

**THE BREAST CENTER AT NEW YORK
QUEENS HOSPITAL**

Outreach Strategies to Asian Communities

Background

Getting women to participate in breast self-examination and mammography screening is not easy, in part because of women's fear of a breast cancer diagnosis. Additional challenges are encountered when patients speak an unfamiliar language and/or follow cultural practices that are not understood by health care professionals. With support from HANYS' Breast Cancer Demonstration Project™ (HANYS BCDP™), The Breast Center at New York Hospital Queens is addressing these challenges in one of the most ethnically diverse communities in the country.

The Breast Center at New York Hospital Queens fulfills the hospital's commitment to provide the highest level of medical care possible. Under the direction of breast surgeon, Dr. Karen S. Karsif, The Breast Center's physicians and staff deliver care that is patient-centered at all times, recognizing the physical, emo-

HANYS
Breast Cancer
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Project™



Best Practices Strategy Guide

HANYS

HEALTHCARE ASSOCIATION OF NEW YORK STATE

COMMON BARRIERS TO BREAST HEALTH CARE EXPERIENCED BY WOMEN FROM ASIAN AMERICAN COMMUNITIES

- *Language barriers and the resulting lack of information on various aspects of breast cancer care.*
- *Lack of awareness of family medical history or personal risk for disease.*
- *Cultural and value differences (e.g., a belief that disease is a punishment for past sins or acceptance of diagnosis as an act of destiny).*
- *Tendency to visit a doctor only for "cure," rather than for prevention.*
- *Relatives play big role in personal medical decisions.*
- *Modesty and inhibition regarding physical examinations.*

tional, and psychological impact of breast disease on patients and families. Opened in September 1999, The Breast Center was the brainchild of Dr. James W. Turner, Chairman of the New York Hospital Queens Department of Surgery.

This guide describes strategies that have been successful in addressing the language and cultural diversity found in a large urban hospital such as New York Hospital Queens. Implementation of these strategies resulted in increased access to screening, breast care education, and outreach.

Bridging Language and Cultural Barriers

In 1990, 36.2% of Queens County's nearly two million residents were foreign-born, according to the U.S. Census. That percentage is expected to increase when the 2000 U.S. Census demographic breakdowns are released this year. Preliminary data indicate that the most recent influxes of immigrants are from China, Dominican Republic, Guyana, India, Bangladesh, Columbia, Ecuador, Jamaica, Philippines, and the countries that made up the former Soviet Union.

In addition to English, the most common languages spoken by patients at the New York Hospital Queens are Spanish, Korean, Chinese, Greek, and Russian. To bridge the language gap, the hospital:

- has hired physicians and other health care providers who speak these languages;
- translated all facility signs and patient education materials into these languages;
- offers Korean and Chinese menus three times a day;
- offers additional interpreter services through three-way telephone communication lines on the nursing units to enable conversations between patients, health care providers, and outside interpreters; and
- employs a coordinator on staff who is fluent in many Chinese dialects.

“Breast disease is hard enough to confront, let alone with added cultural and language barriers,” says Dr. Karsif. “You have to be incredibly sensitive to cultural differences.”

“Breast disease is hard enough to confront, let alone with added cultural and language barriers.”

Dr. Karen S. Karsif,
Director of The Breast Center at
New York Hospital Queens

By building a strong relationship with the Eastern Division Chinese Unit of the American Cancer Society, Dr. Karsif has become known as “the breast doctor” among Chinese Americans even outside the borough of Queens. Dr. Simon Fink,

Director of the Surgical Oncology Unit at New York Hospital Queens, works closely with Dr. Karsif and is focusing on adapting to the cultural needs of immigrants from the former Soviet Union. Another specialist—Dr. Kenneth Rifkind, Director of Trauma Services—is focusing on the geriatric population. Together, these doctors have expended countless hours to advance efforts to better reach out to the dozens of ethnic groups in the community.

Key Community Outreach Strategies

Mary Godfrey, Vice President for Strategic and Facilities Planning, has identified a number of important issues in outreach and service delivery at The Breast Center. Besides language barriers, these include the need to respond to patients’ requests for one central location for their screenings and follow-up care.

