

The Chinese Women's Health Project

Outreach Worker Manual

October 1999

This manual provides background information that can be used by the outreach workers for the Chinese Women's Health Project. The outreach workers' role is to enhance awareness about cervical cancer and increase the use of Pap testing.

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PROJECT OVERVIEW

Increasing the regular use of Pap testing by underserved populations has been identified as a research priority. Less acculturated Chinese women in North America have high rates of invasive cervical cancer and demonstrate low use of Pap testing compared to other groups. However, there is little information concerning the control of cancer in Chinese populations.

The British Columbia Cancer Agency, Harbor-view Medical Center, and Fred Hutchinson Cancer Research Center are working together on the Chinese Women's Health Project. The overall goal of this project is to increase the use of Pap testing among Chinese North American women.

The project emphasizes community involvement with bilingual, bicultural outreach workers delivering an intervention that includes home visits, logistic assistance, barrier-specific counseling, and the use of videotapes and print materials.

Project Staff

| The British Columbia Cancer Agency | Harborview Medical Center | Fred Hutchinson Cancer Research Center |
|---|--------------------------------------|---|
| Gregory Hislop | Hoai Do | Elizabeth Acorda |
| Tove Labo | Carey Jackson | Alan Kuniyuki |
| Agnes Lai | Ben Lehman | Stephen Schwartz |
| Chong Teh | Kathy Lin | Vicky Taylor |
| | Ann Marchand | Yutaka Yasui |
| | Shin-Ping Tu | |

CERVICAL CANCER

Key Facts about Cervical Cancer

- Worldwide, cervical malignancies are the second most common cause of cancer mortality among women.
- Every year over 15,000 American and 1,300 Canadian women are diagnosed with invasive cervical cancer.
- There are at least 50,000 new cases of in situ cervical cancer each year in North America.
- If left untreated, a substantial number of in situ cases develop into invasive malignancies.
- **Chinese women have a higher incidence of cervical cancer than many other racial/ethnic groups in North America.**

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 into deep tissue.

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.
- **Chinese women have lower rates of Pap testing than many other racial/ethnic groups in North America.**

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.

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 doctors 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.

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

Current British Columbia Pap testing guidelines specify:

- Pap testing should be performed every year until three or more annual Pap tests have been normal, and then should be continued every two years until age 69.
- All sexually active women need regular Pap testing.

Current US Pap testing guidelines specify:

- Pap testing should be performed every year until three or more annual Pap tests have been normal, and then can be performed less frequently (for low risk women) if recommended by a doctor.
- All women over 18 need regular Pap testing.

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 young Chinese 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 three 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.

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 yearly 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 | Varies, may include colposcopy |
| High grade changes | Moderate dysplasia, severe dysplasia, carcinoma in situ | Varies, will include colposcopy with biopsies |
| Invasive cancer | Invasive cancer | Varies, will usually include surgery |

In British Columbia, descriptive nomenclature is used to report Pap testing findings to physicians.

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 vinegar-like solution to the cervix and then uses an instrument much like a microscope 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, endocervical curettage, and conization. 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 women'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. 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. By using a large machine, radiation can be used in such a way that it only affects the cancer cells. 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.

Qualitative Data Findings

The Chinese Women's Health Project spoke to 87 Chinese women (43 in Seattle and 44 in Vancouver) about cervical cancer and Pap testing. These interviews indicated that barriers to Pap testing include:

1. BELIEF ISSUES

Lack of understanding about the value of early detection.

Some Chinese women strongly believe in fate or karma, and do not believe they can control the outcome of disease. They accept the course of disease as "the way their life takes them." Many women have not been exposed to and do not believe in the value of early detection. Indeed, their understanding about disease prevention can be quite limited.

Belief that Pap testing is unnecessary if the "sitting month" has been observed (because this protects a woman from uterine disease).

Chinese people believe one of the most vulnerable stages of a woman's life is the period (one-three months) immediately after giving birth, known as the "sitting month". Women can develop all sorts of illnesses ranging from chronic headaches, dizziness, and arthritis to uterine disease. During the "sitting month", women are advised to avoid taking cold baths, drinking cold water, or eating cold foods (e.g., salad, raw vegetables, and acidic fruits). If they must go outside of the house during this time, they should cover their head, face, and body to avoid wind. Women are encouraged to rest, minimize physical work, and eat high protein foods such as chicken cooked with ginger and wine or vinegar-ginger pork soup. Depending on the geographic region they come from, women should also consume wine to enhance blood circulation. Good blood circulation is critically important during this stage. People with good blood circulation tend to be healthier and consequently have fewer illnesses later in life. If a woman observes the "sitting month" carefully, it is believed she can avoid many illnesses including uterine disease in old age.

Belief that screening is unnecessary (particularly if asymptomatic, older, post-menopausal, monogamous, or not sexually active).

The belief that if something is not broken, then it does not need fixing applies to Chinese women's attitude toward Pap testing. Chinese women believe that if they feel healthy and experience no pain or discomfort, there is no need to have a screening examination. They don't want to be told that there is something wrong with their health when they feel perfectly fine. Chinese women believe that if they are old, post-menopausal, not sexually active, or only sexually active with one partner, then they are protected from developing cervical diseases. Because Chinese women believe that they are protected, they feel screening is unnecessary.

Preference for traditional Chinese preventive methods (e.g., herbal remedies).

There are several reasons why Chinese people prefer traditional Chinese preventive methods. First, familiarity gives people comfort. When something has been used for many generations, families are more likely to trust the established methods and products than something that is new. Second, Chinese people believe there are fewer side effects associated with herbal remedies. Herbs are thought to be gentler on the human body. They are less likely to generate "heat" problems such as a dry mouth, lips, and throat, a

stomach upset, or constipation than Western medicines. Third, Chinese people believe herbal remedies treat the roots of a problem while Western medicine only treats the symptoms.

2. LACK OF KNOWLEDGE AND INCENTIVE ISSUES

Fear of surgery (particularly hysterectomy).

The Chinese culture emphasizes fertility. A woman who cannot bear children is not considered a “whole” woman. She is devalued and ridiculed by Chinese society. A woman who has her uterus surgically removed, even after she has given birth to several children or has passed menopause, may not be socially or culturally acceptable. Many Chinese women try to avoid hysterectomy even when a uterus-related illness is life threatening.

Fear of cancer (perceived as incurable).

Many Chinese women perceive all cancers as incurable. They are afraid of cancer because it is synonymous with a death sentence.

Lack of familiarity with the Pap test.

Although Pap testing is a common practice in Western countries, it can be an uncommon procedure for many elderly Chinese women. Many Chinese women, especially older ones, may have never heard of such a test. Lack of access to linguistically appropriate educational resources on Pap testing further limits this group of women’s knowledge about Pap testing.

Fear of pain and discomfort in association with Pap testing.

Fear of pain and discomfort associated with Pap testing is a concern for some Chinese women. This is more evident among women who refuse to believe cervical cancer can happen to them. Their reasoning is why should they subject themselves to pain and discomfort (a perceived fear) when they don’t believe they are at risk of developing cervical cancer.

Concern about embarrassment in association with gynecologic exams.

It is embarrassing to have one’s private parts examined. For Chinese women who have never had a gynecologic check-up, embarrassment can be one of the main deterrents.

Lack of female physicians.

It can be uncomfortable and awkward to communicate women’s health concerns with a physician. It is even more uncomfortable for women to discuss these health issues with male doctors. Women with gynecologic concerns may deny having the problem in front of a male physician, but will later inform female clinic staff about their medical problem.

Lack of interpreter services (particularly female interpreters).

Chinese women who do not speak English may rely on interpreters to communicate their needs and concerns to physicians. When a male interpreter is present, Chinese female patients may feel reluctant to

talk about their women's health. They often hold everything inside, and then speak to a female nurse or other staff member about their real concerns outside of a physician encounter.

Lack of support from friends.

Women who receive support and encouragement from friends are more likely to go for Pap testing. If their friends have misconceptions about Pap testing and look down on women who go for screening, women may feel reluctant and embarrassed to get a Pap test. For those who have been tested, fear of being ridiculed may prevent them from discussing and sharing their Pap testing experience openly.

Lack of support from family.

If family members don't understand the importance of Pap testing, they may not encourage or provide necessary support for women to get Pap tests. They may refuse to take over childcare duties, arrange time off from work, provide women with rides to and from a clinic, or say anything positive about Pap testing.

Lack of physician recommendation.

Many Chinese women are unaware of the need for Pap testing. If their primary care physicians fail to discuss and/or recommend Pap testing, women may not understand why they should have a Pap test. Others who know about it may feel too uncomfortable or embarrassed to discuss Pap testing with their physician.

3. LOGISTIC AND COST ISSUES

Problems scheduling clinic appointments (because of inability to speak English).

It can be quite frustrating and time-consuming for non-English speaking women to schedule doctor's appointments when clinic staff cannot understand what they want. If scheduling doctor's appointments is a hassle and an unpleasant experience, Chinese women will avoid scheduling appointments as long as they don't feel anything is wrong with their health.

Transportation problems.

