

Knowledge, Attitudes, and Behavior of
Immigrant Asian American Women Ages 40 and Older
Regarding Breast Cancer and Mammography Screening

Final Report

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1. EXECUTIVE SUMMARY

1.1 Background and Methodology

The National Cancer Institute's (NCI) Office of Cancer Communications (OCC) established the national Breast Cancer Education Program to increase awareness of the importance of regular mammography screening among women ages 40 and older. While this program has focused primarily on White, Black, and Hispanic women in the past, it is currently being expanded to other ethnic groups, including Asian women. The overall purpose of the research described in this report was to gain general background information on the attitudes, knowledge, and behaviors of Asian women regarding breast cancer and mammography screening, as well as to test some NCI materials developed for these audiences.¹ Specific objectives were:

- To review epidemiological literature on Asian women's risk for breast cancer;
- To determine whether Asian women are getting mammograms and to better understand their reasons for getting or not getting them;
- To learn whether and how cultural characteristics affect Asian women's decisions to seek or not seek mammograms;
- To identify appropriate methods of disseminating messages about breast cancer and mammography screening to Asian women; and
- To assess Asian women's reactions to draft posters and bookmarks encouraging them to have mammography screening.

OCC conducted the research in three phases:

- 1) **Literature review.** A literature review of articles related to breast cancer and mammography screening among Asian women was conducted using Medline, an on-line search database covering medicine, public health, and psychology. Twenty-eight articles were identified from the search period 1989 to 1999.
- 2) **Key informant interviews.** Telephone interviews were conducted with four organizations identified by OCC as being involved in Asian-specific breast cancer

¹ The original impetus for the focus groups was a set of in-language materials (bookmarks and posters) that had already been designed for Chinese, Korean, and Vietnamese women and needed to be pretested. This research was also intended only as a "first-cut" at exploring breast cancer and mammography issues specific to Asian American women. Since the Asian population includes such a broad range of ethnicities - each with different cultural backgrounds, different languages, and most important, different health beliefs and behaviors -- it seemed most practical to start with a few specific groups and expand our research efforts to other Asian groups at a later time. Thus the current research focused on Chinese, Korean, and Vietnamese women.

education efforts: the American Cancer Society—Chinese Unit; the Korean Health Education, Information & Research Center; the National Asian Women’s Health Organization (NAWHO); and the Vietnamese Community Health Promotion Project. Each interview lasted between 30 and 45 minutes.

- 3) **Focus groups.** Eight focus groups were held with Asian women in New York City and Los Angeles, California -- two groups each with women who spoke Cantonese, Mandarin, Korean, or Vietnamese.² To be eligible for the groups, participants had to identify themselves as having one of these languages as their mother tongue; primarily speak the language of their native country; and be 40 to 74 years of age. All of the participants were first-generation immigrants; most had lived in the United States for at least 10 years. The focus group discussions were structured similarly to the key informant interviews, with each discussion lasting approximately two hours. All sessions were conducted in the language of women in the group.

For the materials testing, OCC had developed three sets of draft posters and bookmarks intended for Asian women, encouraging them to be aware of their risk for breast cancer and to seek mammograms.³ Each poster and bookmark set differed by depicting a woman from a specific national group (i.e., Chinese, Korean, or Vietnamese) engaged in a different everyday activity (reading a book, arranging a vase of flowers, or pouring tea). Each set also had a different visual background and a unique set of colors. The messages printed on the materials were in either Chinese, Korean, or Vietnamese.

It should be noted that the literature review conducted for this study was an attempt to get a “snapshot” of the intended audience and did not attempt to summarize all the current knowledge about breast cancer prevalence and mammography screening among Asian women. Moreover, key informant interviews and focus groups are qualitative in nature, and the findings cannot be generalized to all Asian women ages 40 and older in the United States. The usefulness of this research is in providing detailed insights into the intended audience’s knowledge, attitudes, and behaviors toward breast cancer and mammography screening.

1.2 Key Findings

Rates of Breast Cancer and Mammography Screening

- **Breast cancer among Asian American women is a concern.** According to the 1988-1992 SEER data, rates for invasive breast cancer (per 100,000 women) are lower in Asian women than in women of other ethnicities: 112 for Whites, 95 for Blacks, 70 for Hispanics, 55 for Chinese, 38 for Vietnamese, and 29 for Korean (Miller, et al., 1996). Despite having lower rates than other ethnic groups, however,

² For the sake of brevity in this report, we will use these four languages to refer to the groups; we recognize that Cantonese and Mandarin are not actual descriptors for a national or geographic group.

³ The materials were patterned after similar materials that had been developed by OCC for White, Black, and Hispanic women.

breast cancer is the most common type of cancer in Chinese and Korean women and the second most common type in Vietnamese women (Miller et al., 1996).

- **Breast cancer rates increase with successive generations of Asian women living in the United States.** One study of Chinese and Japanese women found that the breast cancer incidence rate of those living in the U.S. was approximately twice the rate of those living in China or Japan (Stanford et al., 1995). Another study found that the risk of Chinese, Japanese, and Filipino women born in the U.S. was 60% higher than the risk of those born in China, Japan, or the Philippines (Ziegler et al., 1993). Moreover, among the women born in the U.S., risk was 50% higher among those with three or four grandparents also born in the U.S., whereas risk was lower among those with all grandparents born in China, Japan, or the Philippines.
- **Studies show that mammography screening rates are low among Asian women.** The National Institutes of Health (1998) reports that Asian women ages 40 and older in 1991 were more likely than their Black and White counterparts to report **not** having had a mammogram in the past two years (54% Asian versus 52% Black and 44% White) (Hahn, 1992). Moreover, studies conducted in specific states have illustrated low mammography screening rates among Chinese, Korean, and Vietnamese women. Yu et al. (1998) found that only 57% of Chinese women ages 40 or older in Michigan had had a mammogram within the past two years. Another study (Wisner et al., 1998) surveyed Korean women ages 50 or older in California and found that only 34% had had a mammogram in the past two years. In addition, a study conducted by McPhee et al. (1997) in California demonstrated that only 30% of Vietnamese women ages 40 or older had ever had a mammogram. Interestingly, most focus group participants said they had had at least one mammogram in their lifetime, yet also expressed the belief that many other women in their community are not getting mammograms.
- **Asian women may be less likely to get mammograms if they are older, have a lower socioeconomic status, lack health insurance, and have lived in the United States for a short period of time.** Key informants indicated that cost can be a major barrier to mammography screening. Some focus group participants noted that older women are not getting mammograms because they think they are too old to get cancer, will be unable to do anything about it if they do get the disease, or will die soon anyway. Other focus group participants said new immigrants are less likely to get mammograms because they lack insurance, encounter language barriers, and must cope with more pressing concerns.

Knowledge and Attitudes Regarding Breast Cancer and Mammography Screening

- **All of the focus group participants agreed that breast cancer is an important health issue, although some said other health issues take precedence (e.g., heart disease).** Participants overwhelmingly associated the word “cancer” with “fear” and “death.” During the discussion, many named family members, friends, or co-workers who had experienced breast cancer; a few of the participants had dealt with the

disease themselves. In every group, participants became very quiet and attentive when listening to each other relate their breast cancer stories.

- **Key informants and focus group participants also pointed out that Asian women lack a general awareness of breast cancer and the importance of mammography screening.** Key informants emphasized that some Asian women require the most basic information – for example, that breast cancer is not merely due to fate and that it can be detected early. In addition, key informants indicated that many Asian women do not know how a mammogram is performed.
- **Focus group participants said the greatest motivators for getting mammograms are early detection and the peace of mind that comes from knowing that one does not have cancer.** Coupled with these beliefs was the notion that it is important to stay healthy for one's family or children.
- **Key informants and focus group participants said a major barrier to mammography screening for Asian women is a general lack of orientation toward physical exams and screenings.** They indicated that Asian women have many non-health related concerns including caring for their families and children, watching their finances, finding jobs, speaking a new language, and adapting to a new American culture. They added that Asian women usually do not visit a Western physician until they are so sick that they are unable to attend to other, higher-priority concerns. Many focus group participants added their perception that a woman does not need to get a mammogram unless she experiences symptoms such as pain or a breast lump.

Payment for Mammograms

- **Asian women appear to be paying for preventive services including mammograms out of pocket (i.e., cash) and through some form of public assistance (e.g., free clinical screenings, Medicaid).** Focus group participants demonstrated little awareness of Medicare coverage of mammograms.
- **Key informants, as well as some focus group participants, also noted that mammograms can be costly, especially for newer immigrants.** At the same time, focus group participants also indicated that if women need mammograms badly enough, they can easily find low-cost or free mammograms, which often are advertised in the Chinese/Korean/Vietnamese media.

Language Issues

- **Many Asian women prefer to speak the language of their native country instead of English.** Almost two-thirds of Asian women speak a language other than English at home (Naisbitt, 1996). It should be pointed out that the Chinese read one language (Chinese) but speak primarily one of two dialects—Mandarin and Cantonese. Both Koreans and Vietnamese read one language and speak one dialect.

- **Key informants and focus group participants confirmed existing studies documenting that Asian women prefer to visit Asian physicians (versus “American” physicians), primarily because they speak the same language.** Focus group participants explained that women can better describe their health problems to Asian physicians, as well as better understand the information given back to them. Some also expressed the perception that Asian doctors understand their physiology better. In addition, participants commented that it can be inconvenient to find translators or family members to help them converse with American physicians.
- **Key informants and focus group participants agreed that language is an important barrier to mammography screening.** They explained that many Asian women cannot find health care providers who can talk to them in their language about such health issues as breast cancer and mammography screening. They also indicated that there are not nearly enough translators to address this problem.
- **Focus group participants unanimously agreed that health information should be provided in Chinese/Korean/Vietnamese (versus English) so that they can easily understand it.**

Sources of Information

- **Key informants and focus group participants said that Asian women would turn to family members, friends, and neighbors for information about breast cancer and mammography screening.**
- **Key informants and focus group participants noted that Asian women greatly trust their physicians (usually Asian) for health information.** Key informants emphasized that Vietnamese women in particular trust their Vietnamese physicians.
- **Key informants mentioned the lack of preventive medicine practiced by Asian physicians as a barrier and cited Asian physicians as an important secondary intended audience for breast cancer education campaigns.** They explained that Asian physicians may not have received adequate training regarding preventive health in their native countries or may not have time to address prevention and wellness because they have extremely heavy patient loads (Asian physicians are in high demand by Asian women).
- **Many key informants and focus group participants also noted that Chinese-, Korean-, or Vietnamese-language media play important roles in the dissemination of health information.** For example, they noted that newspapers and magazines often include sections with information about health, and that radio and television have programs often featuring physicians.
- **Key informants pointed to community gathering places such as markets, civic clubs, and churches/temples as other channels for disseminating and obtaining**

information. Korean focus group participants noted that churches are especially good sources of information for Korean women.

