Health Care: Current Reviews

Extended Abstract

Cancer Early Detection: Reaching Out to the Underserved NICE (National Indio Cooperative Enterprises, Inc.) Community

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Abstract:

Background:

The U.S. healthcare system faces many challenges in providing health care access and quality care to the Asian Indio population within its borders. Immigration has increased the number of foreign-born Asian Indians living in the United States. Particular to cancer, literature notes an association between foreign birth and native language spoken at home to a lower rate of cancer screening in Asian Americans. While the national language of Hindi is spoken by over 40 % of the population, immigrants also speak Gujarati and Punjabi and need a translator if not seeing a healthcare provider of the same ethnic background.

The National Cancer Institute (NCI) recognizes that traditional Asian attitudes and beliefs may inhibit health seeking screening services. Women within this population frequently hold gender specific values about female roles and familial obligations, thus minimizing their own health needs. These beliefs as well as the influence of Ayurvedic medicine and Hinduism on health and illness beliefs of the Asian Indian population in U.S. needs to be recognized. Providers also need to be aware of the cancer climate in India. Of an estimated 5.87 hundred thousand new cancer cases among females in India in 2020, the highest number was attributed to cancer of the breast, followed by cervical cancer, ovarian cancer, oral cancer and colorectal cancer (Indian Cancer Society, Indian Council of Medical Research). While screening is now recognized in India as effective in the prevention and early detection of cancers, it has historically not been a health priority. Thus, survival rates in India for early detection when cancers are most amenable to treatment is low as compared to North America and Europe. and met with culturally and linguistically tailored interventions. The U.S. must respond with a plan to provide culturally and linguistically tailored cancer care that includes education and early detection services to this population.

To answer this need, a New Jersey Cancer Education and Early Detection (NJCEED) Program at a major Cancer Centre in Southern New Jersey, USA formed a collaborative relationship with National Indio Cooperative Enterprises, Inc. (NICE), a non-profit organization dedicated to service of the Indian community in the same area of the State in 2007. It was established to provide cancer education and early detection to Asian-Indian women rarely or never screened through the use of a dedicated clinic. The clinic, which continues to be held monthly, is coordinated by an Asian Indio Lay Navigator and Family and Advanced Oncology Certified Nurse Practitioner...

Purpose:

In order to examine the outcomes of the grant funded clinic related to provision of free services to the select population, a retrospective review was completed to look at outcomes related to cancer diagnoses. Other information collected included the number of clinical breast examinations and mammograms, Pap smears and pelvic exams, and fecal occult blood testing and/or and referral for colonoscopy as per the American Cancer Society and NJCEED guidelines that were provided. Referrals made for inconclusive screening results, diagnostic services, and treatment at no cost through the grant funded program or through the institutions Charity Care or State of New Jersey Medicaid were also reviewed.

Methods:

IRB approval for the descriptive retrospective review was obtained. The nurse practitioner served as the PI for the review and collected deidentified data from the convenience sample of patients already in the cancer screening program registry since 2007 through 2019 on the above identified services and outcomes. .

Results:

Participants included a total of 248 Asian Indio women with a mean age of 52 (standard deviation 9). Sixty-two percent of the female patients continued to return for annual or 6-month follow-up visits for a total of 601 encounters. Specific to cancer diagnoses made through the program there were 8 breast cancers (DCIS, LICS, Stage I breast cancer and Stage III breast

cancer) 2 cervical cancers and 2 endometrial cancers made. All patients received treatment and follow-up care through referral to the hospital system and cancer center. Benign conditions were addressed by the nurse practitioner or referred to gynecology or primary care as appropriate.

Discussion:
While many facilitators and barriers to screening have been cited in the literature, this program was able to address barriers early on to provide a positive experience for patients. The select population identified the availability of a dedicated setting with the Asian Indio Lay Navigator and consistent female provider as the major factor leading to their participation. Additional facilitators included the women feeling their cultural beliefs were respected, development of a trusting relationship with the clinic staff, on-site mammography that immediately followed visit with provider, support for transportation, and the continuing commitment of NICE and the screening program to provide cancer education and outreach in their community.

Conclusion:
This outreach strategy has to date been a successful approach to increasing the knowledge and access of Asian-Indio women to annual cancer screening. The adoption of advocacy strategies to promote self and community empowerment, and delivery of services in a dedicated manner has assisted in building social cohesion for an effective preventive education and cancer screening program that influences initial and on-going early detection behaviours. This innovative service delivery approach can be a model of care that other agencies can utilize to meet healthcare needs of a population that historically has not accessed the U.S. healthcare system until late in a cancer trajectory.