Many elderly Chinese women do not drive. They walk, take public transportation, or get rides from family members. Those who live away from bus routes become dependent on their grown-up children for rides. Many of these grown-up children have to work during the daytime and weekdays. Elderly women who have doctor's appointments during weekdays encounter many transportation problems. Taxis are not a viable solution because they are expensive and require English speaking ability to give directions. When getting to a doctor's appointment becomes too problematic for older Chinese women, they revert to doing nothing. That is, they postpone or avoid seeing a doctor until their health gets worse and they cannot wait any longer.

Childcare problems.

Lack of available childcare prevents women from going to see the doctor. Many working Chinese women depend on their mothers, mothers-in-law, or other female relatives for childcare. Going to a

doctor's appointment may create childcare disruption and sometimes this can create tension among family members.

Concern about the cost of Pap testing.

Chinese American women who don't have medical insurance are concerned about the cost associated with Pap testing. They feel they cannot afford to pay for Pap tests. In the United States, most health care plans, including Medicare and Medicaid, do cover Pap testing costs. For women who are low income or do not have medical coverage, they can ask for a sliding fee scale program offered at various health care facilities. However, most women don't know these facts.

Problems getting appointments with gynecologists (and perceptions that primary care physicians do not offer Pap testing).

Women who emigrated from other countries, such as Hong Kong or China, are used to getting their Pap tests from gynecologists. In Canada and the United States, most women get Pap testing from their primary care provider. However, immigrants may feel uncomfortable with this because they are used to seeing gynecologists for women's health care problems.

Traditional Chinese Reproductive Health Model:

Disclaimer: *This is a very brief summary of a very complex subject. There are many historical periods, ethnic minorities, regions, and cultural influences that comprise the notion of “traditional Chinese.” No one model can capture this diversity. Moreover this is a western physician’s attempt to summarize information from the Chinese literature and interviews of Chinese women on this topic. The model is at best a simple schema for a much more complex topic, at worst, an inaccurate stereotype.*

Chinese Health Concepts Assumed in the Model and a Glossary of Terms:

The following concepts do not translate well (or at all) into English and require special definition and understanding.

Qi: The body’s energy as it becomes bodily material, and the body’s production of energy from its functions. This dynamic energy produced and consumed by the material body flows through the body and is called Qi.

Blood: Anatomically it is the same as the biological substance that circulates through arteries and veins, but goes beyond the biological definition to be the substance that nourishes qi and sustain the vitality of the zang-fu (internal) organs, and thereby the body.

Body’s Constitution: The Ti Ji, or bodies constitution, is the foundation of the body, which one is born with, it can be managed but not changed. Critical activities, dietary observances, and the wisdom of knowing ones constitution and optimizing it through managing qi and blood circulation can improve ones health but will not change the basic constitution.

Du: Du is the word for poison, toxins, chemicals, and waste that should have been removed form the body, but instead have remained to form blockages of the circulation of qi and/or blood.

Poisonous Tumor: A toxin can create a blockage of qi and blood which forms a lump and if not removed, a potentially malignant tumor.

Traditional Chinese Gynecology:

The following model is adapted from “A Handbook of Traditional Chinese Gynecology” compiled by The Zhejiang College of Traditional Medicine. The qualitative data collected during the early stages of the project allude to this information in less professional vernacular.

The generation, circulation, and control of the blood depend upon the regulatory mechanisms of the qi. In turn, the blood nourishes and promotes the circulation of qi. Women are especially susceptible to injury to the source of “blood”. Qi and blood originate from the zang-fu (internal organs that store and move qi). The heart controls the blood, the liver stores and regulates the blood; the spleen restrains the blood within the vessels, and the kidneys store the vital essences for the generation of blood. Spleen and stomach are considered the source of blood because they process food. Lungs control the circulation of qi, which regulates the blood. These are the zang-fu organs, and they must function in balance to prevent blood-related disorders to which women are susceptible.

The Chong and Ren channels are the most important of the meridians or channels for reproductive function in women. These channels originate from the uterus. The uterus is then a central organ connected by channels and in function closely to the flow of qi and blood through the Chong, Ren, Du, Dai Mai, Liver, Spleen, and Kidney meridians or channels and are integrally related to the condition of the zang-fu organs.

Emotional disturbances are a major pathogenic factor in traditional Chinese gynecology. They often result in stagnation of the liver qi that slows the circulation of blood. This can present as delayed menstruation, dysmenorrhea, or amenorrhea.

Among the six exogenous pathogens cold, heat, and dampness are the major causes of gynecologic disorders. This is why prevention and treatment are directed toward correcting imbalances in blood and or qi from cold, heat, or dampness. The flow of blood is accelerated by heat and slowed by cold. For example, excess heat may cause early menstruation, menorrhagia, and uterine bleeding. Exposure to cold may cause dysmenorrhea, delayed menstruation, and masses in the abdomen. Dampness may invade the spleen and cause leukorrhea, uterine bleeding, and irregular menstruation.

Inadequate diet may cause dysfunction of the spleen and stomach and cause delayed menstruation, hypomenorrhea, and eventually amenorrhea..

Blood is critical for health in women. Menstruation, pregnancy, childbirth and lactation all deplete the blood in characteristic ways, therefore blood is likely to get run down, while the qi may remain uninjured. Over time, as the blood is continually inhibited or depleted, the qi will eventually become weak.

During delivery women open themselves on all levels. They do not close up immediately and therefore during puerperium they remain especially susceptible to invasion by external pathogenic factors, notably cold and wind.

A Lay Model of Health Maintenance

In formal Chinese medicine there is little discussion of “the sitting month.” However, among lay people the first three months following delivery are recognized by the terms “cho yet” in Cantonese and “zuo yuezi” in Mandarin by the average Chinese woman. This period of time is when a woman is “open on all levels” and very susceptible to invasion by exogenous forces, specifically cold, damp, and wind. Women are expected to eat, rest, maintain a pleasant mood, avoid exposure to adverse weather, and dose herbs in a manner that will address this depleted and vulnerable state. Specifically, they are to replenish blood to promote its nourishing impact on qi. Women acknowledge that “the sitting month” is an opportunity to correct poor health. This is a time of openness, looseness, and pliability. Correct observance during this time can replete losses of blood and qi and thereby repair stagnation or imbalances that have been causing menstrual, gynecologic, or other health problems. Conversely, failure to take care during this time can result in chronic depletions of blood that will be exacerbated over time and result in chronic health problems like headaches, joint and back pains, fatigue, stiffness, loss of energy, vaginal discharge, dysmenorrhea, and many other problems. Measures reported like avoiding wind, exposure to cold, damp, and wind by avoiding bathing or having a wet head are references to this open state. Strict abstinence from intercourse is recommended to allow the zi-gong (uterus) to shrink and be protected from exogenous pathogens. Rest is also critical and women are encouraged to rest and restore their health. Insistence on replenishing soups at this time reflect a general concern with invasion by cold, damp, and wind, and the depletion and stagnation of blood, as well as imbalances in the zang-fu.

References to Chinese Theory in the Qualitative Data:

The women interviewed in our focus groups, particularly Cantonese women, occasionally mentioned retained blood, bruised blood, or a blood lump. This may refer to the common idea of blood stagnation and abdominal masses that can result from invasion by cold. The references by Cantonese women may reflect a greater concern among southern Chinese about cold as an exogenous pathogen, but this is only speculation. For example, women reported that chicken, ginger, dried lilies, black fungus, wine, and vinegar helps to enhance blood flow, expel bruised blood, and shrink the zi-gong, or uterus. If not expelled the lump could become poisonous and becomes cancer. Cervical cancers are thought to be caused by the invasion of toxins and are treated as “stagnant toxins” in Chinese medicine. In Chinese medical texts the four most common causes of cervical cancer are reported to be:

1. Stagnant toxins.

2. Liver/kidney yin deficiency.
3. Qi stagnation due to liver depression.
4. Dual deficiencies of heart and spleen.

The women we interviewed did not know this medical theory, but their concerns and comments reflected these points exactly.

Poison or “du” was often mentioned by informants as a cause of cancer. The informants in our study referred to du in a manner that reflects a combination of western derived concepts and Chinese ideas. They expressed in their discussion of du ideas from the popular literature where food additives or environmental toxins are known to promote cancers. They also expressed ideas from Chinese medical theory that these toxins and food additives can block qi and blood and metamorphose into lumps and eventually tumors that, untreated, lead to malignancies in a biomedical sense. The sources of du are equally confounded, some sited food, water, and polluted air in a toxicological sense. In the Mandarin focus groups many identified unclean blood (Chinese sense) as a potential source of du, and said that blood can become unclean if the body is unable to cleanse itself regularly through regular bowel movements, urination, or menstrual periods. In these situations du can circulate and contaminate all the organs it circulates through.

Uncleanness is mentioned frequently as a source of the gynecologic troubles of women. Poor hygiene in rural areas through dirty water, unclean toilets, clothing, habits, or sexual contacts are thought to lead to vaginal, cervical, or urinary tract infections. Menstrual blood is also considered by some to be a source of pollution. Historically, menstruating women were kept from participating in certain rituals or religious activities. Cervical and uterine cancers are thought to be caused by recurrent infections and a “rotten” womb. Since the inside of the vagina and womb are moist and dark women say it is an optimum environment for infections that can evolve into more serious conditions of inflammation leading to blockages and tumors through the disruption of blood circulation and qi circulation.

