



**TEXAS WOMAN'S  
UNIVERSITY**

**The Effectiveness of an Educational Intervention in  
Breast Cancer in a Vietnamese American Women  
Group**

**Tuong Vi Ho Ph.D, FNP, BC  
Jannette Diep**

# Disclosure

- Tuong Vi Ho Ph. D FNP, Jannette Diep
- Texas Woman's University Houston Texas USA
- No conflict of interest. No commercial sponsorship
- Objectives: At the end of the presentation, the audience will be able to:
  - Identify the research methodology used in this research
  - Identify the trend in health screening practices in the Vietnamese American women in Houston Texas.
  - Identify the effectiveness of the educational intervention on breast cancer knowledge, the intention to use of some of the early breast detection methods, BSE confidence level, and the self identified breast cancer risks.



# Problems

1. Texas Houston has the # 3rd largest Vietnamese immigrants
2. Breast cancer is the most common diagnosed cancer in Vietnamese women and is on the rise.
3. Diagnosed with breast cancer at a younger age compared to the general U. S. population with about 50% of the women younger than 50 years of age at time of diagnosis.
4. Have unique pattern of possible genetic mutation or environmental problems.
5. Latent diseases when diagnosed
6. Lack of knowledge of breast cancer and early screening methods available.
7. Barriers to access to care



# Purpose

- Purpose:
  - To evaluate the effectiveness of a culturally appropriate and culturally sensitive educational intervention on breast cancer, the intention to use of some of the early breast cancer detection methods such as mammogram, breast self-exam confidence, and the self-identified breast cancer risks.



# Methodology

- Descriptive study: : 270 participants were randomized in to the study with a Pre and Post Educational evaluation. Descriptive statistics were used.
- Participants age 18 and older
- Language used: Vietnamese
- Educational materials all translated from English to Vietnamese
- The intervention was a 45 minutes educational session workshop on breast cancer, current guidelines for breast cancer detection such as mammogram, and breast self-exam



# Methodology

- The 64-item questionnaire was used to evaluate the effectiveness of the intervention:
  - 12 questions on demographic,
  - 13 questions on health information sources,
  - 25 questions on breast cancer knowledge on early detection methods, breast self-exam confident level,
  - 10 questions on perceived risk to develop breast cancer and
  - 4 questions on health care practice.
- This questionnaire was used for pre and post educational session.
- The health educators were nurse practitioners health care provider.



# Results

- Population demographics

**Table 1. Demographics of Study Population**

Characteristic	Frequency (%)
Marital Status	
Married	148 (54.81%)
Divorced, Separated, Widowed	50 (18.52%)
Never Married	37 (13.7%)
Don't Know/Not sure	30 (11.11%)
Refused	5 (1.85%)
Employment Status	
Full-time	84 (31.11%)
Part-time	59 (21.85%)
Self-employed	1 (0.37%)
Unemployed	37 (13.7%)
Homemaker	29 (10.74%)
Student	2 (0.74%)
Retired	11 (4.07%)
Unable to work/disabled	5 (1.85%)
Don't Know/Not Sure	37 (13.7%)
Refused	5 (1.85%)



# Results

- Annual household income

Annual Household Income	
Less than \$25,000	160 (59.26%)
Between \$25,000 and \$50,000	55 (20.37%)
Between \$50,000 and \$75,000	4 (1.48%)
More than \$75,000	0 (0.00%)
Unsure/Don't know	34 (12.59%)
Refused	17 (6.3%)



