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**GRANT NUMBER: DAMD17-94-J-4215**

**TITLE: EARLY CANCER DETECTION FOR FILIPINO WOMEN**

**ANNUAL REPORT**

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## INTRODUCTION

### Nature of the Problem

This research is directed at reducing high rates of late-stage breast cancer among Filipino American women. This is a large and growing population for whom little is known about health practices, and there are virtually no data on knowledge, attitudes, intentions and practices pertaining to cancer screening. Interventions aimed at improvements in early cancer detection can only be effective if they account for and address existing barriers to screening, and if the interventions are delivered through modes and messages appropriate and acceptable to their intended audience. Such tailoring of education and other institutional activities requires data on the needs and characteristics of specific population subgroups, including cultural and socio-economic influences on barriers, practices and resources.

### Background of Previous Work

The NCCC has developed an extensive research program devoted to the study of cancer control among underserved and multi-ethnic populations. Three studies are related to the proposed research: 1) A four-year NCI Program Project grant, *Pathways to Early Cancer Detection for Four Ethnic Groups*, was funded October 1, 1992 under the overall direction of Dr. Robert Hiatt. Dr. Pasick is Project Coordinator and Drs. Sabogal and Horn-Ross are Co-Investigators in this research. 2) Initiated October 1991, the *Breast and Cervical Cancer Intervention Study (BACCIS)*-Dr. Robert Hiatt, P.I.) is a five-year NCI-funded study of community- and clinic-based interventions intended to increase early detection among underserved women, particularly African American, Hispanic, White and Chinese American. Dr. Pasick is responsible for outreach and process evaluation. 3) *Improving Health Surveys for Multi-Ethnic Populations* (Dr. Carol D'Onofrio, P.I.) was funded by the Centers for Disease Control October 1992. Dr. Pasick is Project Coordinator in this study to develop guidelines for survey construction, translation, pilot-testing and administration and to compare survey methods (household and telephone) across four ethnic groups. Preliminary findings indicate that question construction for health surveys being conducted in English and other languages require highly simplified initial English versions. Also, exact translations from English may sacrifice important elements of meaning such that researchers must carefully and knowingly weigh potential loss of reliability from less exact translation with potential loss of validity from very precise translation.

Also from within our team, the following research has contributed to the state of knowledge on health in Filipino American culture. Dr. McBride was awarded three pilot study grants in 1991 from the William Henry Nelson Trust, School of Medicine, Stanford University. The first, *Health Status of Filipino World War II Veterans* used semi-structured interviews of 88 veterans. Among the findings were multiple health symptoms that were not brought to the attention of physicians while in the Philippines. *Health Symptoms and Acculturation in Filipino Elders* involves the development of an acculturation scale for Filipino American elders based on a modification of the Cuellar Acculturation Scale (36). *Generativity and Caregiving: Functions at Mid-Life of Women in Filipino Families* was a qualitative analysis of semi-structured interviews of members of three Filipino families. Findings suggested strong differences in caregiving roles and in decision making related to primary caregiving responsibilities (37).

Mr. Jang of Polaris Research, Inc. was the Principal Investigator of the *Filipino Smoking Prevalence Study*, through a grant to the Asian American Health Forum from the Tobacco Related Disease Research Program of the University of California in 1991. This was a statewide 30-minute telephone

survey of 1318 Filipino men and women ages 18 and over (82% responding). Interviews were conducted in Tagalog, Ilocano and English by trained Filipina interviewers.

### Purpose of Present Work

This study has the primary aim of developing breast cancer control interventions for Filipino American women, ages 20 and over. Both qualitative and quantitative methods will be used to gather information, develop and test hypotheses, and test dominant behavioral theories to produce answers to the following: what factors influence the use of breast and cervical cancer screening among Filipino American women in Northern California? The research will begin with formative research that consists of qualitative inquiry intended to elucidate a broad range of concepts, issues and problems that influence use and non-use of early detection methods in the target population. This will produce hypotheses that address variations in population subgroups pertaining to cancer screening practices, behaviors and potential interventions. For example, the barriers to cancer screening may be different for less acculturated Filipino American women than for those who have adopted a more western lifestyle. These factors will be operationalized into measurable variables in a survey instrument and translated into Tagalog, Ilocano, Cebuano, and Ilonggo. Next, a population-based telephone survey will be conducted with 1200 Filipino American women, ages 20 and over, residing in 12 Northern California counties. Finally, data from the survey will be analyzed and interpreted in the form of an intervention plan intended to increase early cancer detection.