Sexual promiscuity by the woman herself such as by prostitutes, or by husbands who “play around” predispose a woman to STDs that might lead to inflammation that can cause lumps which lead to cancers. The Cantonese informants identified STDs as a source of poisonous lumps that in turn can become cancers, while the Mandarin focus groups felt it was recurrent infections that lead directly to cancer. The uterus is open post-partum and after menstruation. For this reason abstaining from intercourse during the sitting month or for three days after the completion of the period was seen as critical to prevent infection or contamination of the vulnerable uterine lining by semen/sperm which is considered a potential toxin or source of du. Similarly, the jing shen (energy level or emotional well being) is depleted by frequent intercourse. Consequently, frequent sexual contact can potentially lead to poor health and cancer through a variety of mechanisms: recurrent infections or STDs, pollution by semen, and depletion of jing shen.

Many respondents identified negative emotions as a source of illness. Their recognition of negative emotions as a source of disease expresses a classic Chinese concept merged with contemporary ideas about “stress.” The liver controls emotions and so negative emotions affect the liver directly. Since the liver also stores and regulates the blood, emotions that affect the liver impact blood circulation. If a blood lump has formed and negative emotions are present the interaction may promote tumor formation. As a potential cause or exacerbating factor for illness and cancers specifically, unhappiness, isolation, fear, worry, and stress can interfere with the normal flow of qi and blood, slowing their flow. Conversely, remedies and attributions of long life and healing are ascribed to positive emotions and laughter.

The formation of a blockage of either qi or blood by poisons, negative emotions, inappropriate foods or activities will lead to illness and potentially blood lumps. While blockages of blood and lumps can form many places along the channels that circulate qi and blood, they can easily occur in the uterus and cervix, kidneys, ovaries, and bladder because women are prone to loss of vitality through menstruation and child birth, frequent infections of the “open susceptible anatomy.” Similarly, the openness of the womb allows for potential invasion by the six exogenous pathogens, or with poison through semen and environmental pollutants. Consequently, blockages of blood can lead to lumps and tumors that in turn can become cervical or uterine cancers.

Preventing and Treating Gynecologic Disorders:

The principles mentioned in the qualitative data collected during this project in general are references to this underlying theoretical framework. Most women are unaware or unable to articulate the formal Chinese medical principles underlying their behaviors. However, their choices of activity, herbs, foods, or language reflect these principles and demonstrate how the practical and concrete aspects of Chinese culture have been replicated through time, even if the theoretical grounding is lost or was never known by an individual woman.

The principles of treatment are:

1. The regulation of Qi and Blood.
2. Harmonizing of Stomach and Spleen
3. Nourishing the Liver and Kidney and replenishing (bou) the Chong and Ren.

The soups and the key ingredients of these soups are regional and familial favorites with critical ingredients to replenish blood and prevent or address common post-partum disorders such as excess wind, cold, or dampness. The classes of soups are generally Qi tonics, Qi descendants, Blood tonics, ingredients for activating the Blood and expelling stagnation., and replenishing yin deficiencies of the Liver and Kidneys. For example, ginger is eaten everyday during the sitting month and helps replenish and circulate the blood. The varieties of herbs and soups that can accomplish these goals are numerous and detailed and specifics are available in the qualitative data files.

Maintaining positive emotions, excellent hygiene in general but particularly after intercourse, during menstruation, and post-partum, avoiding exposure to the six exogenous pathogens but particularly to wind, cold, and damp are each activities for preventing cancer and maintaining good health in general. Exercises that encourage the circulation of blood and qi, and specific herbs and acupuncture treatments that can facilitate circulation and/or eliminate lumps and blockages are also treatments for gynecologic disorders that include cancer. There are many specific diagnoses and prescriptions identified to harmonize spleen and stomach, nourish liver and kidney, and replenish the Chong and Ren meridians in Chinese medical texts. Similarly, informants in the interviews refer to favorite exercises, soups, foods, behaviors and attitudes that can prevent gynecologic disorders.

This brief summary requires clarification on many points. The attentive outreach worker will realize that references to tumors, toxins, blood, menstrual problems, and vaginal discharge in the minds of older Chinese informants are an amalgam of scientific and Chinese concepts. Women may not realize they have confounded these ideas and may not be able to articulate for you why they think this way or where they got this information. Addressing these ideas will be confusing and complex, I recommend not contradicting our participants, rather inform them of our recommendations and what scientific medicine thinks about these topics without refuting their ideas. Leave them to sort things out as they choose. To familiarize yourself with Chinese medical theory we have on hand several excellent texts to explain the basics. To learn the details most often reported by Chinese women I refer you to the interview files in Nudist available for your review. If you want a tutorial about Chinese medicine we may be able to arrange this. Good Luck.

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.

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.

What are the symptoms of cervical cancer?

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 simply an infection and can be treated with antibiotics. 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 and is big, or has spread to nearby locations in the abdomen, then it requires surgery, many medications, and is much more difficult to treat. There is no way to know, without testing, 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?

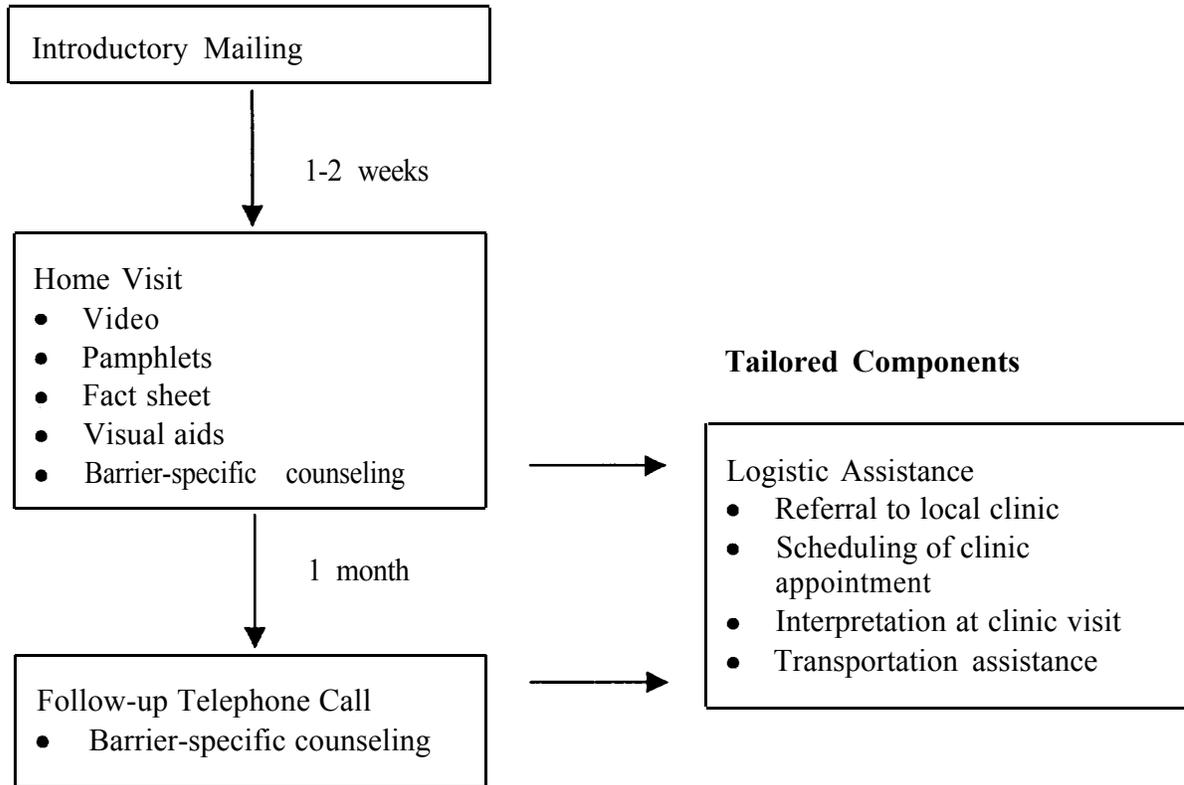
Only in those cases where women have waited so long that the cancer is deep in the uterus, large, or spreading is hysterectomy required. Most women do not need one, if the cancer is caught early. No one will do a hysterectomy without explaining it to you, why it is required, and making certain it is necessary. Remember, in North America 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?

