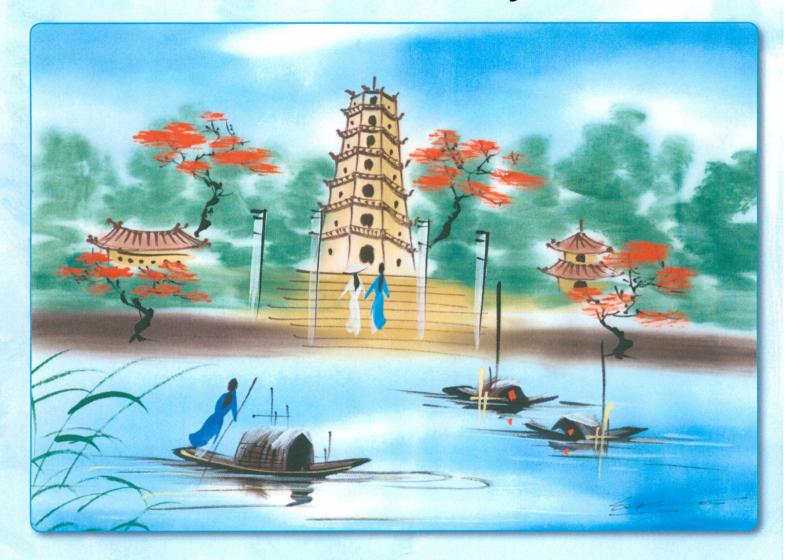
Vietnamese Women's Health Project



Outreach Worker Manual September 2006

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Project Overview

PROJECT OVERVIEW

Vietnamese Americans are the fastest growing Asian and Pacific Islander ethnic group in the US. However, little is known in the US medical community about how Southeast Asian immigrants prevent diseases, and few studies have addressed cancer control among Vietnamese Americans, This is particularly important since cervical cancer occurs more frequently among Vietnamese women than among women of any other race/ethnicity in the US. These high rates of cervical cancer are mainly due to low rates of Pap testing.

Fred Hutchinson Cancer Research Center and Harbor-view Medical Center are working together on the Vietnamese Women's Health Project. The overall goal of this project is to increase Pap testing use among Vietnamese women in Seattle.

A community advisory board has been involved in the project. In this phase of the project, bilingual, bicultural female outreach workers will deliver an intervention that includes home visits, logistic assistance, tailored counseling, and the use of a DVD/video and pamphlet.

Project Staff

| Fred Hutchinson Cancer Research Center | Harborview Medical Center |
|---|---------------------------|
| Elizabeth Acorda | Carey Jackson |
| John Choe | Ann Marchand |
| Hoai Do | |
| Vicky Taylor | |
| Erica Woodall | |

Background Information

CERVICAL CANCER

Key Facts about Cervical Cancer

- Worldwide, cervical cancer is one of the three most common cancers among women
- Every year, over 10,000 American women are diagnosed with invasive cervical cancer.
- There are at least 50,000 new cases of in situ cervical cancer each year in the US.
- In situ (non-invasive) cervical cancer is an early stage of cervical cancer. This is when abnormal cells have developed on the surface layer of the cervix, but have not spread into the cervix.
- If left untreated, a substantial number of in situ cases develop into invasive malignancies.
- Invasive cervical cancer occurs when abnormal cells invade the cervix and possibly other organs and tissues. At this point, it is more difficult to cure.
- Vietnamese women have a higher incidence of cervical cancer than any other racial/ethnic group in the US. This is because many Vietnamese women do not go for regular cervical cancer screening. Pap testing detects early signs of cancer before the cancer develops. Without such screening, the cancer develops and is often discovered too late to treat.

Known and Probable Risk Factors for Cervical Cancer

- Exposure to the human papilloma virus (HPV)
- History of sexually transmitted diseases
- Early age at first sexual intercourse
- Multiple sexual partners (or a male partner with multiple partners)
- Smoking (or exposure to passive smoke)
- Lack of regular Pap testing

Natural History of Cervical Cancer

- Usually, there is a long period between the time when abnormal changes first occur in the cervix and the development of invasive cervical cancer.
- Early abnormal changes are known as dysplasia.
- In situ cervical cancer (malignant cells are present, but confined to the surface of the cervix) follows dysplasia.
- Invasive cervical cancer occurs when malignant cells "break through" the surface of the cervix and spread deeper into the cervix or other tissues.

PAP TESTING

Key Facts about Cervical Cancer Screening

- Cervical cancer is 99% curable when found at its earliest state (in situ).
- The five-year survival rate is almost 90% for women with localized invasive cervical cancer, but is considerably lower (about 40%) when regional or distant disease is present.
- Since Pap testing was first introduced in 1946, the overall mortality from cervical cancer has decreased dramatically among groups that have been screened.
- Some groups have not experienced a decrease in cervical cancer mortality because they have low rates of Pap testing.
- Vietnamese women have lower rates of Pap testing than other racial/ethnic groups in US.

The Pap Test

The Pap test is a simple, painless procedure to detect abnormal changes in and around the cervix. Cells on the surface of the cervix are sometimes abnormal, but not yet cancerous. However, these abnormal changes often become cancerous over time. With regular Pap testing, abnormal changes that lead to cancer can be detected and treated before cancer actually develops. That way, most in situ and invasive cancers can be prevented. Also, any cancer that does occur (and is detected through Pap testing) is more likely to be found at an early curable stage.

Pap testing must be done in a health clinic. During a Pap test, the doctor slides a speculum into the vagina and uses a small brush and/or wooden scraper to take a few cells from the cervix. These cells are smeared on a glass slide and sent to a laboratory for analysis. Results are usually available in a couple of weeks. There is sometimes spotting after the test, but this is normal and not painful. The test does not harm the cervix nor does it affect fertility.

Pelvic Exams and Cultures

Sometimes women confuse pelvic exams and cultures with Pap testing. In a pelvic exam, the doctor checks the uterus, vagina, ovaries, fallopian tubes, bladder, and rectum. The doctor feels these organs for any abnormality in their shape or size. A speculum is used to widen the vagina so that the doctor can see the upper parts of the vagina and the cervix. Cultures are tests that are performed when a woman is experiencing symptoms like vaginal itching or discharge. During a pelvic exam, a doctor may do a culture by using a swab to wipe secretions from the cervix and vagina.

It is impossible to feel the difference between a Pap test and culture. The Pap test is usually accompanied by a pelvic exam. However, not all pelvic exams include a Pap test.

Preparation for Pap Testing

Women who are going to have a Pap test should be given the following instructions:

- Do not put anything in the vagina for two days before the exam (no sexual intercourse, tampons, diaphragms, vaginal creams, or douches).
- Do not schedule your clinic appointment during a menstrual period.

Women may also be given the following explanation:

• In the clinic, you will go to an exam room and put on a gown. You will lie down on the exam table with a sheet over your legs and stomach. With your knees relaxed to the sides, you will put your feet up in holders called stirrups.

Pap Testing Guidelines

- All women should begin cervical cancer screening about three years after they begin having vaginal intercourse, but no later than when they are 21 years old. Initially, Pap testing should be done annually.
- Beginning at age 30, women who have had three normal Pap test results in a row may get screened every two to three years. Women who have certain risk factors such as diethylstilbestrol (DES) exposure before birth, HIV infection, or a weakened immune system due to organ transplant, chemotherapy, or chronic steroid use should continue to be screened annually.
- Women 70 years of age or older who have had three or more normal Pap tests in a row and no abnormal Pap test results in the last 10 years may choose to stop having cervical cancer screening. Women with a history of cervical cancer, DES exposure before birth, HIV infection or a weakened immune system should continue to have screening as long as they are in good health.
- Women who have had a total hysterectomy (removal of the uterus and cervix) may also choose to stop having cervical cancer screening, unless the surgery was done as a treatment for cervical cancer or pre-cancer. Women who have had a hysterectomy without removal of the cervix should continue to follow the guidelines above.

However, the following facts should be noted:

- In Seattle, most doctors prefer to perform Pap tests annually for all women (because they do not know who has risk factors, and often do not have access to previous Pap test results).
- It may not be culturally acceptable to recommend Pap testing for very young Vietnamese women who have never been sexually active.
- Women who have had a hysterectomy should ask their doctor whether a Pap test is necessary.

Payment for Pap Testing in Washington

- Medicare pays for Pap tests every two years (and more frequently if recommended by a doctor).
- The Washington State Medicaid system reimburses for Pap tests.
- The Washington State Basic Health Plan covers Pap testing.
- Most commercial insurance companies pay for Pap tests.
- Nearly all health maintenance organizations provide Pap testing as a benefit of coverage.

Washington Breast and Cervical Health Program

The Washington Breast and Cervical Health Program in King, Clallam, Jefferson, and Kitsap counties provides a low-cost or no cost Pap test for women who are 40 to 64 years of age, have limited income, and have no insurance or limited insurance that will not cover the full cost. Women diagnosed with cervical cancer or pre-cancerous cervical conditions while enrolled in the Breast and Cervical Health Program might be eligible to receive full Medicaid coverage if they require treatment and do not have health insurance coverage.

TREATMENT ISSUES

Pap Test Results

Pap tests are classified according to the Bethesda System in the US. Results fall into one of the following categories:

| Result | Definition | Action |
|-------------------------|--|---|
| Within normal limits | No abnormal cells found | None, continue regular Pap tests |
| Unsatisfactory | Slide cannot be read | Repeat Pap test |
| Benign cellular changes | Normal cell repair due to infection or inflammation | Repeat Pap test in 6-12 months |
| Atypia | Minor cell changes | Repeat Pap test in 3-6 months (may have colposcopy if persists) |
| Low grade changes | HPV, mild dysplasia (early changes in the size, shape, and number of cells that form the surface of the cervix) | Varies, may include colposcopy |
| High grade changes | Moderate dysplasia, severe dysplasia (large number of precancerous cells), carcinoma in situ (cancer that has not spread to neighboring tissues) | Varies, will include colposcopy with biopsies |
| Invasive cancer | Invasive cancer (abnormal cells spread deeper into the cervix or other tissues and organs) | Varies, will usually include surgery |

Precancerous or High Grade Changes

Women with precancerous or high-grade changes usually have a colposcopy. This is a procedure used to check the cervix for abnormal areas. The doctor applies a vinegarlike solution to the cervix and then uses an instrument much like binoculars or a magnifying glass to look closely at the cervix. He/she may then coat the cervix with an iodine solution. Healthy cells turn brown; abnormal cells turn white or yellow. Colposcopy is usually done at a health clinic.

A biopsy is done to remove tissue for examination. Biopsies are used to diagnose as well as treat some precancerous and high-grade changes. Various types of cervical biopsies are done depending on the area and tissue involved. These include the loop electrosurgical excision procedure,¹ endocervical curettage,² and conization.³ Biopsies may be done in the health clinic using local anesthesia. These procedures for removing tissue may cause some bleeding or other discharge. However, healing usually occurs quickly. Women also often experience some pain similar to menstrual cramping; this discomfort can be relieved with over-the-counter medicines.

Invasive Cervical Cancer

Most often, treatment for invasive cervical cancer involves surgery and radiation therapy. Sometimes, chemotherapy is also used. The choice of treatment for cervical cancer depends on tumor location, tumor size, and the extent of disease as well as a woman's age and general health.

Surgery usually involves a hysterectomy (removal of the uterus). This is major surgery that requires a hospital stay. Women who have their uterus removed no longer have menstrual periods and are no longer able to bear children. Normal activities can usually resume four to eight weeks after surgery.

Radiation therapy involves high-energy rays that damage cancer cells and stop them from growing. The radiation may come from a large machine or from radioactive materials placed directly into the cervix. The radiation affects cancer cells only in the treated area. A woman having radiation therapy goes to the hospital each day. Treatments are usually given five days a week for about six weeks.

Chemotherapy involves the use of drugs to kill cancer cells. It is most often used when cervical cancer has spread to other parts of the body. Chemotherapy is given in cycles; a treatment period followed by a rest period. Most patients have chemotherapy as an outpatient at a hospital or special clinic.

^{1.} Type of biopsy in which the doctor uses an electric wire loop to slice off a thin, round piece of tissue.

^{2.} The scraping of the mucus membrane of the cervical canal using a spoon-shaped instrument called a curette.

^{3.} Surgery to remove a cone-shaped piece of tissue from the cervix and cervical canal. This type of surgery is also called cone biopsy.

HPV VACCINES

Vaccines are oral or injected medications that can provide protection against specific types of infections. Recently, the US government approved a new vaccine called Gardasil, and may soon approve a second vaccine called Cervarix. These new vaccines protect against certain kinds of human papillomavirus (HPV) infections that can cause cervical cancer. Because these vaccines are new, there have been recent advertisements on television and radio that mention cervical cancer and HPV.

