



## Education

## Éducation

Dr. Sent is a family physician practising in Vancouver, the Medical Director of the Asian Women's Health Clinic and a Clinical Instructor in the Department of Family Practice, Faculty of Medicine, University of British Columbia, Vancouver, BC; Dr. Ballem is a Clinical Associate Professor in the Department of Medicine, Faculty of Medicine, University of British Columbia, and Vice President of the Women's and Family Health Programs, Children's and Women's Health Centre of BC; Ms. Paluck is a doctoral candidate with the Institute of Health Promotion Research, University of British Columbia, Vancouver, BC; and Drs. Yelland and Vogel are Medical Health Officers with the Vancouver/Richmond Health Board, Vancouver, BC.

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# The Asian Women's Health Clinic: addressing cultural barriers to preventive health care

**Lorna Sent, MB, ChB; Penny Ballem, MSc, MD;  
Elan Paluck, BSP, MSc; Lois Yelland, MHSc, MD;  
Anne M. Vogel, MD, CM, MHSc**

**W**omen who are not members of the dominant culture in Canada face barriers in accessing health care, particularly preventive services. These barriers contribute to the low rates of screening for cervical and breast cancer among these women. Vancouver's Asian Pap Smear Clinic, now renamed the Asian Women's Health Clinic, was established to address cultural and linguistic barriers limiting access to preventive health services for Chinese women. In this article we describe why and how the clinic was established and how it operates and offer some observations.

## Why an "Asian" clinic?

Screening programs using the Papanicolaou (Pap) test have been effective in reducing the incidence of invasive cervical cancer. For example, a centralized screening program that has been in place in BC since 1949 has been associated with a 78% decrease in the mortality rate and an 85% decrease in the incidence of clinically invasive squamous cell cervical cancer since 1955.<sup>1</sup> However, there is a higher incidence of and mortality rate from invasive cervical cancer among certain groups of women.<sup>2-5</sup>

Archibald and colleagues<sup>6</sup> found that the incidence of invasive cancer of the cervix among Chinese women in BC for the period 1985-1988 was almost 4 times higher than among white women in the same age groups. Current BC screening recommendations advise women to have a cervical smear taken every 2 years, provided that 2 consecutive annual smears have been negative for abnormalities.<sup>17</sup> The findings of Archibald and colleagues suggested that the difference might reflect lower levels of Pap test screening in the Chinese population. Because ethnic status is not recorded in demographic data, corresponding figures for incidence of breast cancer among Chinese women in BC are not available.

The long-term goal of the Asian Women's Health Clinic is to reduce the incidence of advanced cervical and breast cancer among Asian women. The specific objectives include educating Asian women about the importance of routine screening for early detection of these cancers, providing culturally and linguistically sensitive services to promote women's health and collaborating with family physicians to ensure continuity of care.

## How it was established

The impetus for the Asian Women's Health Clinic arose from the publication of Archibald and colleagues' data.<sup>6</sup> One of us (L.S.) brought these findings to the attention of community and health organizations. An educational blitz directed toward the local Chinese community was carried out by means of radio clips and talk shows; the blitz was followed by lectures and workshops at the annual community Health Fair.

In 1993 the general membership of the Chinese Canadian Medical Society



(BC) was surveyed regarding their preferred method of making Pap test screening available to Chinese women. The options included screening by family physicians in their own offices, referral to general practitioner colleagues (male or female), referral to specialists or referral to a Pap test clinic. Of 208 physicians surveyed, 45 (22%) replied. Of these, 23 (52%) were in favour of a clinic. The weak support for a clinic appeared related to the physicians' lack of awareness of the low rates of Pap test screening, and to a concern about fragmentation and loss of continuity of patient care if a clinic were established, as privately expressed by several physicians. Nonetheless, there was strong support from community and health organizations, and in January 1994 the Asian Pap Smear Clinic opened as a joint community project involving the BC Women's Health Centre, the Vancouver Health Department, the United Chinese Community Enrichment Services Society (SUCCESS) and the Chinese Canadian Medical Society (BC). "Asian" was used in the name in anticipation of future expansion to serve other Asian women who might experience similar barriers.

The clinic was located centrally in Vancouver at the East Health Unit of the city's health department and initially operated one Thursday evening per month. As awareness increased among physicians and the public, the demand for services grew. Over a period of 3 years the clinic expanded from 1 doctor seeing 10 patients during 1 clinic per month, to 2 doctors seeing 20 patients per clinic 3 nights per month, that is, an increase from 10 to 60 patients per month.

