

CANCER SCREENING & ASIAN AMERICAN IMMIGRANT WOMEN

Clarice Nguyen | Stanford University | June 6, 2012

Introduction

Breast cancer and **cervical cancer** are two significant conditions affecting women in the United States today. This document will focus on issues of cancer screening among foreign-born Asian American women.

- **Breast cancer:** Women in the US have a 1 in 8 chance of developing breast cancer over the course of their lifetime.¹ While clinical breast exams by medical professionals and breast self-exams are some methods of screening, they have not been conclusively shown to decrease risk of mortality from breast cancer; instead, another screening method using **mammograms** can obtain x-ray images.² This type of imaging helps to identify whether a woman has developed a benign or malignant tumor or to follow up with women who have previously had abnormal results. The CDC and US Preventive Services Task Force both recommend that women between the ages of 50 and 74 receive mammograms biannually.²
- **Cervical cancer** is the third most common cancer in women worldwide. However, rates of cervical cancer have been greatly decreased in the US due to use of **Pap tests** as a screening tool. Studies show that using Pap tests has decreased the number of deaths from cervical cancer since early detection can actually prevent cervical cancer from developing.³

Among Asian American women, incidence rates of breast cancer are 89 in 100,000 and rates of cervical cancer are 8 in 100,000.^{4*} However, the numbers of *Asian American women who seek screening services for these cancers are surprisingly low* compared to the numbers of white women who receive cancer screening.⁵ Kagawa-Singer et al. also showed that Asian American immigrants compared to non-Hispanic white immigrants who lived in the US for less than 10 years were significantly less likely to receive Pap tests (62% vs. 76%) and mammograms (55% vs. 75%).⁶

* While incidence rates for breast and cervical cancers are higher in other racial and ethnic groups,⁴ this can be misleading as the rates for Asian American women are averaged across all Asian American subgroups. This can mask large disparities in incidence rates. For instance, the incidence of cervical cancer in Southeast Asians has been found to be 45 in 100,000.

With Asian Americans comprising the fastest-growing segment of the US population in the past decade,⁷ addressing their health issues is and will continue to be a significant issue. Thus, it is important to consider structural and perceived barriers that Asian American women might face when attempting to obtain a mammogram for breast cancer screening or a Pap test for cervical cancer screening.

Background on Asian American Immigrant Women

Health disparities in cancer mortality rates among women of different racial and ethnic groups have long existed in the US.⁴ This is especially true for breast and cervical cancers in Asian American women. Moreover, of particular importance is the case of Asian American **immigrant** women. A recent study found that “with the exception of Japanese women, foreign-born Asian women had consistently more advanced breast cancer stage at diagnosis and, consequently, lower survival rates than their US-born [Asian] counterparts”; this data was obtained from the California Cancer Registry.⁸

Furthermore, Lee et al. showed that those without US citizenship, i.e. the foreign-born, may face even greater challenges to obtaining cancer screening services.⁵ This emphasizes the need for us to further consider the disparities in screening rates for Asian American immigrant women, and how immigrant status may play a role in affecting cancer screening rates for Asian American women. As previously noted, cancer screening can have significant effects on cancer mortality; therefore, understanding the causes of disparities in cancer screening can ultimately shed insight into alleviating disparities in cancer mortality rates among racial and ethnic groups.

Research Findings

Breast Cancer

A recent study by Gomez et al. demonstrated differential rates of breast cancer severity and mortality among Asian American women. They separated Asian American women into ethnic subgroups consisting of Japanese, Chinese, Vietnamese, South Asian, Korean, and Filipina women. In doing so, the authors revealed that some substantial differences existed in the mortality rates between the subgroups.