Both types of vaccine are given in three doses over several months. In order to be effective, all three doses of the vaccine need to be given before a girl or young woman is sexually active, since HPV infection is spread through sexual contact. These vaccines have been tested in girls and women and can be effective in preventing certain types of HPV infection; they have not been approved to prevent HPV infection in boys or men. The vaccine is effective for at least five years, but we do not yet know how long the protection lasts. We do not yet know if another dose of vaccine (a "booster") is needed later in life to continue protection against these types of HPV.

It is very important that girls and women who have been vaccinated still get cervical cancer screening (Pap testing). These vaccines prevent some, but NOT all kinds of HPV infections that cause cervical cancer. In other words, the vaccines do NOT completely protect against cervical malignancies. Also, we are not yet certain how long the vaccine protects against HPV infection and cervical cancer. Therefore, women should still follow the recommendations about regular Pap testing, even if they receive an HPV vaccine.

Because these vaccines are very new, experts are still discussing how and when doctors and nurses should give them. People may ask you about these new vaccines, but because they are still very new, it is best to suggest that they discuss this directly with their doctors.

QUALITATIVE DATA FINDINGS

During an earlier project, we spoke to 25 women during individual interviews and conducted four focus groups (with five to seven participants) about cervical cancer and Pap testing. These interviews provided information on reasons Vietnamese women in Seattle may choose not to get a Pap test. We've included this information here because you may hear some of these concerns when counseling women in their homes. Please read them closely.

1. BELIEFS

Belief in fate and God's will

Women interviewed for this project spoke of "God's will" and "fate" as reasons women get cervical cancer, as well as reasons why women cannot depend upon treatments. For these women, it is important to accept the disease, since individuals cannot control or change it.

It is important to emphasize the effectiveness of early detection in cancer treatment, and particularly in the prevention of cervical cancer. While it can be scary to know one is ill, such knowledge enables one to seek appropriate treatment and take care of one's health. In this sense, knowledge may bring peace of mind.

Belief that Pap testing is not necessary if a woman maintains good hygiene by washing regularly

Many women identified washing with potassium permanganate or alum and salt as their primary strategy for avoiding and treating cervical cancer and other gynecological infections. They also identified lack of hygiene, particularly in the countryside of Vietnam, and among less educated women, as a cause of cancer. In addition, several women commented that their husbands could pass the disease on to them after having slept with an unclean woman (prostitute).

It is important when speaking with women to validate that cleanliness is important. This is a practice that is taught by mothers to their daughters, and it is important in general gynecological health. It will not, however, prevent or treat cervical cancer.

Belief that Pap testing is not necessary for older women, women "who've only had one man," women "with nothing going on" (not sexually active), or single women

Most of the women we interviewed believed that single women did not need to go for a Pap test, because their single status indicated that they were not sexually active. While this may be considered the norm for single Vietnamese women, there are exceptions and all single women should be encouraged to have the test.

Some Vietnamese women we spoke with believed that older women did not need to go for a Pap test because they are no longer sexually active and/or have lived with the same man throughout their reproductive life. It is important to explain to women that older women are still susceptible to the disease.

Belief in the importance of post partum practices (trong tháng) to gynecological health later in life

Many Vietnamese women we interviewed shared their belief that adherence to prescribed post-partum practices (during the 30 days to three months following birth) will prevent against gynecological disease later in life. Many believe that women who followed adhered to these practices do not need to get Pap tests.

Post-partum practices include:

- Avoiding heavy lifting, wind, water, and bathing
- Eating replenishing foods and soups (e.g. rice, lean meat such as pork, stew without fish sauce, ginger water or roasted rice water, and hot drinks)
- Avoiding other foods (e.g., cold milk, sour soup, taro, beef, chicken, shrimp, and fish)
- Avoiding sexual activity too soon after birth.

For those women who do not follow these practices, for whatever reason, consequences later in life include stress incontinence, joint aches and pains, uterine prolapse, arthritis, and smelly discharge.

Outreach workers should validate the importance of following traditional practices such as trong tháng, but explain that these practices will not protect women against the onset of cervical cancer.

2. UNDERSTANDING THE TEST, FEARS ASSOCIATED WITH "KNOWING"

Fear of surgery

Fear of surgery, including biopsy and hysterectomy, poses a barrier to Pap testing. Many Vietnamese women believe it is better not to know because an abnormal test result will automatically result in the need for surgery. Since women's reproductive organs are viewed as extremely valuable and central to maintaining a healthy relationship with their husbands, loss of these organs would be devastating to the woman herself, as well as to her family.

Other women were concerned that surgery could spread the cancer to other parts of the body, thus causing the disease to progress further and ultimately cause death. This belief was based on stories from Vietnam in which surgical instruments (blades and knives) were not sterilized or were used to cut open a tumor (releasing the cancerous cells to spread through the blood to other parts of the body). However, women expressed trust in laser surgery and medical technology in the US.

Directed radiation treatment and small excisions were devised to protect against the spread of cancerous cells in the course of surgery. Explain this to women. Listen empathetically to women's concerns about the importance of fertility to their marriages,

but also point out the importance of being healthy for their children and families. Early detection means that problems may be treated before they advance to the point at which surgery or hysterectomy is necessary. Regular screening will help protect against the need for such measures.

Fear of cancer

Fear of cancer was a barrier to Pap testing for some of the women interviewed in this study. Several women noted that it is better to know nothing than to know one has cancer. Knowledge of the presence of cancer is seen as detrimental because women believe there is no cure. Since there is no cure, knowledge of cancer will hasten death due to loss of hope. Many women we interviewed believed there was no hope after a diagnosis with cancer because that had been the experience of friends and relatives in Vietnam since women waited until the "late stage" before seeking medical attention in their home country. Consequently, when they did learn of their illness, it often was too late for treatment.

Let women know that cervical cancer is treatable and not a death sentence. Most of the time, the Pap test doesn't show cancer, but only early changes. Regular screening can bring ease of mind. Results from the Pap test provide women with the knowledge they need to make choices about their gynecological health. It is better to prevent than treat, and knowing one is healthy is better than worrying about the possibility of a problem.

Fear of pain

Several women we interviewed stated that they experienced pain during the Pap test, and therefore did not like going for the exam. Others said that they experienced bleeding for several days after testing. They asked why they should go through the pain of the exam when they feel healthy. Outreach workers need to explain that some discomfort may occur and that 'feeling healthy" is not insurance against the existence of cervical cancer. The cancer begins at a microscopic level and it is not until it is advanced that women may feel it or see signs of a problem in the form of discharge.

Embarrassment

Modesty is an important cultural and social value for Vietnamese women. Many women expressed concern about having someone touch them "down there," especially having an unknown man do so.

Explain to women that there are many clinics and hospitals in Seattle where women perform the Pap test. If they need an interpreter, you can arrange that for them, and request a female interpreter.

Not understanding the test

Many women do not distinguish between the Pap test and a pelvic exam. Because of this confusion, they may not understand why Pap testing is necessary to detect early signs of cervical cancer.

Explain that a Pap test is often accompanied by a pelvic exam, but they are different things. The doctor checks the uterus, vagina, ovaries, fallopian tubes, bladder, and rectum in a pelvic exam. During a Pap test, the doctor slides a speculum into the vagina and uses a small brush to take a few cells from the cervix. This sample is analyzed in a laboratory for the presence of precancerous cells.

Lack of female physicians

Many Vietnamese women express a preference for female physicians for gynecological exams. Most clinics in Seattle have women doctors, nurse practitioners, and physicians assistants that perform these exams.

Lack of interpreter services

Many women are concerned that the doctor will not be able to understand them or they will be unable to understand the doctor. Assure women that you can serve as an interpreter or locate an interpreter for their appointment.

Fear of isolation from friends and family

Women noted that people are reluctant to talk about cancer because the word itself is frightening and because people fear it might be contagious. Family and friends will avoid a person with cancer, and a woman's husband will have no use for her if she has cervical or uterine cancer. This is linked to the belief that gynecological health (fertility) is precious and central to a healthy marriage.

These are serious and important concerns. A patient has a right to her privacy, and no one has to know that she has cancer if she doesn't want other people to know. However, many women in the Vietnamese community have had cervical cancer, and women may be surprised at the support they receive from friends, clinic staff, and younger women.

Only goes to the doctor with health problems

When living in Vietnam, it was very difficult to access heath care for several reasons. First, transportation from the countryside to cities with health care facilities was very difficult. Second, hospitals were extremely expensive and very few people could afford the costs. Third, women were essential workers within the family and could not afford to pay attention to every possible health problem.

These barriers to health care access meant very few people received preventive care in Vietnam and most people only went to the doctor when something was obviously wrong. In the case of cervical cancer, waiting until the cancer had developed meant that most women with the disease died (thus the equation of cervical cancer and death). It also meant that women were not familiar with the "routine" of Pap testing on a regular basis. Instead, they depended on their own knowledge of their bodies and changes in

the quality of discharge to evaluate gynecological health. These are important and valuable skills for women to have, but we should encourage them to take advantage of the easier access available in the US, and explain the need for early detection.

Encourage women to add Pap testing to other traditional preventative practices such as washing, eating a healthy diet of fresh foods, and taking care of the health of their families.

3. LOGISTIC ISSUES

Difficulty scheduling appointments (need for referrals, waiting times, etc.)

Several women shared their frustration at making appointments with a clinic or health care provider, and the need to request a referral from one provider for services provided by another. Many preferred going to Vietnamese doctors in the community because they could "drop in" without waiting weeks for an appointment. However, they also noted that these doctors rarely suggested that they undergo a Pap test.

Please assure women that you will help them schedule an appointment with an appropriate doctor, and provide them with information on clinics that perform Pap tests.

Transportation problems

Transportation did not seem to be such a problem for the women we interviewed. Many seemed familiar and comfortable with the bus system in Seattle. However, some elderly women are dependent upon their working children for transportation. They may also serve as primary child care providers for their grandchildren. Appointments scheduled during working hours may disrupt childcare and cause family conflicts. Be sure to orient them to the bus system in Seattle. Many clinics also offer short-term childcare while a woman is undergoing the exam.

4. REASONS WOMEN WILL GO FOR A PAP TEST

Evidence of white blood discharge

Type and quality of discharge is an important indicator of gynecological health or disease for Vietnamese women. Many women shared that excess white blood, yellowish/pinkish discharge, or foul smelling discharge were the signs they looked for when evaluating their health status. If there is an excess or change in the characteristics of white blood discharge, women will seek care. If the discharge amount and quality remain the same ("normal") many women will not seek care or go for a Pap test. Inform women that precancerous and cancerous cells may be present in the cervix without any accompanying symptoms. This is why Pap testing is so important.

Eating hot foods, a vaginal infection, the onset of cervical cancer, or a disease contracted from one's husband (because the husband has been sleeping around with prostitutes and/or women who do not wash/are unclean) may cause excess white blood

discharge. Traditionally, women address discharge with washing and steaming with alum and salt or potassium permanganate.

Ease of mind

Several women we interviewed noted "ease of mind" and "peace of mind" as reasons to go for a Pap test. The doctor can tell you that you don't have any illness and are in good health, and alleviate worry. This seems to be a strong facilitator for testing. The value of "peace of mind" is a counter to women's fear of cancer and social isolation.

Hearing about other's illness

When women hear stories about other women's illnesses, it spurs them to take care of their own health. Several women noted that they would call their friends after learning of someone with cervical cancer and urge them to get the Pap test, so they can find out that there's a problem while there is enough time to treat the cancer. Hearing about other's illnesses causes fear and concern, strong motivators for screening.

FREQUENTLY ASKED QUESTION AND ANSWERS

Which women are more likely to develop cervical cancer?

Any woman can develop cervical cancer. However, the risk is increased among women who were sexually active at a young age, have had multiple sexual partners, have genital warts, or smoke cigarettes.

If I am a virgin, do I need to worry about cervical cancer?

We do not recommend Pap testing for very young women until they are sexually active. Women who have never had intercourse can still get cancer, but they have a lower risk than women who have had sexual contact. Virgins should begin to get screening at about age 21 to make certain they are not developing cancer.

If I am old, my husband is dead, and I am no longer menstruating, why do I have to worry about pelvic problems like cervical cancer?

Unfortunately, cervical cancers and other pelvic cancers are more common among older women. Once women reach a time in life when they have less sexual activity and are no longer menstruating, it can seem like the risk of problems has decreased. It is true that problems with sexually transmitted diseases drop off, but cancer remains a concern. Older women have to be particularly aware of their continued risk of developing cancer and should discuss Pap testing with their doctor.

If I have no problems with vaginal discharge, do I need a Pap test?

Yes, even though you do not have symptoms you could have cervical cancer. The Pap test can help find cancer early before symptoms develop. Many women with cervical cancer do not have any discharge.

If I have never had a sexually transmitted disease, do I need to have a Pap test?

It is true that women who have had sexually transmitted diseases are more likely to get cervical cancer. However, many women with cancer have never had a sexually transmitted disease (to their knowledge). All women must be evaluated to know whether or not they have cancer.

Is it true that exposure to pesticides causes cervical cancer?