Materials Testing: Message Content

- **Regardless of language group, most focus group participants understood the main message of the bookmark and poster set they were shown. At the same time, they suggested that the mammography directive convey a greater sense of urgency.** Specifically, their suggestion was to change the phrase “*consider* mammograms” to “*get* mammograms.”
- **Key informants and focus group participants unanimously agreed that the materials had been translated literally, resulting in inappropriate word choice, incorrect grammar (e.g., capitalization, accent marks), and general awkwardness. They said that Asian women would not consider the materials to be professional and would throw them away.** Focus group participants added that the materials appeared to have been translated by an American person who is not well-versed in medical terminology. Key informants and focus group participants stressed that all materials should be written by professional Asian translators with medical knowledge.
- **Focus group participants suggested adding information about the costs of mammograms and on breast cancer statistics.** In particular, some participants wanted to know where they could get free mammograms. A few wanted to know about cancer death rates, incidence rates, and survival rates.
- **Key informants wanted more information about places women could consult for more information, especially those with in-language services.** Among other things, they listed national and community-based organizations (including their own organizations), health centers, churches, and the media.
- **Key informants and most focus group participants wanted to know whether the telephone information specialists at the 1-800-4-CANCER number speak Cantonese/Mandarin/Korean/Vietnamese or English.** They emphasized that they would not call unless someone could speak in their language.
- **Many participants also wondered whether a human being answers the 1-800-4-CANCER number, noting that they would prefer to speak to a person instead of an answering machine.**
- **In addition, some participants were not sure of the purpose of the phone line and recommended stating its purpose on the materials.** They wondered whether its purpose was to sell products or provide information. They also wondered whether the topic covered was limited to breast cancer or is inclusive of other health topics.

- **Many participants in each language group recommended writing out the numbers for the word “CANCER.”** Korean participants added that some women may have Korean phones, which do not list letters on the dial pad. In addition, Mandarin participants said that “4” sounds like the word “death” and suggested not using that number.
- **Regardless of their language group, most focus group participants said they were not aware of the National Cancer Institute but would trust this organization because it is a government agency.** They said the materials should clearly state that NCI is a “government” organization (versus a for-profit or not-for-profit).

Materials Testing: Creative Execution

- **Cantonese, Mandarin, and Korean participants said the images of the Chinese and Korean materials were not attention-getting because they were unrelated to the topics of breast cancer and mammography screening.** They strongly recommended replacing the images of the woman pouring tea (Chinese) and arranging flowers (Korean) with more relevant images. Alternatives suggested included a woman getting a mammogram, a woman with her doctor, a woman doing a breast self-examination, a mammogram machine, a mammogram picture, a breast, a woman reading about breast cancer, or a woman with her family. While the Vietnamese participants said they liked the Vietnamese picture of the woman reading the book, they suggested adding breast cancer and mammography words on the pages of the book.
- **Most participants said the images of the women depicted on the materials did not accurately reflect women of their nationalities.** They suggested changing the women’s hairstyles and clothing so that they would look more traditional.
- **Focus group participants expressed mixed reactions regarding the age appropriateness of the women.** Cantonese participants said the woman looked too young, and Vietnamese participants said the woman’s face looked old but her body looked young because “she has no breasts.”
- **Cantonese and Mandarin participants recommended using traditional lettering (rather than simple lettering) when developing materials.** They explained that some Chinese women are not able to read simple lettering. It should be noted that the major Chinese print media in the United States employ traditional lettering (Erllich and Jiang, no date).

1.3 Conclusions and Recommendations

This research provided valuable insight into the population of Asian American immigrant women ages 40 to 74 who still predominantly speak their native language. An overall conclusion coming from this research concerns the critical importance of developing

culturally-appropriate messages and materials using input and feedback from members of the intended audience, as well as from knowledgeable community organizations. Involving these groups and individuals is essential for developing a complete picture of the audience one is trying to reach, for creating the content and creative execution of materials for that intended audience, and for determining the most appropriate methods of materials dissemination.

The following conclusions and recommendations are based on the combined findings from the literature review, key informant interviews, and focus groups:

Intended Audience

- **Asian women ages 40 and older are in need of breast cancer and mammography screening education.** Although breast cancer rates for Asians are lower than those for other ethnic groups, breast cancer is a common type of cancer among Asian women ages 40 and older. Furthermore, Asian women ages 40 and older have lower mammography screening rates compared to other ethnic groups. Women in greatest need have been identified as those who are older, have a lower socioeconomic status, lack health insurance, are recent immigrants, and do not speak English well. Although the Asian population is currently a small segment of the overall United States population, it is growing fast and will continue to grow.
- **Chinese, Korean, and Vietnamese physicians are an important secondary audience.** Focus group participants identified Asian physicians as common sources of health information. Because they speak the same language, Asian women view Asian physicians as more likely than “American” physicians to be able to fully understand their health needs. Yet Asian physicians may not be adequately oriented toward wellness care or preventive medicine and thus may not be recommending regular screening.
- **Culturally appropriate campaigns must be developed based on research that focuses on how to most effectively communicate with these intended audiences.** Audience culture should be considered in all aspects of campaign development, particularly in research methodology, message development, and message delivery. Naisbitt (1996) concluded that Asians who are recent immigrants prefer to be addressed as a separate ethnic group with language- and culture-specific needs, while those who are born in the United States prefer to be viewed as a part of mainstream American society. The current focus group research provided indirect support for this observation, although it should be noted that participants were not asked to talk about their preference because it would have been insensitive to do so. Future research should continue to explore how messages and materials can be developed so that they both look and sound culturally appropriate.
- **To be culturally appropriate, health education campaigns need to communicate messages in the respective Asian languages.** One of the greatest barriers to health care is language. Older Asian women, regardless of their nationality, are likely to be

first-generation immigrants who do not speak English fluently and prefer to speak their native language. Future research and program efforts should pay special attention to the specific language and dialect needs of the intended audience. For example, callers to telephone information lines should have the option to speak to an Asian language operator.

Message Content

- **The current research illustrates that Asian women, regardless of nationality, lack basic awareness and knowledge of breast cancer and mammography screening.** Asian women must be attuned to these issues before they can begin to digest more complex information such as risk factors and mammography screening guidelines. Furthermore, this research suggests that Asian women are generally receptive to messages highlighting the importance of breast cancer awareness and mammography screening.
- **It is important to convey the appropriate degree of urgency to the topics of breast cancer and mammography so that audience members will find the messages attention-getting but not frightening.** Focus group participants stated that messages raising awareness about breast cancer and mammography screening are very important and that women in their community need this information. For this reason, they emphasized that messages should be direct and persuasive.
- **When recommending mammography screening to Asian women, peace of mind and the value of early detection may be important screening benefits to highlight.** These motivational concepts may help counteract women's fear of talking about breast cancer and the perception that breast cancer is due to fate.
- **Breast cancer and mammography messages for Asian women should be placed in a broader context that emphasizes the importance of women's overall health.** Many Asian women are aware of the importance of eating a healthy diet and getting enough exercise, and they try to practice these healthy behaviors (although their decisions to do so may not be deliberate). Messages need to frame screening tests as part of an Asian woman's *routine* health care, similar to eating well, exercising, and taking vitamins or herbs.
- **Women who have not grown up with Western medical traditions of technology and prevention may not be easily persuaded to make mammography screening a routine practice.** We know that many Asian women incorporate ideas from Western *and* alternative medicine systems, but it is difficult to determine whether they prefer one system over the other. If an Asian woman leans more toward alternative medicine, then she may not be interested in mammograms, which are part of the Western medical tradition. Focusing on staying healthy for one's family members as part of an overall preventive routine may help bridge the gap between Western and alternative medicine.

- **Regardless of audience literacy level, messages should be conveyed in simple, clear terms that are easy to understand.** Messages should also explicitly state whether mammography screening services are covered by Medicare and Medicaid, and whether phone lines are free of charge. Low-cost and free services are important for this intended audience.

Creative Execution of Materials

- **Images used on materials should be relevant to breast cancer and mammography screening, not merely artistic.** Focus group participants described a woman with her children, a woman reading a book about breast cancer and mammography screening, groups of women of different ages or different Asian national groups, a woman with her doctor, or a woman getting a mammogram as effective images to be used on materials.
- **Given the difficulties of portraying Asian women who look like they are of the appropriate age and nationality, it may be useful to consider using photographs rather than drawings.**
- **Show women dressed in traditional (versus modern) clothing. In addition, make sure that the women look attractive and age-appropriate to the intended audience.**
- **Explore whether pictures and images that convey feelings of intimacy will be accepted by this intended audience.** Research has indicated that Asian women may be sensitive toward the topic of breast cancer because it evokes feelings of body intimacy and fear. Yet focus group participants stressed that avoiding images of the breast only serves to magnify such feelings in a negative way. Furthermore, some participants suggested emphasizing women's breasts or showing them, at least in part, in the print materials. It is difficult at this point to determine whether highlighting the breast would resonate well with Asian women; future copy testing efforts should explore this possibility.
- **Examine the use of symbolism to convey the appropriate tone.** For example, our focus group research revealed that animals, flowers, and certain colors and numbers may be associated with good or bad fortune. It is possible that using symbols of good fortune could help balance out the urgency of the main message that Asian women should get mammograms.
- **Employ translators well-versed in appropriate conversational style, grammar, and scientific terms relating to breast cancer and mammography screening.** Community organizations are ideal for providing appropriate translations or reviewing drafts of translations. A professional translation service with knowledge of medical terminology should be used in the preparation of all draft materials.

- **Write out the numbers of telephone information lines that use acronyms and, when applicable, indicate that they are free of charge.** Be sure to include the purpose of the service (i.e., what information it can provide), that an actual person will answer, and what language(s) is spoken.
- **Clearly state that NCI is a *government* organization concerned about Asian women's health.** Focus group participants noted that NCI would be a trusted source because it is a government agency.

