

# LEADERSHIP & PROFESSIONAL DEVELOPMENT

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Associate Editor

## Improving Early Detection of Breast and Cervical Cancer in Chinese and Vietnamese Immigrant Women

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The purpose of this article is to describe a project designed to promote cancer screening among immigrant women in a midsize urban center in south-central Canada. Public health nurses (PHNs) and nursing faculty members developed the project and recruited, trained, and worked with women's health educators (WHEs) and community leaders to raise awareness of cancer prevention among immigrant women and to help eliminate barriers to accessing services. The background, process, results, and lessons learned will be presented.

### Background

Three forces motivated the development of the project: (a) government mandate, (b) local needs and service pressures, and (c) research evidence. The provincial public health department required that local municipal departments meet mandatory health program and service guidelines (Ministry of Health and Long-Term Care for Ontario, 1997). The guidelines acknowledged the existence of underserved populations, including immigrants, and focused on the early detection of cancer.

The municipal public health department, in partnership with English-as-second-language (ESL) instructors, multicultural community agencies, and cancer screening services, had been providing information about the early detection of cancer to immigrant women. However, the information usually was delivered to women attending crosscultural groups (e.g., ESL classes, settlement services health days), and no evaluation had been made of the effectiveness of those educational efforts. Furthermore, staff members at a local mature women's health clinic and provincially funded breast screening clinics noted that very few immigrant women accessed their services. Primary disease prevention was available, although limited, through community health centers and primary care physicians. Family physicians were in scarce supply, and newcomers frequently were unable to find a doctor or a caregiver from their home countries (Talbot, Fuller-Thomson, Tudiver, Habib, & McIsaac, 2001).

We had some experience at the health department using peer educators in the child health program and implementing a small project for cancer screening promotion for

Spanish-speaking immigrant women from 1999–2000. We also were aware that projects using peer educators to increase cancer screening had been launched successfully in other centers using volunteers or paid staff. Studies in the United States (Legler et al., 2002; Pasick, Hiatt, & Paskett, 2004) and Canada (Hyman & Guruge, 2002; Taylor et al., 2002) supported the effectiveness of the peer-educator approach to cancer screening. A systematic review of the literature suggested that direct, tailored education to immigrant women coupled with mass media exposure led to increased cancer screening (Black, Yamada, & Mann, 2002). Given those incentives, the Early Detection of Cancer Team, comprised of nurses in the municipal public health department, decided to assess the feasibility of a project using peer educators and system-focused initiatives to reach underserved communities with cancer screening information. Because the words "peer" and "lay" are not known in Asian languages, we chose the term WHEs.

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welcome. Manuscripts should clearly link the content to the impact on cancer care. Manuscripts should be six to eight double-spaced pages, exclusive of references and tables, and accompanied by a cover letter requesting consideration for this feature. For more information, contact Associate Editor Paula Klemm, DNSc, RN, OCN®, at klemmpa@udel.edu or Associate Editor Paula T. Rieger, RN, MSN, AOCN®, FAAN, at prieger@pdq.net.