

Addressing Breast, Cervical and Colorectal Cancer Screening Related Health Disparities and Practices in Asian-Indio Women

Sharon K. Byrne, DrNP, RN, APN, FNP-BC, AOCNP, CNE

Evelyn Robles-Rodriguez, MSN, RN, APN, AOCN

Yogini Patel, BA

Disclosure & Objectives

- The authors have no relevant financial interests or other relationships with commercial entities that produce, market, resell or distribute healthcare products or services that are used on or by patients
- This program was supported by grants from the Susan G. Komen Philadelphia and Central and South Jersey Affiliates, New Jersey Cancer Education and Early Detection Program (NJCEED) and the Avon Breast Health Foundation Outreach Program as well as a Support of Scholarly Activities (SOSA) grant awarded from the College of New Jersey
- **By the end of this presentation the learner will be able to:**
 1. describe the influence of Ayurvedic medicine and Hinduism on the health beliefs and practices of Asian Indian women related to cancer screening
 2. discuss the development and outcomes of a designated clinic related to cancer screening in a select sample of Asian Indian women
 3. list 3 recommended strategies for ensuring sustainability of breast, cervical and colorectal cancer screening in Asian Indian women

Introduction

- According to the National Action Plan for Cancer Survivorship (2014) culturally competent patient education and care is a priority
- Challenges facing health care in US today is role that both language and culture in health communications play and its effect on health care access and quality



Health Beliefs and Practices of Asian Indian Women

- Beliefs and practices have been influenced by both Ayurvedic medicine and the Hindu religion
- Ayurvedic medicine is an intricate system of healing focused on balance between the physical, mental and spiritual domain or 3 doshas (vata, pitta and kapha). Uses lifestyle, nutrition and certain herbals to reduce excessive dosha and hasten healing.
- Hinduism is a social system and religion and customs and practices are interwoven
- Often believed that karma causes illness e.g. law of behavior and consequences

(Alagiakrishnan & Chopra, 2011; Gordon, Bernadett, Evans, Shapiro & Patel, 2016)

Retrospective Research Project Description

- In 2007, the Cancer Outreach Project at MD Anderson Cancer Center Cooper focused on providing cancer education and screening to uninsured and underinsured Asian Indian women through a dedicated outreach worker and nurse practitioner coordinated clinic
- Collaborative relationship was established with National Indian Cooperative Enterprises, Inc. (NICE), a non-profit organization in Southern New Jersey
- Monthly clinic provides breast, cervical and colorectal education and screening following New Jersey Cancer Education and Early Detection (NJCEED) guidelines to women rarely or never seen for women's healthcare due to their health beliefs and practices

Retrospective Research Project Description

- Project highlighted in hopes that the analysis of 9 years of results and lessons learned will assist other nurses, providers and health program administrators in the provision of culturally sensitive cancer risk assessment, education and screening to a culturally and linguistically diverse population of patients

Methods

- IRB approval was obtained
- Data collected included demographics, medical- surgical and family history, participation in breast health awareness, clinical breast examination, Pap smear and pelvic examination, digital rectal examination and fecal occult immunological testing
- Data related to results of screening, diagnostic imaging and/or referrals for follow-up studies for inconclusive or abnormal results tracked
- Analysis consists of descriptive statistics

Results/Outcomes

- From inception in 2007 through June 30, 2016, 750+ Asian Indian women with a mean age of 47.5 years have been educated through outreach activities at Temples and through home health parties
- 414 participants with a mean age of 52 years have participated in both initial and continued cancer screening clinics
- 330 participants are currently active in patient panel
- 84 now insured or loss to follow-up

Results/Outcomes

- Total number of visits - 956
- Numerous benign conditions have been diagnosed and referrals made
- Cancers include:
 - 8 cases of breast cancer - DCIS (4), LCIS , Stage I breast cancer (2), Stage III breast cancer
 - 1 case of cervical cancer
 - 2 cases of endometrial cancer

Practice Implications

- Identification of facilitators and barriers related to participation in cancer screening within the Asian Indian female population has implications for practice
- Recognize screening recommendations may continue to change
- Know the evidence
- Know institutional or practice policy
- Consider and discuss patient risk
- Advocate for your patient
- Offer individualized patient education
- Encourage every woman to discuss her risk of breast cancer with her health care provider
- Continue to conduct clinical research on the efficacy of the clinical breast exam and screening services

- adapted from ONS (2013). Updates and Controversies in
Cancer Screening. ONS.

Lessons Learned

- Identification of facilitators and barriers related to participation in cancer screening within the Asian Indian female population has implications for practice
 1. dedicated accessible clinic location with consistent provider
 2. establish trust and recognize modesty
 3. be sensitive and compassionate about concerns and fears of patients
 4. acknowledgement and respect of cultural beliefs
 5. sufficient time for speaking, being heard and having questions answered
 6. on-site mammography that immediately follows visit with provider
 7. case management approach with outreach worker/lay navigator model
 8. know organizational and community resources for seamless follow-up and/or referral
 9. provide transportation as necessary

Summary and Conclusion

- Sharing of lessons learned from this retrospective research may benefit other healthcare providers interested in developing sustainable cancer education and screening services for this select population
- The innovative delivery approach to cancer screening in the Asian Indian population can be a model that other agencies can utilize to meet healthcare needs in a cohort that historically has not accessed the U.S. healthcare system
- ***Take the initiative:*** Advanced practice nurses and nursing are a vital link in the planning, development, implementation and evaluation of cancer screening projects
- Develop a strong network of community members interested in bringing the message about cancer prevention and early detection to their community
- Always be on the lookout for additional funding sources!

References

- Alagiakrishnan, K. & Chopra, A. (2011). *Health and healthcare of Asian Indian American elders*. Retrieved at <http://www.stanford.edu/group/ethnoger/asianindian.html>
- Byrne, S. & Robles-Rodriguez, E. (2009). Educational parties as a strategy to promote breast health awareness and screening in underserved female populations. *Oncology Nursing Forum* 36(2):145–8.
- Centers for Disease Control and Prevention (2014). *National action plan for cancer survivorship: Advancing public health strategies*. Retrieved at https://www.cdc.gov/cancersurvivorship/what_cdc_is_doing/action_plan.htm
- Gordon, S., Bernadett, M., Evans, D., Bernadett Sharpiro, N., & Patel, U. (2016). Asian Indian culture: Influences and implications for health care. *The Molina Institute for Cultural Competency*, pp 1-8.
- State of New Jersey Department of Health (2017). *Cancer education and early detection*. Retrieved from <http://www.state.nj.us/health/cancer/njceed>
- Trinh-Sevrin, C., Shipli Islam, N., & Rey, M. J. (2009). *Asian American communities and health: Context, research, policy and action*. NY: Jossey-Bass.