

Barriers to Cervical Cancer Screening for Hispanic/Latinx Women in the Harris Health Safety Net System

Domenica Gomez^{1,4}, Susan L. Parker³, Trisha L. Amboree³, Jane R. Montealegre^{3*}, Elizabeth Y. Chiao^{2,4*}

¹MD Anderson PCCSM, Houston, TX, ²Epidemiology Department at The University of Texas MD Anderson Cancer Center, Houston, TX, ³Baylor College of Medicine, Houston, TX, ⁴Colby College, Waterville, ME

* Both authors contributed to the work equally

Introduction

- Screening for cervical cancer in the U.S. involves Pap smears and testing for Human Papillomavirus (HPV)¹
- Despite screening, Harris County is in the worst 25% of US counties for cervical cancer incidence²
- Previous studies have found that Latina women have the highest risk for cervical cancer incidence and mortality rates but are the least likely to seek screening³
- I aim to investigate the impact that primary language, English or Spanish, and place of birth have on cervical cancer screening barriers for Latinx women in Harris Health and what solutions can be implemented to overcome them.

Materials

- PRESTIS (Prospective Evaluation of Self-Testing to Increase Screening) sent self-testing kits to a subgroup of eligible and randomized Harris Health patients; 99 of 143 women returned the self-testing kits
- Telephone surveys were conducted in English or Spanish, depending on participant's primary language
- Survey questions included: participant's healthcare accessibility, common barriers to cervical cancer screening, their experience with the HPV self-sampling kit and/or patient navigation, knowledge or awareness of HPV and the HPV vaccine, demographics, and telehealth access
- All survey responses are recorded on Baylor College of Medicine's REDCap⁴ database

Contact Information

For any further questions or comments please contact dgomez25@colby.edu.

Patient Characteristics		N (%)
Interview Language	English	23 (16.1%)
	Spanish	120 (83.9%)
Race/Ethnicity	Hispanic	143 (100%)
Place of Birth	Mexico	77 (54.2%)
	United States	21 (14.8%)
	Central America	40 (28.2%)
	South America	4 (2.8%)
High Level of Education	Never Went to School	3 (2.1%)
	Some Elementary	13 (9.3%)
	Elementary	40 (28.6%)
	Some High School	31 (22.1%)
	High School	36 (25.7%)
	Some College/Vocational School	13 (9.3%)
	College/Vocational School	4 (2.9%)
Household Income	< \$10,000	13 (20.0%)
	\$10,000 - \$19,999	23 (35.4%)
	\$20,000 - \$29,999	13 (20.0%)
	\$30,000 - \$39,999	9 (13.8%)
	\$40,000 - \$49,999	5 (7.7%)
	\$50,000 - \$59,999	1 (1.5%)
\$60,000 - \$69,999	1 (1.5%)	

Table 1. Patient demographics of telephone surveyed Hispanic women, N=143

Methods

- We utilized chi square statistical tests to assess differences between participant groups and constructed cross tabulations for analysis; SAS Version 9.4 was used for the analyses
- We compared barriers to participant's primary language, English or Spanish, whether they were born in the United States or elsewhere, and to places of birth, Mexico or Central and South America.
- To reduce statistical variability, we combined no with unsure and left yes as the second option.