Based on the need for interventions designed to improve early breast cancer detection among Filipino American women, our understanding of the population, and our prior research experience, we have developed the following objectives for this research:

- a. To collect information from a random, population-based sample of 1200 Filipino American women on the correlates, barriers, and possible incentives to periodic use of breast cancer screening, including access to care, knowledge levels, attitudes, intentions, and practices regarding preventive health care in general, and cancer and cancer screening, in particular.
- b. To identify and define possible cultural barriers to early cancer detection across a range of socio-economic status, acculturation levels and periods of immigration.
- c. To assess the applicability of dominant behavioral theories to cancer screening among Filipino Americans.
- d. To use information from specific aims a, b, and c to develop a detailed plan, in the form of a research proposal, for implementation and evaluation of culturally appropriate interventions targeted to Filipino women and aimed at eliminating barriers to cancer screening and increasing early detection rates.

### Methods

An age-stratified random sample of Filipino American women, age 20 years and older, residing in twelve Northern California counties (Alameda, Contra Costa, Marin, Monterey, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, and Solano) will be included in a population-based telephone survey. According to the 1990 census, 21% of the US Filipino American population and 41% of the California Filipino American population live in these twelve counties. This geographic area covers both urban and rural areas. Over 112,500 Filipino American women age 20 years and older will be available for study. We will interview 400 women from each

of three age strata (20-39, 40-64, and 65+). This design reflects oversampling of the 65+ age group to identify characteristics and needs we believe will be distinct from other age groups, and that will have major impact on the design of interventions for this group.

The components of this study are first the formative, qualitative research that will inform items for use in the quantitative telephone survey questionnaire, followed by implementation of the telephone survey, and analysis of the data to produce an intervention plan and research design for evaluation of the intervention. Based on the formative data collected, hypotheses will be refined for testing. Formative research will proceed through a three-step process: focus groups, open-ended interviews, and construction of close-ended questions using rigorous pre-testing. Our formative research will be designed to identify possible predictors and correlates of screening practices among Filipino American women as well as to identify commonly used language that will make questionnaire items readily understood.

*Focus Groups.* Focus group methodology has been widely used in needs assessments for health promotion and cancer control. This method is useful to generate background information on a given topic; as a first step in developing quantitative methods; to generate research hypotheses; to diagnose problems; to study motivation, insights and connections; to plan and design interventions; evaluate messages and modes of communication; design materials; and interpret results.

This research follows recommendations for recruitment, screening, group moderation and analysis. For maximum input from the full range of the target population, this research plan includes:

- three groups of English-speaking (more highly acculturated) Filipino women, corresponding to the three targeted aged groups in our survey (20-39, 40-64, 65+).

- three comparable groups of less acculturated women who are more comfortable communicating or are monolingual in Tagalog.

- a group of Tagalog speakers from the 40-64 age stratum for two consecutive sessions, the first session will address issues of acculturation and the second session will include a more in-depth discussion of health and cancer screening. (We will compare the findings of the second group with that of our single focus group from the same age group to ascertain if women were more forthcoming in a context where they had established closer relationships).

- a focus group will be conducted with 8-10 Filipino married men because of the influential role of men in the health and socio-cultural roles of Filipino women.

- one focus group will also be conducted with 8-10 Filipino physicians and one with 8-10 Filipino nurses to identify cancer screening issues and barriers from the perspective of providers to the target population

All groups have 8-10 participants and discuss women's health, beliefs about cancer, and use of cancer screening. Recruitment for focus groups is conducted by the study Research Assistant using screening criteria developed by the research team. Groups are held in locations accessible to the women recruited. Responses to focus groups will be explored further in a series of individual open-ended interviews. All these data will be content analyzed to identify responses and themes that are common to those identified for the dominant culture through the cancer control literature and themes that may be unique to Filipino culture. The results of the content analysis will be used to develop close-ended items and response categories that will make up the structured interview schedule for the



telephone survey. Our findings will provide the foundation for pre-testing educational messages and materials in the intervention planning phase of this research.

*Open-ended interviews.* For in-depth exploration of concepts and interview items, 10 women from each age stratum will be interviewed using open-ended questions covering a wide range of issues that may be relevant to use of cancer screening. These questions relate respondents' expectations, attitudes, values, norms, and stereotypes regarding cancer and tests for its early detection, including fate and fatalism, personal control over health and longevity, and the pros and cons of cancer screening.

