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TITLE: Development of a Tailored Intervention to Promote Breast Cancer Screening Among Immigrant Asian Women Residing in the U.S.

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13. ABSTRACT (Maximum 200 Words) Breast cancer is the leading diagnosed cancer in Asian American women. American women are more likely to receive a diagnosis in the advanced stages of the disease, primarily because of late detection. Understanding the cultural barriers to receipt of breast cancer screening (BCS) by Asian women and developing culturally appropriate programs to promote their use of BCS has become an urgent need in southeastern Michigan, where the Asian population has been growing rapidly. The primary objective of the proposed project is to obtain a better understanding of those factors affecting BCS practices among Asian women residing in southeastern Michigan. The preliminary findings from the focus groups meetings conducted in 40 women from Taiwan, Korea, Philippines and India showed that there are common and unique barriers toward BCS and these barriers may be linked to their cultural background and health care received in their native countries. The information will be used to develop a culturally-sensitive instrument to measure BCS practices and correlates and administered to 188 Asian women. At the completion of this study, it is expected that the results of this project will contribute to the understanding of BCS utilization and factors affecting BCS practices in immigrant Asian women.				
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Table of Contents

Cover.....	
SF 298.....	
Introduction.....	1
Body.....	2
Key Research Accomplishments.....	6
Reportable Outcomes.....	6
Conclusions.....	6
References.....	6
Appendices.....	7

INTRODUCTION

Breast cancer is the leading diagnosed cancer in Asian American women. Although Asian American women have a lower reported breast cancer incidence rate compared with Caucasian and African American women, they are more likely to receive a diagnosis in the advanced stages of the disease, primarily because of late detection. Immigrant Asian women have unique needs in breast cancer screening (BCS) because of their socioeconomic and cultural backgrounds, which include language barriers, economic status, and other lifestyle issues. Understanding the cultural barriers to the receipt of BCS by Asian women and developing culturally appropriate programs to promote their use of BCS has become an urgent need in southeastern Michigan, where the Asian population has been growing rapidly.

The proposed training and research program will be targeted to reducing health disparities related to breast cancer screening in immigrant Asian women. In particular, the award recipient will identify psychological, social and cultural barriers that affect participation in breast cancer screening recommendations and continued adherence. During this two-year research period, the proposed training and research program will combine a didactic component, a mentored research experience (including completion of a mentored survey study), direct experience with patients on breast cancer screening through health promotion and educational events, and a research practicum through participation on three interdisciplinary research teams. At the end of this training and research program, it is expected that the award recipient will be ready to develop a proposal to design an evidence-based, tailored intervention program specifically targeted to increasing breast cancer screening practices among immigrant Asian women.

BODY

The following section of report will focus on the research accomplishments associated with each task outlined in the approved Statement of Work.

Task 1. Develop a theoretical foundation in behavioral science and clinical assessment in breast cancer screening; refine research skills and abilities, including measurement, data analysis, conceptual model development in breast cancer research through mentorship and selected coursework. (Months 1-18).

Current Status: The task has been successfully met with the following specific training activities completed:

1. The award recipient, Tsu-Yin met with two co-mentors, Drs. Yu and Northouse during the training period regularly to discuss the progress and revision of research project and will continue this activity throughout the grant cycle for continued feedback and suggestions from the two co-mentors.
2. Tsu-Yin participated in supervised research activities under Dr. Yu's Healthy Asian American Project (HAAP) at University of Michigan, Ann Arbor. This community-based research project aims to promote utilization of the Breast & Cervical Cancer Control & Prevention program for the underserved population of women. In this activity from May to September, 2004, Tsu-Yin was able to learn strategies to effectively interact with the community and address the special needs of Asian immigrant women.
3. Tsu-Yin participated in supervised research activities under Dr. Northouse's research project, FOCUS, a family-focused program of care for women with recurrent breast cancer and their families. The current FOCUS project focused on prostate cancer patients and their spouses. In this research activity (Sep-Dec. 2004), Tsu-Yin learned about how the intervention components were designed to address both the patient as well as family member/significant other's needs. In addition, Tsu-Yin was able to see how the five components (F for family involvement; O for optimism; C for coping; U for uncertainty reduction & S for symptom management) of the program was carried out and various challenges and solutions in implementing a family intervention for cancer patients to improve their quality of life.
4. Tsu-Yin completed the research practicum I on the Health Media Lab at the University of Michigan (4 hours/week) with Dr. Strecher on his NIH, P50 center grant, University of Michigan Center for Health Communications Research (UMCHCR), and the purpose of this center is to develop an efficient, theory-driven model for generating tailored health behavior interventions that is generalizable across health behaviors and sociodemographic populations. The specific projects that Tsu-Yin participated in included Project 2, which focuses on promoting fruit and vegetable intake among African American adults and Project 3, which develops a decision aid to help women decide whether to undergo tamoxifen prophylaxis for breast cancer prevention. In these two projects, Tsu-Yin was able to learn the state of art technology and skills in behavioral science essential to the development, design, and implementation of a tailored intervention. The activity was carried out in Sep. 2004 and completed in Mar. 2005.