Telephone Surveyed Hispanic Women's Places of Birth

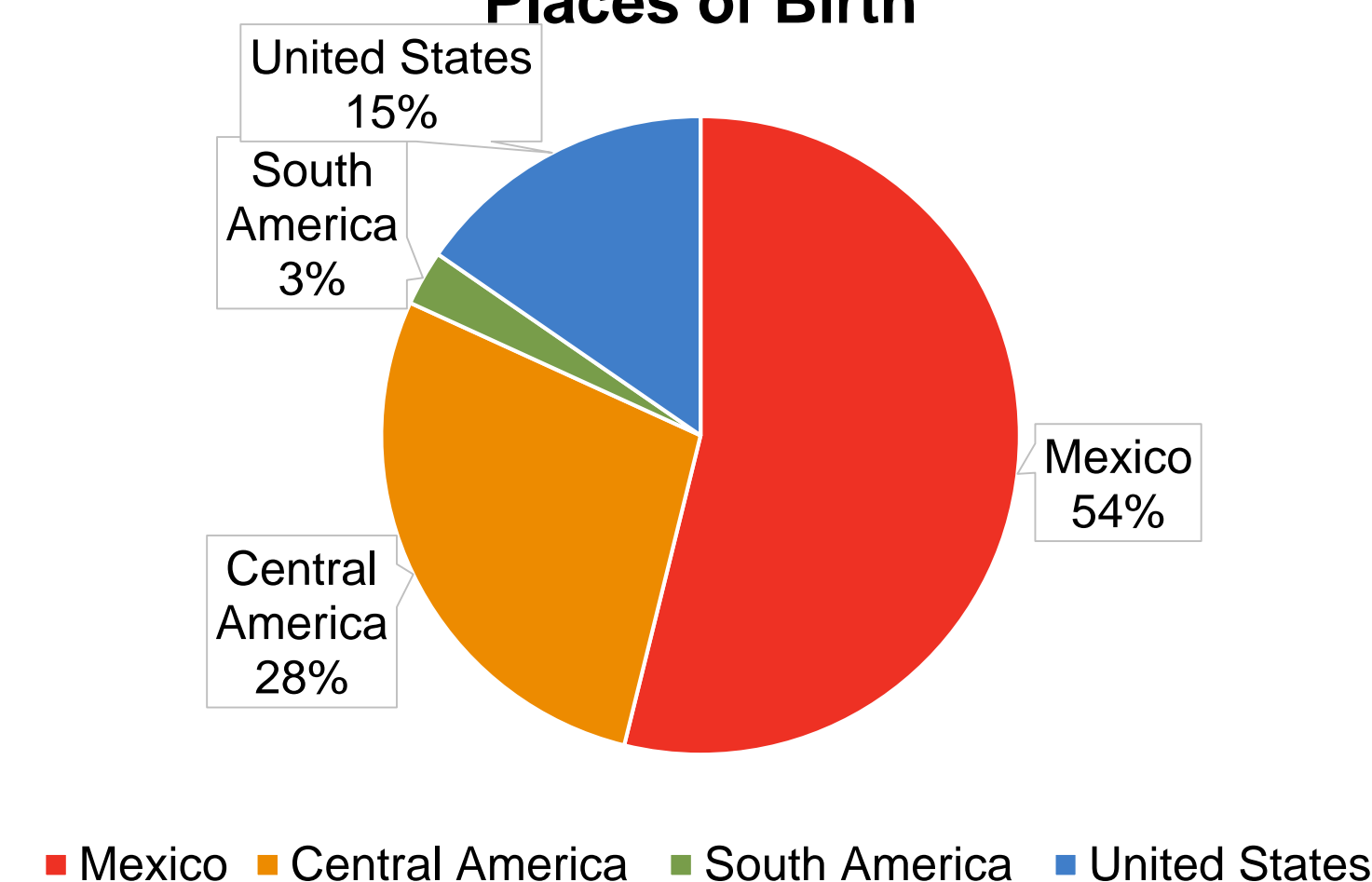


Figure 1. Telephone surveyed Latinx women's places of birth, 63% of women are from Mexico, N=143

Results

- We assessed for five barriers: embarrassment, discomfort, uncomfortable with a male provider, hard to get an appointment, and fear of finding out they have cancer
- Majority of participants were Spanish speaking (83.9%), born in Mexico (54.2%), and had an average family income of <\$20,000 per year
- 64.2% of Spanish speakers agreed that pap tests are embarrassing compared to only 39.1% of English speakers (P = 0.03) (Fig. 2)
- 70.0% of Spanish speaking participants stated that they would feel uncomfortable with a male provider giving them a pap test compared to 47.8% of English speakers (P = 0.05) (Fig. 2)
- Birthplace and whether the participants were born in the US did not have a significant effect on their answers for all five barriers