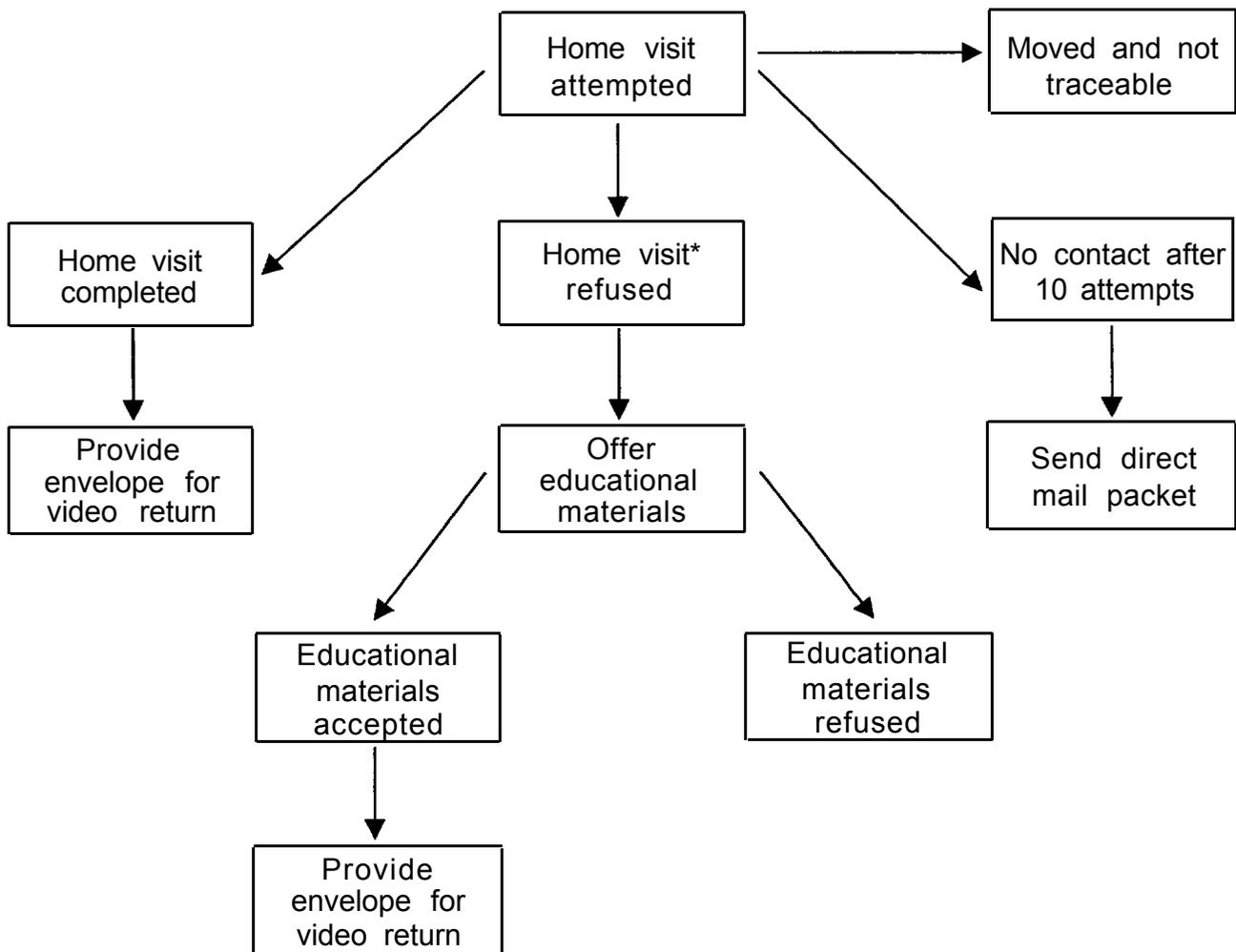
Cancer can start at any time. For this reason, doctors usually check the cervix regularly to make certain that it is normal.

OUTREACH WORKER INTERVENTION SUMMARY

Core Components



OUTREACH WORKER INTERVENTION PROTOCOL FOR PROVISION OF EDUCATIONAL MATERIALS



* If a woman calls (after receiving her introductory letter) to refuse the home visit

- 1) Message left on answering machine/voice mail system → No further action
- 2) Message received inperson → Ask if she would like the educational materials
 - Yes → Send direct mail packet
 - No → No further action

INTERVENTION PROTOCOL

General

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

Initial Contact

- The initial contact should be made in person (i.e., by going to the woman'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 10 contact attempts should be made. At least two of these attempts should be at the weekend, and at least two should be in the evening.

Home Visit Overview

- Home visits should be tailored to the needs of each woman, and expressed barriers to Pap testing should be systematically addressed.
- The outreach worker should always offer to show the video and provide the pamphlets as well as the fact sheet. The video should also be left with the woman, 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 video, pamphlets, and fact sheet.
- All women should be given a stamped, return envelope and asked to mail the video within a month (unless the video is not provided either as part of the home visit nor educational material package).

Home Visit Content

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

In Asia, people often only go to doctors when they are sick. Most Americans/Canadians have regular checkups so any problems can be found early. Women who have regular checkups 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 which 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 Chinese 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 observing the “sitting month” 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 and taxicab transportation), 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 Chinese women get cervical cancer, the cervical cancer and Pap testing graphs 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.
- The outreach workers can provide interpretation at clinic visits for Pap tests.
- The project can provide taxicab transportation to and from Pap testing clinic visits, if necessary; alternatively, women can be given bus passes.

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 Chinese women do not think they need to worry about cervical cancer. However, women from Asia are more likely to get cervical cancer than many other racial/ethnic groups in Canada/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 Chinese women.

- Most American/Canadian women get Pap tests regularly. Chinese women are less likely to get Pap testing than many other racial/ethnic groups in Canada/the US. In fact, many Chinese women have never had a Pap test.

Show the Pap testing graph. Explain that each bar represents the proportion of women who have had a Pap test. Stress that the smallest bar represents Chinese 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. Explain that the photos show an Asian woman having a Pap test.

Show speculum.

Show Pap testing kit.

Followup Telephone Calls

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. Ten attempts should be made, including at least two weekend and two evening attempts.

The following script can be used:

1. My name is _____. We met a few weeks ago. I am from the Chinese Women's Health Project, based at the British Columbia Cancer Center/Harborview Medical Center.
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 smear?
5. Thanks for talking to me. I hope that we have been able to help you.

OUTREACH WORKER INTERVENTION

Additional Protocols

1. If nobody is home the first time an outreach worker visits a household, she should leave a copy of the introductory letter and a note indicating an outreach worker attempted to visit the woman. If nobody is at home at the time of subsequent contact attempts, a note indicating an outreach worker attempted to visit the woman should be left each time.
2. If a woman asks if she can give the video to a friend, explain that we want to monitor our health education program closely. Ask her to provide the friend's name and phone number, and indicate that someone from the project will contact the friend and ask her if she would like the health education materials.
3. At the end of a home visit, offer to leave the video and return envelope. However, there is no need to "push this" if the woman has watched the video during the outreach worker's visit and indicates she does not want to watch the video again. If the video is not left with the woman, the date a video is returned (when completing Form 4A) will be the same as the date of the home visit.
4. Form 5A (group tracking) or 6A (individual tracking) should be used to track women between the time of their home visit and follow-up telephone call. Each outreach worker should use the version she finds most useful.
5. If the outreach worker leaves the video with a woman at the time of a home visit, she should ask if the video has been returned at the time of the follow-up telephone call. If not, the outreach worker should encourage the woman to mail the video back to the British Columbia Cancer Agency/Fred Hutchinson Cancer Research Center.
6. Nine follow-up telephone call attempts should be made without leaving a message on an answering machine. At the tenth attempt, a message can be left.

OUTREACH WORKER PACKETS

Each outreach worker packet should include the following:

- 1) Forms 2A, 3A, and 4A [with participant ID# and batch#]
- 2) Project pamphlet
- 3) Generic pamphlet
- 4) Fact sheet
- 5) Video [appropriate language version(s) with participant ID#]
- 6) Return envelope [with appropriate postage addressed to Elizabeth Acorda at Fred Hutchinson Cancer Research Center or Tove Labo at the British Columbia Cancer Agency]

In addition, each outreach worker will have a supply of introductory letters and notes indicating that a home visit contact attempt has been made, Form 5As and/or 6As, and bus passes.



Chinese Women's
Health Project



Dear _____ .

The Chinese Women's Health Project is sponsored by Harborview Medical Center and Fred Hutchinson Cancer Research Center. Our mission is to improve health among Chinese women. A few months ago you kindly completed a survey interview about women's health for the project.

We are now offering a women's health education program to women who live in Seattle. In the next few weeks, an outreach worker from the project will come to your house to talk with you about women's health. The outreach worker will be a Chinese woman, and will wear a badge to show that she is part of the project.

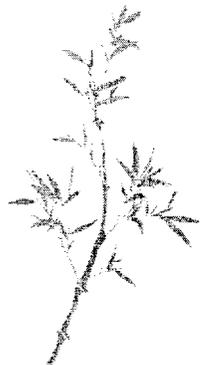
If you have any questions or concerns about this, you may call Kathy Lin at (206) 521-1288.