Message Dissemination

- **Partnerships with community organizations are key to programmatic efforts.** Asian women possess a substantial amount of knowledge about what their community organizations provide, and they are likely to trust and use these organizations for information and, when possible, for mammography services. This trust may be explained by the fact that community organizations are likely to speak the same language and have well-established communication networks. Some provide mammograms, and most know where to refer women for services. For these reasons, community organizations may be able to provide culturally appropriate materials that can be distributed to the intended audience, distribute NCI's materials to their service populations, and review NCI's materials before they are copy tested with intended audience members to ensure they meet standards of appropriateness.
- **Dissemination should start at the local level. Planners should identify and concentrate on message dissemination within local Asian communities.** In general, Asians reside in discrete communities where there are established networks of family and friends; identifying their locations and directing program efforts in these locations will establish a far-reaching and powerful network for message dissemination. This holds true for both large urban areas and smaller cities.
- **The areas to target for initial health education efforts and further research are Los Angeles, New York City, and San Francisco.** These areas have a high concentration of Asians. Nevertheless, it is important to monitor migration patterns over the ensuing years, as Asians are slowly moving to other (albeit discrete) areas of the country.
- **As key informants pointed out, family members (especially children) are another possible channel of message dissemination because these individuals often act as translators and mediators between the intended audience and the health system.**
- **Peers who can enhance the perception that mammography screening is the norm can be important influencers to encourage Asian women to get mammograms.** In particular, peers who are touched by cancer can relate personal stories and encourage mammograms.

- **In-language print media (newspapers, newsletters, journals, magazines), particularly those that are free, are effective ways to disseminate messages. Other effective sources are in-language television and radio.** Older Asian women are heavy users of in-language broadcast and print media. Program planners should identify community print sources (e.g., newsletters) that disseminate health messages at little or no cost.

2. INTRODUCTION

2.1 Background

The National Cancer Institute's (NCI) Office of Cancer Communications (OCC) established the national Breast Cancer Education Program (BCEP) to increase awareness among women ages 40 and older of the importance of regular mammography screening. As part of the program, OCC is interested in reaching Asian women with breast cancer and mammography messages.

According to the Census Bureau, 10.2 million Asians currently live in the United States (Taylor, 1999). The Asian population consists of the following subgroups: Chinese (23%), Filipino (18%), Japanese (12%), Asian Indian (11%), Korean (11%), Vietnamese (8%), and "other" (16%) (OTC, 1994). The Asian population is growing fast and will have increased more than the Hispanic population by the year 2010 (Lazarony, 1998). This growth is primarily due to immigration: the vast majority (75 to 80%) of Asians currently residing in the U.S. are foreign-born (Taylor, 1999).

Asians typically enter the United States through large "gateway" cities and remain within the surrounding areas. In 1996, 95 percent of Asians lived in metropolitan areas; in most of these areas, populations exceeded one million. From 1990 to 1996, three metropolitan areas experienced the largest gains in Asians: Los Angeles-Riverside-Orange County; New York City-Northern New Jersey-Long Island; and San Francisco-Oakland-San Jose. Other areas of the United States have also seen an increase in the Asian population but to a much lower degree. Typically, these smaller areas already had established Asian communities and networks of friends and family members (Frey, no date).

Almost two-thirds of Asians primarily speak their native language at home (Naisbitt, 1996). It should be noted that the Chinese read one language (Chinese) but speak primarily two dialects—Mandarin and Cantonese. Both Koreans and the Vietnamese read one language and speak one dialect.

2.2 Purpose of Research

The overall purpose of the research described in this report was to gain general background information on the attitudes, knowledge, and behaviors of Asian women regarding breast cancer and mammography screening, as well as to test some NCI-developed materials (posters and bookmarks) directed to this audience.⁴ Specific objectives were:

⁴ The original impetus for the focus groups was a set of in-language materials (bookmarks and posters) that had already been designed for Chinese, Korean, and Vietnamese women and needed to be pretested. This research was also intended only as a "first-cut" at exploring breast cancer and mammography issues specific to Asian American women. Since the Asian population includes such a broad range of ethnicities -- each with different cultural backgrounds, different languages, and most important, different health beliefs and behaviors -- it seemed most practical to start with a few specific groups and expand our research efforts to other Asian groups at a later time. Thus the current research focused on Chinese, Korean, and Vietnamese women.

- To review epidemiological literature on Asian women's risk for breast cancer;
- To determine whether Asian women are getting mammograms and to better understand their reasons for getting or not getting them;
- To learn whether and how cultural characteristics affect Asian women's decisions to seek or not seek mammograms;
- To identify appropriate methods of disseminating messages about breast cancer and mammography screening to Asian women; and
- To assess Asian women's reactions to NCI's draft posters and bookmarks encouraging mammography screening.

The findings from this research will have immediate use, as they will provide direction in determining whether the draft materials are likely to be accepted and used by the intended audience. They are also expected to be useful in the future when developing culturally appropriate messages regarding breast cancer and mammography screening and when determining effective dissemination strategies for those messages.

2.3 Materials

For the materials testing, OCC had developed three sets of draft posters and bookmarks for Asian women ages 40 and older that encouraged women to be aware of their risk for breast cancer and to talk with their physicians about having mammograms (see Appendix A for the materials). The materials were written in Chinese, Korean, or Vietnamese, and were based on English-language materials already being distributed to the public. The bookmarks were abbreviated versions of the posters. Each poster and bookmark set differed by depicting a woman from a specific national group (i.e., Chinese, Korean, or Vietnamese) participating in a different everyday activity (reading a book, arranging a vase of flowers, or pouring tea). Each set also had a different visual background and a unique set of colors. The messages printed on the materials were in either Chinese, Korean, or Vietnamese.

2.4 Methodology

Three phases of research -- a literature review, key informant interviews, and focus groups -- were conducted. Each phase of research built upon key findings from the other. This report summarizes the findings from all three phases.

2.4.1 Literature Review

OCC reviewed a total of 28 articles identified through Medline, an on-line search database covering the areas of medicine, public health, and psychology (see Appendix B

for a list of the references). The search strategy found articles with the key terms “Asian women,” “breast cancer,” and “mammograms,” dating from 1989 to the present.

2.4.2 Key Informant Interviews with Organizations

OCC conducted telephone interviews with four different organizations identified by OCC as being involved in local Asian-specific breast cancer education efforts. Interviewees included the organization’s main contact person as well as other key staff members working on the organization’s breast cancer program(s). The following organizations and main contacts took part in this study:

Organization	Main Contact
American Cancer Society—Chinese Unit, Forest Hills, NY	Ursula Yeh, Project Coordinator, Queens Breast Health Partnership
Korean Health Education, Information & Research Center, Los Angeles, CA	Eugene Han, Executive Vice-Chair, Board of Directors
National Asian Women’s Health Organization, San Francisco, CA	Jennifer Stoll-Hadaiya, Program Manager, Asian American Women’s Breast and Cervical Cancer Project
Vietnamese Community Health Promotion Project, San Francisco, CA	Chris Jenkins, Project Director

Each interview lasted 30 to 45 minutes. The discussions were divided into two parts (see Appendix C for the interview guide). During the first part of their interview, participants were asked about (a) what Asian women do to maintain their health; (b) how concerned Asian women are about their health and breast cancer; (c) whether Asian women are getting mammograms; (d) what factors Asian women consider when making decisions about mammograms; and (e) who Asian women trust for medical services and health information. During the second part of the interview, participants were asked to provide feedback on the message content and creative execution of the bookmarks and posters. Each organization was mailed the materials in advance of the interview and shown only the poster and bookmark set(s) designed specifically for the ethnic population(s) reached by their organization.

2.4.3 Focus Groups with Asian American Women Ages 40 and Older

OCC held a total of eight focus groups with 72 Asian women in New York City and the Los Angeles area. Two groups each of Cantonese, Mandarin, Korean, and Vietnamese⁵ women were conducted. Participants were screened in advance of the discussion (see Appendix D for the recruitment screener). To be eligible, they had to identify themselves as Cantonese, Mandarin, Korean, or Vietnamese; be 40 to 74 years of age; and speak primarily their native country’s language. Participants were excluded if they or a family

⁵ For the sake of brevity, we will use these four languages to refer to the groups; we recognize that Cantonese and Mandarin are not actual descriptors for a national or geographic group.

member had worked in a health care, market research, or advertising setting, or if they had participated in another focus group in the past six months.

All participants were first-generation Americans; that is, they were born in their native country and had immigrated to the United States. The following table outlines the focus group schedule and group composition:

	Date	Focus Group Location	Number of Participants	Native Country	Number of Years in U.S.
Cantonese (2 groups)	4-22-99	New York, NY	18	Most mainland China; a few Hong Kong	8 to 30; most 10 or more years
Korean (2 groups)	4-23-99	New York, NY	18	Most South Korea; a few North Korea, China, Japan	4 to 39; most 10 or more years
Vietnamese (2 groups)	4-29-99	Long Beach, CA	18	North and South Vietnam	4 to 24; most 10 or more years
Mandarin (2 groups)	4-30-99	Pasadena, CA	18	Most mainland China; a few Taiwan	2 to 30; most 10 or more years

Each discussion lasted approximately two hours. The focus group discussions were structured similarly to the key informant interviews: The first half was designed to elicit general background information regarding breast cancer and mammography screening, and second half focused on the testing of the draft posters and bookmarks (see Appendix E for the moderator’s guide).

2.5 Limitations

It should be noted that the literature review for this study was an attempt to get a “snapshot” of current knowledge, attitudes, and behaviors of the intended audiences under study. This review includes only recently published resources and therefore should be considered part of an ongoing, iterative process of learning about the intended audiences. Regular review of information about the intended audience should take place as the medical, public health, and psychology fields continue to advance.

It is also important to point out that key informant interviews and focus groups are qualitative in nature, and the findings cannot be generalized to all Asian women ages 40 and older in the United States. Rather, the goal of this qualitative research is to provide detailed insights into the intended audience’s knowledge, attitudes, and behaviors toward breast cancer and mammography screening.

Lastly, all the focus groups were conducted in-language; a translator was required to interpret the conversation for the report writers, who spoke only English. About 80

percent of the discussion was captured. Some information was lost in the translation process. To make up for this loss, the moderators were consulted during the analysis and preparation of this report.