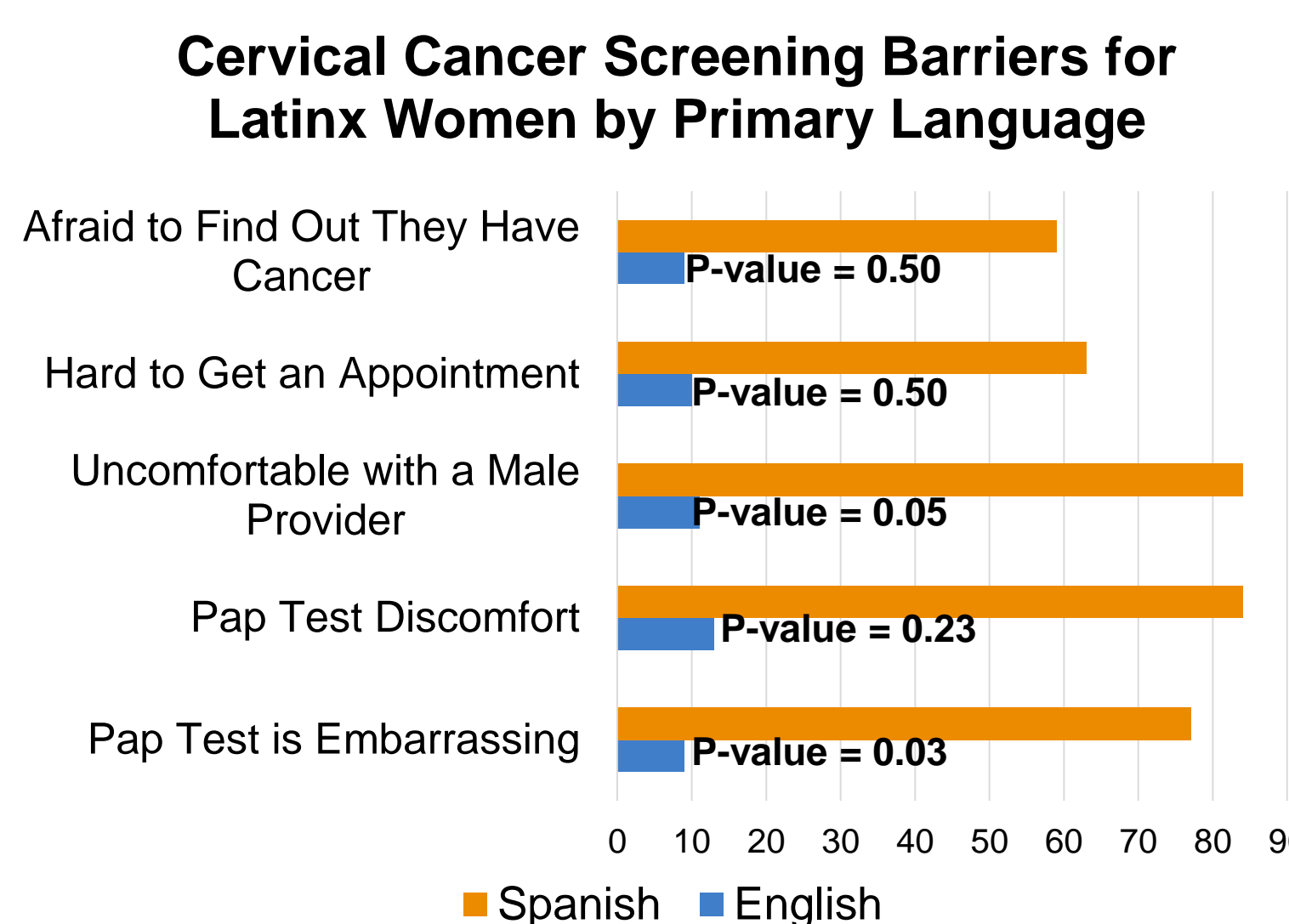


Figure 2. Cervical cancer screening barriers for Latinx women by primary language of survey participants, English or Spanish, N= 143

