

Will Asian Women Call a Telephone Health Information Service?

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Abstract

AAPI women have the lowest breast cancer screening rates of all U.S. women. Barriers to screening include access, culture, and language. Previous focus group studies have shown little use of telephone hotlines among Asians. However, this report indicates that media promotions in Cantonese, Mandarin, Vietnamese, and Korean can result in a major increase in calls to a California statewide telephone service. Calls from women speaking Asian languages to the California Breast Cancer Early Detection Program Consumer 800 Number increased from an average of 24 per month to 576 in June 2001 in response to paid newspaper and radio advertisements in Los Angeles, San Diego, and the San Francisco Bay Area.

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Background and Significance

Breast cancer incidence and mortality rates are lower for Asian American and Pacific Islander (AAPI) women than for Whites or Blacks in the United States (American Cancer Society, 2001). However, invasive breast cancer rates increased by about 15 percent among AAPI women in California from 1998 – 1997, compared with fairly stable rates for other ethnic groups (American Cancer Society, California, 2001). Cancer rates also differ among AAPI subgroups; breast cancer is the leading cause of cancer death among Filipino and Korean females in the United States (Chu, 1998).

Breast cancer screening with mammograms reduces the number of deaths from breast cancer for women age 40 to 69 (National Cancer Institute, 2000). However, AAPI women have the lowest breast cancer screening rates for all U.S. women (Kagawa-Singer, 1996). There are many barriers to cancer screening among AAPI women, including limited education, recent immigration, limited English proficiency, Eastern medicine orientation, limited access to health care, and social isolation (McPhee, 1998). Health education outreach programs have encountered formidable barriers when trying to connect with Asian audiences (Sadler, 1998). Having a physician recommend breast screening was found to be crucial in order to overcome a

cultural belief that if nothing is wrong, no tests should be done. Cost and insurance barriers were also shown to be major concerns (Lee, 1998).

AAPI women seek health information from health professionals, including traditional medicine practitioners such as herbalists, family members, and the media. However, health information sources for Asians cited in a focus group study did not include hotlines (Deering, 1996). AAPIs represent only 1.7% of callers to the National Cancer Institute's Cancer Information Service (1-800-4-CANCER)(Ward et al., 1998). We were unable to identify any statewide hotlines offering breast cancer information in Asian languages other than the one described below.

California Breast Cancer Early Detection Program

The California Department of Health Services (CDHS) established the Breast Cancer Early Detection Program (BCEDP) statewide 800 number in the fall of 1995 to provide access to free clinical breast exams and mammograms for low-income women who do not have health insurance. Telephone Information Specialists: 1) screen each woman for age, income, and insurance eligibility for the program; 2) complete an application form for eligible

women; 3) identify up to three clinical breast exam providers located near each woman; 4) mail the application form and printed referral list, cover letter and brochure to the woman; and 5) make follow-up calls to eligible women.

Two recent innovations in BCEDP were implemented to reach monolingual Asian women. First, the telephone system was expanded late September 2000 to handle calls in

Cantonese, Mandarin, Vietnamese, and Korean. Second, a series of language-specific paid print and radio promotions was targeted to three major California Asian media markets in May and June 2001 (Table 1). In addition to the placements listed in the table, advertisements were inserted into five statewide magazines. Approximately \$50,000 was spent to purchase the media placements (Figures 1-3).

Table 1
Asian media paid advertisements promoting BCEDP targeted to Los Angeles, San Diego, and the San Francisco/Bay Area, May 29 – June 24, 2001

	San Francisco/Bay Area	Los Angeles/Orange County	San Diego
Newspaper	<u>Sing Tao Daily News</u> <u>World Journal</u> <u>Korea Central Daily</u> <u>Korea Times</u> <u>Vietnam Daily News</u> <u>Viet Mercury</u>	<u>Sing Tao Daily News</u> <u>World Journal</u> <u>Daily Sports Seoul USA</u> <u>Korea Central Daily</u> <u>Korea Times</u> <u>Little Saigon News</u> <u>Nguoi Viet Daily News</u> <u>Saigon Times</u>	Chinese News American Chinese Times <u>Korea Central Daily</u> <u>Korea Times</u> <u>Nguoi Viet Daily News</u> <u>Saigon Times</u>
Radio	KVVN (Mandarin) KEST (Cantonese) KVTO (Korean) KSJX (Vietnamese)	KAZN (Mandarin) KMRB (Cantonese) KYPA (Korean) KVNR (Vietnamese)	Radio Seoul (Korean) KSON (Vietnamese)
Telephone Directories	Chinese Yellow Pages The Korea Times Directory Vietnamese Directory USA	Chinese Yellow Pages Korean Yellow Pages Vietnamese Consumers' Guide	Chinese Yellow Pages The Korea Times Directory Vietnamese Chamber of Commerce



Figure 1
Breast Cancer Early Detection Program (BCEDP) Poster in Chinese

저는 유방암 진단을 받고도 살아가고 있습니다

검사를 받아보는 것이 조기에 유방암을 발견하여 적절한 치료를 받을 수 있는 가장 좋은 방법입니다.