The most common cause of cervical cancer is exposure to the human papillomavirus (HPV).

What are the symptoms of cervical cancer?

Usually there are no symptoms. Women can have cervical cancer with knowing it. Possible symptoms include vaginal discharge, bleeding after intercourse, bleeding between periods, and unusually long periods.

If I have a white discharge and bleeding, do I have cervical cancer?

You may or may not have cancer. Often this sort of problem is normal or simply an infection and can be treated with antibiotics or antifungals. If not, a Pap smear or another test can help determine if you have cancer. Early intervention will help identify problems before they become complicated and difficult to treat.

If I am found to have cancer, is there a cure?

If you are found to have cervical cancer it is easy to treat if caught early. In fact, if cancer is found at very early stages, it can be removed by simple techniques like freezing, scraping, or minor surgery. The important idea here is "caught early." If it is caught too late, surgery and medications are required, and is much more difficult to treat. Without testing, there is no way to know whether or not a woman has cancer, if she requires an operation, or if a cancer can easily be removed.

If I am found to have cancer, will I need a hysterectomy?

Only in those cases where women have waited so long that the cancer is deep in the uterus, large, or spreading is hysterectomy required. Most women do not need one, if the cancer is caught early. No one will do a hysterectomy without explaining why it is required and making certain it is necessary. In **US** hysterectomies are done much more often than in Asian countries. No one can make you have one, but if it is required, it can be done safely.

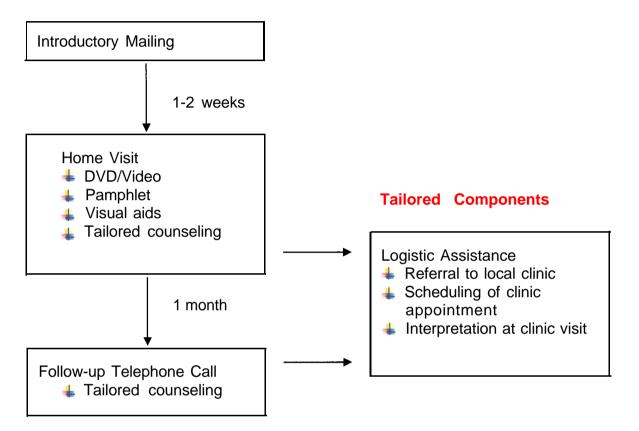
Why do they have to look regularly, rather than just once?

Cancer can start at any time. For this reason, doctors usually check the cervix regularly to make certain that it is normal.

Protocols

OUTREACH WORKER INTERVENTION SUMMARY

Core Components



INTERVENTION PROTOCOL

General

- All women will get an introductory mailing; this will include a letter written in both Vietnamese and English.
- The minimum full intervention consists of one home visit and a follow-up telephone call.
- Additional in-person and telephone contacts will be at the outreach workers' discretion.
- Logistic assistance will be offered, as necessary.

Initial Contact

- Initial contact will be made by the outreach worker in-person (i.e., by going to the participant's home).
- A home visit can be completed at the time of the initial contact, if convenient.
 Otherwise, the outreach worker should make an appointment to return.
- At least 11 contact attempts should be made. At least three of these attempts should be at the weekend, at least three should be in the evening, and at least three should be made during the day.

Verbal Consent Procedures

- The outreach worker should get verbal consent from women before starting the home visit procedures.
- Women should be told that they do not have to complete the home visit, and can stop the home visit any time they like.
- Women should be told that if they are uncomfortable about the discussion, they should just say so.
- Women should be told that it will not affect their medical care in any way, if they choose not to complete a home visit.
- Women should be told that the home visit discussion will be confidential, and not shared with anyone except project staff.

Home Visit Overview

- Home visits should be tailored to the needs of each participant, and expressed barriers to Pap testing should be systematically addressed.
- The outreach worker should always offer to show the DVD/video and provide the pamphlet. The DVD/video should also be left with the participant, regardless of whether it is shown during the home visit.
- If a woman refuses a home visit, the outreach worker should offer to leave the DVD/video and pamphlet.

Home Visit Content

The outreach worker should use her own judgement with respect to the content of each home visit and the timing of the DVD/video showing. However, possible introductory comments and questions are provided below.

In Vietnam, people often only go to doctors when they are sick. Most Americans have regular check-ups so any problems can be found early. Women who have regular check-ups are more likely to stay healthy so that they can continue to look after their families. Today, I would like to talk to you about Pap testing that is used to find cervical cancer early when it can be completely cured.

Have you ever heard of the Pap test? Have you ever had a Pap test? When was your last Pap test? Is there a particular reason why you have never had a Pap test/have not had a Pap test for a while?

A few women may have had a recent Pap test, and express no barriers to future cervical cancer screening. These women should simply be given positive reinforcement. For example, the outreach worker could say the following:

Many Vietnamese women do not get Pap tests. It is very good that you are getting regular Pap tests so you can stay healthy.

- If a woman is not having regular Pap testing, the outreach worker should address her specific reasons for not being screened (e.g., believing that washing regularly protects women from cervical problems, or lack of understanding about early detection concepts). She should also offer logistic support (e.g., assistance with appointment scheduling), as indicated.
- Outreach worker materials (e.g., the black and white photographs) should be used, as necessary. For example, if a woman has questions about female anatomy, the outreach worker could show her the anatomical diagram. If she says she does not believe Vietnamese women get cervical cancer, the cervical cancer graph could be used.

Logistic Issues

During the home visit, acknowledge that some women have logistic barriers to Pap testing, and cover the points summarized below. Invite women to let you know if they need help with logistic problems.

The project can refer women to a local clinic if they do not have a regular physician, and can schedule Pap testing appointments for women who do not speak English. Outreach workers can also provide interpretation at clinic visits for Pap testing.

Use of Visual Aids

Examples of how the visual aids can be used to reinforce educational points are provided below.

I am going to tell you a little bit about cervical cancer. Our bodies are composed of tiny cells. Sometimes, cells in the cervix grow abnormally. If the abnormal cells are not found early, they start destroying the normal cells around them and cancer develops.

Show anatomy diagram. Point to the cervix, and describe how cancer starts on the surface but then "breaks through" into deeper tissue, and eventually spreads outside the womb.

Many Vietnamese women do not think they need to worry about cervical cancer. However, women from Vietnam are more likely to get cervical cancer than other racial/ethnic groups in the US.

Show the cervical cancer graph. Explain that each bar represents the proportion of women who get cervical cancer. Stress that the bigger bar represents Vietnamese women.

You may not know much about the Pap test. It is a simple, painless procedure that is done at the doctor's office. During a Pap test, the doctor slides a speculum into the vagina and uses a small brush and wooden scraper to take a little tissue from the cervix. The tissue is put on a slide and sent to the laboratory for analysis.

Show the black and white photographs, speculum, and Pap testing kit. Explain that the photos show an Asian woman having a Pap test.

Follow-up Telephone Call

All women who complete a home visit and are not in compliance with Pap testing guidelines (at the time of their home visit) will receive a reinforcing telephone contact about one month after their home visit. Eleven attempts should be made, including at least three weekend and three evening attempts.

The following script can be used:

- 1. My name is ______. We met a few weeks ago. I am from the Vietnamese Women's Health Project.
- 2. As you remember, I visited your home and we talked about Pap testing. Even though you know about Pap testing, it is sometimes hard to do. Did you get a Pap test? Have you made an appointment to get a Pap test?

If no, continue to 3. If yes, skip to 5.

3. Remember what I said about cervical cancer.....

Provide a short refresher course about cervical cancer and Pap testing.

- 4. Do you have any questions? Is there anything I can do to help you get a Pap test?
- 5. Thanks for talking to me. I hope that we have been able to help you.

Vietnamese Women's Health Project Công Trình Nghiên Cứu Sức Khoẻ Phụ Nữ Việt Nam



Dear: _____

The Vietnamese Women's Health Project is sponsored by the Fred Hutchinson Cancer Research Center and Harborview Medical Center. Our mission is to improve the health of Vietnamese women in the Seattle area. In the past few months, you kindly completed a survey about health for this project. When you agreed to complete the survey, we told you that you might be selected to receive an educational intervention. We are pleased to inform you that you have been selected.

We will soon be conducting the home-based education part of this project. In the next couple of weeks, a Vietnamese outreach worker will come to your home to talk about women's health issues. The outreach worker will show you a video or DVD about the topic. This video was filmed locally, and prepared by us with guidance from the Vietnamese community. The outreach worker will answer any questions you have, and will also give you a pamphlet. To make sure all your questions are answered, the outreach worker will call you several weeks later to see if you need any additional information.

We know you are very busy, and will respect your limited time. When the outreach worker arrives, you may decide not to receive the teaching session, or to stop the session at any time you choose. If you have any questions or do not want to participate, please call our Project Coordinator, Ms. Hoai Do, at 206-667-7656.

We are offering this health education because so many Vietnamese women suffer unnecessarily from preventable diseases.

Sincerely,

Vicey Taylar

Vicky Taylor, MD, MPH Fred Hutchinson Cancer Research Center

actor

Carey Jackson, MD, MPH Harborview Medical Center



Thân gởi: _____

Công Trình Nghiên Cứu Sức Khoẻ Phụ Nữ Việt Nam được Trung Tâm Nghiên Cứu Ung Thư Fred Hutchinson và Trung Tâm Y Khoa Harborview bảo trợ. Mục đích của chúng tôi nhằm cải thiện sức khoẻ phụ nữ Việt Nam thuộc vùng Seattle. Vài tháng trước đây quý vị đã sốt sắng hoàn tất một cuộc khảo cứu ý kiến về sức khoẻ liên quan đến công trình nghiên cứu này. Lúc đó khi quý vị thuận ý hoàn tất cuộc khảo cứu, chúng tôi đã cho biết quý vị có thể được chọn để tiếp nhận các tài liệu giảng huấn. Nay, chúng tôi hân hạnh báo tin quý vị đã được tuyển chọn.

Chúng tôi sắp sửa tiến hành tại tư gia phần giảng huấn của công trình này. Vài tuần nữa, một nhân viên Việt Nam sẽ đến nhà quý vị để bàn thảo về vấn đề sức khoẻ phụ nữ. Nhân viên sẽ trình cho quý vị xem một băng hình Video hay đĩa DVD về đề tài này. Băng Video này được thu hình tại địa phương và được chúng tôi thực hiện dưới sự hướng dẫn của Cộng Đồng Việt Nam. Nhân viên sẽ giải đáp mọi thắc mắc của quý vị, đồng thời sẽ trao cho quý vị một tập sách mỏng. Để bảo đảm mọi thắc mắc của quý vị sẽ được giải đáp thoả đáng, vài tuần sau đó nhân viên này sẽ điện thoại hỏi xem quý vị có cần thêm thông tin nào nữa không.

Chúng tôi biết rằng quý vị rất bận rộn, và chúng tôi sẽ tôn trọng thời gian hạn hẹp của quý vị. Khi nhân viên đến nhà, quý vị có thể quyết định không tiếp nhận buổi giảng huấn, hoặc chấm dứt buổi giảng huấn này vào bất kỳ lúc nào tùy ý quý vị. Nếu quý vị có câu hỏi hoặc không có ý định tham gia, xin gọi Cô Đỗ Hoài-Hoài-Huyên, Điều Phối Công Trình, ĐT số 206-667-7656,

Chúng tôi cung ứng việc giảng huấn về sức khoẻ này bởi vì có nhiều phụ nữ Việt Nam oan uổng mắc phải những chứng bệnh đáng lẽ ngăn ngừa được.