Acknowledging the importance of cultural customs that emphasize physical modesty, the all-male surgeons group decided to actively recruit a female surgeon, which is how Dr. Karsif, a general surgeon in Westchester County with a specialty in breast cancer, was recruited. Dr. Karsif works closely with Drs. Fink and Rifkind and refers patients to local radiologists and pathologists.

By joining HANYS BCDP™, the New York Hospital Queens made a commitment to develop best practice strategies for breast cancer patients and to expand its program to many under-represented patient groups in Queens. With grant support from the HANYS BCDP™, the hospital plans to add outreach and education strategies for the Chinese American community.

THE BREAST CENTER’S KEY STRATEGIES FOR OUTREACH INTO THE CHINESE AMERICAN COMMUNITY:

- Address language barriers by producing Chinese language translations of informational brochures pertaining to all phases of breast cancer care, from prevention to treatment.
- Address cultural barriers by building linkages to Chinese community contacts in surrounding neighborhoods to educate women regarding the importance of prevention and follow-up by:
 - distributing informational pamphlets;
 - conducting radio and television programs;
 - approaching Chinese celebrities to act as spokespersons; and
 - having frequent visits to support groups.

SELECTED OUTCOMES TO DATE

The Breast Center has:

- *detected cancer in 50 Chinese American women under age 55 in the last two years;*
- *attracted dozens of Chinese women to free-screening days especially designated for them;*
- *screened 40 Chinese Americans over a two-day, free session in 2000 and 35 in a one-day session in 2001;*
- *gained tremendous success and recognition among the Chinese-American community as well as the confidence of patients;*
- *earned a reputation for quality breast care within the Chinese American community, even outside the borough of Queens; and*
- *increased patient satisfaction through tireless efforts toward sensitive treatment and patient-centered care.*

Tapping into Special Population Networks

According to the National Cancer Institute, provider collaboration with “special population networks” improves relationships with diverse groups and enhances health choices and access to care for local women and families. Through the Eastern Division Chinese Unit of the American Cancer Society, Dr. Karsif met Lucy Young, a cancer survivor and active promoter of breast screening. Ms. Young provided opportunities for educating Chinese American women about breast cancer and offering special screening days designed specifically for them. She also provided insight on Chinese beliefs and cultural practices that might cause a woman to be wary of undergoing screening and might influence a decision about whether to pursue follow-up treatment.

Ming-der Chang, Executive Director of the Eastern Division Chinese Unit, said some individuals worry that cancer is contagious or that the disease is punishment for sins committed in the past life and thus shames the whole family. Small group educational forums become especially important to ease those fears. Ms. Chang shares, “It’s important to have survivors stand up and say, ‘Look at me. I have cancer. I’m not a bad person. I’m not contagious. I’m a survivor.’”

To reach out to women—those who have cancer and those who do not—Dr. Karsif visits support groups set up by the Chinese Unit three or four times a year. An interpreter translates the question-and-answer sessions into several Chinese languages. In another outreach effort that recognizes patient needs, Dr. Karsif provides terry cloth robes (instead of paper gowns) during the examination to enhance the sense of modesty. Special attention is paid to invite relatives, especially husbands and sons, to join in the decision-making process.

“The connection between the Chinese Unit and The Breast Center has proved invaluable,” Ms. Chang said. Chinese Americans often want to see traditional Chinese doctors but need cancer specialists, and she and Dr. Karsif have been able to work very well together to address patients’ cultural and medical needs. “The sole reason my patients are so responsive is because of the staff and volunteers at the Chinese Unit,” Dr. Karsif said. “It was a big step that the Chinese community took to educate their own about treatment choices.”

Plans for the Breast Center

While Dr. Karsif is pleased with her progress with Chinese Americans, she sees much work ahead in reaching out to other ethnic groups and in improving record keeping so that she can track The Breast Center's progress in making its patient caseload more representative of the surrounding community.

Dr. Karsif is working to make key contacts in the Latinos community and to approach a Korean church that might be able to help her reach members of its congregation who need breast health care. She also has made connections with the Greek-speaking population through appearances on a Greek television station.