5. Tsu-Yin spent two weeks with Dr. Fran Lewis and her research team at the University of Washington in Jan. 2005 and completed the intensive research practicum III. In this research practicum, Tsu-Yin was able to meet the following objectives,

- a. Review the infrastructure [work, personnel, task responsibilities, meeting structures, data file structures, instrument files and records] for the conduct of an Randomized Clinical Trial (RCT) project
- b. Analyze current thinking/status of Tsu-Yin's research goal toward designing a behavioral intervention with Dr. Lewis
- c. Participate in a doctoral course NUR593-Preventive Therapeutics, and examine at least two theories of health behavior and their application to the development of a behavioral intervention
- d. Analyze the processes by which a scientist moves from knowing a population to configuring the relevant elements of a behavioral intervention to behavioral change

6. Tsu-Yin has started the research practicum II in November 2004 with Dr. Victoria Champion from Indiana University (IU) and still is working with her on her recently funded five-year project from the National Institute of Nursing Research on comparing the effectiveness of computer (DVD/CD-Rom) and telephone tailored interventions. The research activity included bi-weekly teleconference phone calls with the research team members at IU and Duke University and a two day on-site research meeting at IU in Mar. 2005. In this practicum, Tsu-Yin participated in a research project with approximately 1,686 women who were randomly assigned to receive: (1) a mammography promotion intervention delivered via interactive computer program; (2) the intervention delivered via telephone; or (3) usual care. Computer and telephone interventions will be tailored to recipients' perceptions of susceptibility; benefits and barriers associated with mammography, and perceived self-efficacy for obtaining a mammogram. Tsu-Yin's active involvement was truly beneficial due to the hands-on experience of developing an instrument with study variables, constructing messages for targeted variables, and the implementation of a multi-site intervention. This activity is expected to continue throughout the grant cycle.

Coursework: Tsu-Yin already took the course in *Planning, Delivery, and Evaluation of Community Based Interventions for Behavioral and Social Change* in the summer of 2004, and plans to take *Cancer Epidemiology* and *Multi-level Analysis of Survey Data* in the summer of 2005.

Task 2. Collect pilot data on cultural beliefs, knowledge and barriers toward breast cancer screening among immigrant Asian women (N= 188) in a Midwestern city and examine their relationships to breast cancer screening. (Months 1-18).

Current Status:

1. Tsu-Yin refined the theoretical framework, research questions/hypotheses, research protocol and procedures design with co-mentors, Drs. Yu and Northouse throughout the first three months of the study.
2. The development of a study instrument was under two phases: 1) conducting focus groups (please refer to Appendix I for interview questions) with four ethnic groups of 40 women, i.e., Chinese/Taiwanese, Filipino, Korean and Asian Indian with 10 women in each group

respectively. Each group consisted of 10 women aged 40 and older and from a variety of immigrant and social-economic backgrounds. 2) modifying and revising a previously developed questionnaire on breast cancer screening in Chinese women and incorporating focus group findings to achieve cultural relevancy and appropriateness for other groups of Asian women. The focus groups were completed in Apr. 2005 and the draft questionnaire (please refer to Appendix II) was developed and sent to four content experts for their constructive criticisms.

3. Institutional IRB approval of the study protocol was obtained and renewed in Sep. 2004 (Expiration 6/12/06) from the University of Michigan. In addition, additional approval (of study protocol, consent forms and recruitment materials) was secured from the Human Subjects Research Review Board at the U.S. Army Medical Research and Materiel Command in Jan. 2005.

Activities to be completed

- i. The final version of the study instrument is expected to be completed and translated into four different languages using the standard translation technique by July 2005. The translated and English versions will be sent to HSRRB for their approval.
- ii. The translated questionnaires will be administered to a sample of 188 women by Sep. 2005.
- iii. Data management including entry, coding and cleaning by Oct. 2005.
- iv. Data analysis to evaluate the identified cultural beliefs and barriers in Asian American women toward breast cancer screening and their impacts on screening practices by Nov. 2005.
- v. Summarize preliminary results from the study and prepare report and manuscript for publication by Dec. 2005.
- vi. Call expert advisory board meeting to discuss implications from study results in Jan. 2006.

Task 3. Based on empirical data of the pilot study, applying knowledge and technology developed throughout the program to develop strategies for a tailored intervention program in cancer screening as a base for the future program of research.

- i. Develop the draft of a proposal of tailored interventions to promote breast cancer screening based on the literature review and previous empirical data from the pilot study on tailored intervention design and theories for behavioral change.
- ii. Call for an advisory board meeting.
- iii. Incorporate expert panel comments into proposal.
- iv. Refine research questions/hypotheses, methods of study, determine applicability and feasibility of the proposed study, determine funding sources.
- v. Prepare and finalize proposal and submission to funding agency.

Current status: This task and corresponding activities will be conducted and completed in the months between February and May 2006.

Other training components: conferences attendance

Tsu-Yin attended the annual Michigan Breast and Cervical Cancer Control Program Annual Meeting in the year of 2004 (May 20-21) and 2005 (May 12-13) to learn about the updates on treatment, cancer control and recent medical advances in breast and cervical cancer.

Tsu-Yin attended the ONS 30th Annual Congress (Apr. 25-May 1st, 2005) in Orlando, Florida. In this conference, Tsu-Yin was able to obtain practical knowledge that can be applied to your daily practice and the latest information on cancer treatment advances, cancer research and networking with nursing colleagues to share experiences, ideas, and knowledge across the United States and around the world.

KEY RESEARCH ACCOMPLISHMENTS

- ❖ Better equipped with the state of the art skills and knowledge in behavioral science with focus in early cancer detection.
- ❖ Actively involve in several interdisciplinary research and clinical randomized trails in the community; family and computerized-tailored intervention projects.
- ❖ Obtain hands-on research experience in both qualitative and quantitative methods to investigate cancer control and prevention.

REPORTABLE OUTCOMES

Manuscript written based on focus groups findings:

Wu, T.Y. & Bancroft, J.M. The Perceptions and Experiences of Breast Cancer Screening for Filipino American Women. Manuscript submitted for publication (please refer to Appendix III).

Funding applied and granted:

Project title: An Innovative Interdisciplinary Approach to Promote Breast Health among New Immigrant Women from Southeastern and Southern Asia. Funding agent: Susan G. Komen Breast Cancer Foundation, 2005 (funding amount: \$249, 096).

Employment opportunities applied and offered: Faculty positions from three different universities in the U.S.