Trân trọng,

Vivey Taylor

Vicky Taylor, MD, MPH Trung Tâm Nghiên Cứu Ung Thư Fred Hutchinson

actor

Carey Jackson, MD, MPH Trung Tâm Y Khoa Harborview

SUMMARY OF PROGRAM MATERIALS

- Resource Manual
- DVD/Videotape
- Pamphlet
- Speculum
- Pap Testing Kit
- Anatomy Diagram
- Black and White Photographs
- Cervical Cancer Graph
- Cervical Cancer Progression Diagrams

Problem Solving Barriers to Pap Testing

PROBLEM SOLVING BARRIERS TO PAP TESTING

- Lack of Knowledge
- Believes Unnecessary
- Fear of Results
- Believes Painful
- Believes Embarrassing
- Lack of Transportation
- Lack of Childcare
- Lack of English Proficiency
- Loncerns about Cost

1. AVOIDS DOCTORS

| Counseling Guidelines | Suggested Responses |
|---|--|
| Find out why the woman does not go to doctors. | Is there a reason why you don't go to doctors? |
| If she believes that traditional Vietnamese healing methods are better than American methods, listen carefully and show respect for her beliefs. Explain that American tests can be added to traditional methods. | Back home, many people did not see a doctor unless they were very ill. Many of our Vietnamese elders have always taken care of themselves by drinking herbal teas and getting help from Vietnamese or Chinese herbalists. We can improve our health by adding American tests to our traditional Vietnamese methods. |
| If she feels doctors don't listen to her, show respect for her opinion. Explain that every doctor is different. | Reputations of doctors who listen to patients are important. Ask your friends, relatives, neighbors, or interpreters for referrals. |
| If she feels American doctors don't understand uniquely Vietnamese health complaints, acknowledge and respect her opinion. Suggest that she explains her health complaints in terms of symptoms and not in terms of Vietnamese syndromes. | Avoid using Vietnamese health syndromes. Focus on symptoms. For example, avoid telling the doctors that "I have too much internal heat" or "I feel hot inside". It is more effective to focus on symptoms such as "my throat is dry and sore, my lips are dry and cracking, etc" A good interpreter (if available) can help you describe a list of symptoms from common Vietnamese syndromes. |
| If she believes that seeing a doctor is unnecessary, refer to barrier 3. | |
| If she is frightened of invasive procedures, refer to barrier 4. | |
| If she believes that gynecologic exams are embarrassing, refer to barrier 6. | |

2. LACK OF KNOWLEDGE

| Counseling Guidelines | Suggested Responses |
|--|--|
| Find out whether the woman knows whether she has had a Pap test, and if she is familiar with the test. | Have you ever had a Pap test? Do you know what a Pap test is? Do you know why Pap tests are done? |
| If she is unsure whether she has had a Pap test, ask whether she has seen a doctor for prenatal care or family planning services. If necessary, explain the difference between pelvic exams, cultures, and Pap testing. | Have you ever seen a doctor in US for childbirth care? Have you ever seen a doctor in US for family planning? Have you ever been asked to lie down on a table with your feet up in stirrups for a doctor's exam? In a pelvic exam, the doctor checks the size and shape of the womb, but does not always do a Pap test. If a woman has a discharge, the doctor might take a culture, but does not usually do a Pap test. Women don't necessarily know exactly what the doctor is doing during an exam, so they need to ask. Pap test results are kept in medical charts, so your doctor would know if you have had the test. |
| If she doesn't know what a Pap test is or why it is done, provide a simple explanation. | The Pap test is a simple, painless test to find cervical problems. Pap tests are used to find problems like cervical cancer early, so a woman can be treated easily and does not need her womb removed. All women should have regular Pap tests because nobody knows who will get cervical cancer. |

3. BELIEVES UNNECESSARY

| Counseling Guidelines | Suggested Responses |
|--|--|
| Find out why the woman does not think she needs a Pap test. | Why don't you think you need a Pap test? Do you think Pap tests are important for other women? |
| If she does not believe Pap tests are necessary unless a woman has symptoms, explain why this is not true. | A Pap test can find problems that a woman does not know about because she does not have any symptoms yet. If problems are found early through Pap testing, they can be treated easily and surgery is usually not necessary. |
| If she does not believe Vietnamese women get cervical cancer, explain that women from Vietnam are at high risk. | All women can get cervical cancer. Vietnamese women are more likely to get cervical cancer than American women. This is mostly because Vietnamese do not get Pap tests as often as Americans. |
| If she believes washing and maintaining good hygiene protect her from cervical cancer, explain why that is not enough. | Washing and maintaining good hygiene can help reduce unnecessary vaginal infection. However, it is not enough to prevent cervical cancer. |
| If she believes she will not get cervical problems because she observed "the sitting month," explain why that is not enough. | Observing "the sitting month" is not enough to prevent cervical cancer. It is important to add American methods like Pap tests to our traditional Vietnamese methods of womb care. |
| If she believes she will not get cervical cancer because her family has no history of cancer, explain that this is not true. | The risk of developing cancer is higher in families with a cancer history. However, all women can get cervical cancer, whether their families have a history of cancer or not. |

3. BELIEVES UNNECESSARY (continued)

| Counseling Guidelines | Suggested Responses |
|--|--|
| If she gives her age as the reason, explain why someone her age should have Pap tests. | All women can get cervical cancer. Women can get cervical cancer at any age. Older and younger women should all get regular Pap tests. |
| If she has never been sexually active, explain that all women can get cervical cancer (and that smoking is a risk factor, if appropriate). | It is true that women who have never been sexually active are less likely to get cervical cancer. However, all women can have this problem. Women who smoke or live with a smoker are more likely to get cervical cancer. |
| If she is not currently sexually active, explain that past sexual activity can affect a woman's risk of cervical cancer. | All women can get cervical cancer. Because the problem can take a long time to develop, cervical cancer can be related to sexual activity many years ago. |
| If she is post-menopausal, explain that women can get cervical cancer after the menopause. | All women can get cervical cancer. Many cervical cancers occur in women who no longer have periods or sexual activities, and have stopped having children. |

4. FEAR OF RESULTS

| Counseling Guidelines | Suggested Responses |
|---|---|
| Find out if the woman has a particular reason for being frightened of the results. | Are you frightened that your Pap test might be abnormal? Are you frightened about what may happen if the test is abnormal? A Pap test does not, in itself, make the result become abnormal. It simply tells you what you have (i.e., whether you have a cervical problem or not). |
| If she says that it is better not to know because knowing about abnormal results will cause bad emotion, explain the benefits of knowing the results early. | Early treatment could prevent long-term anxiety about any problems. It is normal to feel afraid, angry, and sad about a negative outcome. However, ignoring and denying a problem will not make abnormal results go away. Disease can get worse, if left untreated. |
| If she is worried because she believes cancer is always incurable, explain that cancer can often be cured and discuss the benefits of early detection. | Cancer is a very common disease. Many people are cured of cancer, if it is found early. The best way to prevent cervical cancer is to find any changes in the cervix early. |
| If she is afraid of surgery, explain how hysterectomy can be avoided through early detection. | A Pap test helps find early changes in the cervix. Early changes can be treated in the clinic without surgery. If a woman waits until early cancer changes have progressed, then surgery is usually necessary. |

5. BELIEVES PAINFUL

| Counseling Guidelines | Suggested Responses | |
|---|---|--|
| Find out why the woman is worried about pain or discomfort. | Have you ever had a Pap test? If so, what was it like? What part of the procedure was painful or uncomfortable? Have other women told you that Pap tests are painful or uncomfortable? | |
| If she has had a Pap test that was painful or uncomfortable, explain that speculums come in different sizes. | Speculums come in different sizes. Some women may be uncomfortable if the speculum is too big. If the exam is uncomfortable, you can ask the doctor if he/she could use a smaller speculum. It sometimes helps to take a few deep breaths while the speculum is being inserted. | |
| If another woman has told her that Pap tests are painful or uncomfortable, explain the procedure to her. | During a Pap test, a speculum is used to open the vagina so the doctor can see the cervix. A small brush or scraper is used to take a little tissue from the cervix. Pap tests should not be painful and do not harm the cervix. | |
| If she cannot explain why she is concerned about pain or discomfort, refer to barrier 6. | | |

6. BELIEVES EMBARRASSING

| Counseling Guidelines Suggested Responses | |
|---|--|
| Reassure the woman that her modesty is quite natural. Find out what aspect of Pap testing embarrasses the woman. | You are not alone. Most women feel the same way. What part of the exam bothers you most? |
| If she is embarrassed by the procedure itself, provide information about the procedure. | Pap tests only take a few minutes. You will wear a gown, and be given a sheet to put over your legs and stomach. The clinic staff know this sort of exam is embarrassing for many women. Usually there will be a nurse in the room if you see a male doctor. During the test, try looking at something in the room or thinking about something pleasant. |
| If she is concerned about seeing a male doctor, explain that many clinics have female doctors, and offer to help her find out about their availability. | Some women are more comfortable seeing women doctors. Would you rather see a woman doctor? Would you like me to find out if there is a woman doctor at your clinic? |
| If she is concerned about having a male staff member interpreting during her physician encounter, explain that many clinics have female interpreters or other staff members that speak Vietnamese, and offer to help her find out about their availability. | Would you rather have a woman interpreter? Would you like me to find out if there is a woman interpreter or other staff member that speaks Vietnamese at your clinic? |

7. LACK OF TRANSPORTATION

| Counseling Guidelines | Suggested Responses |
|--|--|
| Find out what transportation problems the woman has. | Do you have a way of getting to the clinic? How do you usually get to shops and other places? Do you have any relatives that could drive you to the clinic? |
| If she has no relatives that can help, suggest asking a friend or neighbor to drive her. | Our community has a long tradition of helping one another. Do you have any friends or neighbors that could drive you to the clinic? Maybe you could help with childcare sometime in return? |
| If she is used to taking the bus, provide bus route information. | There is a good bus service to your clinic. I can tell you which bus to take. |

8. LACK OF CHILDCARE

| Counseling Guidelines | Suggested Responses |
|--|--|
| Find out what specific childcare responsibilities the woman has. | Many women are busy taking care of children. What specific childcare responsibilities do you have that make it difficult for you to get to the clinic? |
| If she takes care of grandchildren, suggest she talk to her son or daughter. | Your family depends on you. It is important that you take care of your health so you can go on helping your family. Could you talk to your son or daughter about taking the time for a Pap test? |
| If she is working and has children, suggest scheduling a clinic appointment during work hours, in the evening, or on a Saturday morning. | Many women work outside the home, and then take care of their family in the evening. This leaves very little time to take care of their own health. Some employers will let women take time off to go for checkups. Could you go for a checkup during your lunch break? Many clinics have evening and/or Saturday hours. Would your husband or another relative be able to watch the children while you go to the clinic? |
| If there is no family support available, suggest asking a neighbor or friend to watch the children. | Our culture has a tradition of helping one another. Do you know anyone you could trade childcare with? All women need a Pap test. Therefore, there are many women in the community with the same childcare problems as you. |

9. LACK OF ENGLISH PROFICIENCY

| Counseling Guidelines | Suggested Responses |
|--|--|
| If the woman has limited English proficiency, find out if she is anxious about communicating through medical interpreters. | Many clinics have specially trained medical interpreters to help women explain things to the doctor. These people can be trusted to keep everything confidential, and communicate what you say as accurately as possible. Do you know if your clinic has interpreters? Would you be comfortable having a Pap test if there was an interpreter available? |
| If the clinic does not have interpreters or she is not comfortable communicating through interpreters, offer to meet her at the clinic and act as the interpreter. | Would it help if I met you at the clinic and translated for you? |
| If she does not know if interpreter services are available at her clinic, provide her with the relevant information. | It looks like your clinic does have interpreters. Would you like me to call the clinic and find out when there is a Vietnamese interpreter available? |

10.CONCERNS ABOUT COST

| Counseling Guidelines | Suggested Responses |
|--|---|
| Find out if the woman has any medical insurance. | Do you have any health insurance? Do you have medical coupons? Do you have Medicare? Do you have the state Basic Health Plan? |
| If she has health insurance, ask her if she knows the name of her plan, and whether she has met her deductible for the year. (Ask to see her insurance card if she does not remember the name of her plan.) | Many insurance plans pay for Pap smears once deductibles have been met. Would it help if I checked whether your insurance pays for Pap tests? |
| If she has Medicaid, tell her that the Washington Medicaid system pays for Pap tests. | You can use medical coupons to get a Pap test. |
| If she has Medicare, tell her that Medicare pays for Pap tests. | Medicare will pay for Pap tests. |
| If she has the Basic Health Plan, tell her that it pays for Pap tests. | The Basic Health Plan will pay for Pap tests. |
| If she has no insurance, offer to call her clinic and find out if it uses sliding scales for Pap testing. | Many clinics have sliding scales for people without insurance. Would it help you if I called and asked if your clinic uses sliding scales for Pap tests? |

Forms

FORMS SUMMARY

1. Intervention Group

Provided by Fred Hutchinson Cancer Research Center Outreach workers will receive a copy for each intervention group

2. Contact Attempts: Initial Household Contact Included in outreach worker's packet

Completed form to be turned in for each participant

3. Contact Attempts: Routine Follow-up Telephone Call Included in outreach worker's packet Completed form to be turned in for each participant

4. Intervention Summary

Included in outreach worker's packet Completed form to be turned in for each participant

5. Staff Log

Included in outreach worker's packet Completed form to be turned in for each participant

6. Group Tracking

To be used by outreach workers for tracking purposes, if helpful

7. Household Tracking

To be used by outreach workers for tracking purposes, if helpful

FORM 1: INTERVENTION GROUP

Group #_____

| Household ID | Fielding Date | Woman's Name | Address | Phone Number | Best Contact Time |
|--------------|---------------|--------------|---------|--------------|-------------------|
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FORM 2 CONTACT ATTEMPTS: INITIAL HOUSEHOLD CONTACT

| Date | Day of Week | Time |
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FORM 3 CONTACT ATTEMPTS: ROUTINE FOLLOWUP TELEPHONE CALL

| Date | Day of Week | Time |
|------|-------------|------|
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FORM 4 INTERVENTION SUMMARY

Outreach Worker:

HOME VISIT OUTCOME

| Outcome | Yes | Νο |
|--|-----|----|
| Completed | | |
| Moved (could not be traced) | | |
| Nobody home after 11 attempts > direct mailing | | |
| Refused visit but accepted materials | | |
| Refused visit and materials | | |

Date of home visit: $_/_/_/_$

CORE COMPONENTS

| Component | Yes | Νο |
|---|-----|----|
| Pap testing video shown during visit | | |
| Pap testing video left for subsequent viewing | | |
| Pap testing pamphlet provided | | |

VISUAL AIDS

| Aid | Yes | Νο |
|--------------------------------------|-----|----|
| Anatomy diagram | | |
| Speculum and Pap testing kit | | |
| Black and white photographs | | |
| Cervical cancer graph | | |
| Cervical cancer progression diagrams | | |

DISCUSSION TOPICS

| Yes | No |
|-----|-----|
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| _ | Yes |

TAILORED ACTIVITIES

| Activity | Yes | Νο |
|--|-----|----|
| Second home visit related to Pap testing (specify reason below) | | |
| Additional telephone contact related to Pap testing (specify reason below) | | |
| Referral to a local clinic for Pap testing | | |
| Assistance with appointment scheduling for Pap testing | | |
| Interpretation at clinic visit for Pap testing | | |
| Other (specify below) | | |

Were other household members present during the home visit? (circle one)

Yes → Specify_____ No

ROUTINE TELEPHONE CALL

| Outcome | Yes | Νο |
|--|-----|----|
| Not indicated | | |
| Completed | | |
| Telephone disconnected (new # not available) | | |
| Not home after 11 attempts | | |
| Refused | | |

Date of telephone call: --/-/-

Note: If tailored logistic assistance is provided as a result of the telephone call the "Tailored Activities" section of this form should be edited accordingly.