In 1997 the clinic was moved to Mount St. Joseph Hospital, also centrally located; renovations were made possible by generous community donors. A change in regional health care affiliations has been reflected in a change in the community partners of the clinic, which now include the Children's and Women's Health Centre of BC, the Vancouver/Richmond Health Board, SUCCESS and the hospital itself. Because the clinic started to emphasize breast health as well as Pap test education and screening, the clinic was renamed the Asian Women's Health Clinic.

## How it works

The Asian Women's Health Clinic is an educational and screening clinic. A management committee composed of representatives of the project's partners and the medical director oversee functioning and management.

The clinic is open 3 Thursdays per month, from 6:00 to 9:00 pm, to accommodate the schedules of working women. Telephone appointments are made through Chinese-speaking staff at the office of SUCCESS. The clinic

provides services in Chinese to Chinese women in Vancouver and surrounding areas, but non-Chinese women are also accepted. Women without health insurance are seen without charge. All staff — physicians, nurses, clerical staff and volunteers — are women, and all are fluent in Cantonese or Mandarin. Each clinic is staffed by 3 volunteers at the front desk, a clerical supervisor, 2 nurses and 2 physicians. Funding for a data-entry clerk is currently being sought.

A clinic visit begins with registration, which entails completion of bilingual (English and Chinese) demographic and medical history forms. While in the waiting area, the woman views Chinese-language educational videos on Pap testing and breast self-examination (BSE). She then attends a 10- to 15-minute educational session with a clinic nurse. The nurse explains the importance of the Pap test, demonstrates the procedure with a model of the pelvis and explains the routine for follow-up. The patient is then taught BSE on breast models and on herself. The physician reviews the patient's medical history, performs breast and pelvic examinations, and obtains the Pap smear. Patients receive written educational materials on both the Pap test and BSE. On-site screening mammography is available to eligible women.

A copy of the Pap smear result is sent to the patient's own physician directly from the cytology laboratory. The clinic sends a recall letter to the patient at the time recommended by the cervical cytology screening program, and the patient is given the option of returning to her own physician or to the clinic physician for the repeat test.

## At what cost?

The community partners fund continuing operations (Appendix 1). Physicians are remunerated on a fee-for-service basis through the Medical Services Plan of British Columbia. Table 1 outlines the start-up costs, the cost of program development and recent operational costs but not the costs in terms of time contributed by individuals in developing forms, brochures, texts and translations.

The clinic space was designed for multifunctionality and comprises 2 doctor's offices, 4 examining rooms, the reception desk and a waiting area, which is also used for educational activities. Furniture and equipment were funded by donations from the community. The database was developed by a community physician.

The production of the educational materials was relatively inexpensive because of support from Chinese media agencies. The operational costs presented in Table 1 include proposed salaries for a data-entry clerk and a medical director (the medical director currently works on a volunteer basis in program development and in providing clinical and administrative consultations).



## How it has evolved

The clinic was established because of the high incidence of cervical cancer among Chinese women in BC. Before the clinic opened, a bilingual pamphlet was developed to disseminate information about the Pap test and the clinic. Focus groups met to develop educational programs for the clinic, a process that resulted in a 6-minute video on Pap testing, "Taking care of your health — the Pap test," in Cantonese and Mandarin. The video covers a variety of topics, including incidence and technical details of the screening.

After the first year of operation, statistics showed that over 40% of the women who attended had never undergone a breast examination by a physician. The clinic then added breast health education and BSE teaching as specific objectives and has developed a breast health education workshop in both Cantonese and Mandarin. The workshop consists of a slide presentation on breast health and presentation of an American Cancer Society video, "Instructions on breast self-examination," followed by a question and answer period and a BSE teaching session with breast models. Pilot presentations of the workshop have been held, and plans are being made to convert the

Mandarin slide presentation into a video because of a lack of proficient speakers of Mandarin.

As the clinic has grown, written protocols and documentation forms have been developed and modified, for example, the bilingual demographic forms. A patient database has recently been developed, and an overall evaluation of the need for the clinic and its effectiveness is being planned.

The Asian Women's Health Clinic participates in other awareness-raising initiatives in the community. The Pap test and breast screening exhibition booths and workshops have become regular and well-attended components of the annual community Health Fair. One-minute radio spots, phone-in radio talk shows and Chinese newspaper articles have been well received.