CONCLUSIONS

This research award offers an excellent package to advanced nurses in an effort to be better equipped to conduct advanced clinical and empirical-based research projects in the area of breast cancer. The award recipient has benefited tremendously by the research experiences during the award period which included the opportunity to work with world-renown researchers and laboratories in behavioral science research and further apply the knowledge and skills in clinical research to enhance the understanding of human behaviors related to early detection of cancer and to build the knowledge base for developing intervention research to increase adherence to recommended screening tests.

REFERENCES: N/A

APPENDICES

Appendix I: Interview questions for focus groups

Appendix II: Draft questionnaire

Appendix II: Reprint of manuscript, "The Perceptions and Experiences of Breast Cancer Screening for Filipino American Women."

Appendix I

Procedure and Questions for the Focus Group Meetings

1. Introduction

- a. Principal investigator, research staff and translator
- b. P.I. will introduce the purpose and procedure of the meeting.
- c. P.I. will explain the content of the consent form and request permission to tape-record the session.
- d. Research staff will collect the signed consent forms from participants.

2. Discussion

When the discussion starts, P.I. will ask each of the following questions.

- a. What do you know about breast cancer?
- b. Can you tell me about your experiences (including your family members or relatives) with breast cancer?
- c. Do you know how to detect breast cancer in its early stage?
- d. Have you heard about breast self-exam? What is it?
- e. Have you heard about clinical breast exam? What is it?
- f. Have you heard about mammography? What is it?
- g. What are your breast cancer screening practices in your own country?
- h. What are your breast cancer screening practices when you come to the U.S.?
- i. What are the factors which will influence your practice in breast self-exam?
- j. What are the factors which will influence your practice in clinical breast exam?
- k. What are the factors which will influence your practice in mammography?
- l. What kind of help you will need to regularly perform these three exams?

Today's Date _____

Appendix II
Breast Cancer Screening Questionnaire

I. Demographics

First, we would like to ask some questions about you and your family.

1. What is your birthdate? ____ month/ ____ day/ ____ year
2. What country were you born in? _____ (country)
Would you describe your place of birth as a city or rural area?
3. If you were born outside the US, how many years have you lived in the US? _____
4. Marital status:
 - (1) Currently Married ()
 - (2) Not married, living with a partner ()
 - (3) Single and have never been married ()
 - (4) Separated ()
 - (5) Divorced ()
 - (6) Widowed ()
5. Do you speak English fluently Yes _____ No _____
Do you read English fluently? Yes _____ No _____
Do write English fluently? Yes _____ No _____
6. The following table lists various levels of formal education. Please read and then answer at the bottom of the page the number of years of formal education that you completed and the degree that you have..

Level of Education	Years of Schooling
No formal education	0
Elementary school	1-6
Junior high school	7-9
High school	10-12
Technical school/college/University	13-16
Graduate school	More than 16 years

Years of formal education that you completed (_____ years)

What is your highest degree that you got? _____

- 6.1 What is your occupation in your home country (if you were born outside of U.S.)?
_____. Is this job you worked full _____ or part-time _____?
- 6.2 What is your occupation in the U.S.? _____. Is this job you worked
full _____ or part-time _____?
7. Which of the following categories best describes your total combined yearly
household income before taxes during the past year?
- (1) <\$15,000 ()
- (2) \$15,000 -- \$30,000 ()
- (4) \$30,001 -- \$50,000 ()
- (5) \$50,001 -- \$75,000 ()
- (6) \$75,001 -- \$100,000 ()
- (7) \$100,000 or more ()
8. How many people live in your household? _____
9. Do you currently have health insurance?
- Yes ()
- No ()
- 9.1 Does your insurance coverage include an annual mammogram?
- Yes ()
- No () Don't know ()

Now, we would like to know about your and your family's breast cancer history.

10. Have you ever been diagnosed with breast cancer?
- Yes () how long ago were you diagnosed with breast cancer? _____ years
- No ()
11. Do you have a family member who has been diagnosed with breast cancer?
- Yes () Your relationship with this/these person(s) _____
- No ()
12. Do you have a close friend who has been diagnosed with breast cancer?
- Yes ()
- No ()

II. Breast Cancer Screening

Now we would like to ask some questions about your experiences and feelings about breast cancer screening. Please put an "X" in the appropriate spaces for each of the following questions.

1. A mammogram is a breast x-ray in which each breast is pressed by a special machine before being x-rayed. It is used to find breast cancer. Have you heard of mammogram or breast x-ray?
Yes ☐ _____
No ☐ _____
2. At what age should a woman start having a mammogram every year?
_____ years of age Don't Know _____
3. When thinking about the last 5 years, how many mammograms did you have in that period? _____
 - 3.1. When thinking about the last 5 years, please **check each box** for **each year** that **you had a mammogram**.

1.	☐	5 years ago
2.	☐	4 years ago
3.	☐	3 years ago
4.	☐	2 years ago
5.	☐	1 year ago
4. Are you planning to have a mammogram in the coming year?
Unlikely _____ somewhat likely _____ very likely _____ not sure _____
5. How long ago did you have your last mammogram (pick **one** answer which best describe you)
I haven't had a mammogram in the past _____
Less than 13 months ago _____
Between 13 months and 2 years ago _____
More than 2 years ago _____
Don't remember _____

6. Was your last mammogram done as part of a routine checkup or for a health-related reason (for example, you felt symptoms such as lumps or pain in the breast)?

Routine check-up _____ **OR**

Health-related reason _____ Please explain _____ (go to Question 6.1)

- 6.1 For those who checked for "health-related reason," how long ago was your last **routine** mammogram?

Less than 13 months ago _____

Between 13 months and 2 years ago _____

More than 2 years ago _____

Don't remember _____

7. A breast self-examination is when a woman checks her own breasts for lumps and other changes. Have you ever heard of the term, breast self-exam?

Yes _____

No _____

8. How often do you think a woman should practice breast self-examination? _____

9. How often do you practice breast self-examination? (Pick **one** answer)

Never _____

2-6 times a year _____

7-11 times a year _____

Once a month _____

Once a week _____

Other (Specify) _____

10. A clinical breast exam is when a doctor, a nurse or other health professional carefully examines a woman's breasts for lumps and other changes. Have you ever heard of the term, clinical breast examination?

