried. I don't feel a lot of pressure to go get an exam. Or, I think it is good enough to just have healthy habits. If I really discover some problem, then I would go. That is my attitude."*
   - *"My first reaction was that it has nothing to do with me because no one in my family has had it."*

4. **Insufficient Financial Support for Treatment** (8 votes received)

   When asked to explain how this was a barrier, a participant said the following:

   - *"I had one experience where I was hospitalized, and my insurance deductible was $5,000. They said this thing was not covered and that thing was not covered. In the end I had to pay $7,000. So, I worry a lot about insurance. I don't understand it very well. I never know when they are going to follow the deductible or charge more money. So, after that experience in the hospital, I have been afraid to go. I don't know how much it will cost me"*

5. **No Insurance** (7 votes received)

   When asked to explain how this was a barrier, participants said the following:

   - *"I wouldn't go without insurance."*
   - *"I wouldn't go without insurance. That's right. Who has money to spend on that?"*

6. **Feeling Healthy With No Cause for Concern** (5 votes received)

   When asked to explain how this was a barrier, participants said the following:

   - "*Every time I shower, I will self-examine. If I do not feel anything out of the ordinary, then I will feel like there is no need to go do it."*
   - *"You just self-examine. If there's nothing, then you don't go. Unless the doctor says something during a health check, you will not go. You won't get a mammogram. It's not likely."*

7. **Being Younger than 40 Years Old** (5 votes received)

   When asked to explain how this was a barrier, a participant said the following:

   - *"… if you are still relatively young, the tissue is firmer, so it is hard for them to see anything in the scan. The scan is not very useful in that case."*

8. **Fear of Bad Results** (3 vote received)

   When asked to explain how this was a barrier, a participant said the following:

   - *"[If there was a chance of getting bad news], I would not want to go. I think that if I know the results, then it may be a heavy burden on me psychologically."*

9. **Lack of Health Insurance Literacy** (2 votes received)

   When asked to explain how this was a barrier, a participant said the following:

   - *"Even if English is your first language, you still can't fully understand the policy. There are so many provisions that can be interpreted different ways. So, insurance is very worrisome in the USA. You worry you'll have to pay a lot of money. Even people with good English can't understand it clearly."*

10. **Too Busy With Other Priorities** (1 vote received)

Additional Motivations and Barriers Named by Focus Group Participants

While not named during the listing exercise, the following factors that impact screening for Chinese-American women up during the focus group conversations.

Motivation: Adult children encourage their parents to pursue screening.

- *"The first time I went to do it, the reason was because my daughter made sure I went."*
- *"I did not have any problem three years in a row, so I did not want to do it again. This year, my son said, Mom, you are 50 now. You should get all the tests done that they recommend."*

Barrier: Patients holding that belief that annual exams are unnecessary or harmful

- *"I won't go do it every year, even if I have insurance. This is because I feel there could be some harm done to your health if you go get it done every year."*
- *"An annual scan when you get an exam is not good because it could be harmful. You cannot get a scan done every year."*

Outreach Recommendations by Made by Focus Group Participants

Focus group participants were asked "what are the best ways to encourage Chinese-American women in the National Capital Region to pursue breast cancer screening?" They named the following suggestions:

- **Providers should identify local Chinese-American community centers and social gatherings for outreach and advertising.** Focus group participants recommended setting up tables or leaving flyers and community festivals, Chinese churches, supermarkets, and schools.
- **Providers should advertise in local Chinese-American community publications.** Focus group participants recommended putting ads for services and health events in Chinese newspapers, e.g. A&C Business News, the New World Times.
- **Mobile mammography should be available where Chinese-American women gather.** Focus group participants recommended that screening equipment be made available at CCACC or other places where Asian or Chinese women congregate. They stated this would help with convenience and translation.
- Intake forms should be available in Mandarin. Many of the focus group participants stated that they have their English-speaking children or other family download intake forms in advance to translate them.

Recommendation by Patient Navigators to Optimize Patient Interactions

- **Ensure that family members serving as translators are passing on correct information to the patient.** Patient navigators reported that their limited English proficiency patients often prefer to rely on a family for translation. However, some worried about the accuracy of what the family translator is telling the patient. Patient navigators recommended that providers take the time to make sure that the family member serving as translator thoroughly understands the expectations for breast cancer screening, as well as any required following-up.

References

American Cancer Society. Cancer Facts & Figures 2016. Atlanta: American Cancer Society; 2016.

Clough, J., Lee, S., & Chae, D. H. (2013). Barriers to health care among Asian immigrants in the United States: a traditional review. Journal of Health Care for the Poor and Underserved, 24(1), 384-403.

Gomez, S. L., Tan, S., Keegan, T. H., & Clarke, C. A. (2007). Disparities in mammographic screening for Asian women in California: a cross-sectional analysis to identify meaningful groups for targeted intervention. BMC Cancer, 7(1).

Hedeen, A. N., White, E., & Taylor, V. (1999). Ethnicity and birthplace in relation to tumor size and stage in Asian American women with breast cancer. American Journal of Public Health, 89(8), 1248-1252.

Hoeffel E. M., Rastogi S., Kim M. O., Shahid H. (2012) The Asian population: 2010 (2010 Census Briefs) Washington, DC: US Census Bureau. Available at https://www.census.gov/prod/cen2010/briefs/c2010br-11.pdf

Kim, W., & Keefe, R. H. (2010). Barriers to healthcare among Asian Americans. Social Work in Public Health, 25(3-4), 286-295.

Lee, H. Y., Ju, E., Vang, P. D., & Lundquist, M. (2010). Breast and Cervical Cancer Screening Disparity Among Asian American Women: Does Race/Ethnicity Matter? Journal of Women's Health, 19(10), 1877-1884.

Miller B.A., Chu K.C., Hankey B.F., Ries L.A. (2008) Cancer incidence and mortality patterns among specific Asian and Pacific Islander populations in the U.S. Cancer Causes Control. 19(3), 227–256

Montgomery County, Department of Health and Human Services (2009). Asian American Health Initiative » Demographic Profile. Retrieved December 12, 2016, from http://aahiinfo.org/about-asian-americans/demographic-profile/

Montgomery County Government. (2016). CountyStat: Languages Most in Need of Assistance. Retrieved November 2, 2016 , from https://countystat.maps.arcgis.com/apps/MapJournal/index.html?appid=44330b45b2324ad795e0d16f2f6af2d6

Ngo-Metzger, Q., Massagli, M. P., Clarridge, B. R., Manocchia, M., Davis, R. B., Iezzoni, L. I., & Phillips, R. S. (2003). Linguistic and cultural barriers to care. Journal of general internal medicine, 18(1), 44-52.

Stanford, J. L., Herrinton, L. J., Schwartz, S. M., & Weiss, N. S. (1995). Breast Cancer Incidence in Asian Migrants to the United States and Their Descendants. Epidemiology, 6(2), 181-183.

U.S. Census Bureau (2016). 2011-2015 American Community Survey 5-year estimates. Retrieved from http://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/2015/