For example, immigrant status played a greater role for some ethnic groups (Filipina, Chinese, and Vietnamese) than others; indeed, the mortality rate for Vietnamese immigrant women was 4 times the rate for their US-born counterparts. Moreover, they showed that with the exception of Japanese women, foreign-born Asian American women in all other subgroups had anywhere from 2-11% lower rate of 5-year breast cancer survival compared to the US-born Asian American women.⁸

Similarly, Lee et al. also found variation among Asian American subgroups in terms of cancer screening rates. With regard to breast cancer screening, South Asian women had the lowest mammogram rate (40.3%) while Japanese women had the highest (70.6%).⁵ They also note that Asian immigrant women tend to believe that the absence of symptoms implies health, which may perpetuate low screening rates. Furthermore, studies have shown that women with lower levels of acculturation have lower screening rates.^{5,9}

Cervical Cancer

Asian American immigrant women have been shown to have lower rates of cervical cancer screening than their US-born counterparts. Indeed, one study noted that these rates were often correlated with length of residence in the US: 76% of Vietnamese women who arrived before 1981 reported ever having a Pap test while only 33% of those who arrived after 1981 reported ever having been screened, and women who arrived in the US at an earlier age reported higher rates of cervical cancer screening.¹⁰

Barriers to Cancer Screening and Treatment

- **Linguistic barriers:** This barrier is consistently listed in the literature as contributing to low screening rates in Asian American immigrant women populations.^{5,8,9} Because Asian Americans are comprised of multiple ethnic groups with distinct languages, it may be difficult to transmit information effectively for all groups. Additionally, in a cross-sectional study, Asian American patients speaking Vietnamese, Cantonese, and Korean were found to be much less likely to receive a Pap test compared to English-speaking patients (the reference group).¹¹ Because immigrants are less likely to speak English at home, developing linguistic concordance would be especially important for targeting Asian American immigrant women.
- **Traditional health beliefs – Eastern and Western medicine:** For Asian American immigrant women,

more trust is often placed in Eastern medicine, which is “milder” and more preferential to Western treatments, as a Chinese participant stated in a focus group.¹² Less trust in Western medicine may serve as a barrier to seeking mammograms and Pap tests as they are linked with the practices of Western medicine.

- **Cultural values – Fatalism, shame, and modesty:** The literature indicates that a belief in fate and destiny often serves as a barrier to cancer screening because Asian American immigrant women may not think about screening or early detection.¹³ Furthermore, focus groups with Chinese American immigrant women referred to shame from receiving abnormal mammogram results as a deterrent to further breast cancer diagnostic exams.¹⁰ In addition, Vietnamese and Cambodian American women reported feeling embarrassed about undergoing gynecological exams, which would explain perhaps why Pap test screening rates are low among this population. Cultural beliefs in modesty may prevent screening that may be seen as invasive.⁹
- **Issues of access** have been shown to moderate cultural factors in determining cancer screening rates.⁸ This implies that while it is important to consider the cultural values of Asian American immigrant women, it is equally important to look into issues of access (such as language concordance, distance to a clinic, health insurance, a usual source of care, etc.).

Policy Implications & Recommendations

Training Lay Community Health Workers

Research has indicated that training and using lay community health workers may be effective at reducing disparities in cancer screening rates and increasing awareness about the value of cancer screening. A study of Southeast Asian immigrants showed that this was indeed the case and revealed that the success of community-based health navigators (CBHNs) was based on knowing relevant information and establishing trust and cultural understanding with the Asian immigrant women. The authors of this study conclude that CBHNs play a highly significant role in making cancer screening “culturally meaningful, accessible, usable, and acceptable.”¹⁴ Another study also showed that lay community health workers were more effective at recruiting Vietnamese women to receive Pap tests than educational media, although both health workers and

media were able to increase education and awareness about cervical cancer.¹⁵

Conducting Further Research

A majority of studies and statistics group all Asian Americans together when referring to their health status and outcomes. This could be a problem, as some investigations have indicated, since the diversity within the Asian American population can lead to more heterogeneous results *within* the Asian American umbrella than *between* Asians and other racial groups. That is, there may be more disparities among Asian American subgroups than between Asians and whites, Hispanics, and/or other racial groups. Thus, future research should focus on conducting studies that look at Asian American immigrant women subgroups; disaggregating the data by ethnic group within the larger umbrella of Asian Americans will allow for more accurate information regarding the particular cancer screening practices of different subgroups. We have already seen that these differences exist, but additional research is required to understand how to address these disparities in culturally-relevant contexts.⁹