*Instrument Development.* A twenty- to thirty-minute telephone questionnaire will be developed to include concepts identified in focus groups that may be potential barriers to cancer screening, that may facilitate screening, and that will inform development of community-based interventions aimed at increasing early breast cancer detection. The survey instrument will be translated to Tagalog, Ilocano and two other Filipino languages.

*Survey Implementation.* For sampling, we will use a modified random-digit dialing (RDD) procedure to identify a random sample of Filipina American women. Our modification maximizes the efficiency of RDD for selecting persons in minority segments of the population by using data from population-based cancer registries to identify primary sampling units. The survey work will be performed by Polaris Research and Development, Inc. under the direction of Mr. Jang. Approximately 10 mature Filipino American women, bilingual in the four primary non-English Filipino languages, will be recruited and trained as interviewers for the project. The research team under Dr. McBride's direction will work closely with Mr. Jang on both recruitment and training. Interviewers will be thoroughly trained in the steps to follow in screening for eligibility (e.g., in terms of ethnicity, gender, age) and language preference, as well as cultural aspects of respect and rapport development. We estimate that a minimum of 30,000 telephone calls will be made at a rate of 100 per day by these interviewers. The survey will be completed during 300 work days of interviewing over a nine-month period in year two of the study.

*Intervention Plan.* Using data from the structured interviews and based on known cultural characteristics of Filipino American women, we will develop a cancer control intervention plan that contains guidelines for the following: development of a community organizing plan and a media campaign, development of breast screening educational print materials (number of languages to be determined by findings of the survey), a health care provider education program, and a research design for a randomized, controlled evaluation of the overall intervention. The final plan will be written in the form of a research application intended to acquire funding for intervention implementation and evaluation. This follows National Cancer Institute precedent in which developmental studies were conducted and analyzed prior to the implementation of intervention research.

Findings from the survey will inform broad and specific elements of the intervention plan: defining and segmenting the intended audience; defining the message(s) for each targeted segment; developing the best means for conveying key messages; and identifying, prioritizing and modifying resources that represent barriers to screening. Survey data will identify segments of the population who have never heard of mammography, clinical breast exams or breast self-exam; those who have heard of these tests but haven't had them or don't intend to have them; those who have had some screening but do not adhere to recommended guidelines; and those who have been in adherence but discontinued routine screening. In all instances, likely reasons for current screening practices will be identified. The socioeconomic and cultural characteristics of each population segment will be described such that interventions and messages can be tailored to their needs and preferences. For example, data might

show that new immigrants with low incomes are not comfortable with strangers and do not venture beyond their immediate neighborhood (as is the case with Vietnamese immigrants in the *Pathways* study). Addressing fears and other barriers in this population might involve training lay neighborhood leaders to approach women in familiar surroundings. Or access to clinics may be a major barrier among women who are also shown to prefer group functions. An appropriate intervention might then be community-wide health fairs including mammograms from a mobile van. In another example that demonstrates the specificity of interventions possible with detailed information about intended audiences, *BACCIS* is using survey data to modify the National Cancer Institute's speaker's kit on mammography, creating separate slide shows for African American, Hispanic, Chinese and White women with low education levels. Each slide show addresses different attitudinal and cultural barriers to screening and will be used for education and outreach in a variety of culturally-appropriate settings. Throughout the planning process, an Advisory Committee made up of community leaders and representatives of Filipino social and medical service agencies will participate. This group will review study findings and the interpretations of these findings; make initial recommendations for plan development; and review and comment on planning drafts.

## **BODY**

### Research Team Activities:

#### **Developing the Survey Questionnaire**

The major activity for Year 1 was the development of the survey questionnaire. We approached the task by dividing the research team into three small workgroups after three exploratory meetings. Group A worked on the focus group; group B worked on generating survey questions; and group C worked on the sampling method. Each work group scheduled their meetings and results or questions were brought to the general research team meetings. Seven research team meetings were held in Year 1.