3. DETAILED FINDINGS

3.1 Overview

Although 1988-1992 SEER data illustrate that Asian women have the lowest rates of invasive breast cancer of any ethnic group (Miller et al., 1996), studies show that breast cancer is still a common type of cancer among Asian women and that breast cancer is a greater concern among successive generations of women living in the United States. Studies have demonstrated that Asian women also have lower mammography screening rates compared to other ethnic groups (Hahn, 1992). Key informants and focus group participants confirmed that many Asian women in their communities are not getting mammograms. Studies also document that Asian women are less likely to get mammograms if they are older, have a lower socioeconomic status, lack health insurance, and/or have lived in the United States for a short period of time (Wisner et al., 1998; Yu et al., 1998; McPhee et al., 1997).

All focus group participants agreed that breast cancer is an important health issue, although some said that other health issues, such as heart disease, take precedence over it. Still, “cancer” is universally associated with “fear” and “death.” Studies have demonstrated a lack of knowledge among Asian women regarding breast cancer and mammography screening (McPhee et al., 1997; Lu, 1995; Mo, 1992; Pham and McPhee, 1992; Lovejoy et al., 1989), and key informants and focus group participants confirmed that Asian women need basic information about breast cancer and mammography screening. Focus group participants noted that the greatest motivators for getting mammograms are peace of mind (particularly in knowing that one can stay healthy for one’s family) and early detection. Primary barriers were competing concerns such as heart disease, lack of breast symptoms, cost, and language (i.e., not getting information in their language). Research on Asian women has also documented these barriers (Sent et al., 1998; Dibble, Vonani, & Miaskowski, 1997; McPhee et al., 1997; Nebres and Mark, 1996; Lu, 1995; Mo, 1992; Pham and McPhee, 1992; Jenkins et al., 1990; Korean Health Survey Task Force, 1990; Lovejoy et al., 1989).

Key informants and focus group participants identified the following as effective means of disseminating information about breast cancer and mammography screening: family members, friends, and neighbors; Asian physicians; Chinese, Korean, and Vietnamese broadcast and print media; and community organizations such as food markets, churches/temples, and civic clubs.

Most focus group participants understood the main message of the NCI draft posters and bookmarks (get regular mammograms), although they suggested adding a greater sense of urgency to this message. At the same time that they agreed that the materials would be helpful, they also indicated that they would be unlikely to read them because they were culturally inappropriate. Specifically, they noted that the materials contain many translation and grammatical errors, advertise a phone line that is not operated in their native language, feature an image that is inappropriate for the topic of breast cancer, and

depict an Asian woman who does not look like them. On the positive side, they noted that they would find the information in the materials to be credible because the materials are sponsored by a government organization.

3.2 Breast Cancer Rates

National- and state-level data on breast cancer incidence rates for Asian women, particularly for Koreans, are not readily available. According to the 1988-1992 SEER data, rates (per 100,000 women) for invasive breast cancer are lower in Asian women than in women of other ethnicities: 112 for Whites, 95 for Blacks, 70 for Hispanics, 55 for Chinese, 38 for Vietnamese, and 29 for Koreans. Yet breast cancer is the most common type of cancer in women who are Chinese and Korean, and it is the second most common type in women who are Vietnamese (following closely behind cervical cancer which has an incidence rate of 43 (Miller et al., 1996).

Furthermore, studies have found that breast cancer becomes a greater health problem as successive generations of Asian women live in the United States. One study of Chinese and Japanese women found that the breast cancer incidence rate of those living in the U.S. was approximately twice the rate of those living in China or Japan (Stanford et al., 1995). Another study found that the breast cancer risk of Asian immigrants differed by migration pattern. Specifically, the risk of Chinese, Japanese, and Filipino women born in the U.S. was 60% higher than the risk of those born in China, Japan, or the Philippines. Moreover, among the women born in the U.S., risk was 50% higher among those with three or four grandparents also born in the U.S., whereas risk was lower among those with all grandparents born in China, Japan, or the Philippines (Ziegler et al., 1993).

3.3 Mammography Screening Behavior

The National Institutes of Health reported that Asian women ages 40 and older in 1991 were more likely than their Black and White counterparts to report **not** having had a mammogram in the past two years (54% Asian versus 52% Black and 44% White) (Hahn, 1992). Moreover, studies conducted in specific states have illustrated low mammography screening rates among Chinese, Korean, and Vietnamese women. Yu et al. (1998) found that 57% of Chinese women ages 40 and older in Michigan had had a mammogram within the past two years. Another study (Wisner et al., 1998) surveyed Korean women ages 50 and older in California and found that only 34% had had a mammogram in the past two years. In addition, a study conducted by McPhee et al. (1997) in California demonstrated that only 30% of Vietnamese women ages 40 and older had ever had a mammogram.

Key informants agreed that they have observed that few Asian women are getting regular mammograms. Interestingly, most focus group participants said they had had at least one mammogram in their lifetime; yet they also expressed the belief that many other women in their community are not getting mammograms. Following are some of their specific comments:

“I think it’s[mammography screening] not that common.” (Cantonese)

“We really need to promote the mammogram.” (Mandarin)

“I see a lot of people saying they need to get it done, but [they] don’t really go.”
(Korean)

“It’s not quite popular in the Vietnamese community.” (Vietnamese)

Key informants noted that Asian women may be more likely to get mammograms if they are older, have a higher income and education level, have health insurance, and have lived in the United States for a long period of time. Studies confirm that all of these factors are correlated with mammography screening behavior (Wisner et al., 1998; Yu et al., 1998; McPhee et al., 1997). Some focus group participants explained that older women are not getting mammograms because they think they are too old to get cancer, will be unable to do anything about it if they do get the disease, or will die soon anyway. Other focus group participants said new immigrants are less likely to get mammograms because they lack insurance, encounter language barriers, and must cope with other more pressing concerns.

Some focus group participants also noted that they perform breast self-examinations, sometimes in place of mammograms. A few participants believed that healthy eating, exercising, and taking herbal medicines are also effective ways to avoid breast cancer.

3.4 Mammography Screening Decision Making

Although some focus group participants said that breast cancer is not their greatest health concern (e.g., heart disease may be more important), all of them associated “cancer” with “fear” and “death.” Key informants and focus group participants confirmed studies demonstrating that Asian women lack general awareness of the importance of breast cancer and mammography screening and thus require basic information (McPhee et al., 1997; Lu, 1995; Mo, 1992; Pham and McPhee, 1992; Lovejoy et al., 1989). Focus group participants listed two main motivators for getting mammograms: peace of mind (particularly in knowing that one can stay healthy for one’s family) and early detection. They listed the following main barriers: competing concerns (such as heart disease), lack of breast symptoms, cost, and language.

3.4.1 Perceived Threat of Breast Cancer

To fully understand the women’s perceived threat of breast cancer, it is important to examine their overall orientation toward health. Most focus group participants said they consider their health to be very important, especially since they need to be healthy for their families and children. Key informants and many focus group participants noted that Asian women concentrate less on physical exams and preventive screenings and more on general wellness, particularly eating the right foods, exercising, and taking vitamins.

Some focus group participants added that they try to keep a positive attitude, avoid stress, and get enough rest.

Research shows that Asian women incorporate both Eastern and Western medicine beliefs in their health orientation. However, it is difficult to determine whether one approach dominates over the other. Key informants noted that some—but not necessarily all—Asian women employ Eastern approaches to their health, namely herbal remedies and soups, and that they may even be skeptical of Western medical approaches such as mammography screening. Although some focus group participants mentioned herbal remedies, soups, and juice extracts in their discussions, they rarely mentioned relying on alternative therapies for breast cancer prevention or treatment. Few studies have examined the issue of Asian women’s use of alternative and Western medicine. One study, however, demonstrated that Vietnamese women were more likely to choose Western than alternative treatments for cancer (Jenkins et al., 1990).

Focus group participants listed many health conditions that concern them, including cancer (e.g., breast, uterine, ovarian, cervical), gynecological problems, menopause, arthritis, cardiovascular ailments, diabetes, and osteoporosis. All agreed that breast cancer is an important health issue, although some said that other health issues take precedence. The word “cancer” was universally associated with “fear” and “death.” Furthermore, many participants were able to name family members, friends, or co-workers with current or past cases of breast cancer, and a few participants had had this disease themselves. It should be noted that, in every group, participants suddenly became very quiet and attentive when listening to each other relate these breast cancer stories.

3.4.2 Knowledge of Breast Cancer and Mammography Screening

Studies have noted a general lack of knowledge among Asian women regarding breast cancer and mammography screening (McPhee et al., 1997; Lu, 1995; Mo, 1992; Pham and MCPhee, 1992; Lovejoy et al., 1989). Similarly, key informants and most focus group participants perceived that Asian women know little about breast cancer and the importance of mammography screening and thus require the most basic information. Specifically, they noted that Asian women may think that breast cancer is due to fate. Key informants added that many Asian women do not know how a mammogram is done.

A couple of key informants explained that Asian women know so little about breast cancer and mammography screening because they are afraid to talk about it unless a friend or family member has it. Some focus group participants also noted that health and breast cancer were not major concerns in their native country. The following quotes illustrate this point:

“Back home, when we were in China, we didn’t know about all this breast cancer examination thing.” (Cantonese)

“When I first came to the States, I never thought about health. You know, we’ve experienced the Korean war, so health was not a priority issue. Now that we’re

living in a foreign country, it makes health an important issue.” (Korean)

“In Vietnam, there’s no such thing as a mammogram.” (Vietnamese)

3.4.3 Personal Motivators for Mammograms

Because few studies have documented reasons why Asian women seek mammograms, a question regarding this issue was asked of key informants and focus group participants. Many focus group participants said the greatest motivator for getting mammograms is peace of mind in knowing that one does not have cancer; some added that it is important to stay healthy for one’s family or children. A key informant also commented that Asian women value their own health in that it allows them to care for their families for a longer period of time. Following are some of the statements made:

“You will have peace of mind.” (Mandarin)

“If the doctor tells you there’s nothing to worry about, you can relax.” (Korean)

“If the mother is healthy, then it would be good for the family—the family would be healthy.” (Cantonese)

Many focus group participants also mentioned that mammograms lead to early detection of breast cancer, making effective treatment possible. The following comments illustrate their thoughts:

“I think early detection is better. Sometimes it’s just at the beginning and perhaps a doctor can detect it and stop it in time.” (Vietnamese)

“To get early detection, you have to undergo [a] mammogram.” (Cantonese)

“I heard that [with] early detection they can treat better.” (Korean)

Some focus group participants noted that they get mammograms when they have symptoms such as pain or a lump in the breast. Other participants commented that they seek mammograms when they become afraid after hearing others talk about breast cancer or after finding out that someone has been diagnosed with the disease. In addition, some noted that mammograms are more reliable than breast self-examinations because they can detect small lumps that cannot be felt by a hand.