COMMENTS

| Form 5 - Vietnamese project - Outreach Arm, Staff Task Log Participant ID: | Date | Time (minutes) or \$ spent on task | Comments |
|--|------|--|---|
| HOME VISIT | | I | |
| 1. Here Visit with participant (time spent) | | | |
| 2. Parking cost related to home visit | | \$ | |
| TAILORED ACTIVITIES | | | |
| 3. Additional telephone contact related to Pap testing | | | |
| Additional Home Visit | | ſ | |
| 4. Home visit with participant (time spent) | | | |
| 5. Parking cost related to home visit | | \$ | |
| <i>Clinic Visit</i> <u>Initial</u> or <u>follow-up</u> appointment (circle one) | | | |
| 6. Assistance with appointment scheduling (if done outside of Home Visit) | | | |
| 7. Time at clinic | | | |
| 8. Interpreting services provided at clinic? Yes No (circle one) | | | If interpreting services provided, please fill out minutes spent on task. |
| 9. Parking Cost (for clinic visit) | | \$ | |
| 10. Other (specify) | | | |
| ROUTINE TELEPHONE CALL | | | |
| 11. Routine follow-up telephone call one month after home visit | | | |
| OTHER | | | |
| 12. Completing intervention forms | | | |
| 13. Other (specify) | | | |

Form 5 - Staff Task Log

The purpose of this form is to collect the time and money spent by outreach workers in conducting the outreach tasks. It is very important that these items are recorded accurately, so that the cost analysis will be correct.

Instructions for the Staff Task Log

| HOME VISIT | |
|---|--|
| 1. Home Visit with participant (time spent) | Enter the date of the completed Home Visit, along with the amount of time spent in the home (in minutes). (See Note #1 below) |
| 2. Parking cost related to home visit | If you paid for parking for the Home Visit, please enter the amount here. |
| TAILORED ACTIVITIES | |
| | Please record time spent making any phone calls following the Home Visit (in minutes). This does not include the "Routine Follow-up Telephone Call" (see item 11 below). |
| 3. Additional telephone contact related to Pap testing | If you call but do not reach the participant, please record the date and "attempted" in the Comments column. |
| | If you make multiple telephone contacts with the participant, please record the number of contacts and average amount of time (in minutes) expended of each. |
| Additional Home Visit | |
| 4. Home visit with participant (time spent) | If you make an additional Home Visit, please record the time spent on this visit (in minutes). |
| 5. Parking cost related to home visit | If you pay for parking to make an additional Home Visit, please record the cost here. |
| Clinic Visit | Indicate here whether the appointment is the participant' s first, or if it is a follow-up. |
| 6. Assistance with appointment scheduling (if done outside of Home Visit) | If, outside the Home Visit, you assist the participant with scheduling clinic appointments, please record the number of times you assisted, as well as average length of time spent per episode (minutes). It would also be helpful to add some explanation in the comments section (ie: 10/20/06: 30 minutes: calls to participant, clinic, and HMC manager). |
| 7. Time at clinic | If you attend a participant's clinic visit, please record the time you spent in the clinic (in minutes). |

| 8. Interpreting services provided at clinic? Yes No (circle one) | Please circle Yes/No to indicate whether you provided interpreting services during a clinic visit, then enter the amount of time spent interpreting at the clinic visit. (See Note #2 below) |
|---|--|
| 9. Parking Cost (for clinic visit) | If you pay for parking during a participant's clinic visit, please note the amount here. |
| 10. Other (specify) | If you spend other time, or money, on activities pertaining to the clinic visit, please record this here. |
| ROUTINE TELEPHONE CALL | |
| 11. Routine follow-up telephone call one month after home visit | If you make the routine follow-up phone call one month after the Home Visit, please note the amount of time spent on the successful call. (See Note #3 below) |
| OTHER | |
| 12. Completing intervention forms | Please estimate how much time you have spent filling out any and all forms for this participant. You do not need to record a date for this item as we are interested in the overall time spent. |
| 13. Other (specify) | If you have spent any time working on this participant's intervention, that has not been captured by the items above, please note the date, time, and a brief explanation here. |

Notes

- 1. <u>Time spent on attempted home visits</u>. We will look at Form 2 to see how many times you attempted to make household contact. We will estimate how much time each attempted contact required, you do not need to record anything pertaining to attempted Home Visit contacts on this form.
- 2. <u>Time spent interpreting at clinic visits.</u> It is important to record time spent interpreting separately than the overall time spent in the clinic visit. When we calculate the costs of this intervention, we will assign higher costs to the time spent interpreting because it usually costs more to pay interpreters than other staff who do not provide interpretation.

For example, if the clinic visit takes 1 hour total, but you only interpret for 20 minutes of the visit, then you would record "1 hour" or "60 minutes" in the "Time" column for item #7, and "20 minutes" in the "Time" column for item #8.

 <u>Time spent on attempted routine follow-up telephone calls</u>. We will look at Form 3 to see how many times you attempted to make the routine follow-up telephone call. We will estimate how much time each attempted call required, you do not need to record anything pertaining to attempted routine follow-up telephone contacts on this form.

Other Information that we will collect about outreach workers' time

- 1. <u>Time spent driving.</u> Mileage logs will include a section for you to note the amount of time it takes you to drive to and from participant and clinic visits.
- 2. <u>Costs associated with driving.</u> We will gather information from your mileage logs to calculate the costs to you of travel to home and clinic visits.

Questions? Suggestions? Please feel free to contact Sarah Jones at <u>sjones@fhcrc.org</u> or 206-667-7608 if you have any questions or suggestions about this form.

FORM 6 GROUP TRACKING

| Household ID | Woman's name | Initial visit date | "Targeted" follow-up telephone call date | Comments |
|--------------|--------------|--------------------|---|----------|
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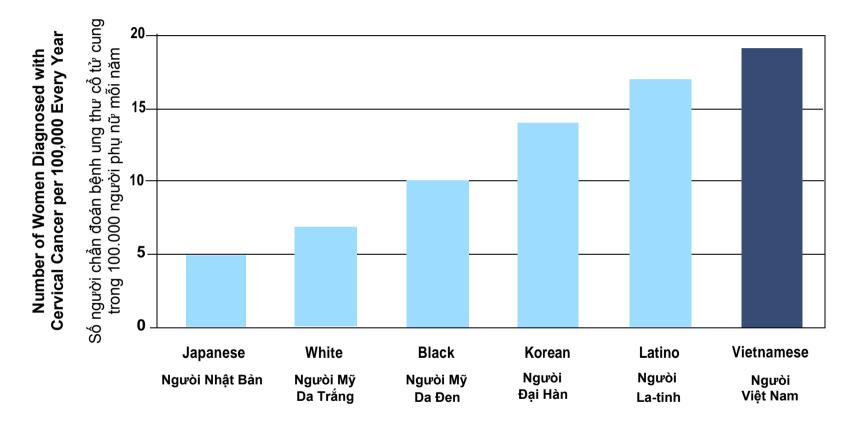
FORM 7 HOUSEHOLD TRACKING

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| Summary |
|---|
| Household ID: |
| Woman's Name: |
| Initial Home Visit Date: |
| "Targeted" Follow-up Telephone Call Date: |
| Comments |
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Visual Aids

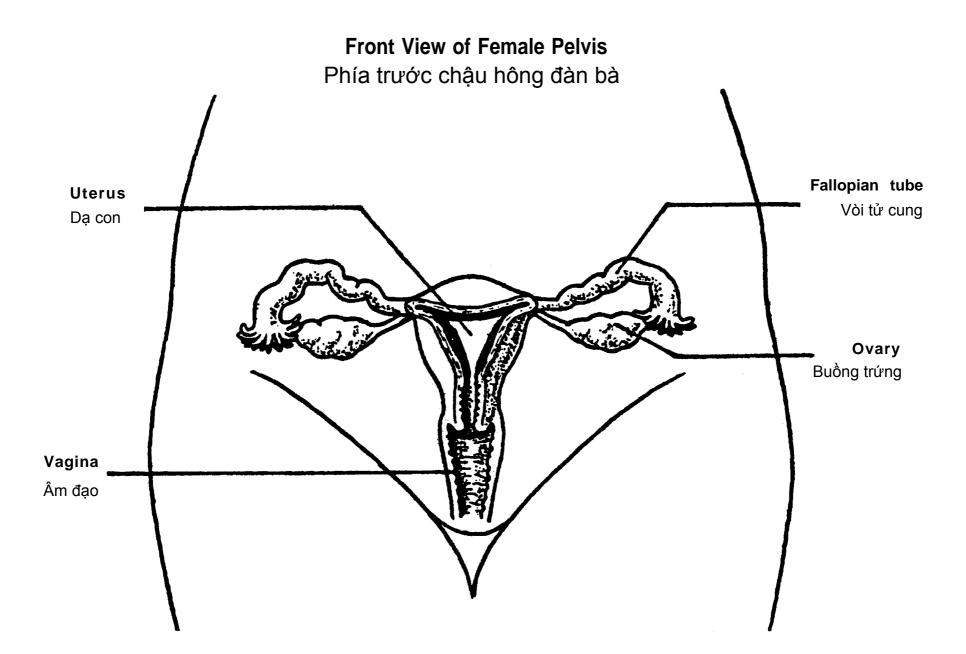
Cervical Cancer Rates: California 2000 Tỷ lệ ung thư cổ tử cung: Tiểu Bang California năm 2000