Patients have expressed an interest in educational programs that cover breast cancer, prenatal care and menopause. Future developments may include reaching out to other Asian women, for example, Vietnamese women, who may encounter similar barriers.

The clinic is run largely on volunteer effort. Partnerships are being sought with other organizations to obtain funding for activities such as data entry and presenting the educational programs in the community.

**Table 1: Budget for the Asian Women's Health Clinic, Vancouver**

Start-up costs	
Furniture and equipment	\$33 000
Supplies (medical, clerical, teaching)	3 000
Database	3 750
<b>Total</b>	<b>\$39 750</b>
Operational costs (annual)*	
<i>Remuneration</i>	
Nurses	8 250
Clinic clerk	2 250
Appointment clerk	1 350
Data-entry clerk	2 250
Medical director	6 960
Front desk volunteers	0
<i>Supplies</i>	
(medical, clerical, postage)	2 300
Telephone	750
<b>Total</b>	<b>\$24 110</b>
Educational programs	
Brochure	3 000
Pap smear videot	12 000
Breast health education†	
Slides and binder	7 300
Seminar cost (each)	1 500
<b>Total</b>	NA‡

†Development costs not known.

‡This section incorporates information for both one-time and continuing elements of the educational activities, so a total is not appropriate.

\*Based on 1997 costs except for data-entry clerk and medical director, for which the amounts shown are proposed.

## What have we learned?

### Statistics

Over its first 4 years of operation the number of new patients seen annually more than doubled (Table 2). From January 1994 to December 1997, 1090 patients were seen during a total of 1577 visits. The number of returning patients increased steadily. About 65% of the patients

**Table 2: Annual statistics for the Asian Women's Health Clinic**

	Year; no. of patients*			
	1994	1995	1996	1997
<b>Patient visits</b>	172	325	472	608
<b>New patients</b>	172	252	319	347
<b>First Pap smear</b>	30	NA	176	115
% new patients	17	NA	37	33
<b>First breast examination</b>	71	NA	214	135
% new patients	41	NA	45	38
<b>Age, yr</b>				
< 30	0	6	10	10
30–44	84	171	200	240
45–59	62	86	182	220
≥ 60	26	62	80	138
<b>Residence</b>				
Vancouver	101	205	294	403
Outside Vancouver	71	120	178	205

Note: NA = not available.

\*Except where indicated otherwise.



resided in Vancouver; despite the distance, 35% visited from outlying suburbs. An estimate of 15 to 20 non-Chinese women — Vietnamese, South Asian and Eurasian — attended the clinic. Only one woman did not have health insurance. For a number of women, the clinic visit represented the first time they had undergone a Pap test and breast examination (Table 2).

To date, the screening program has identified 2 suspicious and 1 malignant squamous cell Pap smears. Six women have undergone colposcopic examination and 2 a cone biopsy for treatment of carcinoma in situ.

### ***Cultural and linguistic barriers***

Studies involving immigrant women from South Asia and native women indicate that barriers to screening include lack of knowledge of the Pap test and feelings of embarrassment during the test, cultural and linguistic barriers, lack of knowledge of Canada's social and health care infrastructure, and immigration issues such as loss of support of the extended family.<sup>3-5,8-10</sup> Good follow-up and a positive relationship with a health care provider, preferably female, have been suggested as ways to facilitate screening.<sup>3</sup>

There is little documented information, however, on the barriers encountered specifically by immigrant Chinese women. Anecdotal experiences during the development of this clinic suggest that the barriers are multifactorial and interrelated. These include linguistic and cultural barriers and a lack of awareness of the importance of the screening examinations.

In the Chinese culture, prevention of illness is generally an unfamiliar concept. Many Chinese women believe that there is no need for pelvic and breast examinations after child-bearing, when in fact the risk for cancer increases with age. There is also a general reluctance to undergo medical procedures.

Language has made it difficult for Chinese women to access health services, particularly when they prefer that female physicians perform breast and pelvic examinations. The number of bilingual female health care providers is relatively small, and there is a paucity of Chinese-language educational material.