Related Sources of Interest

1. Womenshealth.gov
 - <http://www.womenshealth.gov/minority-health/asian-americans/breast-cancer.cfm>
 - <http://womenshealth.gov/minority-health/asian-americans/cervical-cancer.cfm>
2. Medline Plus: Asian-American Health
 - <http://www.nlm.nih.gov/medlineplus/asianamericanhealth.html>
3. National Breast and Cervical Cancer Early Detection Program (CDC)
 - <http://apps.nccd.cdc.gov/cancercontacts/nbccedp/contacts.asp>

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- ³ Cervical cancer screening. PubMed Health. 17 May 2012. http://www.ncbi.nlm.nih.gov/laneproxy.stanford.edu/pubmedhealth/PMH0032799/#CDR0000304518__25
- ⁴ Cancer health disparities. National Cancer Institute. 11 March 2008. <http://www.cancer.gov/cancertopics/factsheet/disparities/cancer-health-disparities>

⁵ Lee HY, Ju E, Vang PD, Lundquist M. Breast and cervical cancer screening disparity among Asian American women: Does race/ethnicity matter? *J Womens Health* 2010; 19(10): 1877-1884.

⁶ Kagawa-Singer M, Pourat N, Breen N, Coughlin S, McLean TA, McNeel T, Ponce NA. Breast and cervical cancer screening rates of subgroups of Asian American women in California. *Med Care* 2007; 64:706-730.

⁷ 2010 Census Shows Asians are Fastest-Growing Racial Group. United States Census 2010. US Census Bureau. 21 March 2012. <http://2010.census.gov/news/releases/operations/cb12-cn22.html>.

⁸ Gomez SL, Clarke CA, Shema SJ, Chang ET, Keegan THM, Glaser SL. Disparities in breast cancer survival among Asian women by ethnicity and immigrant status: A population-based study. *Am J Public Health* 2010;100(5): 861-869.

⁹ Pourat N, Kagawa-Singer M, Breen N, Sripipatana A. Access vs. acculturation: Identifying modifiable factors to promote cancer screening among Asian American women. *Med Care* 2010; 48: 1088-1096.

¹⁰ Ho IK, Dinh KT. Cervical cancer screening among Southeast Asian women. *J Immigr Min Health* 2011;13:49-60.

¹¹ Ponce NA, Chawla N, Babey SH, Gatchell MS, Etzioni DA, Spencer BA, Brown ER, Breen N. Is there a language divide in Pap test use? *Med Care* 2006;44(11): 998-1004.

¹² Lee-Lin F, Menon U, Nail L, Lutz KF. Findings from focus groups indicating what Chinese American immigrant women think about breast cancer and breast cancer screening. *J Obstet Gynecol Neonatal Nurs* 2012;00: 1-11.

¹³ Johnson CE, Mues KE, Mayne SL, Kiblawi AN. Cervical cancer screening among immigrants and ethnic minorities: A systematic review using the health belief model. *J Low Genit Tract Dis* 2008;12: 232-241.

¹⁴ Nguyen TN, Tran JH, Kagawa-Singer M, Foo MA. A qualitative assessment of community-based breast health navigation services for Southeast Asian women in Southern California: Recommendations for developing a navigator training curriculum. *Am J Public Health* 2011;101: 87-93.

¹⁵ Lam TK, McPhee SJ, Mock J, Wong C, Doan HT, Nguyen T, Lai KQ, Ha-laonis T, Luong TN. Encouraging Vietnamese-American women to obtain Pap tests through lay health worker outreach and media education. *J Gen Intern Med* 2003;18: 516-524.

About the Author

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