## Will Asian Women Call a Telephone Health Information Service?

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#### Abstract

AAPI women have the lowest breast cancer screening rates of all U.S. women. Barriers to screening include access, culture, and language. Previous focus group studies have shown little use of telephone hotlines among Asians. However, this report indicates that media promotions in Cantonese, Mandarin, Vietnamese, and Korean can result in a major increase in calls to a California statewide telephone service. Calls from women speaking Asian languages to the California Breast Cancer Early Detection Program Consumer 800 Number increased from an average of 24 per month to 576 in June 2001 in response to paid newspaper and radio advertisements in Los Angeles, San Diego, and the San Francisco Bay Area.

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#### **Background and Significance**

Breast cancer incidence and mortality rates are lower for Asian American and Pacific Islander (AAPI) women than for Whites or Blacks in the United States (American Cancer Society, 2001). However, invasive breast cancer rates increased by about 15 percent among AAPI women in California from 1998 – 1997, compared with fairly stable rates for other ethnic groups (American Cancer Society, California, 2001). Cancer rates also differ among AAPI subgroups; breast cancer is the leading cause of cancer death among Filipino and Korean females in the United States (Chu, 1998).

Breast cancer screening with mammograms reduces the number of deaths from breast cancer for women age 40 to 69 (National Cancer Institute, 2000). However, AAPI women have the lowest breast cancer screening rates for all U.S. women (Kagawa-Singer, 1996). There are many barriers to cancer screening among AAPI women, including limited education, recent immigration. limited English proficiency, Eastern medicine orientation, limited access to health care, and social isolation (McPhee, 1998). Health education outreach programs have encountered formidable barriers when trying to connect with Asian audiences (Sadler, 1998). Having a physician recommend breast screening was found to be crucial in order to overcome a cultural belief that if nothing is wrong, no tests should be done. Cost and insurance barriers were also shown to be major concerns (Lee, 1998).

AAPI women seek health information from health professionals, including traditional medicine practitioners such as herbalists, family members, and the media. However, health information sources for Asians cited in a focus group study did not include hotlines (Deering, 1996). AAPIs represent only 1.7% of callers to the National Cancer Institute's Cancer Information Service (1-800-4-CANCER)(Ward et al., 1998). We were unable to identify any statewide hotlines offering breast cancer information in Asian languages other than the one described below.

# California Breast Cancer Early Detection Program

The California Department of Health Services (CDHS) established the Breast Cancer Early Detection Program (BCEDP) statewide 800 number in the fall of 1995 to provide access to free clinical breast exams and mammograms for low-income women who do not have health insurance. Telephone Information Specialists: 1) screen each woman for age, income, and insurance eligibility for the program; 2) complete an application form for eligible

women; 3) identify up to three clinical breast exam providers located near each woman; 4) mail the application form and printed referral list, cover letter and brochure to the woman; and 5) make follow-up calls to eligible women.

Two recent innovations in BCEDP were implemented to reach monolingual Asian women. First, the telephone system was expanded late September 2000 to handle calls in

Cantonese, Mandarin, Vietnamese, and Korean. Second, a series of language-specific paid print and radio promotions was targeted to three major California Asian media markets in May and June 2001 (Table 1). In addition to the placements listed in the table, advertisements were inserted into five statewide magazines. Approximately \$50,000 was spent to purchase the media placements (Figures 1-3).

Table 1
Asian media paid advertisements promoting BCEDP targeted to Los Angeles, San Diego, and the San Francisco/Bay Area, May 29 – June 24, 2001

	San Francisco/Bay Area	Los Angeles/Orange County	San Diego
Newspaper	Sing Tao Daily News	Sing Tao Daily News	Chinese News
	World Journal	World Journal	American Chinese Times
	Korea Central Daily	Daily Sports Seoul USA	Korea Central Daily
	Korea Times	Korea Central Daily	Korea Times
	Vietnam Daily News	Korea Times	Nguoi Viet Daily News
	Viet Mercury	<u>Little Saigon News</u>	Saigon Times
	-	Nguoi Viet Daily News	
		Saigon Times	
Radio	KVVN (Mandarin)	KAZN (Mandarin)	Radio Seoul (Korean)
	KEST (Cantonese)	KMRB (Cantonese)	KSON (Vietnamese)
	KVTO (Korean)	KYPA (Korean)	
	KSJX (Vietnamese)	KVNR (Vietnamese)	
Telephone	Chinese Yellow Pages	Chinese Yellow Pages	Chinese Yellow Pages
Directories	The Korea Times Directory	Korean Yellow Pages	The Korea Times Directory
	Vietnamese Directory USA	Vietnamese Consumers' Guide	Vietnamese Chamber of
	_		Commerce