Group A consisted of R. Linsangan, Ph.D., M. McBride, Ph.D., R.N., R. Pasick, Dr.Ph., J. Seneriches-Sustento, M.D., F. Sabogal, Ph.D., N. Tuason, M.A., L. Weiner, Ph.D., and G. Yeo, Ph.D. They recommended categories of information to be collected using the focus groups. Open ended questions were developed and a training program was designed to prepare the focus group facilitators. A schedule for the focus groups was made; criteria for participation was identified and strategies for effective recruitment in the Filipino community were recommended.

Group B consisted of R. Galang, Ph.D., P. Horn-Ross, Ph.D., M. McBride, Ph.D., R.N., R. Pasick, Dr.P.H., F. Sabogal, Ph.D., S. Stewart, Ph.D., and N. Tuason, M.A. The group reviewed existing survey instruments used in cancer research and other types of health and social science research. Special emphasis was placed on including cultural domains critical to understanding cancer screening behaviors in Filipino American women. Information from the focus groups was used to generate many questions related to health beliefs, cultural values, family dynamics, religiosity, sexuality, acculturation, and health care access. A framework was designed to guide the development of questions (Appendix A).

Group C consisted of M. Jang, Ph.D., P. Horn-Ross, Ph.D., M. McBride, Ph.D., R.N., F. Sabogal, Ph.D., S. Stewart, Ph.D., and N. Tuason, M.A. Two random sampling methods were examined to ensure that major issues can be resolved. A pilot study comparing these methods is being discussed to

determine its effectiveness when contacting Filipino households. The site for this study is still to be determined.

### **Constructing a Conceptual Framework**

Members of Group B with input from the research team proposed a conceptual framework (Appendix A) to guide the development of the survey instrument and generate possible hypotheses. Based on the literature, information from the focus groups, individual interviews, consultation with Filipino community leaders, and discussions among the research team members, categories of information that may influence preventive health behaviors were schematically represented in a diagram. We proposed that for Filipino American women education, income, acculturation as influenced by American societal values are strong determinants of either high or low access to medical care. This may lead to positive or negative health promotion behaviors (i.e., breast cancer screening).

To determine how cultural values and health beliefs impact access and breast cancer screening behaviors in Filipino women, we proposed that the Filipino family system and Filipino societal values contribute immensely to the development of cultural values and belief systems. Furthermore, we acknowledged that Judeo-Christian teaching continues to be a dominant component in shaping Filipino societal values and the evolution of contemporary Filipino families. We also proposed that among Filipino American women, the interaction of these factors, as illustrated by arrows in the left box of the diagram, suggests a dynamic tension. An intriguing notion is the possibility that clusters of interactions rather than a single factor might explain positive and negative breast cancer screening behaviors. These insights would be useful in designing culturally compatible interventions.

The diagram in Appendix B is a model we followed to generate survey questions on the influence of religiosity on the family (e.g., family closeness, respect for elders, etc.) and Filipino societal values (e.g., modesty, virginity, sexual behavior, sexual attitudes, etc.). Religiosity is represented by the church practices and teachings (e.g., sin, etc.), church rituals (i.e., mass and prayers, and the church structure (i.e., parish, diocese, etc.). This process lead to greater precision in developing survey questions.

### **Collecting Information Using Focus Groups**

To date, seven focus groups have been conducted in different areas of Northern California. English was used for each age group (20-39; 40-64; and 65 & up), a group of Filipino men, and a group of Filipino physicians. A group of 40-64 year old Filipino women met twice to talk about acculturation issues and a similar age group was convened to gather additional information on cancer and cancer screening practices. These two focus groups were conducted in Tagalog, one of the Pilipino languages.

Tagalog was used to conduct a focus group for older Filipino women (65 & up) and plans are in progress to conduct two focus groups in this language for women age 20-39 years and 40-64 years. Approaches to communicate the importance of early detection of breast cancer will be a priority agenda for these groups. The remaining focus group to be scheduled is the Filipino registered nurses who will be asked about their perceptions of breast health in Filipino American women, health access for this population, culturally compatible interventions, and attitudes towards cancer in the Filipino community. Parts of the survey questionnaire could be pretested in this group.

### **Collecting Information Through Individual Interviews**

Four individual interviews were conducted in Year One. More interviews are planned for 1995 to 1) clarify information generated from the focus groups, 2) collect information on sensitive topics that require privacy such as sexuality, family relationships, etc, and 3) pre-test certain items in the survey instrument. Filipino women with breast cancer will be invited to participate. The individual interview will be used to add depth to information previously collected or explore topics that many Filipino women may be reluctant to address in a group setting. For example, discussing the characteristics and nature of husband-wife or man-woman communications regarding breast health may be more substantive in a one to one interview when individualized reassurance can be given immediately when needed.