대부분의 한국 여성들은 본인들이 유방암에 걸릴 수 있는 가능성이 있다고 생각하지 않습니다. 하지만 그런 생각은 잘못된 것입니다. 미국에 사는 동양계 여성의 유방암 발생률은 실제 동양에 사는 동양여성들 보다 훨씬 높습니다. 조기에 유방암 진단과 치료를 받아 이를 극복해 나가는 것이 사랑하는 이들과 함께 오래 오래 잘 살아갈 수 있는 가장 좋은 길입니다.

유방암은 50 대 이후의 여성들에게 가장 흔해 나타납니다. 의사는 여성이 40 세가 되면서부터는 매년마다 유방 검사와 유방 X-ray 사진을 찍어 볼 것을 권장하고 있습니다. 이 방법이 유방암을 조기에 진단할 수 있는 가장 좋은 방법입니다. 만약 당신이 40 세 이상이라면 유방검사와 유방 X-ray 검사를 무료로 받을 수도 있을 것입니다.

수신자 부담 전화번호 **1.800.511.2300** 으로 전화해 주십시오. 영어 메시지를 들으시는 즉시 **6** 을 눌러주시면 한국인 통역을 통해 직원과 통화하실 수 있습니다. **9** 시에서 **7** 시 사이에 연락 주시기 바랍니다.

한국말을 하는 이 분야의 전문가들이 이 검사에 관한 도움을 드리고, 또 본인에 관한 일체의 내용에 대해서는 비밀이 보장됩니다.

가주 보건국 후원 유방암 조기발견 프로그램

김동복씨 (왼편과 함께), 1998년에 유방암 진단을 받고 치료를 받았습니다.

Figure 2
Breast Cancer Early Detection Program (BCEDP) Poster in Korean

TÔI ĐANG SỐNG VỚI BỆNH UNG THƯ VÚ

KHÁM NGHIỆM LÀ CÁCH TỐT NHẤT ĐỂ SỚM PHÁT HIỆN UNG THƯ VÚ VÀ ĐIỀU TRỊ CÓ HIỆU QUẢ

Nhiều phụ nữ Việt Nam không cho rằng họ có nguy cơ bị bệnh ung thư vú. Thật sai lầm. Tỷ lệ ung thư vú trong số phụ nữ A Châu sống tại Hoa Kỳ cao hơn nhiều so với tỷ lệ cho phụ nữ Á Châu sống tại Á Châu. Truy tầm và điều trị sớm là cách tốt nhất để chống lại ung thư vú hầu quý vị có thể tiếp tục sống lâu dài để lo cho người thân.

Ung thư vú thường thấy nhiều nhất ở tuổi trên 50. Các bác sĩ khuyên quý vị phụ nữ nên bắt đầu khám và chụp quang tuyến truy tầm ung thư vú hàng năm từ lúc 40 tuổi. Đây là cách tốt nhất để phát hiện ung thư vú sớm. Sự điều trị bệnh ung thư vú thường có hiệu quả nhất khi được phát hiện ở giai đoạn sơ khởi. Nếu quý vị đã trên 40 tuổi quý vị có thể hội đủ điều kiện để được khám và chụp quang tuyến truy tầm ung thư vú MIỄN PHÍ.

Chương trình khám và chụp quang tuyến vú miễn phí cho các phụ nữ trên 40 tuổi nếu hội đủ điều kiện.

Xin gọi số **1.800.511.2300**, từ Thứ Hai đến Thứ Sáu từ 9 giờ sáng đến 7 giờ tối.

Quý vị sẽ được tiếp chuyện với chuyên viên nói bằng ngôn ngữ của quý vị, và xin nhớ rằng tất cả mọi chi tiết đều được tuyệt đối bảo mật.

Được bảo trợ bởi Chương Trình Truy Tầm Ung Thư Vú Sơn, thuộc Sở Y Tế Tiểu Bang California.

BÀ NGUYỄN KIM THẢO, ĐÃ ĐƯỢC CHẨN ĐOÁN VÀ ĐIỀU TRỊ BỆNH UNG THƯ VÚ VÀO NĂM 1998.