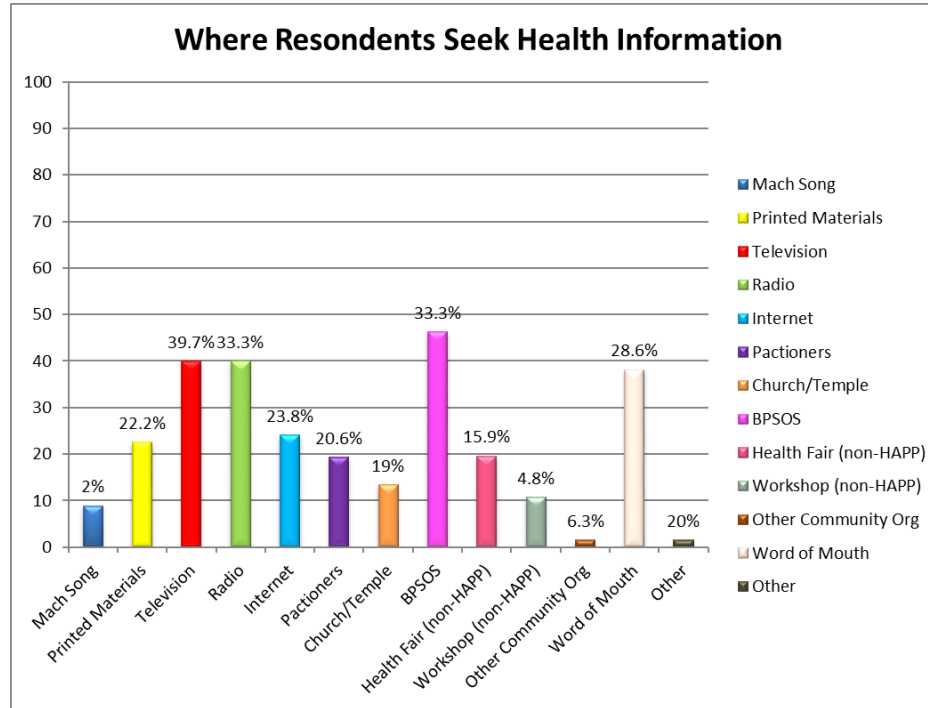


# Demographic cont

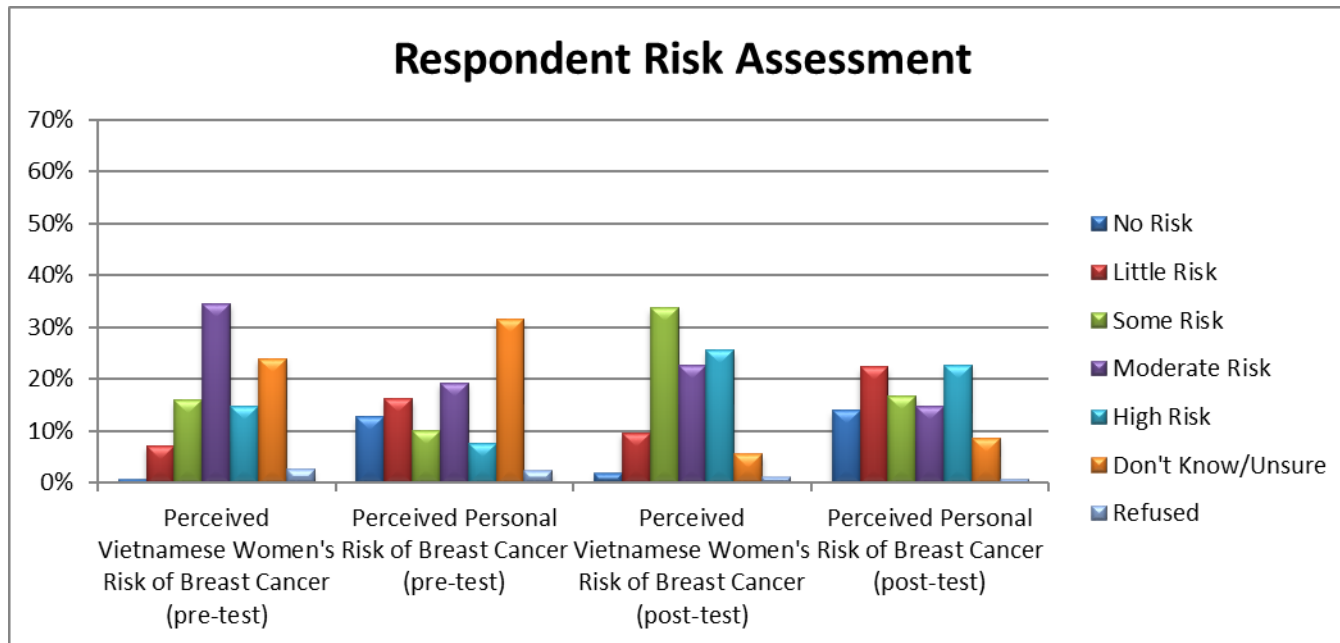
Less than \$25,000	160 (59.26%)
Between \$25,000 and \$50,000	55 (20.37%)
Between \$50,000 and \$75,000	4 (1.48%)
More than \$75,000	0 (0.00%)
Unsure/Don't know	34 (12.59%)
Refused	17 (6.3%)
Living Situation	
Own	78 (36.62%)
Rent	112 (52.58%)
Other	23 (10.80%)
Religion	
Catholic	68 (30.09%)
Buddhist	129 (57.08%)
Protestant	13 (5.75%)
No religion	11 (4.87%)