Yes _____

No _____

11. Starting at what age, do you think, a woman should have a clinical breast examination annually? _____ years old

12. How long has it been since you had your last clinical breast examination by your doctor, nurse or other health professional? (Pick **one** answer)

A year or less _____

1-2 years ago _____

2-5 years ago _____

5 or more years ago _____

Never had one _____

Don't know _____

Please circle the answer that is closest to your feelings

	Strongly Disagree	Disagree	Agree	Strongly Agree
13. Having a mammogram will help me to find breast lumps early.	1	2	3	4
14. Having a mammogram is the best way for me to find a very small breast lump.	1	2	3	4
15. Having a mammogram will decrease my chances of dying from breast cancer.	1	2	3	4
16. Having a mammogram will allow me to detect breast cancer I cannot find myself.	1	2	3	4
17. Having a mammogram will allow me to detect breast cancer that my doctor or nurse cannot detect in a physical examination.	1	2	3	4
18.. If I have a mammogram and it's normal, I won't worry as much about breast cancer.	1	2	3	4
19. If I feel OK or healthy, I don't need an annual mammogram.	1	2	3	4
20. My doctor doesn't recommend it so I don't need get mammogram annually	1	2	3	4
21. I don't have insurance to pay for mammogram.	1	2	3	4
22. I don't know where I can get a mammogram	1	2	3	4
23. I don't have time for a mammogram.	1	2	3	4
24. It's difficult to find transportation to go for a mammogram	1	2	3	4
25. Hours at the mammography clinic are not convenient for me	1	2	3	4
26. The waiting time in the clinic for a mammogram is too long	1	2	3	4
27. I am uncomfortable speaking English to my doctor and asking questions about mammogram	1	2	3	4

	Strongly Disagree	Disagree	Agree	Strongly Agree
28. I forget to get a mammogram	1	2	3	4
29. I am afraid a mammogram will find cancer	1	2	3	4
30. I feel uncomfortable taking off clothes in front of health professionals during the exam	1	2	3	4
31. It is difficult for me to be examined by male or strange health professionals that I don't know	1	2	3	4
32. Having a mammogram would be painful	1	2	3	4
33. Having a mammogram would expose me to unnecessary radiation	1	2	3	4
34. Taking everything into account, it is difficult for me to obtain a mammogram	1	2	3	4
35. I am confident in my ability to obtain a mammogram regularly	1	2	3	4

Please state the **three** of the most important reasons that **prevent** you from having a regular mammogram for every year. If you are having your mammogram every year, then please think three major barriers that other women you know might have.

1. _____
2. _____
3. _____

III. Cancer Risk, Knowledge and Facilitators for Screening

1. Taking all the risk factors into consideration, how would you rate your risks of developing breast cancer in the future? (Please check **one** of following answers).

- No risk at all _____
- Low risk _____
- Moderate risk _____
- High risk _____
- Extremely high risk _____

1.1. Compared to the average woman (your age and in your health), what are your chances of developing breast cancer in the next 5 years?

- Much less than the average woman _____
Less than the average woman _____
Same as the average woman _____
Higher than the average woman _____
Much higher than the average woman _____

2.1. Do you think that hitting, bumping or fondling the breasts would increase a women's chances of getting breast cancer Yes _____ No _____ Don't Know _____

2.2. Do you think a woman who did something morally bad has a higher chance of getting breast cancer? Yes _____ No _____ Don't Know _____

2.3. Do you think a woman who immigrated to the U.S. has a greater chances of getting breast cancer? Yes _____ No _____ Don't Know _____

2.4. Do you think a woman who is 20 pounds overweight has a higher chance of getting breast cancer? Yes _____ No _____ Don't Know _____

2.5. Do you think that air pollution increases a woman's chance of getting breast cancer? Yes _____ No _____ Don't Know _____

2.6. Do you think a woman who has large breasts has a higher chance of getting breast cancer than women with smaller breasts? Yes _____ No _____ Don't Know _____

2.7. Do you think a woman who has had ovarian cancer is more likely to get breast cancer? Yes _____ No _____ Don't Know _____

2.8. Do you think a mammogram helps doctors or nurses find breast cancer before it can be felt? Yes _____ No _____ Don't Know _____

2.9 Can you think of any factors that could increase or decrease women's risk of getting breast cancer? If yes, please write below.

- Factor: _____ increase _____ or decrease _____ women's risk
Factor: _____ increase _____ or decrease _____ women's risk
Factor: _____ increase _____ or decrease _____ women's risk

Please **check** an appropriate answer for each of the following statements.

3.1. If a woman your age **does not have any family history** of breast cancer or other types of cancers, how often do you think she should get a routine mammogram or breast x-ray?

Every year _____ Every 2 years _____ Every 3-5 years _____ Never _____ Other (explain) _____

3.2. If a woman your age **does not have any breast symptoms and feels healthy**, how often do you think she should get a routine mammogram or breast x-ray?

Every year _____ Every 2 years _____ Every 3-5 years _____ Never _____ Other (explain) _____

3.3. If a woman your age **had previously breast-fed a child**, how often do you think

she should get a routine mammogram or breast x-ray?

Every year___ Every 2 years___ Every 3-5 years___ Never ___ Other (explain)___

3.4. When a woman **gets older (reaching her 60's)**, how often do you think she should get a routine mammogram or breast x-ray?

Every year___ Every 2 years___ Every 3-5 years___ Never ___ Other (explain)___

3.5. When a woman your age **eats a healthy diet and exercises regularly**, how often do you think she should get a routine mammogram or breast x-ray?

Every year___ Every 2 years___ Every 3-5 years___ Never ___ Other (explain)___

Next, we would like to know what factors motivate you to get a routine mammogram.