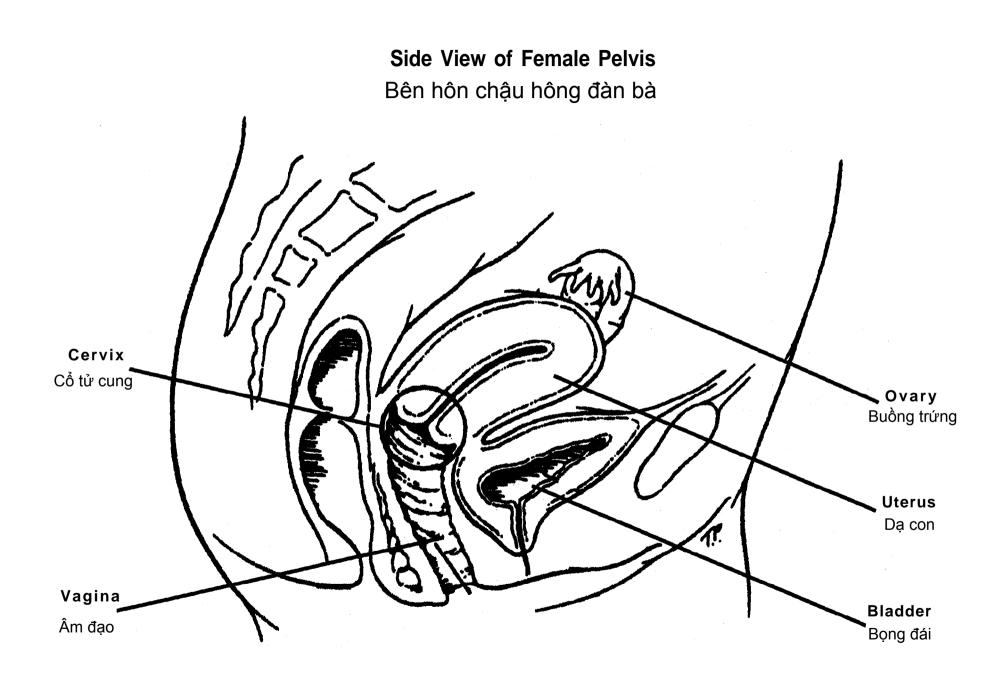


Race/Ethnicity Dân tộc/ chủng tộc

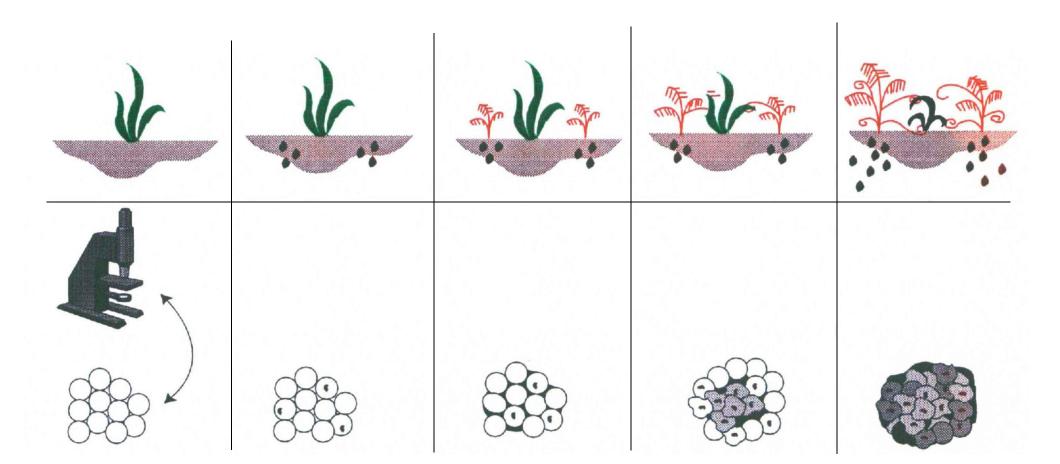


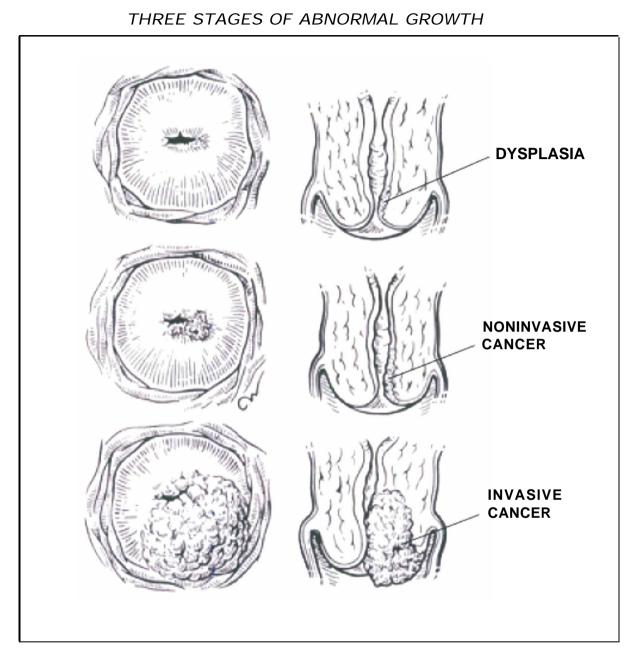










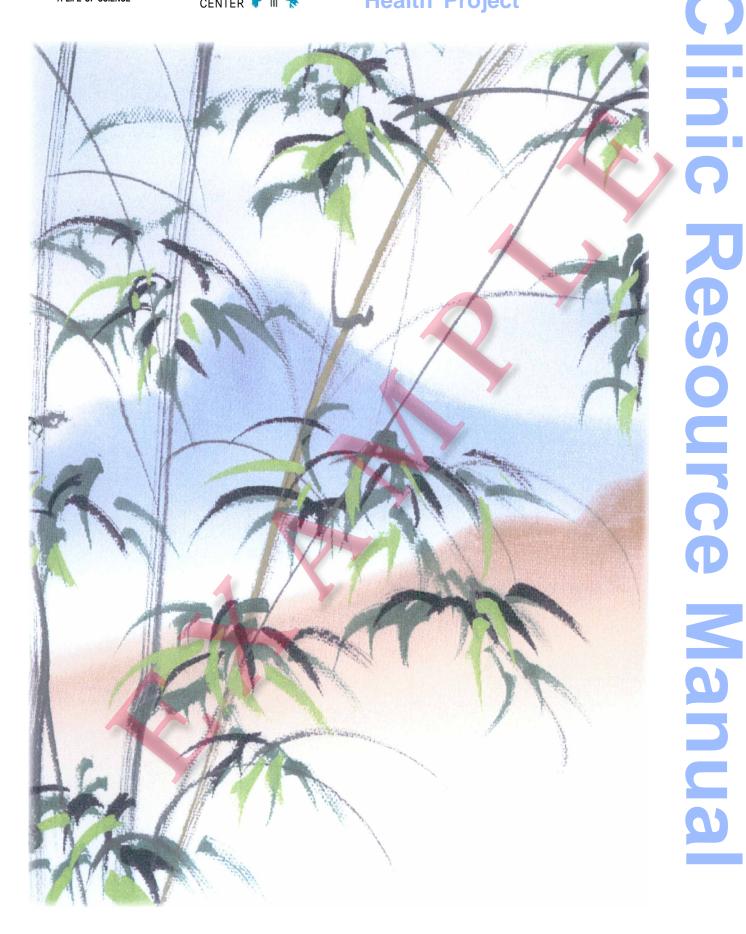


From : The PDR Family Guide to Women's Health

Clinic Resource Guide

HARBORVIEW MEDICAL CENTER

FRED HUTCHINSON CANCER RESEARCH CENTER A LIFE OF SCIENCE Vietnamese Women's Health Project

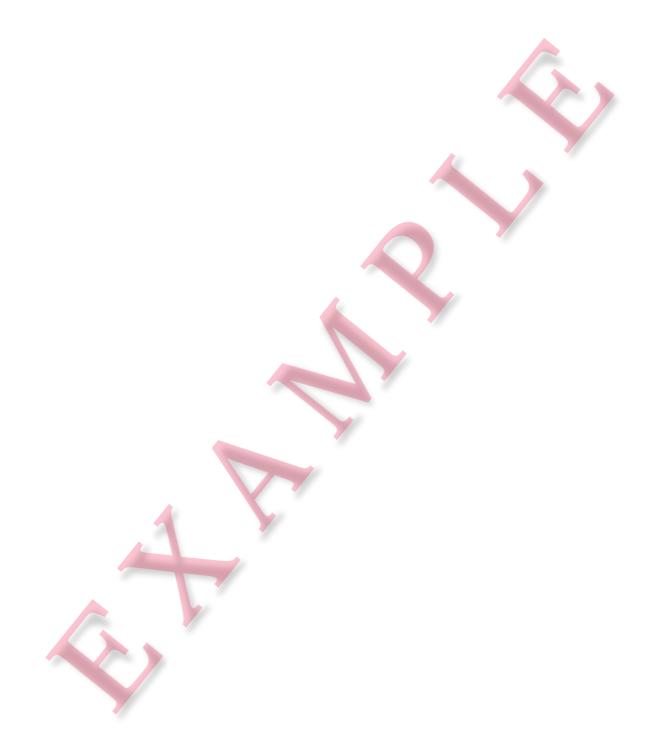


Clinic Resource Guide

How to Use This Section

This section of the manual contains information about many health clinics in the Seattle area. If you need to find the nearest clinic, look at the Table of Contents. Next turn to the page where an appropriate clinic is listed. Each clinic will have pictures that list its services. Information about the meaning of each picture is provided on this page.





This manual is produced and distributed by Fred Hutchinson Cancer Research Center and Harborview Medical Center with funding from the National Cancer Institute, grant CA115564.

Clinic Resource Guide

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Seattle • Downtown Clinics

Carolyn Downs Family Medical Center

2101 East Yesler Way, Suite 150Seattle, WA 98122-5999(206) 299-1900



Seattle • Downtown Clinics

Carolyn Downs Family Medical Center

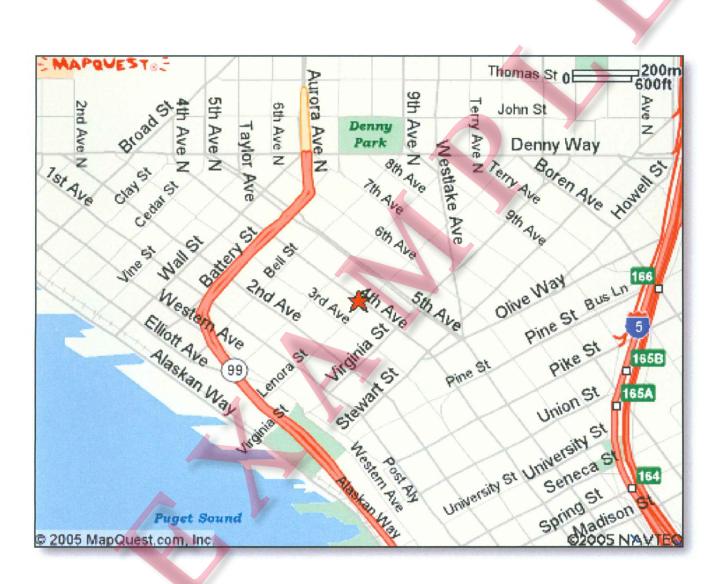
2101 East Yesler Way, Suite 150 Seattle, WA 98122-5999 (206)299-1900



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|----------|-----------------|-------------------|-----------|-----|------------------|------------------------------|
| Pharmacy | Primary Care | Female Doctors | Dentistry | Lab | BCHP Coverage | Bus Line(s) |
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Downtown Public Health Center

2124 Fourth AvenueSeattle, WA 98121(206) 296-4755



Downtown Public Health Center

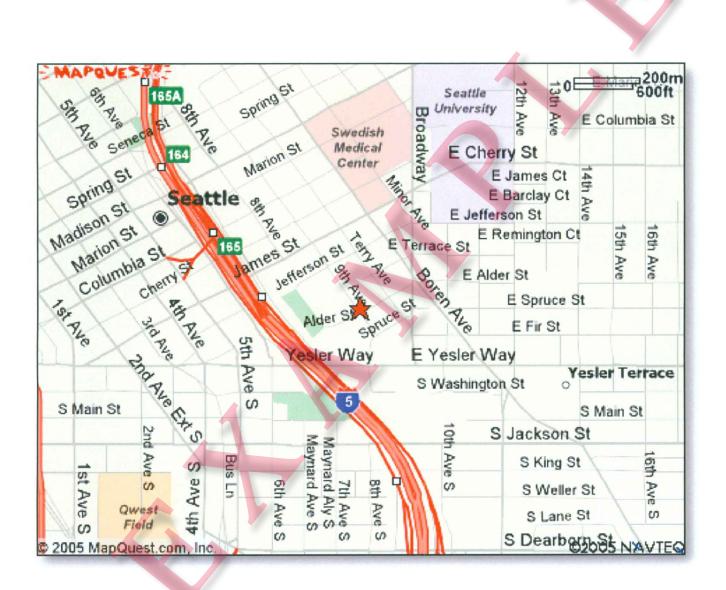
2124 Fourth Avenue Seattle, WA 98121 (206) 296-4755

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| Clinic Hours | Interpreter Services | Women's Health Care | Well Child | WIC | Family Planning | Children's Vaccines | Hepatitis B Screening |
| Mon-Fri 8-5 By Appointment | Upon request | | | | | | |

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| Pharmacy | Primary Care | Female Doctors | Dentistry | Lab | BCHP Coverage | Bus Line(s) |
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Harborview Clinics

325 Ninth AvenueSeattle, WA 98104(206) 521-1750



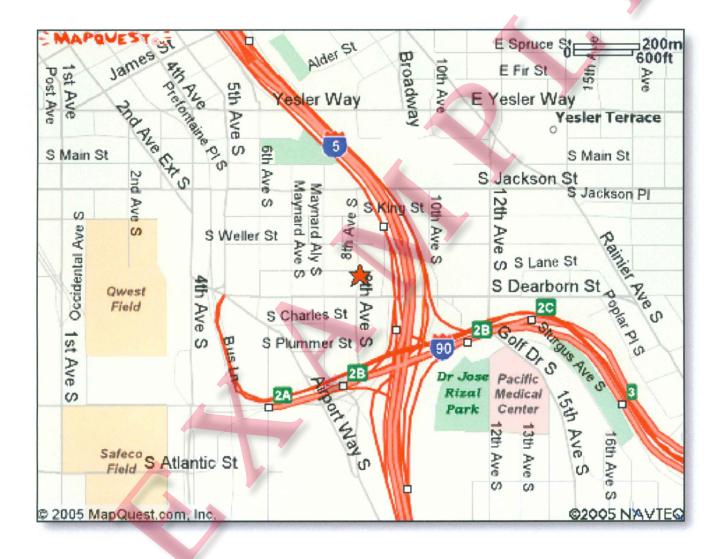
Harborview Clinics

325 Ninth Avenue Seattle, WA 98104 (206)521-1750

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International Community Health Services International District Clinic