Sincerely,

Carey Jackson, MD
Medical Director,
International Medicine Clinic
Harborview Medical Center

Shin-Ping Tu, MD
Physician,
International Medicine Clinic
Harborview Medical Center

325 Ninth Avenue
Seattle, Washington 98104
(206) 731-3000





Chinese Women's
Health Project



親愛的 _____ :

華裔婦女健康研究是由海景醫院 (Harborview Medical Center) 及費哈金森 (Fred Hutchinson) 癌症研究中心所贊助的。我們的任務是改善華裔婦女們的健康，在幾個月之前，得到您的友善面訪，完成了關於婦女健康研究的調查。

目前我們為住在西雅圖婦女們提供有關婦女健康教育的資料，在未來幾個星期之內，我們會派出一位外展工作人員到貴府上和您講解關於婦女健康上的事情，這位外展工作人員會是一位中國女仕，她會佩帶著証章以表示是由本會所派出的。

如您對以上事項有任何問題或顧慮的話，請致電 (206) 521-1288 聯絡 Kathy Lin。

Carey Jackson 醫生
醫療主任
國際醫學診所
海景醫院 (Harborview Medical Center)

Shin-Ping Tu 醫生
醫生
國際醫學診所
海景醫院 (Harborview Medical Center)

325 Ninth Avenue
Seattle, Washington 98104
(206) 731-3000



SUMMARY OF PROGRAM MATERIALS

- **Resource Manual or Book**
- **Videotapes**
- **Pamphlets**
- **Fact Sheet**
- **Speculum**
- **Pap Testing Kit**
- **Anatomy Diagram**
- **Black and White Photographs**
- **Cervical Cancer Graph**
- **Pap Testing Graph**

PROBLEM SOLVING BARRIERS TO PAP TESTING

- 1. Avoids Doctors**
- 2. Lack of Knowledge**
- 3. Believes Unnecessary**
- 4. Fear of Results**
- 5. Believes Painful**
- 6. Believes Embarrassing**
- 7. Lack of Transportation**
- 8. Lack of Childcare**
- 9A. Lack of English Proficiency (Seattle)**
- 9B. Lack of English Proficiency (Vancouver)**
- 10A. Primary Care Provider versus Gynecologist (Seattle)**
- 10B. Primary Care Provider versus Gynecologist (Vancouver)**
- 11. Concern about Cost (Seattle)**

1. AVOIDS DOCTORS

| Counseling Guidelines | Suggested Responses |
|---|---|
| Find out why she doesn't go to doctors. | <ul style="list-style-type: none"> • Is there a reason why you don't go to doctors? |
| <p><i>If she believes that traditional Chinese healing methods are better than American/Canadian methods, listen carefully and show respect for her beliefs. Explain that American/Canadian tests can be added to traditional methods.</i></p> | <ul style="list-style-type: none"> • Back home, many people did not see a doctor unless they were very ill. <ul style="list-style-type: none"> 1 Many of our Chinese elders have always taken care of themselves by drinking herbal teas and getting help from Chinese herbalists. • We can improve our health by adding American/Canadian tests to our traditional Chinese methods. |
| <p><i>If she feels doctors don't listen to her, show respect for her opinion. Explain that every doctor is different.</i></p> | <ul style="list-style-type: none"> • Reputations of doctors who listen to patients are important. Ask your friends, relatives, neighbors, or interpreters for referrals. |
| <p><i>If she feels American/Canadian doctors don't understand uniquely Chinese health complaints, acknowledge and respect her opinion. Suggest that she explains her health complaints in terms of symptoms and not in Chinese syndromes.</i></p> | <ul style="list-style-type: none"> • Avoid using Chinese 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, I am thirsty all the time, I cough a lot, my sputum is very green or yellow etc..." • A good interpreter (if available) can help you describe a list of symptoms from common Chinese syndromes. |
| <p><i>If she believes that seeing a doctor is unnecessary, refer to barrier 3.</i></p> | |
| <p><i>If she is frightened of invasive procedures, refer to barrier 4.</i></p> | |
| <p><i>If she believes that gynecologic exams are embarrassing, refer to barrier 6.</i></p> | |

2. LACK OF KNOWLEDGE

| Counseling Guidelines | Suggested Responses |
|---|--|
| Find out whether a woman knows whether she has had a Pap test, and if she is familiar with the test. | <ul style="list-style-type: none"> • Have you ever had a Pap test? • Do you know what a Pap test is? • Do you know why Pap tests are done? |
| <i>If she is unsure whether she has had a Pap test</i> , 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. | <ul style="list-style-type: none"> • Have you ever seen a doctor in Canada/US for childbirth care? • Have you ever seen a doctor in Canada/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. |
| <i>If she doesn't know what a Pap test is or why it is done</i> , provide a simple explanation. | <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • Why don't you think you need a Pap test? • Do you think Pap tests are important for other women? |
| <i>If she does not believe Pap tests are necessary unless a woman has symptoms, explain why this is not true.</i> | <ul style="list-style-type: none"> • 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. |
| <i>If she does not believe Chinese women get cervical cancer, explain that women from Asia are at high risk.</i> | <ul style="list-style-type: none"> • All women can get cervical cancer. • Chinese women are more likely to get cervical cancer than American/Canadian women; this is mostly because Chinese do not get Pap tests as often as Americans/Canadians. |
| <i>If she believes she will not get cervical problems because she observed "the sitting month," explain why that is not enough.</i> | <ul style="list-style-type: none"> • Observing "the sitting month" is not enough to prevent cervical cancer. • It is important to add American/Canadian methods like Pap tests to our traditional Chinese methods of womb care. |
| <i>If she believes good hygiene protects her from cervical cancer, explain why that is not enough.</i> | <ul style="list-style-type: none"> • Good hygiene can help reduce unnecessary vaginal infection; however, it is not enough to prevent cervical cancer. |
| <i>If she believes she will not get cervical cancer because her family has no history of cancer.</i> | <ul style="list-style-type: none"> • 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 |
|--|--|
| <i>If she gives her age as the reason</i> , explain why someone her age should have Pap tests. | <ul style="list-style-type: none"> • All women can get cervical cancer. • Women can get cervical cancer at any age. • Older and younger women should all get regular Pap tests. |
| <i>If she has never been sexually active</i> , explain that all women can get cervical cancer (and that smoking is a risk factor, if appropriate). | <ul style="list-style-type: none"> • 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 heavy smoker are more likely to get cervical cancer. |
| <i>If she is not currently sexually active</i> , explain that past sexual activity can affect a woman's risk of cervical cancer. | <ul style="list-style-type: none"> • 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. |
| <i>If she is post-menopausal</i> , explain that women can get cervical cancer after the menopause. | <ul style="list-style-type: none"> • 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 |
|---|---|
| <p>Find out if the woman has a particular reason for being frightened of the results.</p> | <ul style="list-style-type: none"> • 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). |
| <p><i>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.</i></p> | <ul style="list-style-type: none"> • 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. |
| <p><i>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.</i></p> | <ul style="list-style-type: none"> • 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. |
| <p><i>If she is afraid of surgery, explain how hysterectomy can be avoided through early detection.</i></p> | <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • 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? |
| <i>If she has had a Pap test that was painful or uncomfortable, explain that speculums come in different sizes.</i> | <ul style="list-style-type: none"> • 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. |
| <i>If another woman has told her that Pap tests are painful or uncomfortable, explain the procedure to her.</i> | <ul style="list-style-type: none"> • 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. |
| <i>If she cannot explain why she is concerned about pain or discomfort, refer to barrier 6.</i> | |

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. | <ul style="list-style-type: none"> • You are not alone; most women feel the same way. • What part of the exam bothers you most? |
| <i>If she is embarrassed by the procedure itself</i> , provide information about the procedure. | <ul style="list-style-type: none"> • 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. |
| <i>If she is concerned about seeing a male doctor</i> , explain that many clinics have female doctors, and offer to help her find out about their availability. | <ul style="list-style-type: none"> • Some women are more comfortable seeing women doctors; others prefer men. • Would you rather see a woman doctor? • Would you like me to find out if there is a woman doctor at your clinic? |
| <i>If she is concerned about having a male staff member interpreting during her physician encounter</i> , explain that many clinics have female interpreters or other staff members that speak Chinese languages, and offer to help her find out about their availability. | <ul style="list-style-type: none"> • 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 your language at your clinic? |

7. LACK OF TRANSPORTATION

| Counseling Guidelines | Suggested Responses |
|---|--|
| Find out what transportation problems the woman has. | <ul style="list-style-type: none"> • 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? |
| <i>If she has no relatives that can help, suggest asking a friend or neighbor to drive her?</i> | <ul style="list-style-type: none"> • 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? |
| <i>If she is used to taking the bus, provide bus route information. Offer two bus passes.</i> | <ul style="list-style-type: none"> • There is a good bus service to your clinic. I can tell you which bus to take. • I could give you a couple of bus passes if that would help. |
| <i>If there is no support available and she is not comfortable taking the bus, offer to arrange taxicab transportation.</i> | <ul style="list-style-type: none"> • We could arrange for a taxi to take you to the clinic and bring you home again if that would help. |

8. LACK OF CHILDCARE

| Counseling Guidelines | Suggested Responses |
|--|--|
| Find out what specific childcare responsibilities the woman has. | <ul style="list-style-type: none"> • 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? |
| <i>If she takes care of grandchildren</i> , suggest she talk to her son or daughter. | <ul style="list-style-type: none"> • 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? |
| <i>If she is working and has children</i> , suggest scheduling a clinic appointment during work hours, in the evening, or on a Saturday morning. | <ul style="list-style-type: none"> • 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? |
| <i>If there is no family support available</i> , suggest asking a neighbor or friend to watch the children. | <ul style="list-style-type: none"> • 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. |