### **Linking with the Filipino community**

As outlined in the grant application, a volunteer Advisory Group on Filipino Health was established to 1) expand the access to information on the Filipino community's concern regarding breast cancer, 2) enhance our recruitment effort for the focus groups and outreach in Year Two to implement the survey, 3) establish a pool of community volunteers to pre-test the survey instrument in several Filipino languages, 4) create "community ambassadors" for the research project. Members of the Advisory Group were invited through various Filipino and Asian organizations in the San Francisco Greater Bay Area.

Two Advisory meetings were held in Year One and members of the research team and the Northern California Cancer Center Administration participated. A Spring meeting is being scheduled to prepare the Filipino community for the telephone survey.

To date, thirty Filipino community organizations have given the support and commitment to the project. We anticipate more Filipino groups will do the same as we continue our outreach activities.

### **CONCLUSIONS**

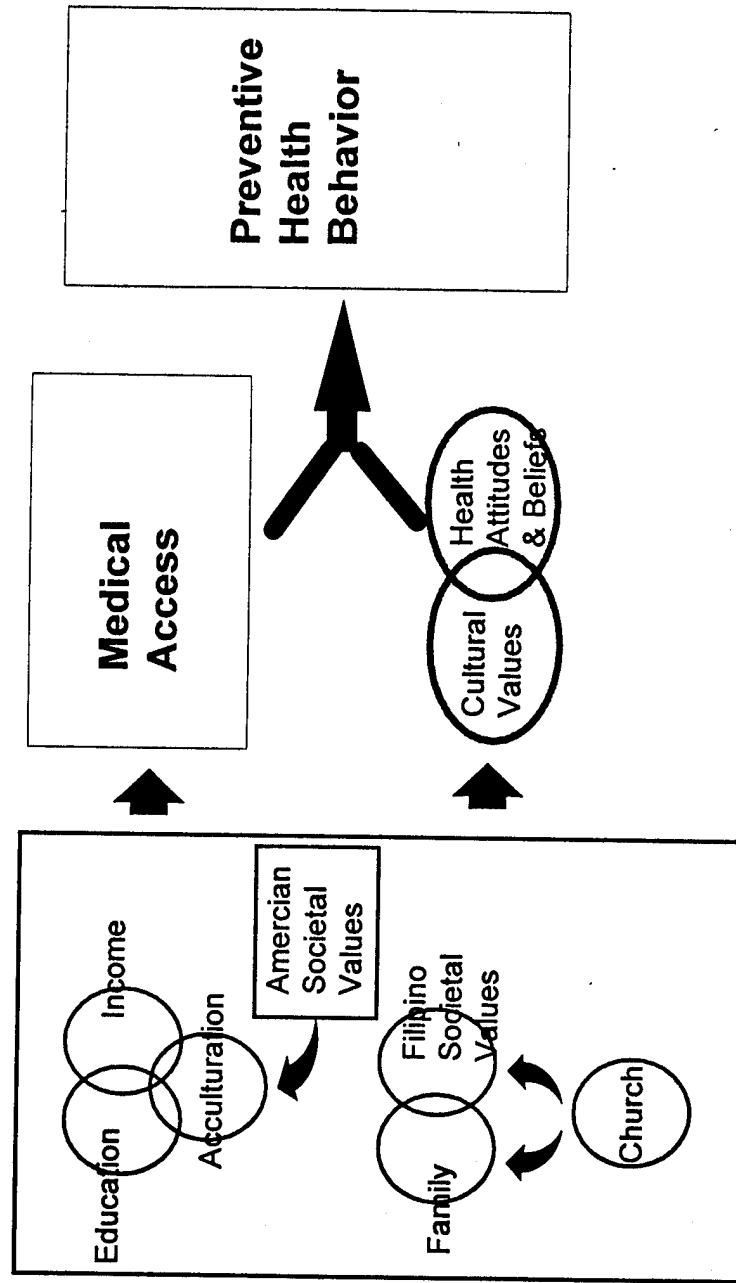
Because we have only completed the first year of this three-year study, no results have been produced as yet.

### **REFERENCES**

As we are only reporting work in progress, no references are appropriate.

# APPENDIX A

## Proposed Conceptual Framework



# APPENDIX B