4.1. How likely are you to get a routine mammogram within the next year if your doctor or nurse recommends it?

Very likely___ Somewhat likely___ Very unlikely___ Don't know ___

4.2. How likely are you to get a routine mammogram within the next year if you receive a reminder for your next mammogram?

Very likely___ Somewhat likely___ Very unlikely___ Don't know ___

4.3 How likely are you to get a routine mammogram within the next year if you receive a newsletter with the newest information about breast cancer and cancer screening?

Very likely___ Somewhat likely___ Very unlikely___ Don't know ___

4.4. How likely are you to get a routine mammogram within the next year if your husband encourage you to get a mammogram?

Very likely___ Somewhat likely___ Very unlikely___ Don't know ___

4.5 How likely are you to get a routine mammogram within the next year if your children encourages you to get a mammogram?

Very likely___ Somewhat likely___ Very unlikely___ Don't know ___

4.6. How likely are you to get a routine mammogram within the next year if your relatives or friends encourage you to get a mammogram?

Very likely___ Somewhat likely___ Very unlikely___ Don't know ___

Can you tell us what factors would make you more likely to get a mammogram?

1. _____

2. _____

3. _____

THANK YOU VERY MUCH FOR YOUR TIME & CONTRIBUTION!

Running Head: BREAST CANCER IN FILIPINO WOMEN

Appendix III: Manuscript reprint

The Perceptions and Experiences of Breast Cancer Screening for Filipino American Women

Abstract

Objective: Breast cancer is the most frequently diagnosed cancer and number one killer for Asian American women. From the literature review, socio-cultural correlates of breast cancer screening for Filipinos were less studied. The study reported the information about Filipino women's perceptions toward breast cancer and their experiences in screening practices.

Design: A qualitative exploratory approach with focus groups.

Sample: Focus groups were conducted to collect data from 11 Filipino women between the ages of 45 and 80 years who shared their experiences in breast cancer screening. Transcripts from the focus groups were coded and analyzed.

Results: The central themes that motivate participants' screening practices were support from family members, recommendation from familiar physicians, health insurance reinforcement and personal attributes that include physical symptoms, family history, past diagnosis and educational background. Barriers were identified including lack of knowledge in early detection, negative emotional responses, financial constraints, and access difficulties.

Conclusions: The study elucidated issues and identified unique needs in breast cancer screening for Filipino American women. Findings provide insight for nurses in developing culturally-relevant strategies to promote screening practices in this community.

Keywords: Health Beliefs, Asian Americans, Screening, Focus groups

Introduction

Cultural beliefs and values about cancer and cancer screening could shape and inform an individual's decision about whether to engage in screening behaviors. To date, there have been no published studies that have investigated the cultural beliefs and values of Filipino Americans related to breast cancer screening practices. The purpose of this qualitative study is to explore views on breast cancer and screening practices from the perspective of Filipino women in the Midwest region of the United States. The findings of this study could potentially add to health providers' knowledge and create a foundation for the development of culturally sensitive interventions tailored for Filipino American women.

For women in the United States, breast cancer is the most frequently diagnosed cancer. Despite the fact that rates of breast cancer are generally lower in Asian Americans compared to Caucasian and African Americans, cancer has been the number one killer of Asian American women since 1980 (Asian American Network for Cancer Awareness, Research and Training, n.d.; National Center for Health Statistics, 1998). In addition, a longer period of residency in the United States increases Asian Americans' risk of developing breast cancer which will eventually approach that of the American-born population (Ziegler, et al, 1996). More alarmingly, the death rate increased by 240% for Asian American women between 1980 and 1993, which is considered the largest increase of any racial and ethnic group (National Center for Health Statistics, 1996).

The term, Asian American, represents a diverse population in the United States which was often under the category Asian American/Pacific Islander (AAPI) in national data on breast cancer incidence and mortality. The study findings by Miller et al. (1996) showed great variations in cancer incidence rates for specific ethnic groups which cleared the myth that all Asian Americans have a low incidence of breast cancer. In fact, the rates ranged from 28.5/100,

000 in Korean Americans to 82.3/100, 000 in Japanese Americans with 73.1/100,000 for Filipino Americans (Miller et al., 1996).

Tu (1999) found that breast cancer screening programs are less successful and underutilized by ethnic communities. Therefore, in order to develop an effective intervention to reduce health disparities among various ethnic groups, it is important to recognize the specific cultural beliefs and values and different health needs of each group. Filipino Americans are the second largest Asian subgroup in the United States with higher-levels of acculturation compare to other sub-groups. Nevertheless, Wu and colleague (2004) conducted an integrative literature review on breast cancer screening practices in four ethnic groups (i.e., Chinese, Korean, Filipino and Asian Indian) and found that Filipinos were less studied and socio-cultural correlates were absent from the reviewed literature. Additional work needs to be done in examining Filipino women's cultural beliefs and their needs in breast cancer screening.

Method

Research Design

This qualitative study, using a focus group approach, was conducted to explore the shared meaning of breast cancer and experiences of breast cancer screening among 11 Filipino Americans. This method was chosen for data collection because the interaction in the group provides a social context for the development of each participant's ideas so participants will be able to stimulate and refine thoughts and perspectives (Krueger, 1988; Morgan 1988; Owen, 2001). In addition, the researchers will be able to obtain data with greater depth than with individual interviews (Morgan & Kruegar, 1994). Groups were kept small with 3-4 participants to allow each woman to share her thoughts in an adequate amount of time. Each session, lasting about two hours, was held in a non-threatening environment in which the participants were able to exchange their views without being judged. The methods effectively gathered information about Filipino women's views on breast cancer and their current and past practices of breast cancer screening.