9A. LACK OF ENGLISH PROFICIENCY (SEATTLE)

| Counseling Guidelines | Suggested Responses |
|--|--|
| <p><i>If the woman has limited English proficiency, find out if she is anxious about communicating through medical interpreters.</i></p> | <ul style="list-style-type: none"> • 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? |
| <p><i>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.</i></p> | <ul style="list-style-type: none"> • Would it help if I met you at the clinic and translated for you? |
| <p><i>If she does not know if interpreter services are available at her clinic, provide her with the relevant information.</i></p> | <ul style="list-style-type: none"> • It looks like your clinic does have interpreters. • Would you like me to call the clinic and find out when there is an interpreter available? |

9B. LACK OF ENGLISH PROFICIENCY (VANCOUVER)

| Counseling Guidelines | Suggested Responses |
|--|--|
| <i>If the woman has limited English proficiency, find out if she goes to a clinic where the doctors and/or other staff speak her Chinese dialect.</i> | <ul style="list-style-type: none">• There are many clinics where the doctors and/or their staff speak Chinese dialects.• Do you know if your clinic has doctors and/or staff who speak your dialect?• Would you like me to refer you to a clinic where the doctors speak your dialect? |
| <i>If the woman's doctor and staff do not speak her dialect, ask her if she has a female relative who could interpret for her. Offer to meet her at the clinic and act as the interpreter.</i> | <ul style="list-style-type: none">• Could your daughter go with you to the clinic and translate for you?• Would it help if I met you at the clinic and translated for you? |

10A. PRIMARY CARE PROVIDER VERSUS GYNECOLOGIST (SEATTLE))

| Counseling Guidelines | Suggested Responses |
|---|--|
| Find out if the woman believes Pap testing requires a gynecologic specialist. | <ul style="list-style-type: none"> • Do you need a referral from your primary care physician to get a Pap test? • Do you know if your primary care physician does Pap testing? |
| <i>If she states that in her country of origin, women get their Pap testing from gynecologic specialists, acknowledge her statement and tell her in US primary care physicians perform Pap tests.</i> | <ul style="list-style-type: none"> • Explain to her that in US, most women get their Pap tests from their primary care physician. • When women get their Pap test from their primary care physician, it is hassle-free. There is no need to wait a long time for an appointment with a gynecologist. • Gynecologists often employ nurse practitioners or physician assistants to provide preventive care like Pap testing. • Gynecologists often charge more for Pap testing than primary care physicians. |
| <i>If she states she will only have a Pap test if it is done by a gynecologist, offer to refer her to a gynecologist's office.</i> | <ul style="list-style-type: none"> • Then would you like me to help you get an appointment to see a gynecologist? |
| <i>If she mentions male providers or fear of embarrassment, refer to barrier 6.</i> | |

10B. PRIMARY CARE PROVIDER VERSUS GYNECOLOGIST (VANCOUVER)

| Counseling Guidelines | Suggested Responses |
|--|---|
| Find out if the woman believes Pap testing requires a gynecologic specialist. | <ul style="list-style-type: none"> • Do you need a referral from your primary care physician to get a Pap test? • Do you know if your primary care physician does Pap testing? |
| <i>If she states that in her country of origin, women get Pap testing from gynecologic specialists, acknowledge her statement and tell her primary care physicians in Canada do perform Pap tests.</i> | <ul style="list-style-type: none"> • Explain to her that in Canada, most women get their Pap tests from their primary care physician. • When women get their Pap tests from their primary care physician, it is hassle-free. There is no need to get a gynecologist referral, and wait a long time for an appointment. • The Asian Women's Health Clinic is a special clinic that provides Pap testing for Chinese and other Asian women. Would you like me to refer you to the Asian Women's Health Clinic? |
| <i>If she states she will only have a Pap test if it is done by a gynecologist, encourage her to discuss this with her primary care physician.</i> | <ul style="list-style-type: none"> • Then why don't you talk to your primary care physician about getting a referral. |
| <i>If she mentions male providers or fear of embarrassment, refer to barrier 6.</i> | |

11. CONCERN ABOUT COST (SEATTLE)

| Counseling Guidelines | Suggested Responses |
|---|---|
| Find out if the woman has any medical insurance. | <ul style="list-style-type: none"> • Do you have any health insurance? • Do you have medical coupons? • Do you have Medicare? • Do you have the state Basic Health Plan? |
| <i>If she has health insurance</i> , 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.) | <ul style="list-style-type: none"> • 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? |
| <i>If she has Medicaid</i> , tell her that the Washington Medicaid system pays for Pap tests. | <ul style="list-style-type: none"> • You can use medical coupons to get a Pap test. |
| <i>If she has Medicare</i> , tell her that Medicare pays for Pap tests. | <ul style="list-style-type: none"> • Medicare will pay for Pap tests. |
| <i>If she has the Basic Health Plan</i> , tell her that it pays for Pap tests. | <ul style="list-style-type: none"> • The Basic Health Plan will pay for Pap tests. |
| <i>If she has no insurance</i> , offer to call her clinic and find out if it uses sliding scales for Pap testing. | <ul style="list-style-type: none"> • 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? |

FORM 4A: INTERVENTION SUMMARY (OUTREACH)**Identification
Label****Outreach Worker:** _____**HOME VISIT OUTCOME:**

| Outcome | Yes | No |
|--|------------|-----------|
| Completed | | |
| Moved (could not be traced) | | |
| Nobody home after 10 attempts → direct mailing | | |
| Refused visit but accepted materials | | |
| Refused visit and materials | | |

Date of home visit: ___/___/___**CORE COMPONENTS:**

| Component | Yes | No |
|-----------------------------------|------------|-----------|
| Video shown during visit | | |
| Video left for subsequent viewing | | |
| Pamphlets and fact sheet provided | | |

VISUAL AIDS:

| Topic | Yes | No |
|------------------------------|------------|-----------|
| Anatomy diagram | | |
| Speculum and Pap testing kit | | |
| Black and white photographs | | |
| Cervical cancer graph | | |
| Pap testing graph | | |

DISCUSSION TOPICS:

| Topic | Yes | No |
|--|------------|-----------|
| Female anatomy | | |
| Sexually transmitted diseases | | |
| Cervical cancer | | |
| Pap testing generally | | |
| Pap testing barriers (specify below) | | |
| Traditional Chinese health beliefs and practices (specify below) | | |
| Other (specify below) | | |

TAILORED ACTIVITIES:

| Activity | Yes | No |
|---|------------|-----------|
| Second home visit (specify purpose below) | | |
| Additional telephone contact (specify reason below) | | |
| Referral to a local clinic | | |
| Assistance with appointment scheduling | | |
| Interpretation at clinic visit | | |
| Taxicab transportation | | |
| Bus passes | | |
| Other (specify below) | | |

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

Yes

No

TELEPHONE CALL:

| Outcome | Yes | No |
|--|------------|-----------|
| Not indicated | | |
| Completed | | |
| Telephone disconnected (new # not available) | | |
| Not home after 10 attempts | | |
| Refused | | |