3.4.4 Personal Barriers to Mammograms

Key informants and focus group participants noted that Asian women have many competing concerns including caring for their families and children, watching their finances, finding jobs, speaking a new language, and adapting to their new American culture. They added that, as a result, Asian women often delay visiting a Western physician until they are so sick that they are unable to attend to other, higher priority

concerns. One key informant noted that many successful programs have addressed this barrier by showing women how they can fit mammograms into their daily routine without too much inconvenience. For example, they may gather a group to go shopping and combine this trip with getting a mammogram.

Many focus group participants added that Asian women do not think about getting a mammogram if they are healthy, experience no pain, or do not feel a lump when performing self-breast examinations. Following are specific comments:

“I don’t like seeing the doctor unless I cannot move about—then I may go in and see a doctor.” (Cantonese)

“It’s not an absolute essential of your life.” (Korean)

“The general public will think that it’s not necessary unless they have a certain symptom.” (Mandarin)

Key informants and focus group participants listed other barriers including fear of diagnosis, lack of knowledge regarding where to get a mammogram or how to get there, embarrassment or modesty, pain during the examination, and lack of time. Studies have also documented these barriers, especially modesty (Sent et al., 1998; Dibble, Vonani, & Miaskowski, 1997; McPhee et al., 1997; Nebres and Mark, 1996; Lu, 1995; Mo, 1992; Jenkins et al., 1990; Lovejoy et al., 1989).

3.4.5 Payment for Mammograms

Key informants and many focus group participants said that Asian women typically pay for preventive health services including mammograms out of pocket (i.e., cash). Key informants also noted that many women lack health insurance and rely on some form of public assistance (e.g., free clinical screenings, Medicaid). Interestingly, many focus group participants mentioned having health insurance while few mentioned relying on public assistance (although many demonstrated knowledge about free or low-cost screenings).

One key informant noted that Vietnamese women may not know about Medicare. Similarly, few focus group participants, regardless of nationality, demonstrated awareness of Medicare coverage of mammograms.

Studies have documented that cost affects a woman’s decision to seek mammograms (McPhee et al., 1997; Pham and McPhee, 1992; Nebres and Mark, 1996). Key informants underscored that the expense of a mammogram is a major barrier. Many focus group participants also mentioned that mammograms can be costly, particularly for new immigrants or those without health insurance. At the same time, many also demonstrated significant awareness about free or low-cost mammography screenings in their community (e.g., at a hospital, clinic, doctor’s office). They stressed that if women need mammograms (often called “examinations” by participants) badly enough, they can

easily find such aid especially since it is often advertised in Chinese, Korean, and Vietnamese media. The following quotes illustrate their responses:

“[In] recent years, there [has been] a lot of promotion about ... breast examination[s]; some of the places don’t charge you... [F]or the past couple of years, I have read it in the newspaper, magazine ...” (Cantonese)

“I went to St. John’s [hospital/clinic]. There was a newspaper advertisement that they were giving free exams. So I went three years ago and ... they did it very accurately.” (Korean)

“In my Catholic church, people come to our church twice a year and they do [mammograms].” (Korean)

“There’s a lot of information about these free services in the newspapers, radio.” (Korean)

“I don’t think it has to be that hard. [We] just don’t pay attention to it. [The] Vietnamese community has ... doctors who give you free examinations.” (Vietnamese)

“In the newspaper, they would say that there’s a certain place where they can have a special, even if it’s not a free examination, and they would probably have low-cost examination specials.” (Mandarin)

3.4.6 Language Issues

One study in San Francisco found that Vietnamese men and women ages 21 or older who had a regular physician were more likely to have a Vietnamese physician than a non-Vietnamese doctor (73% versus 27%) (Jenkins et al., 1990). It is also reported that only one-quarter of Koreans visit non-Korean doctors (Korean Health Survey Task Force, 1990). Similarly, most focus group participants said they preferred to visit a Chinese, Korean, or Vietnamese physician (versus an “American” physician). They explained that they can better describe their health problems to physicians who speak their own language, and also better understand the information that is given back to them. They added that Asian physicians tend to spend more time with women and to give more information, rather than simply answering questions that women ask, which may not cover all necessary topics. Some also expressed the belief that Asian doctors understand their physiology better. In addition, key informants and some focus group participants commented that it can be inconvenient to find translators or family members to help them converse with American physicians. The following statements illustrate these thoughts:

“Well, to me it’s very important [that the doctor is Chinese]. At least I can communicate in terms of language, and if there’s any problem, he can explain it to me clearly. Because when you see an English-speaking doctor, then you may

need an interpreter to understand, and then it's not really convenient.”
(Cantonese)

“With American doctor[s], sometimes you speak bad English and they don't know what you're saying.” (Vietnamese)

“The technical terminology—I know better—especially the terminology in medicine. To see a Chinese doctor—it's easier for me to communicate.”
(Mandarin)

“I think a Korean doctor is better because I think they'll know a lot of things about ... [a] Korean person's body type without me having to go through and explain it.” (Korean)

Key informants unanimously expressed frustration that many Asian women cannot find health care providers who can talk to them in their language about issues such as breast cancer and mammography screening. They added that there are not nearly enough translators to address this problem. Similarly, many focus group participants listed language as a barrier to mammography screening, especially for recent immigrants.

Key informants pointed to a noticeable lack of print materials in Chinese, Korean, or Vietnamese pertaining to breast cancer and mammography screening. Focus group participants, when asked whether they preferred to receive health information in their native language or English, unanimously agreed that it should be in their native language or both (but not English only) so that they can more easily understand it.

3.5 Sources of Information

Since few studies have provided direction regarding the most effective methods of disseminating breast cancer messages, questions on this topic were asked of key informants and focus group participants. Key informants stressed that it is critical to disseminate messages about breast cancer and mammography screening to Asian women using a variety of channels. When asked to specify sources, they and many focus group participants said that Asian women especially trust information that comes from family members (e.g., husbands, children, mothers), friends, and neighbors.

In addition, some key informants and many focus group participants named Asian physicians as credible sources of information. A couple of key informants noted that Vietnamese women are especially likely to trust their doctors, and are therefore more likely to get mammograms when their physicians recommend them. One key informant added that Vietnamese women trust physicians more than nurses because they think physicians are more qualified.

However, as mentioned earlier, key informants as a whole also identified Asian physicians as being a barrier to mammography screening, and thus an important secondary intended audience for breast cancer education campaigns. Many Asian

physicians, according to informants, are not recommending mammograms because they may not have received adequate training in preventive health in their native countries or may not have time to address prevention and wellness issues because of their extremely heavy patient loads (Asian physicians are in high demand by Asian women). McPhee et al. (1997) also have described physicians as a barrier to mammography screening.

Both key informants and many focus group participants also pointed to the effectiveness of Chinese-, Korean-, or Vietnamese-language broadcast or print media. They noted, for example, that many newspapers and magazines have health sections, and that radio and television often include programs that feature physicians. Chinese participants specifically mentioned the “World Journal” and “China Daily” as popular print sources. Korean and Vietnamese participants did not name any specific print materials.

Key informants also mentioned community centers such as food markets, churches, and civic clubs as venues for disseminating breast cancer and mammography information. Churches are particularly effective sources of information for Korean women, they said, because many Koreans are closely tied to their churches which often host social events and community outreach programs.

Few focus group participants named cancer societies, health fairs, nurses, pharmacists, herbalists, the Internet, or toll-free phone lines as resources for cancer information. None of the key informants listed these sources.

3.6 Materials Testing

During the second part of the discussion, key informants and focus group participants were asked to provide feedback on the message content and creative execution of NCI-developed posters and bookmarks designed for their specific language group. Most focus group participants understood that the posters and bookmarks were telling them that they should get mammograms, but they also felt that the message lacked a sense of urgency. While they acknowledged that the materials would be helpful, they also indicated that they would not be likely to read them because they are culturally inappropriate. Specifically, they noted that the materials contain many translation and grammatical errors, advertise a phone line that is not operated in their native language, feature an image that is not appropriate for the topic of breast cancer, and depict an Asian woman who does not look like them. On the positive side, they agreed that they would find the information in the materials to be credible because the materials are sponsored by a government organization.

3.6.1 Message Content

Most focus group participants in each language group understood the main messages of the bookmark and poster—that breast cancer is serious, that women should get mammograms for the rest of their lives, and that they should call the 1-800-4-CANCER phone number for more information. They found these messages to be very important and said the information would be very useful to the women in their community. Many

noticed, however, that the directive says to “**consider** mammograms,” and they strongly suggested changing the wording to say “**get** mammograms” so that it would convey a greater sense of urgency and be more likely to encourage women to get mammograms.

Regardless of nationality, some participants said they wanted to see additional information in the materials regarding the cost of mammograms and where they can get free screenings. Others recommended adding statistics such as breast cancer death rates, incidence rates, and survival rates.

Key informants wanted to see more information included in the materials about places to contact for information (other than the 1-800-4-CANCER number), especially places with in-language services. Among such places, they listed national and community-based organizations (including their own organizations), health centers, churches, and the media.

3.6.2 Translation and Grammar Issues

When asked to comment on reading level, key informants and focus group participants indicated that although the materials were easy to read, they found many translation and grammar errors. Key informants and focus group participants of all language groups unanimously agreed that the materials had been translated literally from English to Chinese, Korean, or Vietnamese by either an American person or an Asian person who has lived in the United States for a long period of time. They said that, as a result, they would not consider the materials to be professional and would be likely to throw them away. They stressed that all materials should be written by professional Asian translators with medical knowledge.

Below are some examples, mentioned out by key informants and focus group participants, of words and terms used incorrectly:

- Cantonese participants said there is no Chinese word for “lifetime.” Korean participants pointed out the Korean materials communicate that a woman should get mammograms “one time” instead of “for a lifetime.” The Vietnamese participants identified the same issue for the Vietnamese materials.
- Korean participants also noted that the term “breast x-ray picture” should be changed to “breast cancer x-ray” because the word “picture” is redundant.⁶ (It should be noted that this recommendation may not agree with the terminology NCI decides to use.)
- Vietnamese participants noted that there are two terms in Vietnamese denoting “breast” and that the materials use the more poetic version meaning

⁶ The term “breast x-ray picture” was used in the tested materials because there is no equivalent word for “mammogram” in the Korean, Chinese or Vietnamese languages.