Modesty concerning sexual matters among "traditional" Chinese women, especially those who are unmarried, contributes to a lack of attention to breast health.<sup>11</sup> Cultural barriers are significant not only for Chinese women but also perhaps for Chinese physicians. Many traditional Chinese women and physicians may be uncomfortable discussing breast and gynecological matters. A number of women have reported that their family physicians have stated that they do not perform breast and pelvic examinations but would refer them elsewhere

for gynecological examinations and mammography (instead of clinical breast examinations). This problem is compounded by the women's own reluctance to have "private" examinations performed by their physicians, who are predominantly men. Privacy issues have become apparent at focus groups and at the clinic: some women have requested that a third person (e.g., a nurse or female medical student) not be present during their pelvic examinations.

Some women report that they prefer to keep sexual concerns separate from the rest of their family's health matters and would rather see a physician other than the family physician for their gynecologic care. This practice may be related to the new sociological phenomenon of "astronaut" husbands (husbands who work overseas and return to visit their families in Canada), who may have partners in other cities.

### ***Changes in physicians' patterns of practice***

The clinic has raised awareness and effected a change in practice within the community of Chinese family physicians in Vancouver. They appear to have become more active in education about screening and now refer patients to the Asian Women's Health Clinic or to other female physicians for Pap tests. Some physicians have hired part-time female physicians to perform Pap tests. Moreover, patients are gradually becoming more willing to return to their own physicians for repeat Pap screening.

### ***Media for health promotion***

Radio appears to have been the most successful medium for promoting the clinic. The success of radio over newspaper and television is related to the tendency within the Chinese community to always have a radio switched on. Although many Chinese are fluent in the spoken language, they may be less fluent in written Chinese. Health news announcements have been made on community television, but this medium has proven costly. Chinese-language videos, which show people in action, seem to attract more attention than the pamphlets or verbal information provided at exhibition booths during the Health Fair. An interesting finding from one focus group was that the ethnic background of the cast in a video did not affect the educational impact.

### ***Camaraderie***

A spirit of camaraderie among the volunteers and staff of the clinic is immediately noticed by clients, who frequently comment on how "comfortable" they feel, despite the clinic's hospital setting. The women are often accom-



panied by other family members, including husbands, sisters, mothers, adult daughters or children, which makes the visit a family affair.

This clinic setting is comfortable for many women from China and Hong Kong, as they seem accustomed to receiving such services in a public clinic or from a specialist gynecologist.

### Success?

The Asian Women's Health Clinic has raised awareness of the importance of preventive health care within BC's Chinese community. By providing education and screening services, the clinic appears to have effected changes in screening practices among community physicians. The clinic is capable of providing services to only a limited number of women at present, and future expansion to serve the increasing Chinese population and other Asian women, as well as to develop additional educational programs, depends upon adequate funding.

Despite the Chinese community's varied roots in mainland China, Hong Kong, Taiwan and elsewhere, its cohesiveness has contributed to the success of the clinic. Other contributing factors have been the strength and depth of the community partnership, the dedication of the staff and volunteers, and the effectiveness of the Chinese media.

The Asian Women's Health Clinic represents an innovative solution to cultural and linguistic barriers that immigrant Chinese women encounter in accessing preventive health services. The positive response from physicians, volunteers, health agencies and cultural groups has been encouraging, and the eager acceptance of the clinic by Chinese women and their families, together with their desire for more knowledge and additional services, has been gratifying.

We thank the community physicians for encouraging their patients to undergo screening, and the present and past staff and volunteers for their dedication. Special thanks to Drs. Rhonda Low and Cindy Chang, who participated in establishing the clinic.

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**Reprint requests to:** Dr. Lorna Sent, 110-3540 W 41 Ave., Vancouver BC V6N 3E6; fax 604 261-1656; [lsent@interchange.ubc.ca](mailto:lsent@interchange.ubc.ca)

#### Appendix 1: Contributions of community partners to the Asian Women's Health Clinic

##### Children's and Women's Health Centre of BC

- Funds nursing salaries
- Pays for medical equipment and supplies
- Develops teaching programs

##### Vancouver/Richmond Health Board

- Funds clerical supervisor
- Funds clerical supplies

##### United Chinese Community Enrichment Services Society (SUCCESS)

- Books appointments
- Provides volunteers
- Maintains public relations and media communications

##### Mount St. Joseph Hospital

- Provides space, utilities, security and housekeeping
- Facilitates ordering of supplies and on-site operations
- Offers translation and word-processing services
- Provides on-site screening mammography facility

Barbara Sibbald