Figure 3
Breast Cancer Early Detection Program (BCEDP) Poster in Vietnamese

The advertisements said, “I am living with breast cancer. An exam is the best way to find breast cancer early enough to treat it effectively. Many (Chinese, Vietnamese, Korean) women do not think that they are at risk for getting breast cancer. They are wrong. Breast cancer rates for Asian women living in the United States are much higher than they are for Asian women living in Asia. Finding and treating breast cancer early is the best way to fight the disease so that you can live a long time to take care of those you love. Breast cancer occurs most often in women over age 50. Doctors recommend a clinical breast examination and mammogram every year for women beginning at age 40. This is the best way to find breast cancer early. Treatments for breast cancer are most effective when the cancer is found in its earliest stages. If you are over age 40 you may qualify for a FREE clinical breast examination and mammogram. Please call 1-800-511-2300. You will be able to speak with a trained professional and your information will be kept strictly confidential. Sponsored by the California Department of Health Services, Breast Cancer Early Detection Program.” The advertisement was translated

into each language. A compelling photograph of an actual breast cancer survivor of the appropriate ethnic group with one or more family members appeared to the left of the text. Not only did this put a relevant "face" to the issue for readers and listeners, it also resulted in over 20 broadcast and eight print interviews with the survivors across the state.

Results

The number of Asian calls increased dramatically in May and June, as shown in Figure 4, and began to converge on the number of Spanish calls. Asian calls increased from an average of 24 per month during October through April to 119 in May and 576 in June. Over the nine months from October through June, the BCEDP Consumer 800 Number handled 270 calls in Mandarin, 153 in Cantonese, 175 in Vietnamese, and 263 in Korean. These results indicate that media promotions in Cantonese, Mandarin, Vietnamese, and Korean can generate a major increase in calls to a California statewide telephone service.

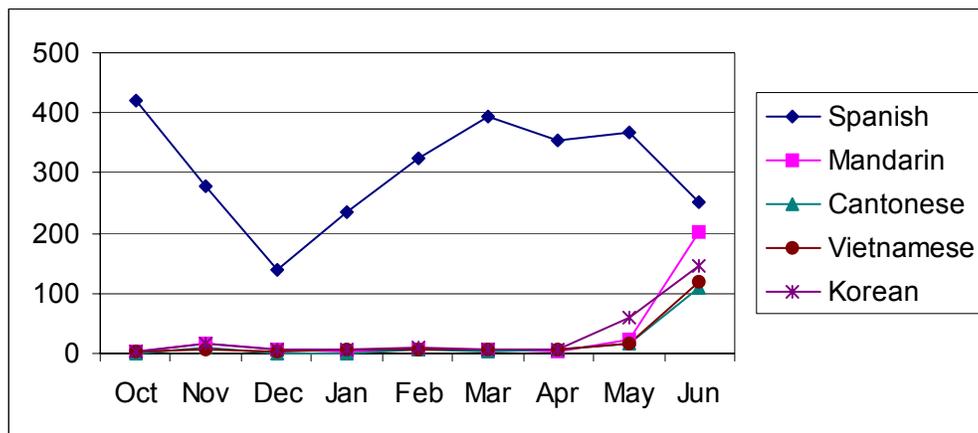


Figure 1
Number of non-English calls to the California Breast Cancer Early Detection Program
Consumer 800 Number, October – June 2001

Discussion and Implications for Health Education

Monolingual, non-English speaking communities have been challenging for health educators to reach (Sadler, 1998). Successful interventions have traditionally involved intensive, community-based education with native speakers (McPhee, 1998). Health educators have not made much use of telephone help lines for this audience, possibly due to the belief that they would be ineffective.

This study demonstrates that targeted advertising, using role models, is successful in reaching Chinese, Vietnamese, and Korean audiences. AAPI women were willing to call an anonymous 800 number and engage in a three-way translated call.

There is a major limitation in considering this study's application to general health promotion. In this study, women were calling to receive a free service worth at least \$100 (clinical breast

exam and mammogram). This may have been considerably more motivating than an appeal for something less tangible, such as health information. Another limitation is the lack of information about which of the women who called the service actually followed through and obtained the mammogram, and which maintained routine screening.

In spite of these limitations, the success of these promotional efforts should encourage health educators to consider targeted radio and newspaper advertisements in native languages. Using real members of the community provided additional credibility and enabled us to obtain additional media coverage through news and talk radio interviews. In addition, telephone help services may be useful in other efforts that require detailed information and referral for monolingual populations. Further research could be done on the cost-effectiveness of intensive community outreach compared with media promotions for a telephone help service.

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