Date of telephone call: ___/___/___

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

Was the video returned? (circle one)*

Yes ————> Date received: ___/___/___

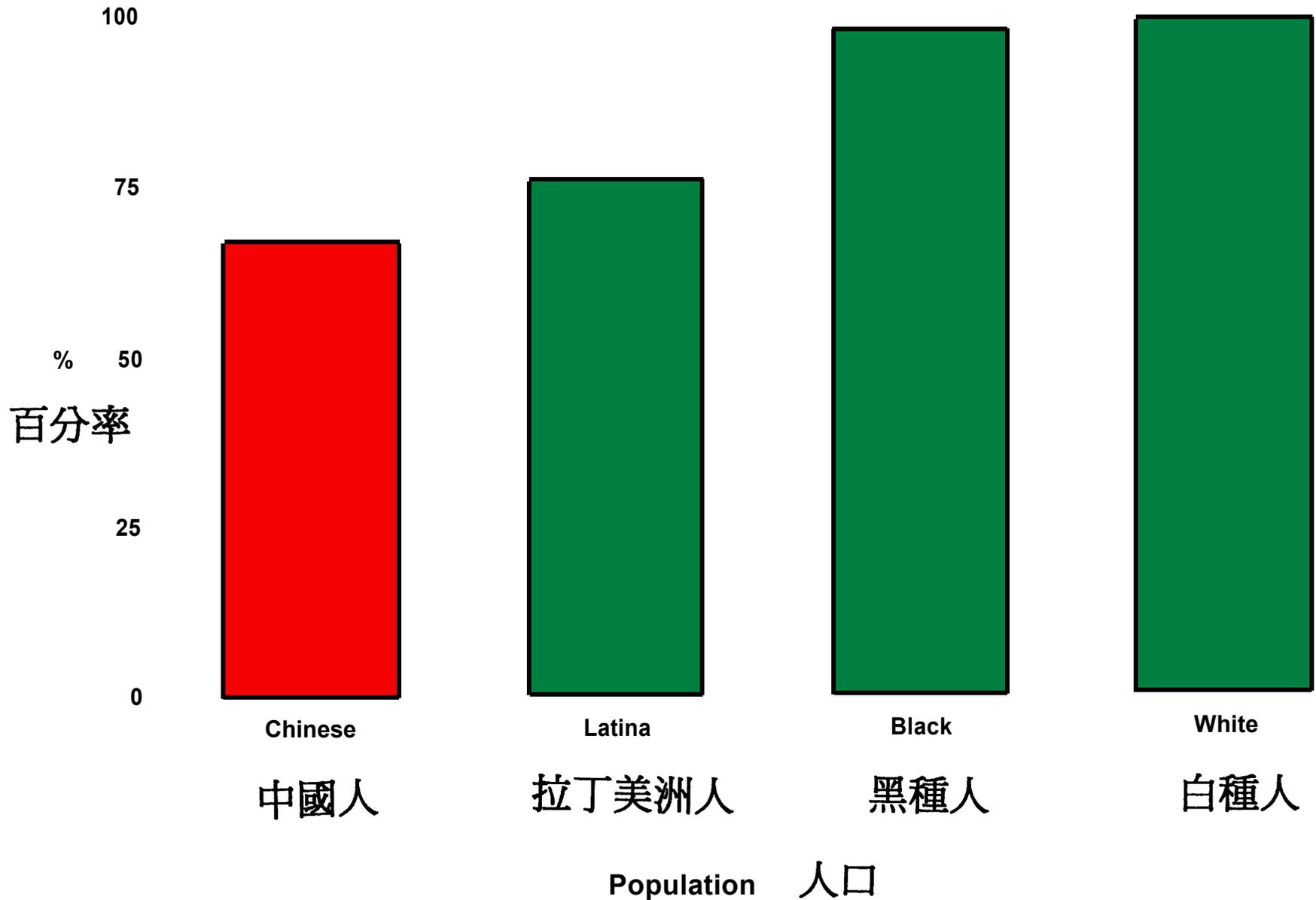
No

COMMENTS:

*Complete if home visit outcome is “completed,” “refused visit but accepted materials,” or “nobody home after 10 attempts → direct mailing.”

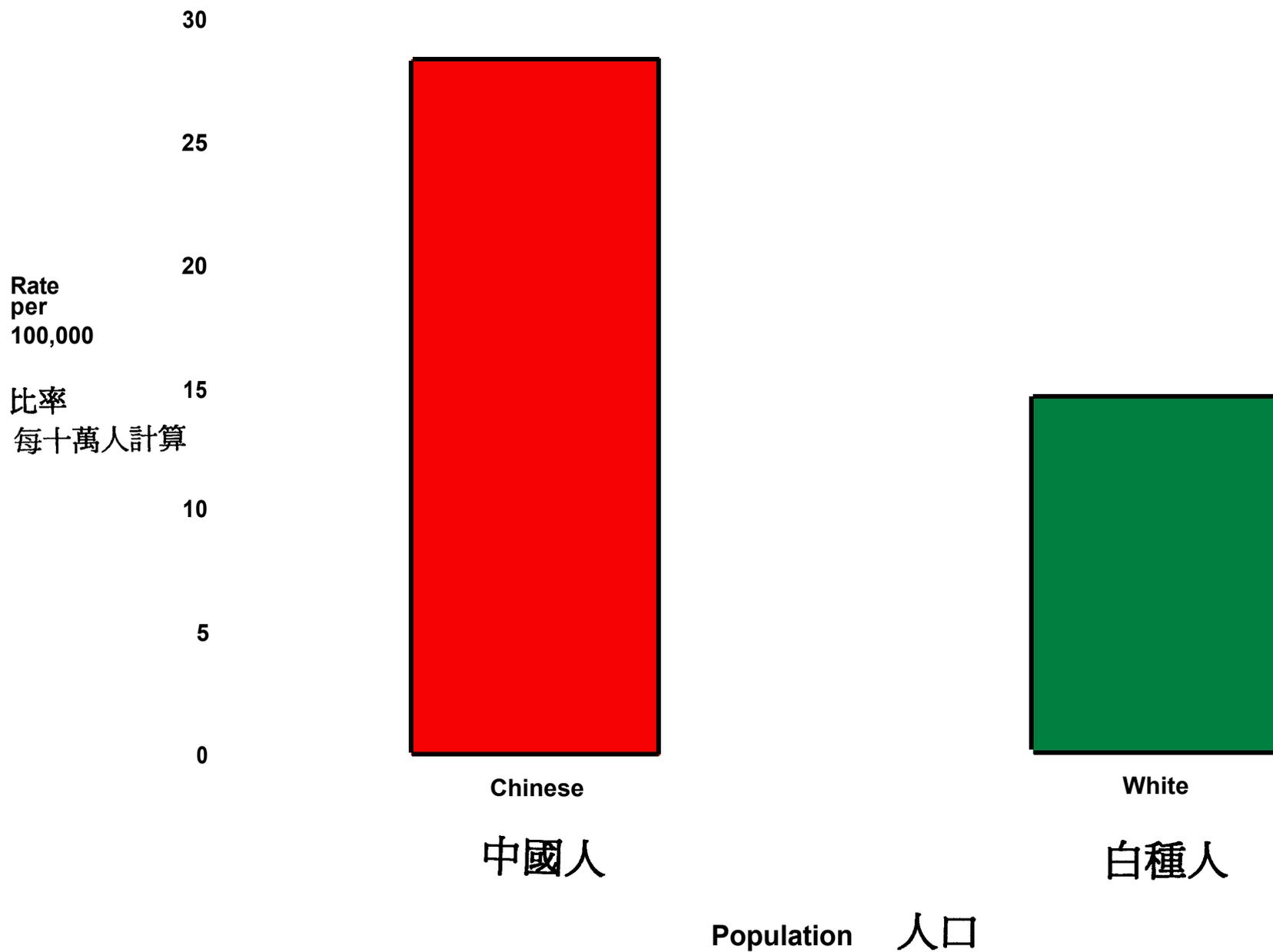
**Note: This section should be completed one month after the home visit if the video has not been returned. If the video is returned later, the form should be edited and the tracking system updated.*

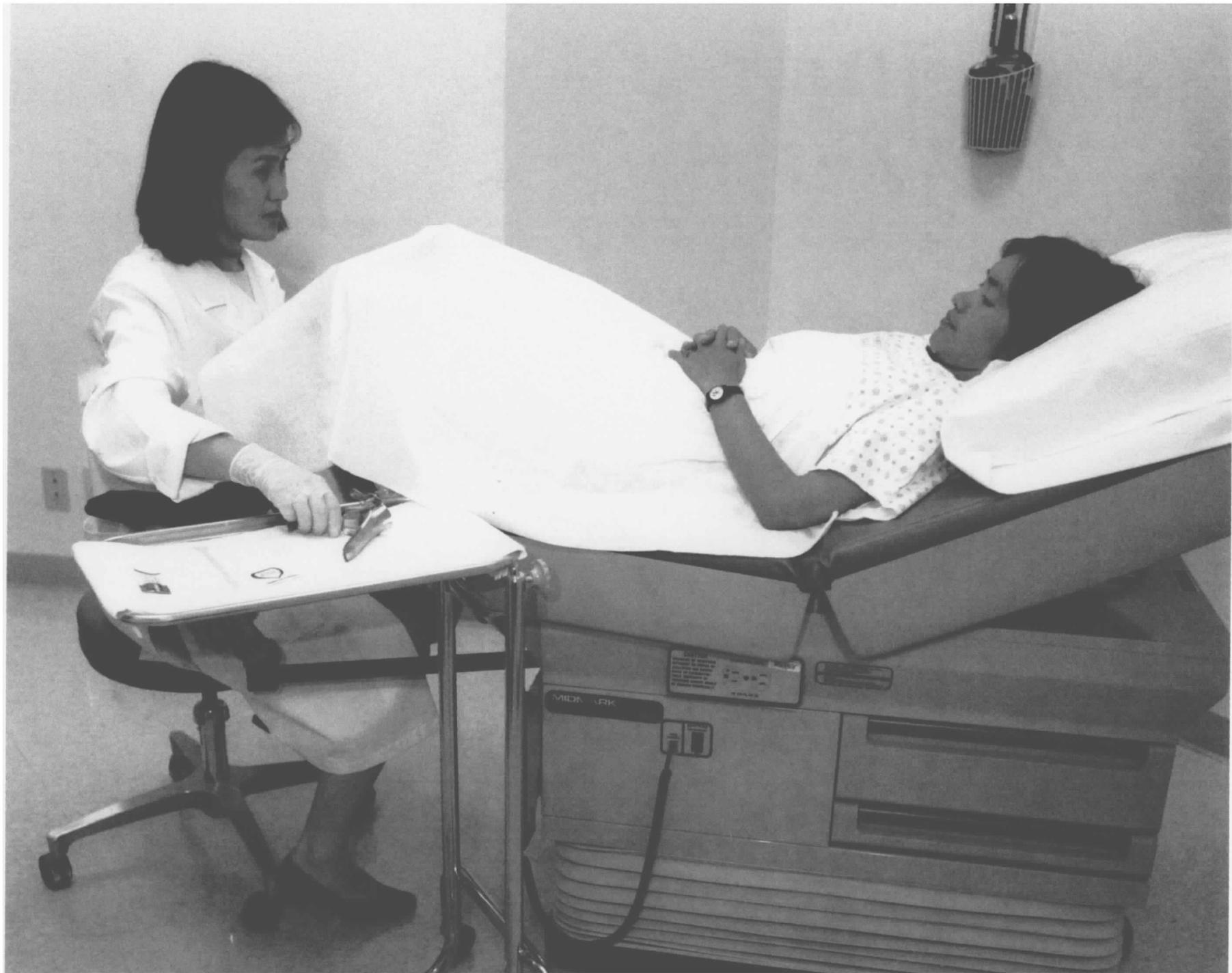
子宮頸抹片檢查表：三藩市人口統計
Pap Testing: San Francisco Populations



