

Lay Health Workers Can Help Change Behaviors

By Houkje Ross

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Involving community lay health workers in education about the need for cervical cancer screening can be a successful way to reach minority populations. A recent study by the Vietnamese Community Health Promotion Project at the University of California at San Francisco (UCSF), shows a huge leap in cervical cancer screening among recent immigrants from Vietnam who participated in the study.

The results of the study, *Opening Pathways to Cancer Screenings for Vietnamese-American Women: Lay Health Workers Hold the Key*, show a jump in cervical cancer screening among recent immigrants from Vietnam who participated in the study. The percentage of women who had ever heard of a Pap smear more than tripled, from 22 smears to 78 percent. The percentage of women who had ever had a Pap smear rose from 46 to 66 percent; and those women who maintained or continued to receive a Pap smear increased from 26 to 45 percent.

High rates of the disease coupled with limited knowledge of prevention and treatment make cervical cancer a serious threat to the health of Vietnamese women. Vietnamese women have the highest rate of cervical cancer incidence when compared to all other racial or ethnic groups in the United States.

Among Vietnamese women living in California, cervical cancer is the second most common cancer and Vietnamese women are five times as likely to develop cervical cancer when compared with white women in the United States.

“We didn’t know about cervical cancer, because in our country they don’t teach us about it,” said a Vietnamese woman, who supervised the community lay workers for the UCSF study. “But that is beginning to change.”

Chris Jenkins, executive director of the Vietnamese Community Health Promotion Project, and co-investigator for the study, said many of the women in the study had never been screened. “The community we studied are first generation immigrants who are coming from a poor country without many health resources,” he said. “The focus of medicine in Vietnam is acute care. Doctors are not trained in preventative medicine.”

To get Vietnamese-American women in the San Francisco area to recognize the importance of receiving and maintaining annual pap and breast examinations, the Opening Pathways study used community outreach interventions. “We got the idea from a project in San Diego that was using “Promotores” to educate Hispanic women about screening,” Jenkins said. (See also, *Closing the Gap*, March 2000 p. 9, *Border Vision Fronteriza*.)

Community lay workers were recruited and trained, with 10 serving as neighborhood leaders and 30 trained as assistants. The interventions were held in Vietnamese, in the women’s homes. Participants were formally educated on risk factors, screening recommendations, benefits of screening, and descriptions of procedures.

Over a three-year period, approximately 40 indigenous community health workers conducted 86 small-group sessions on cervical cancer with women in a low-income district. There were also sessions on general prevention and breast cancer. Focus groups helped determine the best ways to reach the women. The materials—wall posters, brochures, booklets, and promotional items like magnets and pot holders—were all created in Vietnamese and Barriers to Screening incorporated Vietnamese values. The brochure, which is soon to be published nationally by the National Cancer Institute, urged women

to seek routine preventive care and screening. “The small-group format definitely contributed to the success of the interventions,” Jenkins said. “These were small meetings with friends, mothers, aunts. The women knew each other and that is the power in this approach. There was a real sense of support among the women.”

For more information on the study, call Chris Jenkins, Vietnamese Community Health Promotion Project, 415-476-0557.

Or contact Eva Moya, senior project coordinator, Border Vision Fronteriza (BVF), 915-585-7612. BVF uses similar outreach strategies for Hispanic women in San Diego. ❖

Barriers to Screening

Although successful, the Opening Pathways study was not without barriers. “Vietnamese women tend to be shy and modest, and don’t like to be examined below the waist,” Jenkins said. “There is a certain shame that accompanies getting screened because it is associated with sexual activity,” Jenkins added. Other common barriers to screening:

- Young women may face shame. In Vietnam, young women should be virgins; getting a Pap smear may imply that she is sexually active when she shouldn’t be.
- Older women think it doesn’t apply to them. Some of the older women who are post-menopausal and not sexually active think they don’t need to be screened. But they are at greater risk for cervical cancer because of their age.
- Living in a small, intimate community. Because of community structure, patients may know doctors. This may make it difficult to disrobe in front of a male community doctor whom the women may encounter in public. Health providers should make sure a female doctor is available.
- Doctors may not think it is necessary. Some Vietnamese doctors may still think pap smears aren’t necessary due to training they received in their home countries.
- Other medical conditions are likely to come up. Because the community in the study was poor, the women often had other medical questions. When educators are trying to address cancer screening, things like aching backs, stomach aches, or a sick mother, sometimes come up. Providers should be prepared to address these.