# Health Seeking Sources



# Personal Risk Assessment : Pre and Post Tests



# Breast Cancer Knowledge Pre and Post Tests

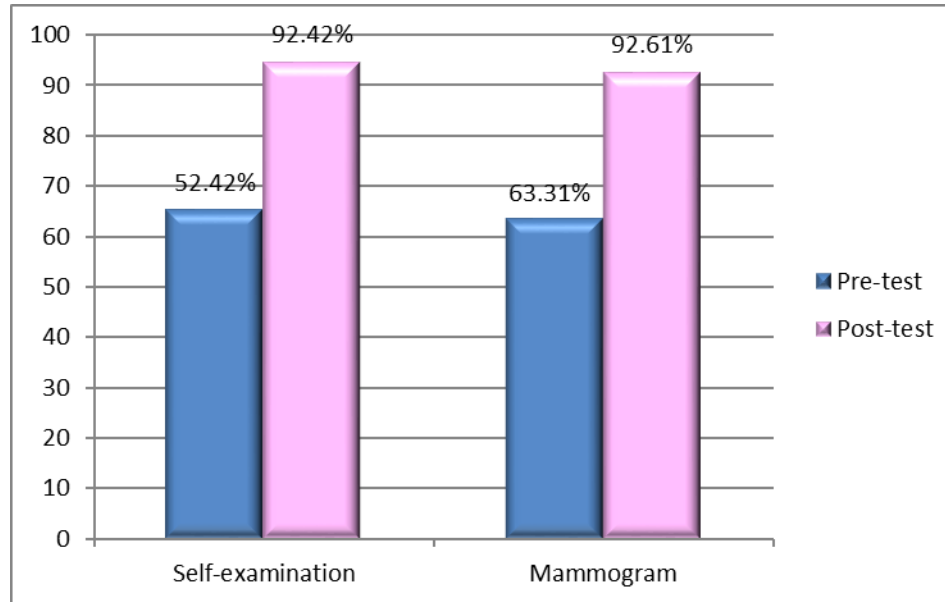
## Breast Cancer Knowledge Pre and Post Test

While the majority of respondents were aware of breast cancer before the breast cancer workshop (N=213, 78.89%), the post-test revealed an increase of 55 participants, in awareness amongst participants following the workshop (N=268, 99.26%).

The results suggested that the workshops provided by BPSOS had an effect on participants' knowledge of breast cancer. These results suggested that exposure to BPSOS's breast cancer workshops increased the knowledge of breast cancer for workshop participants.



# Behavioral Intent Pre and Post Tests



# Attitudes around Self-Examination Pre and Post Test

## Attitudes around Self-examination Pre and Post Test

Prior to BPSOS's workshop 66.54% (N=175) of study participants had heard of a breast self-exam. Of the participants who were aware of a breast self-exam, 56% (N=98) felt the self-examination should be performed once every month, while 19.43% (N=34) of participants felt the exam needed to be performed once a year. After the workshop, 96.55% of the same participants felt the exam should be performed every month. The majority of study participants who were aware of a breast self-exam reported **not** performing a breast self-exam in the month prior (N=100, 58.48%), indicating a need in the community.

Confidence in performing a breast self-exam increased among those who had heard of a breast self-exam (16.23%). Among those who had not (N=37) there was a 55.78% increase in confidence.