Participants

Inclusion criteria included that participants self-identify themselves as Filipino American, speak either English or Tagalog, and be aged 40 and older. Women were recruited from the metropolitan area of southeastern Michigan through the assistance of community informants and word of mouth. The mean age of the 11 women was 56.9 years (SD= 10.4 years) ranging from 45 to 80 years. Most women (82%) in our sample were married, with two women being single. The average length of residence in the U.S. was 16.1 years (SD= 12.5 years) with one month being the shortest and 34 years being the longest. One woman was not a resident of the United States who only paid periodic visits to her daughter. The sample included women with a wide

rage of occupational backgrounds; five in the healthcare field, two in education, three in sales and industry, and one housewife.

Procedures

The primary investigator for the current study developed an unstructured interview guide that was reviewed and validated by two cultural experts and one consultant for the study. The final interview guide was developed with seven questions (Table 1) emerging after revisions were made according to the feedbacks received from the review.

Three focus groups were held in a variety of places convenient to and comfortable for the participants. The study was approved by Institutional Human Subjects Review committee and all participants signed and received a copy of an informed consent before the start of data collection.

Each focus group opened with the introduction of the primary investigator and the research assistant. The assistant took notes and the session was also audiotaped with permission obtained before beginning the session. During the session, the participants were encouraged to ask questions and additional questions were posed to clarify any responses. Each session was allowed to run until the discussion was completed. The participants were assured that their identities would be kept confidential and all information would be reported as group data. Participants received \$25 gift certificates as incentives and refreshments were served.

Data Analysis

Verbatim transcripts of audiotapes and field notes served as the primary data used in data analysis. Data was analyzed by identifying and organizing themes in the text recommended by Morgan and Kreuger (1998). The two authors independently reviewed the transcript and coded each line of the transcripts. Regular meetings between the two authors were conducted to

address emerging patterns and compare the coding results. In addition, detailed discussions were held to clarify differences and resolutions for inconsistencies were achieved by consensus.

Concepts that were salient and repeated in the text were identified and kept in preliminary data analysis. In order to determine reliability and to establish valid research findings, preliminary conclusions were discussed with the participants in the third focus group and a key community informant who was familiar with the issues of Filipino women. In this report, major themes discovered in the final data analysis were presented with quotes from the transcripts to support the themes.

Results

Perceptions and Experiences with Breast Cancer

Avoidance

Within all the stories that were shared by the women, avoidance was one of the major themes in dealing with a cancer diagnosis in the Filipino culture. Several women spoke about the use of the word cancer and how it is not used by many people when someone is diagnosed. Often alternative words such as tumor, lump, "the sickness," or mass were used to help to deal with the diagnosis. Fear was another major reason for avoiding the word cancer. The majority of the women talked about the finality of a diagnosis and that a lot of them assume the worst. The women told dramatic stories about people that they knew who were diagnosed with cancer. Two examples were provided of women's explanations as to why the word cancer is not used.

I think it is too final and too brutal to hear the word.

You know, we avoid the word cancer. I think cause it really scares most people. The word cancer evokes the real scary."

Withholding Information

In addition to avoidance, many Filipino women are not told about the cancer diagnosis until much later into their treatment or until they have completed their treatment. For example, one woman talked about her cousin who still resided in the Philippines being diagnosed with breast cancer, and her family decided to withhold the information from her. Radiation therapy was prescribed, and she complied with the treatment thinking that it was preventative, not curative. During her description, she spoke about a doctor's decision to tell or not tell the patient about the diagnosis which had a lot to do with how the physician felt the patient would handle it.

When she went back home to visit her, never was the word cancer mentioned or eluded to during the whole visit.

Motivators of Breast Cancer Screening

Motivators are positive influences for women to participate in breast cancer screening.

The major themes that emerged during the analysis of the focus group meetings for Filipino women included: (1) family support, (2) recommendations from familiar physicians, (3) health insurance reinforcement and (4) personal attributes.

Family Support

Family members serve as major sources of information about breast cancer and other topics related to health and diseases and often times several participants received encouragement from family members to undergo a certain medical procedure. They spoke about family and friends having a positive impact on the initiation of breast cancer screening activities by advising them to perform mammography screening or insist that they go to a doctor when there were symptoms. One woman talked about her brother who was a physician. She explained how her brother took it upon himself to educate his family and tell them that it was important for them to be screened every year. This encouragement was a major force for her to get her yearly mammogram and clinical breast exam and monthly breast self-exam. Another woman stated that her husband helped to encourage her to see a doctor yearly for a physical so she can be in the best of health.

Recommendations from familiar physicians

Two common factors that were identified to facilitate women to participate in screening was working with physicians that they knew, preferably females particularly in taking care of their breast health, and physicians who spoke their own language. Women spoke frequently

about their health care providers in relation to screening and the fact that they are more comfortable with female physicians. One woman explained, "In the breast I want a female doctor but in other ways for example, in some parts or other parts, it may be male but the breasts I want a female." In addition to the female physicians, most of the women would have preferred a Filipino doctor though this did not seem as important as the need for a female physician. One of the stated advantages of the cultural similarity is for the women to be able to speak in their own native tongue with the physician which brings a sense of comfort to the meeting. One woman stated, "He knows our practices and I told him that it's okay. . . . I can talk to him in my own language." Though this physician happens to be male, this statement shows the importance of the provider-patient interaction sharing the same culture and language.

Health insurance reinforcement

Another woman described the professional support from her doctor and HMO for the need to get a mammogram, and how it helped her to make the decision to get the procedure. One of the ways the HMO motivated its customers to be screened is by a penalty method and later in the focus group, she even admitted that this was the best motivator for her since she would have never had the mammogram done. Policy reinforcement from health insurance companies can serve as a major reason that these women participate in mammography screening in the U.S.

Personal Attributes

Several personal attributes including physical symptoms, family history, past diagnosis and educational background emerged as factors that prompted women to obtain breast cancer screening.