“nipple” or “bosom.”

- A key informant added that, when addressing older Vietnamese women, it is very important to use the formal (rather than casual) versions of nouns (e.g., “you”).

Numerous grammatical errors were also pointed out:

- Cantonese and Mandarin participants noted that the Chinese poster uses both simple and traditional lettering. They recommended using traditional lettering when developing materials, since some Chinese women, particularly those who are older and from Hong Kong, are not able to read simple lettering. It should be noted that the major Chinese print media in the United States employ traditional lettering (Erich and Jiang, no date).
- Korean participants noticed many errors in spelling and punctuation in the Korean materials. They also indicated that the lettering in the materials is very “old style,” which is used in North Korea but not in South Korea.
- Vietnamese participants noticed incorrect accent marks and capitalizations in the Vietnamese materials.

3.6.3 Toll-free 1-800-4-CANCER Number

Key informants and many focus group participants had questions about the toll-free phone number. Most wanted to know whether calls are answered in their native language or in English; they emphasized that they would not call unless the number is operated in their language. Many participants also wondered whether a human being answers people’s calls, noting that they prefer to speak to a person instead of an answering machine.

In addition, some participants were not sure of the purpose of the phone line. They wondered whether its purpose is to sell products or provide information. They also wondered whether the phone line is exclusively for breast cancer or deals with other types of cancers.

Many participants in each ethnic group recommended writing out the digits of the phone number instead of using the mnemonic “CANCER.” Korean participants added that some women may have Korean phones, which do not list letters on the dial pad. In addition, Mandarin participants said that “4 CANCER” connotes the word “death” and suggested not using it. In each language group, a few participants also suggested enlarging the type for the phone number to enhance its importance.

3.6.4 *Creative Execution of Materials*

Chinese Materials

Upon viewing the Chinese bookmark and poster (depicting a woman drinking tea), many Cantonese and Mandarin participants said the picture would not grab their attention or encourage them to get mammograms because the visual does not reflect the topic of breast cancer or mammography screening. They indicated that the picture is too “light-hearted” and appears to be selling a tea product, implying that drinking tea helps prevent breast cancer, or suggesting that you drink tea after getting a mammogram. They recommended depicting a woman getting a mammogram, a woman with her doctor, a woman doing a breast self-examination, a mammography machine, a breast, a woman reading about breast cancer, or a woman with her family (because she should stay healthy for her family).

Focus group participants had several suggestions for improving the look of the woman portrayed in the picture:

- Some Cantonese participants said the woman looks more “Japanese” or “Oriental” than Chinese. They recommended changing her eyes and hairstyle and dressing her in a traditional Chinese outfit, namely a cheongsam for Cantonese women and qipao for Mandarin women (both terms denote a close-fitting dress with a high neck and slit skirt). Contrary to their Cantonese counterparts, Mandarin participants thought the woman looked Chinese.
- Some Cantonese and Mandarin participants indicated that the woman looks “ugly” or like a “country” girl and recommended making her “beautiful” and “healthy.”
- Some Cantonese and Mandarin participants suggested that the woman have a defined bust line because the topic of the materials relates to the breasts.
- Some Cantonese participants disagreed about whether the woman looks age-appropriate or too young (none said she looks too old). Mandarin participants did not comment on whether the woman looks age-appropriate.

Both Mandarin and Cantonese participants said they disliked the colors in the materials because they were too subdued. Cantonese participants suggested using a variety of colors including blue, green, and purple. Mandarin participants thought that red would be more appropriate, because red can help convey the seriousness of breast cancer and the importance of mammography screening. They also noted that red symbolizes good luck.

Among other comments made were that the type of vase depicted is not intended to hold flowers and that the background looks Japanese because of the flowers.

Korean Materials

Many Korean participants said the picture on the materials would not grab their attention or encourage them to get mammograms because the woman arranging a vase of flowers does not relate to the topic of breast cancer and mammography screening. Rather, the materials appear to be promoting flowers or ceramic vases, or to be an advertisement for a restaurant. They suggested showing a woman's breasts, a mammogram picture, or a woman breastfeeding a baby with another child in the background.

Some Korean participants said the woman looks more Chinese than Korean and suggested clothing her in the traditional Korean dress, which is red and green. One participant also mentioned that the woman in the picture looks too young.

Some Korean participants said that the colors have a Chinese connotation and recommended making them softer.

Other criticisms were that the flowers look inappropriate and that the vase looks Chinese. One participant added that the flowers look like orchids, which symbolize funerals. A key informant commented positively on the crane in the design of the vase, explaining that it is a symbol of good luck.

Vietnamese Materials

Unlike the Cantonese, Mandarin, and Korean participants, Vietnamese participants said they liked the picture of the woman reading the book, although they suggested adding words relating to breast cancer and mammography to the inside of the book.

Vietnamese participants made several recommendations for changing the image of the woman:

- Some said the woman looks Chinese and suggested clothing her in the traditional Vietnamese dress.
- Others added that she looks unattractive (her mouth is twisted) and that she is from the "country," not a "modern" lady. They recommended making her look prettier and healthy.
- Some also commented that she should have more prominent breasts, noting that her older face does not match what currently looks like a little girl's body.
- One participant noted that the woman should be sitting on a chair and be positioned more demurely. Another participant said that no Vietnamese lady would sit on the floor with her legs spread. This participant also noted that Vietnamese women do not sit next to flower vases.

Some Vietnamese participants also said they disliked the colors on the materials but could not agree on what other colors to use. They noted, however, that the colors should be lighter.

In addition, key informants indicated that the flowers should be chrysanthemums and that the vase is more appropriate for plants instead of flowers.

3.6.5 National Cancer Institute (NCI) Logo

Regardless of their nationality, most focus group participants said they were not aware of the National Cancer Institute but would trust this organization because they trust the government. They suggested clarifying that NCI is a **government** organization (versus a for-profit or non-profit). In addition, some noted that the font of the logo should be larger so that it is easier to read.

APPENDIX

- A. Draft Bookmarks and Posters^R
- B. References from Literature Review
- C. Interview Guide for Telephone Interviews
- D. Recruitment Screener for Focus Groups
- E. Moderator's Guide for Focus Groups

^R Actual posters are not included in the following pages, but the visuals used in the posters were the same as the visuals shown in the bookmarks. Each poster was titled, "Mammograms: Not just once, but for a lifetime," and displayed the sponsor and 1-800-4-CANCER number on the bottom.

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National Cancer Institute
Office of Cancer Communications
Breast and Cervical Cancer Education Program
Guide for Telephone Interviews with
Asian American Partner Organizations
February 23, 1999

Introduction

- Thanks for agreeing to the interview. Your responses are very important to us.
- We have a lot of topics to cover, and we'll try to carefully monitor the time, but I'd like to ask you up front: Will you still be able to talk if we run over the 30 minutes that we originally anticipated for this interview? (THROUGHOUT THE INTERVIEW, WATCH THE TIME)
- FOR FIRST INTERVIEW ONLY: Before I go any further, I'd like to introduce you to _____ and _____ from the Health Promotions Branch at the National Cancer Institute. They will listen in on this conversation because your views are very important.
- We will include your comments in a report. Your responses will be kept confidential and used by program planners only. With your permission, we may decide to use your name in the report.
- I will audio-tape this interview because we have a lot to cover and I want to be sure I capture all of your responses.
- Throughout this interview, keep in mind that we will be talking about Cantonese/Mandarin/Korean/Vietnamese women who are age 40 or older and live in your community. Also, we are interested in learning how cultural differences affect women's knowledge, attitudes, and behaviors regarding breast cancer and mammography screening.

Attitudes/Perceptions (5 minutes)

1. How does a typical Asian woman in your community define "health"? (PROBE: Does her definition involve mental, spiritual, physiological, social, or personal aspects? Is her approach grounded in "Western" medicine or something else—such as alternative/holistic or "Eastern" medicine? Does she believe in preventive care?) How does a typical Mandarin/Cantonese/Korean/Vietnamese woman in your community define "health"?

2. What does she do to stay healthy? (PROBE: Does she eat healthy foods, exercise, avoid unhealthy behaviors such as smoking and drinking, take vitamins or supplements, meditate, or do something else?) On the flip side, what does she do when she is feeling sick? (PROBE: Who does she turn to—a health professional, shaman, family member, friend, or someone else? What treatments does she seek—herbal remedies, pharmacological medications, acupuncture, or something else? Does she seek combinations of any of these treatments?)
3. What are the top 3 health concerns for the Mandarin/Cantonese/Korean/Vietnamese women in your community? How concerned are they about breast cancer relative to what you've just listed? Do they see themselves as being at risk for breast cancer?

Mammogram Decision-Making (5 minutes)

4. Do the Mandarin/Cantonese/Korean/Vietnamese women you know think about getting a mammogram? IF YES: What benefits of mammograms would go through their minds? What risks? IF NO: Why not?
5. How easy or difficult is it for the women you know to get a mammogram? What makes it difficult for some women? (PROBE: Is it availability of and transportation to services, cost, location of services, privacy issues, or something else?)
6. How do the women in your community typically pay for preventive services [including mammograms]? (PROBE: Do they use Medicare, Medicaid, private insurance, out-of-pocket money, or something else?) Do they know about their payment options? IF NO: Why not?

Messages and Message Dissemination (5 minutes)

7. What do Mandarin/Cantonese/Korean/Vietnamese women in your community **need** to know about breast cancer and mammography screening? (PROBE: Do they know about risk factors for breast cancer, when to begin getting mammograms, how often to get mammograms, and when to stop getting mammograms?) Would they be at all interested in getting this information? What information would they most want? How would they want to receive this information? (PROBE IN GENERAL: Would it be from the mass media, in a group workshop, through one-on-one interaction, in a formal group gathering, through direct mail, or something else? PROBE FOR SPECIFIC FORMS OF MESSAGE DISSEMINATION SUCH AS TYPES OF MASS MEDIA.)
8. Are there any educational efforts currently taking place in your community that are directed toward Cantonese/Mandarin/Korean/Vietnamese women and pertain to breast cancer and mammography screening? (PROBE: What organizations are sponsoring them? What are the messages? How are they disseminating those messages? How successful are they in getting women to get mammograms? What is not working?)