子宮頸癌比率表：卑詩省

Cervical Cancer Rates: British Columbia

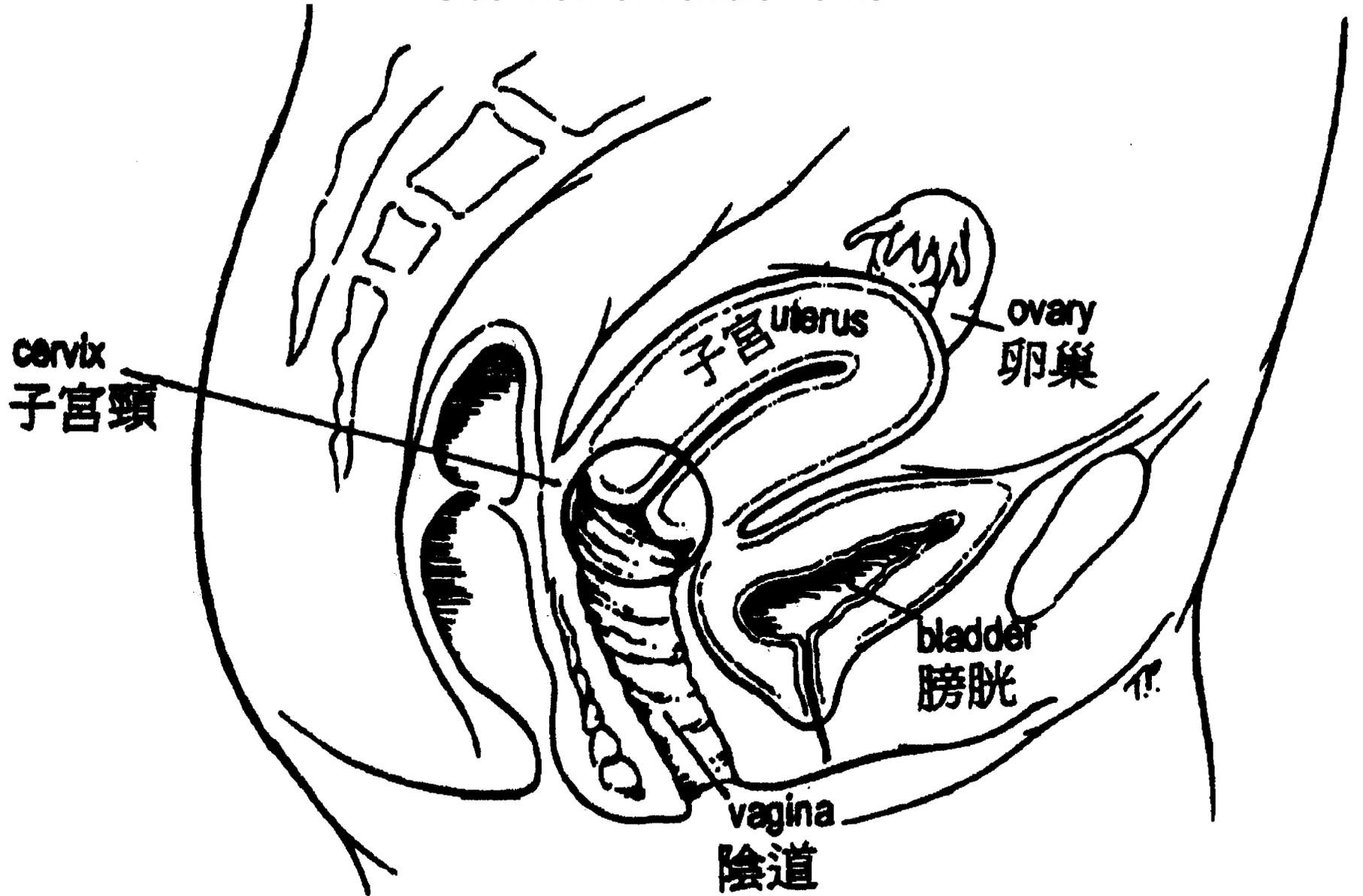






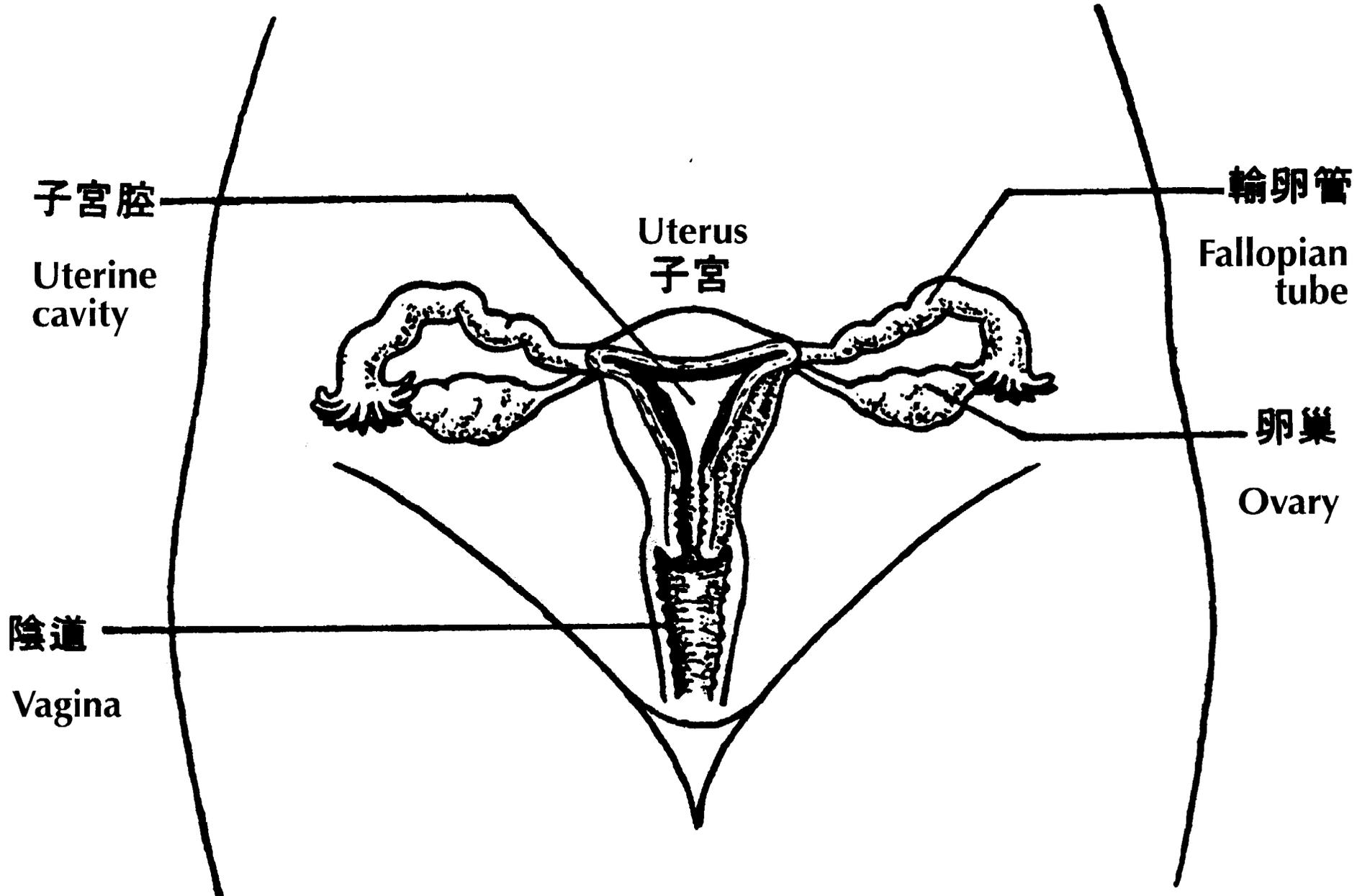
女性骨盆側面圖

Side View of Female Pelvis



(女性骨盆正面圖)

Front View of Female Pelvis



子宮腔

Uterine
cavity

Uterus
子宮

輸卵管

Fallopian
tube

卵巢

Ovary

陰道

Vagina