Physical Symptoms. In the focus group meeting, women talked about the early detection modalities for breast cancer that are promoted in the U.S. such as mammography and clinical

breast examinations which are used in the Philippines as more of a diagnostic tool. Therefore, the participants acted upon initiating a new practice when they experienced pain, lumps or other appearance changes. One woman stated, "... what motivates me to do a self exam [is] if I feel something different. Then I compare both sides ... like by chance, I saw myself in the mirror and see why is that [breast] lower than the other [breast] and then start examining." On the flip side, several participants stated that if they do not feel anything different or painful then they would not need to be screened.

Family history. Women often perform breast self-exam or other types of screening procedures if they had a family history of breast cancer or had friends who had breast cancer. One woman's experience with each of her sister's diagnosis helps to prompt her to get her screening done. When asked about this motivation, she stated, "... because of our history, family history, I want to be sure that I'm not one of them and I don't want to be one of them." Though family history was a strong motivator it was also a barrier. One woman stated that she did not get screening because she has no family history even though she was told that you did not have to have family history to get breast cancer.

Past diagnosis. A past diagnosis of cancer or a benign tumor was a major motivator for breast cancer screening in several women. One woman who was a survivor stated that she continues to get screened because of her history. When asked she stated, "Well, maybe it's because of my past experience because I don't want it to be, to return."

Educational background. Education on breast cancer screening played an important part in these women's participation in some or all types of breast cancer screening. In particular, those that worked in the health care field (i.e. nurses and nurses' aids) were more knowledgeable about the three screening modalities, and they also seemed to possess the skills for performing

breast self-exam. Most of the women who are nurses or in medically-related fields still perform breast self-exam in relation to their past instruction and the experiences that they had within the health care field and the patients they encountered which helps them to stay current with the screening guidelines and recommendations. One woman's explained it simply, "I know what happened if you don't do it."

Barriers to Breast Cancer Screening

Barriers are the obstacles that prevent women from doing regular breast cancer screening. Through the three focus groups, the themes discovered were: (1) lack of knowledge in early detection, (2) negative emotional responses, (3) financial constraints, and (4) access difficulties. These different reasons helped to identify why Filipino women do not seek out breast cancer screening.

Lack of knowledge in early detection

As we found in the focus groups, health education in cancer detection and control has been evolving in the Philippines. In the past, the major focus of education was on communicable diseases and vaccinations which were the major health concerns in the past 30 years. Cancer screening was not on the priority list for the health departments of the Philippines and so was not emphasized to the public until the late 90's.

Through our focus groups, new information was discovered about the new trend in the Philippines. Women who have immigrated to the U.S. in the last 10 years or less have spoke about new advertisements that have come on television or through the media in regards to breast cancer screening in the Philippines. Although these ads were generally generic, such as going to see your doctor once a year for a physical, it was a first step in a new direction to educate the public about early detection and prevention within the Philippines.

Nevertheless, the participants in the focus groups generally lacked a comprehensive and accurate knowledge base about the purpose of the three screening modalities used in the U.S. Even with the most familiar procedure, the clinical breast exam, the term was not used to describe this screening modality and most could only explain about the doctor touching them. One woman could only describe the clinical breast exam as the “. . . doctor . . . ummm . . . examined me, it was just sort of touching.” In another statement, one of the women stated that “they [the doctors] just touch you in case there is . . . lump.” More specifically, in regards to the necessity and definition of the clinical breast exam in breast cancer screening, the knowledge was absent for these women.

In terms of breast self-exam, women were unfamiliar with the term breast self-exam. Several of the women had heard of touching themselves but they were not fully aware of all the components (e.g. technique and frequency) to perform breast self-exam properly. Some of the women who had exposure to some health care education had better awareness of the techniques and frequencies but still had some discrepancies in the actual application of the screening. Lack of education and confidence with the self breast exam was a reason for some women to not perform it on a monthly basis; one woman expressed how she did not feel she really knew it. Others spoke about the frequency of their breast self-exams which ranged from almost every day to once a month. Most of the women commented that they felt more comfortable with letting the physician examine them because the doctor knows what to look for in the breast tissue. They stated that they needed more education on how to do it in order to feel more comfortable.

Negative emotional response

Focus group participants associated mostly negative feelings with mammography. Several women's feelings about the mammogram were negative in relation to the discomfort,

pain, and uneasiness of the exam. One woman stated that "To me, I feel that it's demeaning to be pulled and smashed in that part of my body, so I don't like it." Another woman commented, "I think the word cancer and pain are associated with the mammogram." This vivid statement helps show the negative aspect of mammogram screening.

Women's fear of cancer and how the fear impacted their perceptions in breast cancer screening were reflected in several scenarios. One woman's remarks touched on why she responds to breast cancer screening as she does, she stated, "I don't want to know. I am just afraid. I know so many things that happened in health care wise cause I work in the hospital." Often several women spoke about the mammogram being associated with the fact that you already have cancer. One woman stated that "When I hear that word [breast cancer], it make me afraid. I'm afraid . . . cause once I heard that you go to get a breast cancer screening it means that I have it." Another woman also made a statement which reinforces the similar mindset, ". . . people at home also do not go, undergo this test because sometimes if you are thinking about this test, it usually comes out positive. And they think you get the disease because you have the test done." This statement is a great example of the use of mammography in the Philippines as a diagnostic tool instead of a screening tool. One woman spoke of the negative aspect of finding out right away and not having time for a denial period to cope with the diagnosis.

Cultural Beliefs

Culture's unspoken traditions and beliefs cause some of the women to feel uncomfortable with touching or exposing their bodies or talking about their breasts. One woman stated, "It is very uncomfortable to discuss any part of the body that's supposed to be covered in clothes." Several stated that they did not feel comfortable showing their body to the physician. A vivid

explanation by one woman was this, "Sometimes our Filipino women are very conservative. They don't want to touch their body. You think if you touch your body it's a sin."