These results suggest that the workshops provided by BPSOS had an effect on participants' attitudes around breast self-examination. Specifically, these results suggest that exposure to BPSOS's breast cancer workshop **increased** positive attitudes about self-examination for workshop participants



# Decreased of the Cultural Shame per Support Groups

## Internalized Cultural Shame per Support Groups

Through many outreach attempts and radio as well as TV talk-shows, BPSOS were able to reach out to more breast cancer patients and survivors. From the collaboration with HOPE clinic, VANA, MD Anderson volunteer nurse practitioners, BPSOS's Health Coordinator was able to recruit more participants to the breast cancer support group. Based on the result of increased clients, we learned that cultural shame around breast cancer before and after BPSOS's breast cancer workshops and /or support groups made a significant difference. From the interviews and building a close relationship with the clients, the results suggested that the workshops provided by BPSOS had an effect on participants' feelings of internalized cultural shame. Specifically, these results suggest that exposure to BPSOS's breast cancer workshops, one-on-one meetings, and /or support group decreased cultural shame around breast cancer for the participants.



# Conclusions- Positive

- The educational program was effective in increasing breast cancer knowledge.
- Intention to obtain a mammogram also increased 29.3 %
- Intention to obtain a mammogram also increased after a physician has made requisition to have one done
- Knowledge on BSE also has increased in the post test.
- Confidence level in performing BSE also increased
- Cultural notion in regard to breast cancer is decreasing.





# Conclusions-Areas of Concern

- Used by the community members who do not see their PCP for check up regularly
- Attending the health fair annually could provide the participants a false sense of security
- Encouraged inclusive cultural ethnicity group
- Strict uphold ethical conducts- the welfare of the participants in the community should be a priority in planning this health fair
- Follow up issues: moving, no permanent address for contact, language barriers, and social /cultural miscommunication



# Conclusion

- Educational program is effective
- Continue to establish educational classes throughout the community
- Continue to work on cultural barriers to decrease cancer taboos or cancer perceptions.
- Establish a cancer support group with face to face meeting.



# References

## References

- Gomez, S., Behren, J., Mckinley, M., Clarke, C., Shafir-Marco, S., Cheng, i., Reynolds, P., & Glaser, S. (2017). Breast cancer in Asian Americans in California, 1988-2013: increasing incidence trends and recent data on breast cancer subtypes. *Breast Cancer Research and Treatment*, 164(1), 139-147.
- Ho, V., Yamal, J., Atkinson, E., Basen-Engquist, K. (2005). Predictors of Breast and cervical screening in Vietnamese women in Harris County, Houston, Texas. *Cancer nursing* 28(2) 119029. DOI: 10.1097/00002820-200503000-00005
- Niravath, P., Bondy, M., Hilsenbeck, S. (2016). Unique breast cancer features within the Vietnamese population. *Journal of Health Disparities Research and Practice*, 9(4), 53-58.
- Nguyen, G. D. (2015). Generational Conflicts among Vietnamese Americans in the Health Care Decision Making Process. *Online Journal of Health Ethics*, 11(2). <http://dx.doi.org/10.18785/ojhe.1102.03>
- Trieu, P., Mello-Thoms, C., & Brennan, P. (2015). Female breast cancer in Vietnam: a comparison across Asian specific regions. *Cancer Biology and Medicine*. 12(3): 238–245. doi: [10.7497/ISSN.2095-3941.2015.0034](https://doi.org/10.7497/ISSN.2095-3941.2015.0034)
- Zong, J., & Batalova, J. (2016). Vietnamese immigrants in the United States. Migration Policy Institute. Retrieved from [https://www.migrationpolicy.org/article/vietnamese-immigrants-united-states?gclid=CjwKCAiA9rjRBRAeEiwA2SV4ZeRfCna-PsfHQ7G8utXG0lc87cLFKAe5edd8irpgwFRNxoTkKzMbRoCYigQAvD\\_BwE](https://www.migrationpolicy.org/article/vietnamese-immigrants-united-states?gclid=CjwKCAiA9rjRBRAeEiwA2SV4ZeRfCna-PsfHQ7G8utXG0lc87cLFKAe5edd8irpgwFRNxoTkKzMbRoCYigQAvD_BwE)