Figure 1
Breast Cancer Early Detection Program (BCEDP) Poster in Chinese



Figure 2
Breast Cancer Early Detection Program (BCEDP) Poster in Korean

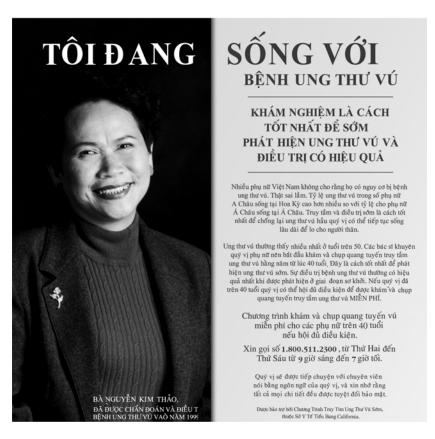


Figure 3
Breast Cancer Early Detection Program (BCEDP) Poster in Vietnamese

The advertisements said, "I am living with breast cancer. An exam is the best way to find breast cancer early enough to treat it effectively. Many (Chinese, Vietnamese, Korean) women do not think that they are at risk for getting breast cancer. They are wrong. Breast cancer rates for Asian women living in the United States are much higher than they are for Asian women living in Asia. Finding and treating breast cancer early is the best way to fight the disease so that you can live a long time to take care of those you love. Breast cancer occurs most often in women over age 50. Doctors recommend a clinical breast examination and mammogram every year for women beginning at age 40. This is the best way to find breast cancer early. Treatments for breast cancer are most effective when the cancer is found in its earliest stages. If you are over age 40 you may qualify for a FREE clinical breast examination and mammogram. Please call 1-800-511-2300. You will be able to speak with a trained professional and your information will be kept strictly confidential. Sponsored by the California Department of Health Services, Breast Cancer Early Detection Program." The advertisement was translated

into each language. A compelling photograph of an actual breast cancer survivor of the appropriate ethnic group with one or more family members appeared to the left of the text. Not only did this put a relevant "face" to the issue for readers and listeners, it also resulted in over 20 broadcast and eight print interviews with the survivors across the state.

#### **Results**

The number of Asian calls increased dramatically in May and June, as shown in Figure 4, and began to converge on the number of Spanish calls. Asian calls increased from an average of 24 per month during October through April to 119 in May and 576 in June. Over the nine months from October through June, the BCEDP Consumer 800 Number handled 270 calls in Mandarin, 153 in Cantonese, 175 in Vietnamese, and 263 in Korean. These results indicate that media promotions in Cantonese, Mandarin, Vietnamese, and Korean can generate a major increase in calls to a California statewide telephone service.

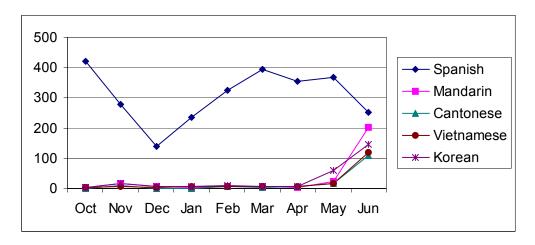


Figure 1 Number of non-English calls to the California Breast Cancer Early Detection Program Consumer 800 Number, October – June 2001

## **Discussion and Implications for Health Education**

Monolingual, non-English speaking communities have been challenging for health educators to reach (Sadler, 1998). Successful interventions have traditionally involved intensive, community-based education with native speakers (McPhee, 1998). Health educators have not made much use of telephone help lines for this audience, possibly due to the belief that they would be ineffective.

This study demonstrates that targeted advertising, using role models, is successful in reaching Chinese, Vietnamese, and Korean audiences. AAPI women were willing to call an anonymous 800 number and engage in a three-way translated call.

There is a major limitation in considering this study's application to general health promotion. In this study, women were calling to receive a free service worth at least \$100 (clinical breast

exam and mammogram). This may have been considerably more motivating than an appeal for something less tangible, such as health information. Another limitation is the lack of information about which of the women who called the service actually followed through and obtained the mammogram, and which maintained routine screening.

In spite of these limitations, the success of these promotional efforts should encourage health educators to consider targeted radio and newspaper advertisements in native languages. Using real members of the community provided additional credibility and enabled us to obtain additional media coverage through news and talk radio interviews. In addition, telephone help services may be useful in other efforts that require detailed information and referral for monolingual populations. Further research could be done on the cost-effectiveness of intensive community outreach compared with media promotions for a telephone help service.

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