Financial constraints

Receiving mammography screening is a luxury item for women in the Philippines due to its expensive out-of-pocket cost and accessibility only in metropolitan cities like Manila. Due to the limited availability of mammography, access is a major problem for Filipino women. Given the circumstances of health education in cancer screening and the unavailability of screening procedures to most of the general public, it sheds a lot of light on why Filipino women do not seek out breast cancer screening such as mammography when they come to the U.S. The lack of knowledge about insurance coverage creates a significant barrier for these women in the focus groups. For those who do not have medical insurance in the U.S, women talked about the financial burden of medical costs and that Filipino families will choose to not go to the physician even if they are sick because they cannot afford it. One woman who did not have health insurance was asked if she would get a mammogram if she was sponsored financially to receive it and she said yes. In addition, the lack of knowledge about health insurance coverage was self evident when one of the women who recently came to the United States did not find out until after a year that she had insurance coverage for a mammogram.

Access Difficulties

The women also shared other issues related to their participation in screening including: (1) scheduling, (2) transportation and (3) community resources. Finding time to schedule an appointment for mammography was a major barrier for those women who work five to six days a week or have busy family schedules. For example, the unavailability for one woman to get off of work during the week day hours was almost impossible. She stated that the only day that she could go is on a Sunday and of course doctors offices and clinics are not open at this time. Forgetfulness was also associated with scheduling problems and not getting any type of breast cancer screening done.

Lack of transportation or limitations on driving make it difficult for the women to go to physician visits. One woman could only drive short distances and would not be able to drive herself to visits, which brings in another barrier, finding someone to transport her.

The lack of knowledge about agencies that are located in the area to help with medical expenses and resources was a significant barrier to new immigrants. When asked about certain agencies or federally-assisted programs for breast and cervical cancer screening that were available, most of the women were unfamiliar with them.

Discussion

The use of focus groups in the current study is useful for gaining insights into the range of views that Filipino women held on breast cancer and breast cancer screening. The themes identified in the discussions came from their past experiences in the Philippines and their daily lives living in the U.S., and these themes described in this study have important implications to health professionals to assist and encourage breast cancer screening in their community.

It is clear that these women hold unique views on breast cancer from their Filipino culture and ways to deal with the diagnosis of breast cancer within the family structure. Sensitivities of using the word cancer and breast cancer need to be addressed. This finding is in accord with Bottorff and colleagues (1998) on the beliefs related to breast health practices among south Asian women in Canada. When health professionals need to address the related topic with Filipino women, it is important to carefully assess the situation with each individual client and recognize the meaning of breast cancer with attended sensitivity.

It is interesting to note that family members who are employed in the medical profession play an important role of helping the rest of family to deal with health issues. The importance of support from spouses and health care providers was fundamental to several women's participation in screening activities.

Nursing Implications

Elements that serve as facilitators could also become barriers to screening not only when they are absent but also depending on the perceptions of individuals. For women who are looking for physical changes or signs for the need of screening, it is critical for health professionals to recognize the need to educate them about the purpose and importance of early detection in breast cancer with the absence of symptoms. These messages should be

communicated with Filipinos that breast cancer screening such as mammograms enables a woman to find cancer at an early stage despite the absence of symptoms so she can get early treatment to increase her chances of a longer life expectancy.

The findings of this study also suggest re-educating Filipino women about current recommendations of the three modalities for breast cancer screening and skills and knowledge to properly perform the breast self-exam. For those women who were new immigrants, information about available financial alternatives and assistance to participate in the screening and other pertinent information in relation to breast cancer screening was not adequately provided to them. Several suggestions were presented in the focus groups as to how to better educate Filipino women about breast cancer screening. Flyers were one of the suggested things that a few of the women thought that would help to promote better health within the Filipino community. These flyers could give general information, both in English and Tagalog, about breast cancer, the three types of screening, and the technique of breast self-exam, as well as information about the state-assisted Breast Cancer Cervical Cancer program. Providing educational sessions for women in their own communities like those that are provided for blood pressure and diabetes could help to better educate Filipino women. Radio and television advertisements were also suggested to help reach those who are in more rural settings.

It has been shown that different cultural beliefs including barriers to screening adherence differs among different ethnic groups (Miller & Champion, 1997; Wu, Chen, & Hergert, 2004). Health care professionals should be aware of facilitators and barriers to breast cancer screening among Filipino women in order to plan effective tailored interventions. Barriers that are constraints to cancer screening for Filipino women should be carefully addressed with consideration of cultural sensitivity. Nurses and other health care professionals can provide

alternatives to women who have scheduling, transportation, or financial constraints that would interfere with their medical care.

Study Limitations

The findings of the current study provide important insights regarding the perceptions of Filipino women on breast cancer and screening. However, the findings must be viewed in light of potential limitations to this study. The sample size was relatively small and the convenient sample recruited focused on women who have immigrated to the U.S. in a Midwest region which limits the generalizability of these findings to other groups of Filipino women. In addition, the focus group discussions were conducted on a culturally-sensitive topic in breast cancer. Despite the researcher team's effort to try and develop a good rapport with the women, the researchers were concerned about some women providing the right answer instead of sharing their true views.

Conclusion

The cultural, social and health system factors related to breast cancer screening as identified by the Filipino women participants need to be addressed. Nurses and health professionals need to be cognizant of these factors to help to improve the quality of service to Filipino women. Instead of translating health education materials into different languages, key strategies need to be included in tailoring health education messages to their specific needs and cultural beliefs to empower women with necessary resources and information.

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Table 1

List of questions used in the focus groups

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1. Would you please tell us about your experience (e.g. yourself, family members, friends, etc) with breast cancer?
 2. What does breast cancer screening mean to you?
 3. What are your breast cancer screening practices in your own country?
 4. What are your breast cancer screening practices when you come to the U.S.?
 5. For women like you, what makes/motivates you to do breast self-exam/ clinical exam/ mammography?
 6. For women like yourself, what makes it difficult for you to do breast self-exam/ clinical exam/ mammography?
 7. In your view, what are some suggestions that would make it easier for you to do regular breast self-exam/ clinical exam/ mammography?
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