

Asian and Pacific Islander Cancer Education Materials Web Tool

1. What is the Asian and Pacific Islander Cancer Education Materials Web tool?

The APICEM Web tool offers healthcare providers a place to search for cancer education materials for patients by specific Asian and Pacific Islander (API) languages, by cancer site or by topic. It is a one-stop Web site that permits easy retrieval of credible cancer education materials designed for lay audiences. Materials available were written in API languages as well as English and culturally tailored for API audiences. The APICEM Web tool is not a library; it does not provide access to all existing resources. Instead, it serves as a resource center for selected API language materials provided by reputable organizations. It searches a database of information provided by the contributors. Materials do not actually reside on the Web tool but, instead, links are provided to the materials on participating organizations respective Web sites. Although the number of materials available through the APICEM Web tool will be limited upon launch, the resource will grow over time with more and newer links to API language cancer education information.

2. Where can I locate the APICEM tool on the Web?

You can access the tool at the American Cancer Society Web site at <http://www.cancer.org/apicem> or at the Asian American Network for Cancer Awareness, Research and Training (AANCART) Web site at <http://www.aancart.org/apicem>. AANCART is a National Cancer Institute-supported project that brings together researchers and community advocates from Sacramento, Los Angeles, San Francisco, Honolulu, Seattle and Boston in a coordinated effort to reduce cancer in Asian Americans. AANCART is headquartered at the University of California, Davis.

3. Who initiated the project to develop the APICEM Web Tool?

The project was conceived in March 2002 at the first joint meeting of AANCART and the ACS Council. During that meeting, a proposal surfaced to develop Web sites for Asian-translated cancer information.



The need to easily identify and access Asian-language cancer education materials again surfaced in a question-and-answer session at the AANCART Sacramento Academy in October 2004. After that meeting, Moon S. Chen, Jr., Principal Investigator of AANCART and Associate Director for Cancer Disparities and Research at the UC Davis Cancer Center in Sacramento, initiated exploratory discussion between AANCART and ACS to devise ways of compiling and cataloguing these materials so that they would be more readily available to healthcare providers who may need them.

4. Who developed the Web tool?

Working with AANCART, the ACS developed a multi-faceted Web tool that allowed member organizations to contribute their information and allowed the public to access that information.

5. What kind of materials and information will be made available through the Web tool?

The Web tool is designed to provide credible information regarding cancer treatment, screening and prevention in multiple languages via the Web sites of the participating organizations.

6. Who can use the Web tool?

The intended audience for the APICEM Web tool is physicians, nurses, social workers, and other healthcare providers who care for patients who have limited English proficiency and communicate in an Asian or Pacific Islander language. Additionally, there is a need for cancer education materials in Asian or Pacific Islander languages for patients who prefer reading materials in their native language. Some of these materials are available on the Web, but they are embedded in Web sites that are not easily identified or not easily searchable. This Web tool will permit a healthcare provider to search for cancer education materials by language, cancer site, cancer-related topic and organization. Once the appropriate educational material is identified, it can then be printed out for the patient to read.

7. How is content being added to the Web tool?

There are more than a dozen organizations whose cancer education materials are being linked through the APICEM Web tool. Those organizations include the National Cancer Institute; AANCART; ACS; UCSF; UCLA; University of Washington; Stanford Asian Liver Center; Chinese Community Health Resource Center (CCHRC); Fred Hutchinson Cancer Research Center-Ethnomed; Hmong Women's Heritage Association; 'Imi Hale-Native Hawaiian Cancer Network; Immunization Action Coalition; Komen for a Cure; American Samoa Community Cancer Network; and Weaving an Islander Network for Cancer Awareness, Research, and Training (WINCART). Organizations and their materials are identified through the Governance Committee and community partners. If

you have or know of materials that should be included in the Web tool please contact apicem@cancer.org.

8. What are some examples of possible uses of the Web tool?

Here are two examples:

- A non English-speaking Vietnamese woman is advised to get a Pap smear and wants more information about why she should. The health-care provider can go to the AANCART Web site, click on the APICEM Web tool, select Vietnamese (language), cervical cancer (site) and screening (topic), and will be led to the UCSF site where information about cervical cancer screening can be read in Vietnamese.
- A non English-speaking Chinese man has prostate cancer and wants to learn more about this disease. His doctor can go to the ACS Web site, click on the APICEM Web tool on the Asian language web page, select Chinese (language), prostate cancer (site) and treatment (topic), and will be led to the CCHRC site for information on prostate cancer.

9. What is the significance of APICEM?

The ability to speak English has a tremendous impact on access to health information and effective communication with healthcare providers.

The U.S. Census Bureau gathers information about the languages people speak in their homes, people's self-described English proficiency and whether they are "linguistically isolated," defined as living in a household in which no one over age 13 speaks English very well.

According to "Diverse Communities, Diverse Experiences: The Status of Asian Americans and Pacific Islanders in the U.S.," an analysis of Census 2000 data published by the Asian and Pacific Islander American Health Forum, 73 percent of Asian Americans spoke a language other than English in their homes. This rate is four times higher than the national average of 18 percent and more than 12 times the rate for whites. Among Native Hawaiians and other Pacific Islanders, 35 percent spoke a language other than English in the home. This rate is almost twice the national average and almost six times that of whites.

Census 2000 data also show that nearly 4 million Asian Americans and nearly 94,000 Pacific Islanders had limited English proficiency. The rate of limited English proficiency among Asian Americans was more than four times higher than the general population and more than 18 times the rate for whites. The rate for Native Hawaiians and other Pacific Islanders was 1.5 times higher than that of the general population and six times the rate for whites.

Nearly 870,000 Asian American households and nearly 14,000 Pacific Islander households were linguistically isolated. Asian Americans were six times more likely than the general population and nearly 25 times more likely than whites to live in a linguistically isolated household. Six percent of Native Hawaiians and other Pacific Islanders lived in linguistically isolated households, compared with 4 percent of households in the general population. Compared with whites, Pacific Islanders were six times more likely to be linguistically isolated.

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Related NCI materials and Web pages:

- Cancer Health Disparities Home Page
(<http://www.cancer.gov/cancertopics/types/disparities>)
- Cancer in Women of Color Web Page
(<http://dccps.nci.nih.gov/womenofcolor/index.html>)

For more help, contact:

NCI's Cancer Information Service

Telephone (toll-free): 1-800-4-CANCER (1-800-422-6237)

TTY (toll-free): 1-800-332-8615

LiveHelp[®] online chat: <https://cissecure.nci.nih.gov/livehelp/welcome.asp>

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