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Mammography for Nepali New Americans

COMMUNITY HEALTH CENTERS OF BURLINGTON (CHCB), RIVERSIDE HEALTH CENTER

ROSIE EIDUSON

JULY-AUGUST 2022

DR. MICHELLE DORWART, DR. HEATHER STEIN



Description of Problem and Need

In general, immigrant and racial ethnic minority women tend to have lower uptake of mammography in the United States. The disparity has been found to be related to access to care, language barriers, and cultural differences about preventative care. [1,2]

Providers at CHCB report that women told to obtain a mammogram often do not do so. In observing visits and talking about the work flow...

- Currently, providers discuss the mammogram (generally through a translator)
- They then hand them a small card with the scheduling phone number, which they must call themselves to schedule.

The difficulty in the US and at CHCB seems to be multifaced: *cultural and logistic, as expected, but also unclear guidelines make it even more difficult.*

AHEC Problem Area: *Cultural Competency and Medical Practice Transformation*



Public Health Considerations

Nationally:

Preventative cancer screening among immigrants in general, tends to be lower than non-immigrant counterparts. [1,2]

Increased mammography uptake has been shown to decrease mortality related to breast cancer, presumably because early detection indicates earlier and perhaps simpler treatment. [3,4]

However, a lack of medical community agreement on the benefit and risks of regular screening as well as the proper interval of screening has been shown to be confusing for both patients and providers. [5]

Locally:

According to the 2022 UVM community health needs assessment, women ages 50-74 with mammogram in last 2 years has decreased from 83% to 79% [6]

Community Perspective

CHCB Medical Provider

Mammography dropped more than cervical cancer screening and colon cancer screening during COVID.

CHCB has decided to make mammography a prevention based data system measure for this year

In general, among Nepali speaking New Americans, many were in refugee camps in Nepal and there was not preventative care there. While there were of course exceptions, the concept of preventative care there is less known. "Care is generally catastrophic, not preventative."

Finds that therefore the first barrier is cultural, and she spends a lot of time in her practice explaining the concept of preventative care

The second barrier is logistic because UVMMC requires patients to self refer for mammograms, and providers, in general, cannot ask the mammography center to call the patients. This can also be difficult if a translator isn't available.

Third barrier is that the US guidelines are not as clear as with other preventative services, and therefore providers and patients are less sure about proper mammography intervals.

A few aspects that she says helps get the Nepali New Americans to their appointments and may be a good population for intervention is 1) In general Nepali New Americans are literate in Nepali so a handout of some kind makes sense 2) They can generally work with any provider, and are comfortable seeing male providers (for example, the mammography techs) and therefore won't have cultural concerns about who is going to be in the room when they have their mammogram.

Multiple Anonymous Patient Perspective

I was not able to interview a single patient at the clinic but did ask a handful of patients in the context of anonymous research what their opinions were on obtaining a mammogram...

- Patient says she has a lot going on and doesn't have time to call the scheduling line. She says she cares for her grandchildren all day and wonders if she would be able to bring them.
- Patient says she doesn't feel anything is wrong with her breasts and doesn't understand why she needs this screening. She does not feel any lumps. No one in her family has ever had this kind of screening before.
- Patient says she worries that when she goes there, she won't have access to an interpreter.
- Patient says she is having a lot of back pain and that is more important to her right now.
- Patient doesn't have transportation and lost the little piece of paper with the scheduling phone number

Intervention and Methodology

- Currently, providers hand out a small card with the phone number of the self-referral mammography line.
- Proposed intervention would be twofold
 - 1) a small handout to give patients in Nepali (but can be translated to apply to other populations too) that helps give clarity to the reasons the mammogram is recommended and how to schedule the appointment. This flyer should become available in every patient room like the small cards with the phone numbers.
 - 2) powerpoint slides for the waiting room in Nepali (but can be translated to other languages as well) to help patients start thinking about mammography prior to entering the clinic, so that they may ask their doctor about it in the room

Proposed Intervention

What is it?

Regular mammography in people with breasts helps detect breast cancer early so that it is simpler to remove.

Who needs one?

We recommend a mammogram every 2 years from age 50-74

What happens?

You will be asked to undress and be given a gown to cover yourself.

Each of your breasts will be placed between two pieces of plastic and the technician will take pictures. It may be uncomfortable for a few seconds.

The whole process should take about 15 minutes.

The radiologist will call you with the results.