Within just two months, Dr. Karsif saw ten Muslim women—who were all over age 50 and dressed in traditional clothing that covered them from head to foot—who came in for their first mammograms. She was left wondering how many others let modesty and embarrassment prevent them from scheduling screenings.

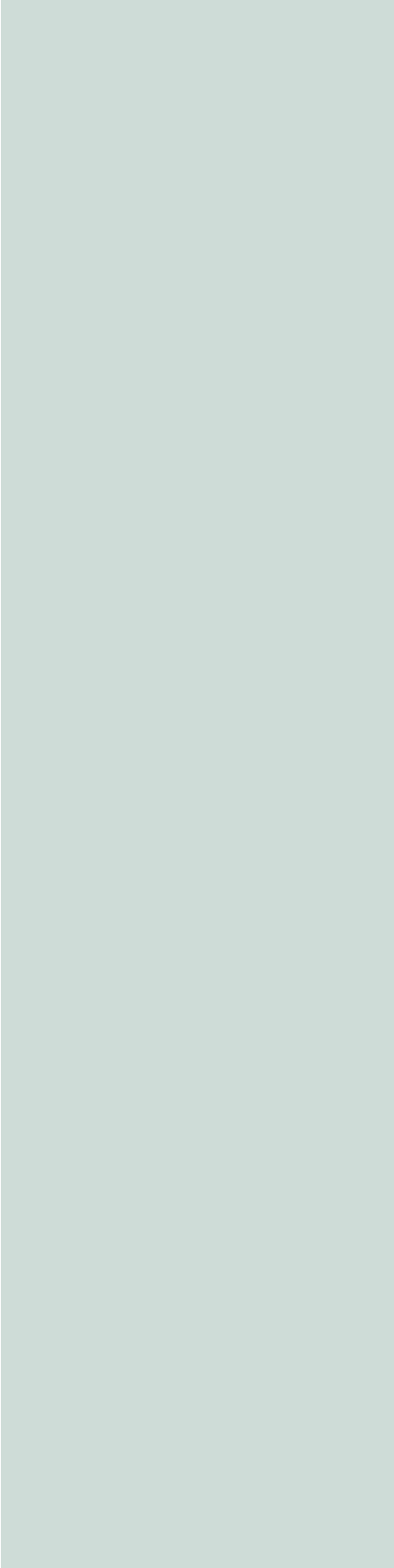
Dr. Fink, meanwhile, is trying to bridge cultural hurdles in treating immigrants from the Asian countries that were once part of the Soviet Union. Family members often urge him not to inform the patient about the cancer diagnosis, and patients who are informed may react by initially denying the diagnosis and refusing treatment. He said it is important to have ethnic communities help The Breast Center reach out, particularly to lower-income individuals by providing financial assistance to boost hospital resources.

Limited resources continue to pose a challenge to The Breast Center, the physicians said. Dr. Karsif said she sees a particular need for a nurse clinician and a medical partner to better meet the demand for services.

The Breast Center has hired an individual to cull through patient charts and list patients by ethnic group in the Center's database, which eventually will allow her to determine the percentage of patients that she is seeing from each group. "We know we have a huge under-served population, but we don't know how huge," she said, noting that such a database would be "incredibly helpful."

NEXT STEPS FOR THE BREAST CENTER AND NEW YORK HOSPITAL QUEENS:

- *Actively pursue strategy of developing key community contacts within the Latino, Korean, and Muslim communities.*
- *Improve record keeping (by building an exhaustive database) to more easily identify target groups and better track community activities and achievements.*
- *Attract more resources to meet growing demand for services and work toward developing a multi-disciplinary team within The Breast Center staffed by various practitioners, from radiology to surgery.*
- *Spread knowledge gained at a macro level by participating in The Asian American Network for Cancer Awareness, Research, and Training's national data collection effort on cancer risks among Asian Americans.*



On a national scale, Dr. Karsif is joining an extensive data collection project that aims to give medical professionals a better understanding of the cancer risks for Asian Americans. The project is part of the Asian American Network for Cancer Awareness, Research and Training (AANCART), a collaborative program of the National Cancer Institute and Ohio State University. The project will develop a nationwide registry of cancers among Asian Americans and their sub-groups to separate out environmental influences and genetic risks in that population. The Breast Center is working with Columbia University's School of Public Health to provide data on breast cancer. While in the early stages, the project "has the potential to be very helpful," Dr. Karsif said.

