



ORIGINAL ARTICLE

Impact of a student-led community education program to promote Pap test screening among Asian-American women

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Introduction Among ethnic groups, Asian-American women have the highest incidence of cervical cancer, low cervical cancer screening rates, and are more likely to state they have “never thought about” and/or “do not need” Pap testing. Through a Patient Advocacy grant awarded by the American Society of Cytopathology Foundation, we developed a culturally sensitive educational outreach program to encourage Pap screening among Asian-Americans in our community.

Materials and methods Educational materials, translated into three languages, were shared at nine community events by undergraduate and medical student volunteers. Pre- and post-education surveys on awareness, knowledge, and attitudes towards screening were administered. Results were tallied and reported as raw percentages.

Results A total of 328 surveys were completed; 80% were Asian respondents. Twenty percent of respondents were not up to date (NUTD) with Pap screening. Knowledge of Pap tests reported as “excellent”/“good” rose from 46% before to 85% after education. Those reporting “very likely”/“likely” to schedule a Pap test increased from 72% to 92% in the NUTD group and from 84% to 97% in the 21-29 age group. Those reporting “very likely”/“likely” to recommend a Pap test to others increased from 68% to 98% in the NUTD group and 77% to 97% in those aged 21-29.

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Conclusions A student-led community-based culturally sensitive outreach approach improved Pap test knowledge and awareness among Asian-Americans. The largest increase in likelihood to obtain a Pap test and recommend the test to others was the NUTD and 21-29 age groups, suggesting influence on those in need of screening.

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Introduction

Asian American women are one of the few groups within the United States to have cancer as the leading cause of death.¹ Specifically, cervical cancer is in the top 5 diagnosed cancers in Laotian, Vietnamese, Samoan, and Kampuchean women.^{2,3} Asian American women are less likely than non-Hispanic white women to be diagnosed with cervical cancer at the localized stage,⁴ have a higher incidence of cervical cancer mortality when compared with their white counterparts, and have the lowest Papanicolaou screening rate among all ethnic groups.⁵ Much of this disparity is believed to be due to behavioral risk factors, leading Asian Americans to have a lower likelihood of undergoing cervical cancer screening.⁶ The Papanicolaou screening rate is only 70% in all Asian Americans, compared with 82% in both white and black women.⁷ Some Asian ethnicities have even lower rates. Only 64% of Chinese American and 41% of Korean American women receive Papanicolaou tests per cervical cancer screening guidelines,⁸ and a significant number of Korean Americans have never even heard of the Papanicolaou test.⁹ Because of this, efforts have been made to enhance education with regards to cervical cancer and the importance of routine screening practices in Asian American women.¹⁰⁻¹⁴

Despite these efforts, Chawla and colleagues have demonstrated that screening rates in the Asian population have not improved over the last several years. They suggest that cultural factors may play a stronger role than is generally appreciated.¹⁰ Disparities in screening rates have been attributed to acculturation, cultural beliefs, language barriers, poor health literacy and education, and physician bias.¹¹⁻¹³ The negative influence of these factors is supported by evidence of lower screening rates in younger and foreign born populations. Some studies have found that comfort with the exam may show greater correlation with low screening rates than Papanicolaou test knowledge.¹⁴ Others have found that access to care may show a greater correlation to screening rates than acculturation.¹⁵ Overall, there are mixed opinions in the literature on the greatest barriers to care, and these are likely interconnected and multifactorial.

Culturally sensitive educational programs have shown effectiveness in encouraging screening, especially when such programs are tied to scheduling and screening services.¹⁶⁻¹⁸ The purpose of this report is to share the advocacy efforts of an Asian community-based educational advocacy program led by student volunteers. The impact of this outreach education program on Asian women's awareness of Papanicolaou testing, on their intent to participate in routine

screening, and their likelihood of encouraging others to engage in Papanicolaou screening is discussed.

Materials and methods

Education volunteers

Education volunteers were recruited from 2 student-run free clinics specializing in care for the under-served Asian American community in Sacramento, California. Both clinics are affiliated with the University of California Davis School of Medicine: Paul Hom Asian Clinic (PHAC) and the Vietnamese Cancer Awareness Research and Education Society (VNCARES). The clinics' medical student co-directors (authors K. M., D. H., R. C.) served as the project leaders and created the educational program as well as the pre- and post-education surveys described here. Undergraduate volunteers from these clinics provided the education and administered the surveys. All volunteers were native-speakers of Chinese (Mandarin and Cantonese) or Vietnamese in addition to English, and served as interpreters at their respective clinics. Volunteers received training on the basics of cervical cancer and its precursors, the pelvic examination, and Papanicolaou test collection. The surveys and educational materials were reviewed and practiced in English, Chinese, and Vietnamese by student volunteers just prior to each event. Experienced interpreters from each clinic assessed students' language proficiency and accuracy in interpretation.

Education events and materials

Health education, with accompanying pre- and post-education surveys, was completed at 9 different regional Asian American community events in Sacramento and the San Francisco Bay Area. A few events were held at the PHAC and VNCARES clinic; most of the education took place at community events and health fairs sponsored by other organizations, including Asian Resources Inc., Bayanihan Clinic, TOFA (To'utupu 'oe 'Otu Felenite Association), My Sister's House, and Chinese American Physician Society. Educational resources used included slide-show presentations with supplemental visual aids, brochures, and posters. Educational content was adapted and translated from existing materials publically available on the Web sites of the following organizations: US Centers for Disease Control and Prevention,¹⁹ Planned Parenthood,²⁰ Asian

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