Call **(802)-847-2446** to schedule your mammogram at UVM.

You can use a translator to help you. We can help you call too.



ASK US ABOUT A MAMMOGRAM!



The materials will be translated first into Nepali (and then, if utilized and successful, into other languages as well) and put into the patient rooms and on display in the waiting room screens.

Some of the information on these handouts come from planned parenthood website [6]

MAMMOGRAPHY



WHY?

Regular mammography in people with breasts helps detect breast cancer **early** so that it is simpler to remove.

WHEN?

Every 2 years
beginning at age 50



WHAT?

You will be asked to undress and be given a gown to cover yourself. Each of your breasts will be placed between two pieces of plastic and the technician will take pictures. It may be uncomfortable for a few seconds.

The whole process should take about 15 minutes. The radiologist will call you with the results.



HOW?

Call **(802)-847-2446** to schedule your mammogram at UVM.

You can use a translator to help you. We can help you call too.



ASK US IF YOU HAVE ANY QUESTIONS!

Effectiveness and Limitations

Evaluation:

- Mammography uptake prior to intervention should be calculated, and then post intervention uptake should be collected after 6 months.
- Patient surveys could evaluate what encouraged patients to obtain a mammogram or why they chose to not obtain a mammogram both pre and post intervention

Limitations

- Only a small number of Nepali women were asked about barriers to mammography, it would be useful to increase the number of interviews or perform a community survey
 - These materials are not developed by someone in the Nepali community, and therefore may not be culturally sensitive or appropriate – would be useful to get more input from community members and/or community health workers.
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Future Interventions and Projects

A preventative cancer screening course may be useful for New American populations.

- This course could cover colon cancer, cervical cancer, lung cancer, and breast cancer screening and help address cultural understanding around preventative screening
- The course could be offered every 6 months or on an as needed basis
- Could be led by a community leader or community health worker

With more funding and staff availability, it could be useful to hire a preventative screening coordinator for CHCB riverside.

- This person could help coordinate all preventative screening for all New American patients in order to help address logistic and linguistic barriers faced by patients.

References

- [1] Anderson de Cuevas RM, Saini P, Roberts D, Beaver K, Chandrashekar M, Jain A, Kotas E, Tahir N, Ahmed S, Brown SL. A systematic review of barriers and enablers to South Asian women's attendance for asymptomatic screening of breast and cervical cancers in emigrant countries. *BMJ Open*. 2018 Jul 7;8(7):e020892. doi: 10.1136/bmjopen-2017-020892. PMID: 29982210; PMCID: PMC6042536.
- [2] Menon U, Szalacha LA, Prabhughate A. Breast and cervical cancer screening among South Asian immigrants in the United States. *Cancer Nurs*. 2012 Jul-Aug;35(4):278-87. doi: 10.1097/NCC.0b013e31822fcab4. PMID: 21963722.
- [3] Bayard S, Fasano G, Chen Y, Davis M, Drotman M, Bensenhaver J, Swistel A, Simmons R, Marti J, Newman L. Screening mammography mitigates breast cancer disparities through early detection of triple negative breast cancer. *Clin Imaging*. 2021 Dec;80:430-437. doi: 10.1016/j.clinimag.2021.08.013. Epub 2021 Aug 30. PMID: 34543867.
- [4] Youlden DR, Cramb SM, Dunn NA, Muller JM, Pyke CM, Baade PD. The descriptive epidemiology of female breast cancer: an international comparison of screening, incidence, survival and mortality. *Cancer Epidemiol*. 2012 Jun;36(3):237-48. doi: 10.1016/j.canep.2012.02.007. Epub 2012 Mar 27. PMID: 22459198.
- [5] Shi W, Nagler RH, Fowler EF, Gollust SE. Predictors of Women's Awareness of the Benefits and Harms of Mammography Screening and Associations with Confusion, Ambivalence, and Information Seeking. *Health Commun*. 2021 Mar;36(3):303-314. doi: 10.1080/10410236.2019.1687129. Epub 2019 Nov 5. PMID: 31690128.
- [6] <https://www.uvmhealth.org/medcenter/about-uvm-medical-center/the-community/needs-assessment>
- [7] <https://www.plannedparenthood.org/learn/cancer/breast-cancer/what-happens-during-mammogram>

Consent Forms

Yes /

Name (printed): Dr. Heather Stein

Signature: [obtained verbal consent over the phone]