9. Who would a Cantonese/Mandarin/Korean/Vietnamese woman first turn to for information about breast cancer and mammography screening? (PROBE: Would she go to a cancer organization, media, physician, nurse, shaman, husband, children, mother, sister, pharmacist, or someone else?)
10. If NCI were to send you breast cancer and mammography materials to disseminate to Cantonese/Mandarin/Korean/Vietnamese women, what types of materials would be most effective in reaching women? (IF PARTICIPANT MENTIONS HAVING OWN LANGUAGE-SPECIFIC MATERIALS, ASK TO SEND LANGUAGE-SPECIFIC MATERIALS WITH ENGLISH TRANSLATIONS)

Reactions to Posters and Bookmarks (15 minutes)

11. FOR EACH MATERIAL: What were your initial reactions to the material?
12. As it stands now, the Cantonese/Mandarin/Korean/Vietnamese poster and bookmark are supposed to say the same things as the English materials. FOR EACH MATERIAL: When reading the Cantonese/Mandarin/Korean/Vietnamese version, does it say exactly the same things as the English version? IF NOT: How should the wording be changed so that it translates correctly? (PROBE: Should there be question marks in the text? How often does it say that women should get mammograms? How can we say “Cancer can start to grow at any time”? How would you translate NCI, DHHS, and NIH?) (ASK TO FAX SUGGESTIONS IN NATIVE LANGUAGE)
13. FOR EACH MATERIAL: Let’s talk about the reading level. Do you think a Cantonese/Mandarin/Korean/Vietnamese woman who reads this material will find it too simple, too complex, or just right? IF NOT JUST RIGHT: What should be changed? (PROBE FOR SPECIFIC WORDING SUGGESTIONS; ASK TO FAX SUGGESTIONS IN NATIVE LANGUAGE)
14. FOR EACH MATERIAL: Would a Mandarin/Cantonese/Korean/Vietnamese woman be likely to say, “This poster/bookmark is talking to women like me”? How should the material be changed so that a Mandarin/Cantonese/Korean/Vietnamese woman would think the material is intended for her?
15. FOR EACH MATERIAL: Do you think a Cantonese/Mandarin/Korean/Vietnamese woman who sees this material in a waiting room would stop to read it? (PROBE: Are the tone, colors, and overall style eye-catching?) IF NOT: How can it be changed so that it is more eye-catching?
16. FOR EACH MATERIAL: Would a Mandarin/Cantonese/Korean/Vietnamese woman be likely to say, “That woman in the picture looks like a Mandarin/Cantonese/Korean/Vietnamese woman”? (PROBE: Is the image culturally appropriate or too stereotypical?) How should the image of the woman be changed so

that a Mandarin/Cantonese/Korean/Vietnamese woman would think the image of the woman looks more like a Mandarin/Cantonese/Korean/Vietnamese woman?

17. After reading the poster and brochure, would a Mandarin/Cantonese/Korean/Vietnamese woman be more likely to say, "I need to think about getting a mammogram"? IF NOT: What would make her more likely to think about getting a mammogram? (PROBE: Is changing the materials enough? Would she need to see other materials, talk to someone, or do something else?)
18. FOR EACH MATERIAL: How likely would you be to use this material with women in your community? IF NOT LIKELY: How could it be changed so that you would be likely to distribute it? How do you think your organization would distribute this material?

Closing

- That's all of the questions I have. Do you have any final comments?
- We're currently conducting a literature review and are wondering whether you have any research-oriented information pertaining to Asian American women age 40 or older and breast cancer and mammography screening. IF YES: Would you be willing to mail us the research that you have?
- Thanks. You've been very helpful. You will receive your honorarium in the form of a check in the mail. If you have any other thoughts, please call Memi Miscally at 202-973-5845.

NATIONAL CANCER INSTITUTE
Office of Cancer Communications
 Screener for Focus Groups with Asian American Women Age 40 or Older

Respondent Name: _____

Address: _____

City: _____ Zip Code: _____

Phone (Day): _____ Phone (Eve): _____

Hello. My name is _____. I am calling on behalf of a national health organization that is concerned about women's health. We are conducting a study about health care among women who are over 40 and who live in the Greater Los Angeles/New York area. Is there a woman who is at least 40 years of age living in your household? May I speak with her?

[BEGIN INTRODUCTION AGAIN AND ASK] We are conducting a study for an important health education project. I want to assure you that we are not selling anything. We want to understand your perceptions about women's health issues. Your responses will be kept strictly confidential. This will take only a few minutes of your time.

1. What is your ethnic background? [DO NOT READ UNLESS RESPONDENT IS HESITANT.]

- | | | |
|------------|-----|--------------------------------|
| Vietnamese | () | CONTINUE FOR VIETNAMESE GROUPS |
| Korean | () | CONTINUE FOR KOREAN GROUPS |
| Chinese | () | CONTINUE; GO TO Q-2 |
| Other | () | TERMINATE |

**2. [CHINESE ONLY] Where are you from?
[GET A MIX OF CHINESE FROM MAINLAND CHINA AND TAIWAN
IN EACH MADARIN-SPEAKING GROUP; A MIX OF CHINESE FROM
MAINLAND CHINA AND HONG KONG IN EACH CANTONESE
GROUP]**

3. What language do you speak most often at home?

- Vietnamese () CONTINUE FOR VIETNAMESE GROUPS
Korean () CONTINUE FOR KOREAN GROUPS
Mandarin () CONTINUE FOR MANDARIN GROUPS
Cantonese () CONTINUE FOR CANTONESE GROUPS
Speak English as equally as
in-language or speak English
more often () THANK AND TERMINATE
Other () THANK AND TERMINATE

4. Do you read a Vietnamese/Korean/Chinese newspaper, book or magazine at least once a week?

- Yes () CONTINUE
No () TERMINATE

5. Which of the following best describes your age?

- Under age 40 () THANK & TERMINATE
40 to 64 () CONTINUE (75% of group)
65 TO 74 () CONTINUE (25% of group)
Over 74 () THANK & TERMINATE

6. Do you or your family members work in the health care field or for a marketing research or advertising agency?

- No () CONTINUE
Yes () TERMINATE

7. Have you ever participated in a group discussion about marketing research about products or services?

- Yes () GO TO Q-8
No () INVITE

8. How long ago was that?

- More than 12 months ago INVITE
Less than 12 months ago THANK AND TERMINATE

INVITATION

We are conducting research among Vietnamese/Korean/Chinese women who are over 40 and who live in the Greater Los Angeles/New York area. We would like to invite you to participate in a group discussion. This is not a sales meeting. It is being held to assist in the development of educational materials about women's health issues.

The discussion will be conducted in Vietnamese/Korean/Cantonese/Mandarin and will last approximately two hours. Refreshments will be served.

Your opinions will be very important to our research project, and we will give you \$50 for your participation.

The discussion will be held at:

- | | | |
|---|---------|-------------------------------------|
| Cantonese - Mon.5:30 PM,
<input type="checkbox"/> | 3/22/99 | New York Focus, NY |
| Cantonese - Mon.7:30 PM,
<input type="checkbox"/> | 3/22/99 | New York Focus, NY |
| Korean - Tues.5:30 PM,
<input type="checkbox"/> | 3/23/99 | New York Focus, NY |
| Korean - Tues.7:30 PM,
<input type="checkbox"/> | 3/23/99 | New York Focus, NY |
| Vietnamese - Mon.5:30 PM,
<input type="checkbox"/> | 3/29/99 | Assistance in Marketing, Long Beach |
| Vietnamese - Mon.7:30 PM,
<input type="checkbox"/> | 3/29/99 | Assistance in Marketing, Long Beach |
| Mandarin - Tues.5:30 PM,
<input type="checkbox"/> | 3/30/99 | House of Marketing, Pasadena |
| Mandarin - Tues.7:30 PM,
<input type="checkbox"/> | 3/30/99 | House of Marketing, Pasadena |

9. Will you be able to attend?

Yes () FILL IN TIME and RESPONDENT INFORMATION ON PAGE ONE

No () THANK AND TERMINATE

You will receive a confirmation letter three to five days before the group is held. It will include directions to the location where the discussion will be held. Thank you very much for accepting our invitation. **If you use glasses for reading, please bring them with you.** It is very important that you arrive on time. Your opinions will be valuable for our research.

Recruiter: _____ Date: _____

Confirmed by: _____ Date: _____

NATIONAL CANCER INSTITUTE
ETC Job 930 – Focus Groups with Asian Women Age 40+
Discussion Guide
March 18, 1999

I. EXPLANATION OF QUALITATIVE RESEARCH (5 minutes)

Good evening and thank you for coming for this discussion tonight. Before we begin, I need to set down a few “ground rules.”

First of all, I want to let you know that as we proceed,

- A. There are no right or wrong answers (We want to know your opinions and those opinions might differ. This is fine. We want to know what each of you thinks about the material we will be discussing. Your comments may be positive or negative. You do not have to agree with each other.)
- B. You have probably noticed the microphones in the room. They are here because we are audiotaping. At the end of tonight’s discussion, I have to write a report. I want to give you my full attention and not have to take a lot of notes. I will refer to the tape when writing the report.
- C. Because we are taping, please try to speak one at a time.
- D. Behind me is a one-way mirror. Behind it, there is an interpreter who will translate our Cantonese/Korean/Vietnamese/Mandarin conversation for the people who are sponsoring this research and who are viewing these groups. They do not speak our language. This is another reason why it is important to speak one at a time.
- E. I want you to know that your names and your responses will be kept strictly confidential. No one will call you after these groups to try to sell you anything. Your names and addresses will not be given to the sponsors of the research. When I write my report, I will not refer to anyone by name.
- F. As we proceed through the discussion, please feel free to talk about any of your own experiences that you think will be important to the discussion. Please understand, however, that I might have to interrupt you. If I do that, I mean no disrespect. [HOLD GUIDE UP] It’s just that I have a lot of material to cover and only two hours to talk to you about it.
- G. And, finally, as a courtesy to us in this room please turn off your beepers & cell phones. The groups will last only two hours. Thank you.

Tonight, we will be talking about health issues that are important to women.

My name is _____ and I was born in _____. I work for Erlich

Transcultural Consultants, an independent marketing research and consulting firm. I do not work for the people who are sponsoring this research so I want to remind you to give me your honest opinions. If you have something negative to say, it is all right. Remember, I said there were no right or wrong answers. We just want to hear your opinions.