RESOURCES AND TOOLS for Outreach to Asian Communities

The Asian American Network for Cancer Awareness, Research, and Training (AANCART)

The Ohio State University
Columbus, Ohio 43210

This Web site provides education and information on studies, publications, and events related to Asian Americans' cancer concerns.

www.sph.ohio-state.edu/aancart

AANCART, a cooperative agreement between the National Cancer Institute and Ohio State University, is the first-ever national cancer awareness, research, and training infrastructure intended to address Asian American concerns. AANCART seeks to build partnerships to increase cancer awareness, promote greater participation of Asian Americans in clinical studies, increase training opportunities for Asian Americans, and develop pilot programs in four major metropolitan regions: Los Angeles, New York City, San Francisco, and Seattle.

Cancer Awareness Network for Immigrant Minority Populations (CANIMP) Cancer Services Catalogue

Center for Immigrant Health, New York University School of Medicine
462 First Avenue, New York, New York 10016
(212) 263-8783

The catalogue is available at www.med.nyu.edu/cih/cancer/healtheducation.html and will soon be available as a bound publication.

CANIMP's *Cancer Services Catalogue* allows users to search for organizations that specialize in specific types of cancers or cancer-related services by program name, service, location, and language capability. CANIMP was established to respond to the disparities in utilization and participation of immigrants and minorities in cancer prevention, detection, and treatment services. You can access information regarding breast, cervical, lung, and prostate cancers at CANIMP's Web site at www.med.nyu.edu/cih/cancer.

The Cancer Survival Tool-Box™

National Coalition for Cancer Survivorship
1010 Wayne Avenue, Suite 505, Silver Spring, Maryland 20910-5600
(877) 866-5748

www.canceradvocacy.org

The Cancer Survival Tool-Box™ is a free audio program to help individuals with cancer learn how to meet the challenges of cancer diagnosis and treatment. Designed to help individuals who have recently been diagnosed with cancer, it can also help anyone at any stage of illness who is facing hard decisions and changes in

life because of cancer. Family members and caregivers can also use this toolbox on behalf of a child or anyone else with cancer. Available on compact disc in English, audiocassette in Spanish, and will soon be available in Chinese, by downloading a text version from the Web site.

Chinese Vocabulary List containing Breast Health/Cancer Terms
www2.wgbh.org/MBCWEIS/LTC/QSCC/chinlist.htm

This English/Chinese breast cancer vocabulary page may be helpful in communication. It consists of a list of English words and Chinese equivalents.

Eastern Division Chinese Unit of the American Cancer Society

97-77 Queens Boulevard #1110, Rego Park, New York 11374
(718) 886-8890

American Cancer Society Main Office (800) 227-2345

The American Cancer Society is the nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem. Through research, education, advocacy, and service, the American Cancer Society prevents cancer, saves lives, and diminishes suffering from cancer.

Medicare Official Government Site

www.medicare.gov

This official Medicare Web site provides information about Medicare benefits, publications, and other Web sites with health information. The site also provides information about Medicare coverage for screening and diagnostic mammograms. Publications regarding Medicare basics, Medicare health plan choices, supplemental coverage, health care choices, rights and protections, and health information are available in English, Spanish, and Chinese languages.

National Asian Women's Health Organization (NAWHO)

250 Montgomery Street, Suite 900, San Francisco, CA, 94104
(415) 989-9747

www.nawho.org

NAWHO's National Plan of Action on Asian American Women and Breast Cancer provides critical recommendations for increasing the participation of Asian American women in breast cancer research, outreach, education programs, and advocacy efforts. The Web site provides information on NAWHO initiatives, advocacy, publications, and more.

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