720 8th Avenue SouthSeattle, WA 98104(206)461-3235



International Community Health Services — International District Clinic

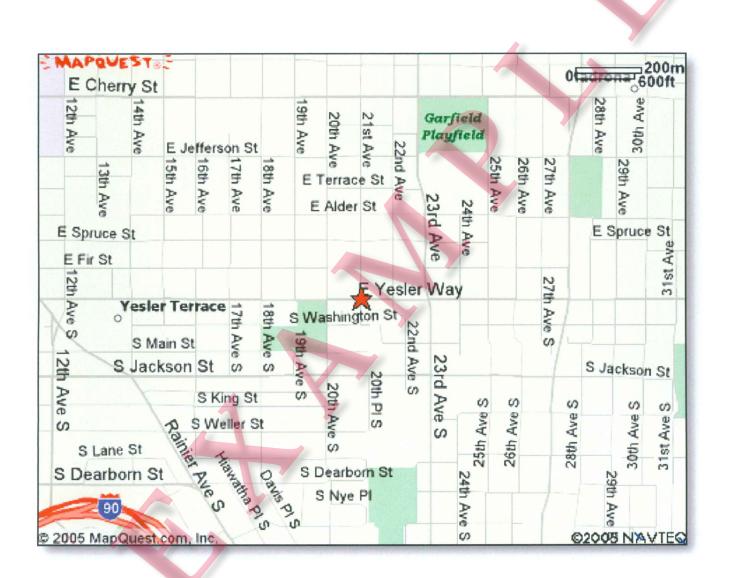
720 8th Avenue South Seattle, WA 98104 (206)461-3235

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|--|-------------------------|------------------------|---------------|-----|--------------------|------------------------|--------------------------|
| Clinic Hours | Interpreter Services | Women's Health Care | Well Child | WIC | Family Planning | Children's Vaccines | Hepatitis B Screening |
| Mon-Fri 9-6 Sat 9-5 | | | | | | | |

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| Pharmacy | Primary Care | Female Doctors | Dentistry | Lab | BCHP Coverage | Bus Line(s) |
| | | | | | | Internat'l District Bus Tunnel Station 7 14 36 |

O'Dessa Brown Clinic (Children)

2101 East Yesler WaySeattle, WA 98122(206)987-7210



O'Dessa Brown Clinic (Children)

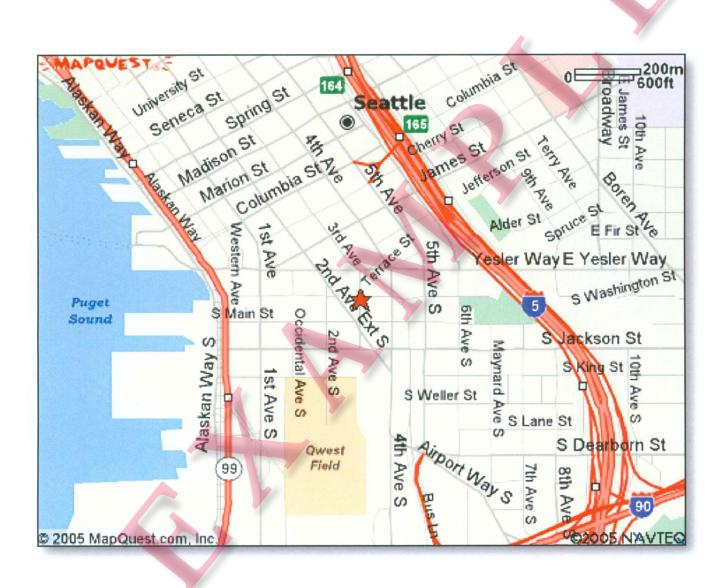
2101 East Yesler Way Seattle, WA 98122 (206)987-7210

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| Clinic Hours | Interpreter Services | Women's Health Care | Well Child | WIC | Family Planning | Children's Vaccines | Hepatitis B Screening |
| Mon-Fri 8-5:30 Sat 8-12(noon) | Upon request | | | | | | |

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| Pharmacy | Primary Care | Female Doctors | Dentistry | Lab | BCHP Coverage | Bus Line(s) |
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Pioneer Square Clinic

206 3rd Avenue South Seattle, WA 98104 (206)521-1750



Pioneer Square Clinic

206 3rd Avenue South Seattle, WA 98104 (206)521-1750

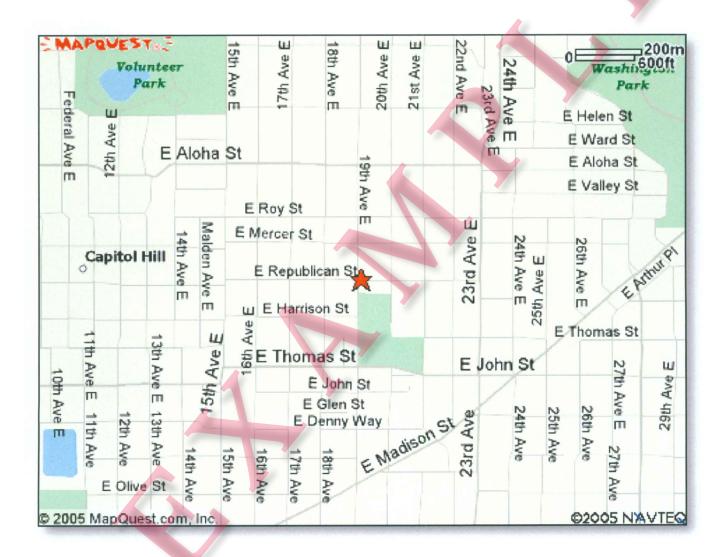


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| Pharmacy | Primary Care | Female Doctors | Dentistry | Lab | BCHP Coverage | Bus Line(s) |
| | | | | | | Pioneer Square Bus Tunnel Station 7 36 14 41 15 |

Seattle • East Central Clinics

Country Doctor Community Clinic

500 19th Avenue EastSeattle, WA 98112(206) 299-1600



Seattle • East Central Clinics

Country Doctor Community Clinic

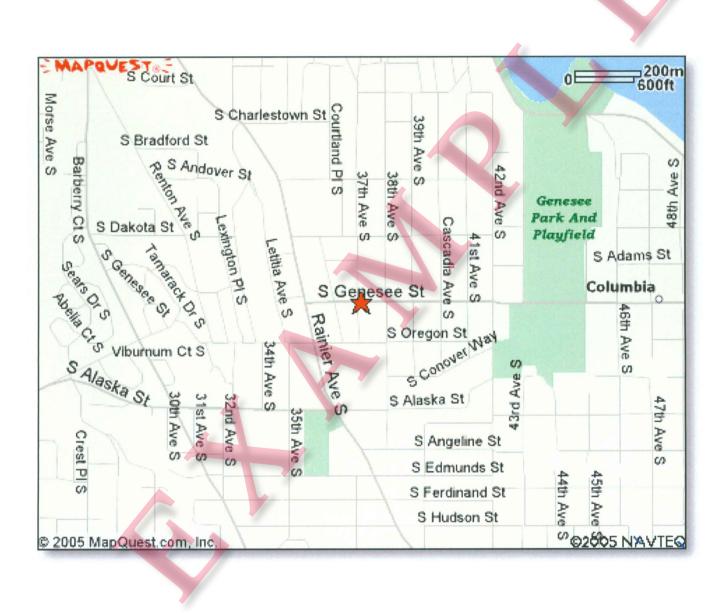
500 19th Avenue East Seattle, WA 98112 (206) 299-1600

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| Clinic Hours | Interpreter Services | Women's Health Care | Well Child | WIC | Family Planning | Children's Vaccines | Hepatitis B Screening |
| Mon, Fri 9-5 Tue, Wed, Thu 9-8 Sat 9-1 2:30 | Upon request | | | | 5 | | |

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| Pharmacy | Primary Care | Female Doctors | Dentistry | Lab | BCHP Coverage | Bus Line(s) |
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Columbia Health Center

4400 37th Avenue South Seattle, WA 98118 (206) 296-4650



Columbia Health Center

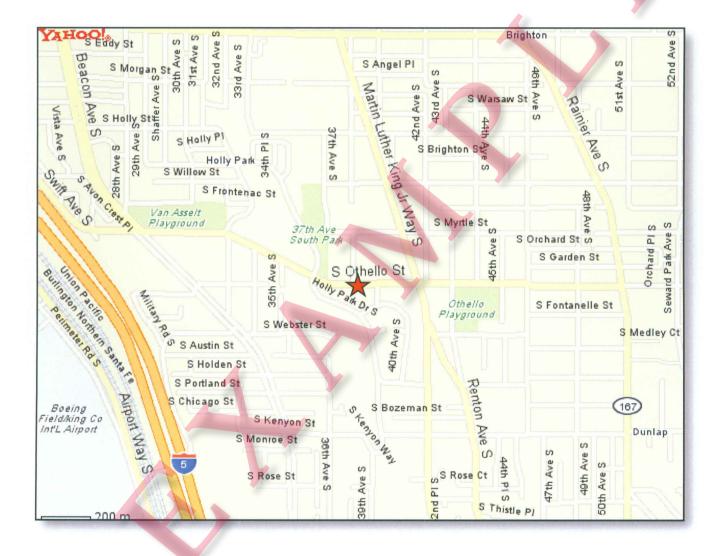
4400 37th Avenue South Seattle, WA 98118 (206)296-4650

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| Clinic Hours | Interpreter Services | Women's Health Care | Well Child | WIC | Family Planning | Children's Vaccines | Hepatitis B Screening |
| Thu 8-8 Mon, Tue, Wed 8-6 Fri 8-5 | | | | | | | |

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|----------|-------------------------|-------------------|-------------------------|-----|------------------|--------------------|
| Pharmacy | Primary Care | Female Doctors | Dentistry | Lab | BCHP Coverage | Bus Line(s) |
| | (21 years & younger) | | (18 years & younger) | | | 7 9 36 48 |

International Community Health Services — Holly Park Medical & Dental Clinic

3815 South Othello StreetSeattle, WA 98118(206) 461-4948



International Community Health Services—Park Medical & Dental Clinic

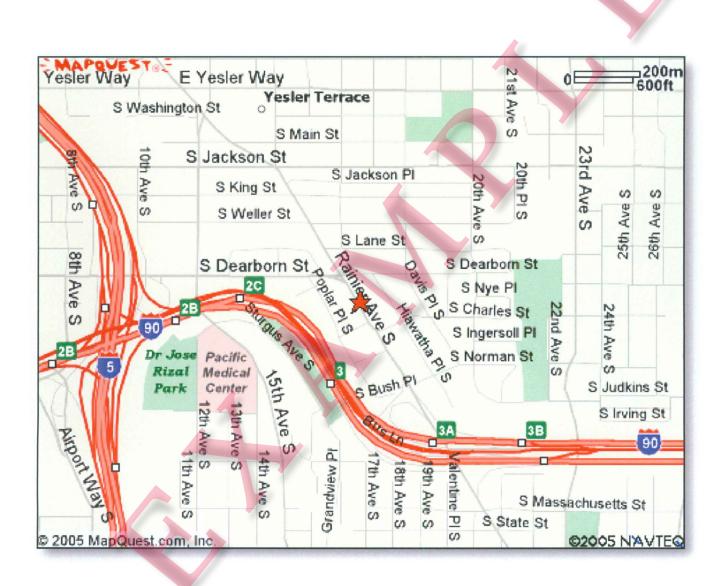
3815 South Othello Street Seattle, WA 98118 Medical Clinic: (206) 461-4948 Dental Clinic: (206) 788-3502

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| Clinic Hours | Interpreter Services | Women's Health Care | Well Child | WIC | Family Planning | Children's Vaccines | Hepatitis B Screening |
| Mon, Tue, Thu, Fri, Sat 8:30-5 Wed 10-6:30 | | | | | | | |

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| Pharmacy | Primary Care | Female Doctors | Dentistry | Lab | BCHP Coverage | Bus Line(s) |
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Rainier Beach Medical Clinic