Now, you've met me, so I want to meet you. We will go around the table and, as we do, I want you to tell me the following about yourself.

H. Please tell us your:

- First name
- Age
- Place of birth
- The number of years you've lived in the U.S.
- Your favorite hobbies

II. GENERAL CONCERNS (10 minutes)

A. Let's switch topics now. We all have things to worry about—some of these are simple, every day things while others are more important.

Keeping in mind all the concerns you have, how does health fit into the overall picture of your life? [IF NO RESPONSE, MOVE ON]

B. Do you worry about your family's health? Your children's health? [WAIT FOR RESPONSE, THEN ASK NEXT QUESTION] What about your own health?

C. Has anyone given you advice on staying healthy?

[IF YES] Who? [PROBE: FRIEND, FAMILY MEMBER, OTHER]

D. What did they tell you?

[PROBE:

- EAT HEALTHY FOODS
- TAKE VITAMINS OR SUPPLEMENTS
- EXERCISE REGULARLY
- MEDITATE
- GET REGULAR PHYSICAL CHECK-UPS
- USE TEAS/HERBS

- AWARENESS OF MEDICAL TESTS THAT CAN DETECT ILLNESSES BEFORE SYMPTOMS OCCUR]

- E. Who do you usually turn to for guidance on medical questions?
- F. Do you go to the doctor? Is he/she a Chinese/Korean/Vietnamese doctor? Is that important? Why yes? Why no?

III. CONCERN ABOUT BREAST CANCER (10 minutes)

Now, let's talk about some other health issues.

- A. What do you think are the biggest health problems facing women in our community? [WRITE LIST ON EASEL]
- B. What comes to mind when I say "cancer"? Can you think of anything else?
- C. Let's talk specifically about breast cancer. Do you know of anyone who has had breast cancer? [PROBE: NEIGHBOR, WORK PARTNER, FAMILY MEMBER, FRIEND, ETC.]
- D. How important a consideration do you think **breast cancer** is relative to the other health problems you mentioned?

IV. MAMMOGRAPHY BEHAVIOR AND DECISION-MAKING (40 minutes)

[NOTE: PLEASE REMIND RESPONDENTS THAT IT'S ALL RIGHT TO DISCUSS THEIR OWN EXPERIENCES, BUT ALSO EXPRESS A GENTLE REMINDER ABOUT TIME.]

- A. Can women do anything about breast cancer?

[IF NO – PROBE FOR REASONS]

[IF YES] What can women do to lower their chances of getting breast cancer?
[IF THEY MENTION MAMMOGRAMS, NOTE IT BUT DO NOT FOCUS ON IT.]

[PROBE: ONLY THE BREAST SELF-EXAMINATION
BREAST EXAMINATION BY A HEALTH PROFESSIONAL
EAT HEALTHY
EXERCISE
HERBAL MEDICINES, ETC.]
- B. Now let's talk about mammograms. What comes to mind when I mention the word "mammogram"?

[PROBE: WHAT IS THE PURPOSE OF A MAMMOGRAM?
WHO SHOULD HAVE THEM?
WHEN SHOULD A WOMAN GET THEM?
WHEN SHOULD SHE START?
HOW OFTEN SHOULD SHE GET THEM?
WHEN SHOULD SHE STOP?

WAIT FOR RESPONSES AND THEN, IF NECESSARY, PROVIDE
CORRECT INFORMATION]

Before we continue, let me read a definition of a mammogram so that we all understand it the same way.

[A mammogram is an x-ray taken only of the breast. It involves placing the breasts between two plastic plates. A mammogram can find breast cancer that is too small for a woman or a woman's doctor to feel.]

Do you think that most women in our community usually get mammograms?

C. How would you describe the women who get mammograms?

[PROBE: CAUTIOUS
OVER-CONCERNED
REASONABLE
SELF-CENTERED
SMART
WEALTHY, ETC.]

Now, how would you describe the women who do not get mammograms?

D. How many of you would think about getting a mammogram? [TALLY RESPONSES]

E. What would make you want to get a mammogram? Let's hear first from those who just said they would think about getting one. What about the rest of you?

[PROBE: PEACE OF MIND, EARLY DETECTION, ETC.]

Of all the reasons you just mentioned, which would you consider to be most important?

- F. Now let's hear from those who said they would not think about getting mammograms. What would make you not want to get a mammogram? What about the rest of you?

[PROBE: EMBARRASSMENT
FEAR OF CANCER DIAGNOSIS
LACK OF PHYSICIAN RECOMMENDATION
DISCOMFORT
FEAR OF RADIATION, ETC.]

Which of these would be most likely to keep you from getting a mammogram?

- G. **Is it easy or difficult is it for a woman in our community to get a mammogram?**

[IF DIFFICULT] What makes it difficult?

[PROBE: LANGUAGE BARRIERS
LACK OF KNOWLEDGE
ACCESSIBILITY OF SERVICES
TRANSPORTATION
COST
TIME
CULTURAL ISSUES, ETC.]

Are any of these factors more important than the others? What? Why?

[IF EASY] What makes it easy for women like us to get mammograms?

- H. Who would you ask first for information about breast cancer and mammography screening? Why?

[WAIT FOR INITIAL RESPONSES, THEN REVEAL THE FOLLOWING ON A FLIP CHART]

[PROBE: LOCAL ORGANIZATIONS
NATIONAL CANCER ORGANIZATION
HEALTH FAIRS
NEWSPAPERS AND MAGAZINES – WHICH LANGUAGE?
RADIO & TELEVISION – WHICH LANGUAGE?
CHINESE/KOREAN/VIETNAMESE PHYSICIAN
OTHER PHYSICIAN
NURSE

NEIGHBOR/FRIEND, HUSBAND, CHILDREN, MOTHER,
SISTER PHARMACIST
HERBALIST
FREE INFORMATION PHONE LINE (800 #)
INTERNET]

- I. How do women in our community typically pay for health services?

[PROBE: MEDICARE
MEDICAID (MEDICAL – CALIFORNIA ONLY)
PRIVATE INSURANCE
OUT-OF-POCKET MONEY
FREE MEDICAL EXAMS AT COMMUNITY HEALTH
CLINICS
ANYTHING ELSE?]

Do you know about Medicare coverage for mammograms? What is it that you know?

V. REACTIONS TO POSTERS AND BOOKMARKS (30 minutes total)

- A. Is it important for you to receive information about health issues like breast cancer and mammograms in Chinese/Korean/Vietnamese? Why yes? Why no?

A national health organization is developing materials about breast cancer and mammograms that are designed specifically for Chinese/Korean/Vietnamese women. We want to know what you think about these materials. The items I am going to show you are not the finished products. They are drafts of what these materials might look like. Please feel free to tell me exactly what you think. Remember that I did not design them and that I do not work for the people who did design them. Your opinions will help us design the finished information.

B. Bookmark (15 minutes)

[PASS OUT THE COPIES OF THE BOOKMARK]

1. What is the information on this bookmark telling you?

Is this easy to understand? Why yes? Why no? [PROBE: TRANSLATION ISSUES, ACCURACY, READING LEVEL]

2. **Do you think that other Chinese/Korean/Vietnamese women will understand this information? Why yes? Why no?**

3. Does this give you all of the information you're looking for?

[IF NOT] What other information do you want to see?

4. What do you think about the look of this bookmark?
[PROBE: COLORS, TYPE SIZE, OVERALL SIZE, ETC.]

Would you change anything about it? What?

5. Do you think that this bookmark was designed specifically for Chinese/Korean/Vietnamese women? Why yes? Why no?
6. Tell me about the image of the woman. Do you think she accurately portrays Chinese/Korean/Vietnamese women? Why yes? Why no?

Is she an appropriate image of Chinese/Korean/Vietnamese women? Why yes? Why no?

7. **Is there anything that is specific to Chinese/Korean/Vietnamese women that is missing from this bookmark? What? Why is it important?**
8. Would this bookmark motivate Chinese/Korean/Vietnamese women to think about getting mammograms? Why? Why not?
9. Does the name “NATIONAL CANCER INSTITUTE” mean anything to you?

Would you trust information from the National Cancer Institute? Why yes? Why no?

C. **Poster** (15 minutes)

[DISPLAY THE POSTER]

1. What is the information on this poster telling you?

Is this easy to understand? Why yes? Why no? [PROBE: TRANSLATION ISSUES, ACCURACY, READING LEVEL]
2. **Do you think that other Chinese/Korean/Vietnamese women will understand this information? Why yes? Why no?**
3. **Does this give you all of the information you’re looking for?**

[IF NOT] What other information do you want to see?

4. What do you think about the look of this poster?
[PROBE: THE IMAGE OF THE WOMAN, COLORS, TYPE SIZE, OVERALL SIZE, ETC.]

Is there anything you would change? What?

5. **Is there anything that is specific to Chinese/Korean/Vietnamese women that is missing from this poster? What? Why is it important?**
6. Would this poster motivate Chinese/Korean/Vietnamese women to think about getting regular mammograms? Why? Why not?

VI. MESSAGE DISSEMINATION (5 minutes) ONLY ASK IF ENOUGH TIME

- A. Thank you for giving me your thoughts on the poster and bookmark.

Do you think these materials are appropriate methods for educating women in our community about breast cancer and having mammograms to find breast cancer early? Why yes? Why no?

In what other ways would you want to receive this information?

[PROBE: MASS MEDIA (TV/RADIO: IN-LANGUAGE OR IN ENGLISH)
 PRINT MATERIALS (IN-LANGUAGE OR IN ENGLISH)
 DIRECT MAIL (LANGUAGE?)
 IN A GROUP SETTING
 THROUGH ONE-ON-ONE INTERACTION
 ANYTHING ELSE? [PROBE FOR SPECIFIC FORMS OF MESSAGE DISSEMINATION SUCH AS TYPES/LANGUAGE OF MASS MEDIA]

VII. CLOSING (5 minutes)

- A. We've reached the end of our discussion. Does anyone have any final comments?

[MODERATOR GOES TO OBSERVATION ROOM FOR ANY ADDITIONAL QUESTIONS. RETURN TO ROOM AND ASK...]

How many of you have ever had a mammogram? [COUNT NUMBER FOR TAPE]

[ASK EACH PERSON WHO RAISED HAND] How long ago was that?

- B. Thank you very much for your participation in this discussion. Your opinions will be very helpful. [MODERATOR EXCUSES PARTICIPANTS]