844 Rainier Avenue SouthSeattle, WA 98118(206) 722-8444



Rainier Beach Medical Clinic

8444 Rainier Avenue South Seattle, WA 98118 (206) 722-8444

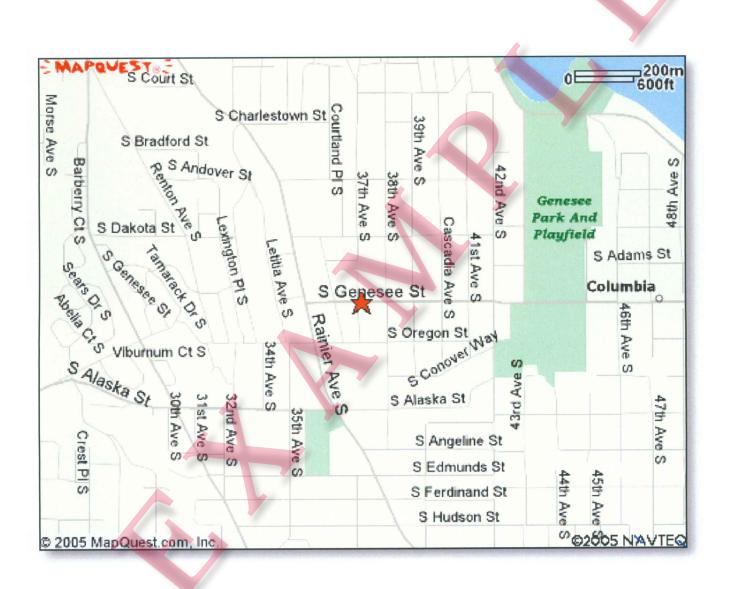


8-5 **Sat** 9-3:30

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| Pharmacy | Primary Care | Female Doctors | Dentistry | Lab | BCHP Coverage | Bus Line(s) |
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Rainier Park Medical Clinic

4400 37th Avenue SouthSeattle, WA 98118(206) 461-6957



Rainier Park Medical Clinic

4400 37th Avenue South Seattle, WA 98118 (206)461-6957

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| Clinic Hours | Interpreter Services | Women's Health Care | Well Child | WIC | Family Planning | Children's Vaccines | Hepatitis B Screening |
| Mon-Thu 7-7:30 Fri 7-5 Sat 9-3 | | | | | | | |

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| Pharmacy | Primary Care | Female Doctors | Dentistry | Lab | BCHP Coverage | Bus Line(s) |
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High Point Medical Clinic

6020 35th Avenue Southwest Seattle, WA 98126 Medical Clinic: (206) 461-6950 Dental Clinic: (206) 461-6966



High Point Medical and Dental Clinic

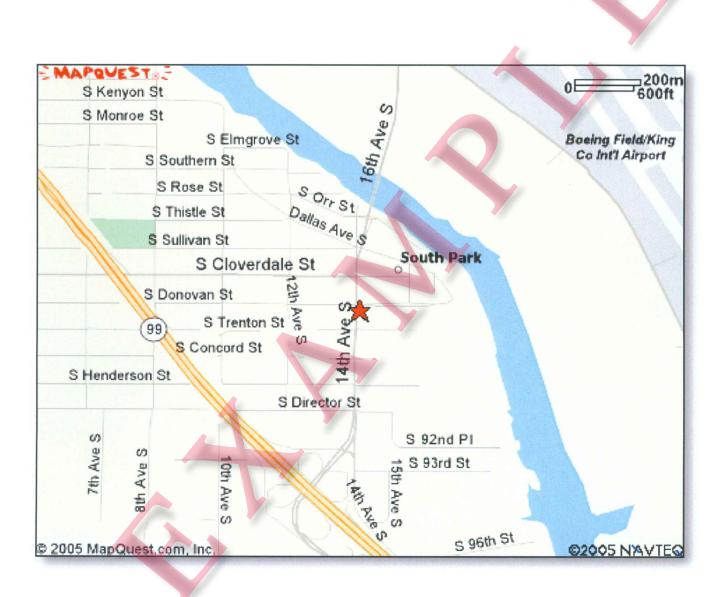
6020 35th Avenue Southwest Seattle, WA 98126 Medical Clinic: (206) 461-6950 Dental Clinic: (206) 461-6966 WIC Clinic: (206) 461-6949

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|--|-------------------------|------------------------|---------------|-----|--------------------|------------------------|--------------------------|
| Clinic Hours | Interpreter Services | Women's Health Care | Well Child | WIC | Family Planning | Children's Vaccines | Hepatitis B Screening |
| Mon-Fri 8:30-6 Sat Urgent established walk-ins only 8:30-1 | | | | | | | |

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| Pharmacy | Primary Care | Female Doctors | Dentistry | Lab | BCHP Coverage | Bus Line(s) |
| Sat (urgent established walk ins only) 8:30-1 | | 5 | \ | \ | \ | 21 |

Sea Mar Community Health Center

8720 14th Avenue SouthSeattle, WA 98108(206) 762-3730



Sea Mar Community Health Center

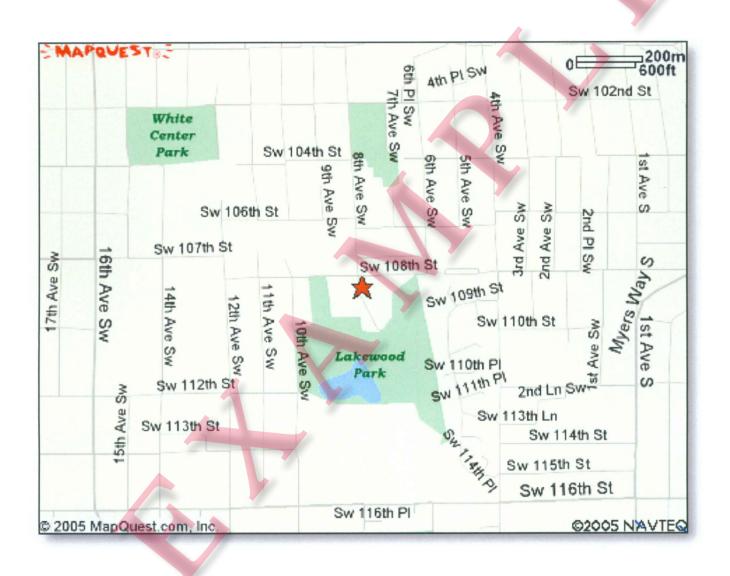
8720 14th Avenue South Seattle, WA 98108 (206) 762-3730



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| Pharmacy | Primary Care | Female Doctors | Dentistry | Lab | BCHP Coverage | Bus Line(s) |
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White Center Public Health Center

10821 8th Avenue SouthwestSeattle, WA 98146(206) 296-4620



White Center Public Health Center

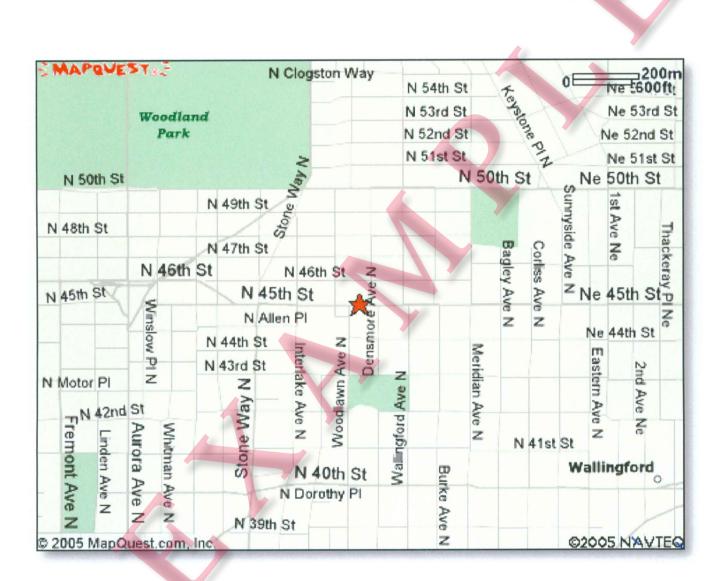
10821 8th Avenue Southwest Seattle, WA 98146 (206) 296-4620



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| Pharmacy | Primary Care | Female Doctors | Dentistry | Lab | BCHP Coverage | Bus Line(s) |
| | | | | | | 128 131 134 |

45th Street Clinic

1629 North 45th StreetSeattle, WA 98103(206) 633-3350



45th Street Clinic

1629 North 45th Street Seattle, WA 98103 (206)633-3350

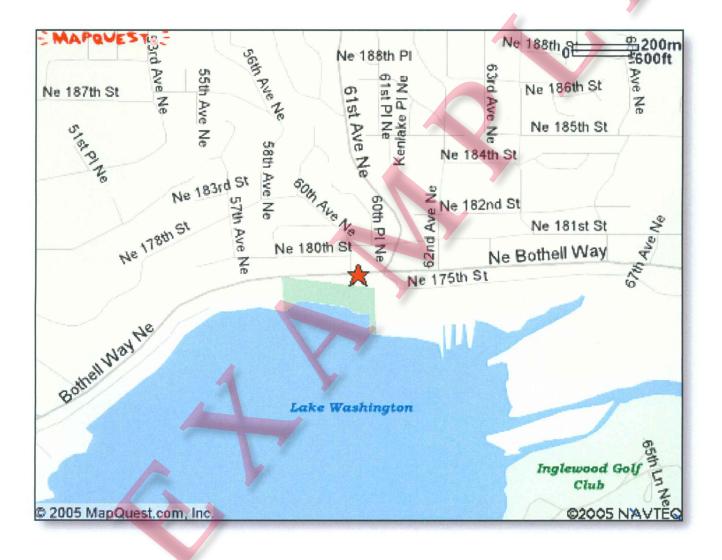
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| Clinic Hours | Interpreter Services | Women's Health Care | Well Child | wic | Family Planning | Children's Vaccines | Hepatitis B Screening |
| Mon 7:30-9 Tue 8-5:30 Wed 10-5:30 Thu 8-5:30 Fri 7:30-5:30 Sat 10-2 | | | | | | | |

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| Pharmacy | Primary Care | Female Doctors | Dentistry | Lab | BCHP Coverage | Bus Line(s) |
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Bothell • North Clinics

Bothell-Kenmore Community Health Clinic

6016 Northeast Bothell WayBothell, WA 98028(425) 486-0658



Bothell • North Clinics

Bothell-Kenmore Community Health Clinic

6016 Northeast Bothell Way Kenmore, WA 98028 (425) 486-0658

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| Clinic Hours | Interpreter Services | Women' s Health Care | Well Child | WIC | Family Planning | Children' s Vaccines | Hepatitis B Screening |
| Mon, Wed, Fri 8 - 5 Tue 12-8 Thu 9-5 | | | | | | √ | |

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| Pharmacy | Primary Care | Female Doctors | Dentistry | Lab | BCHP Coverage | Bus Line(s) |
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North Seattle Public Health Center

10501 Meridian Avenue North Seattle, WA 98133 (206) 296-4990



10501 Meridian Avenue North

Seattle, WA 98133 (206) 296-4990

North Seattle Public Health Center

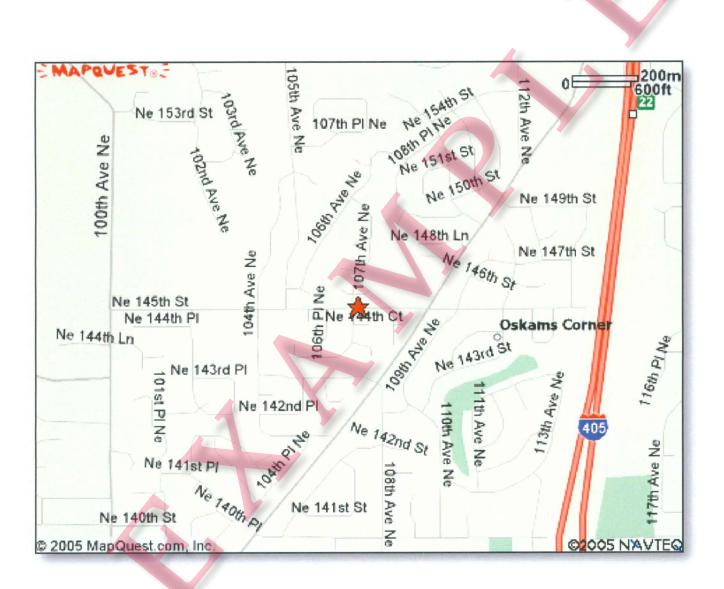
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| Clinic Hours | Interpreter Services | Women's Health Care | Well Child | WIC | Family Planning | Children's Vaccines | Hepatitis B Screening |
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| Pharmacy | Primary Care | Female Doctors | Dentistry | Lab | BCHP Coverage | Bus Line(s) |
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Bothell • North Clinics

Northshore Public Health Center

10808 Northeast 145th Street Bothell, WA 98011 (206) 296-9814



Bothell • North Clinics

Northshore Public Health Clinic

10808 Northeast 145th Street Bothell, WA 98011 (206) 296-9814

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|--|-------------------------|-------------------------|---------------|-----|--------------------|-------------------------|--------------------------|
| Clinic Hours | Interpreter Services | Women' s Health Care | Well Child | WIC | Family Planning | Children' s Vaccines | Hepatitis B Screening |
| Clinic Mon 10-7 Tue-Fri 8-5 Walk-in Teen Clinic Wed 3-6 | | | | | | | |

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|----------|-----------------|-------------------|-----------|-----|------------------|----------------|
| Pharmacy | Primary Care | Female Doctors | Dentistry | Lab | BCHP Coverage | Bus Line(s) |
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