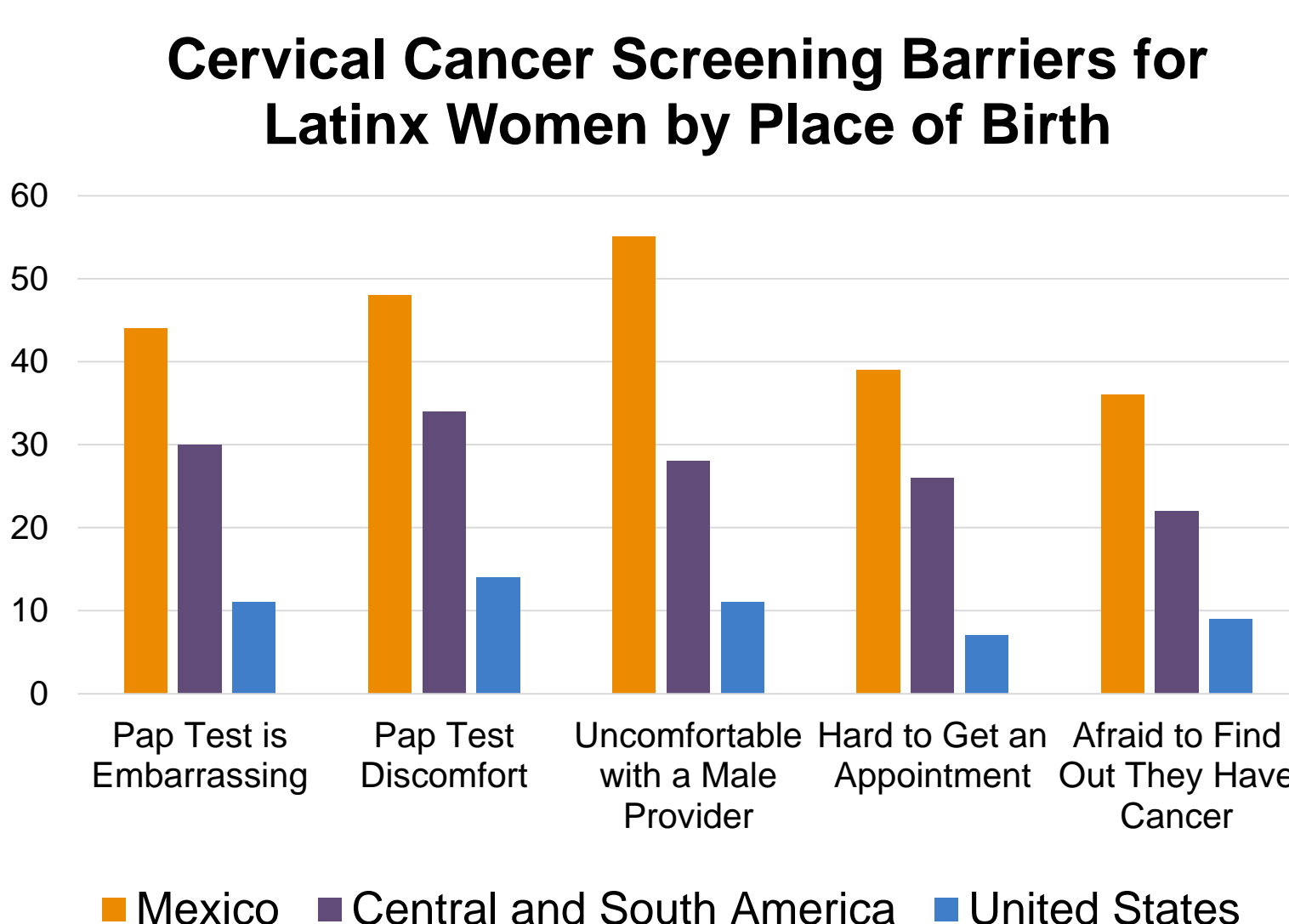


Figure 3. Cervical cancer screening barriers for Latinx survey participants by place of birth: Mexico, Central and South America, or United States, N=143

Conclusion

- Hispanic women had similar rates of barriers compared to non-Hispanic women in prior studies
- The significant differences in responses for feelings of embarrassment and discomfort with male providers giving the pap test could be caused by a language barrier, which explains why more Spanish speakers agreed with these two reasons than English speakers
- Place of birth did not have a significant effect on participants' responses, indicating that overall Latinx women may experience similar barriers to pap testing; analogous steps can be taken to address these issues

Future Directions

- It is necessary to develop educational training programs for Spanish medical translators to ease patient's screening apprehensions
- Further understanding of the mechanisms causing differences in cervical cancer screening by primary language should be prioritized
- Explaining the pap smear procedure to patients in greater detail could also help them overcome psychological barriers

Acknowledgements

I would like to thank the PRESTIS research team, the telephone survey participants, and the MD Anderson PCCSM Program for this opportunity. I would also like to thank NIH for their grant support.

References

- Gauss, J. W., Mabiso, A., & Williams, K. P. (2013). Pap screening goals and perceptions of pain among black, Latina, and Arab women: steps toward breaking down psychological barriers. *J Cancer Educ*, 28(2), 367-374.
- Cancer Stat Facts: Cervical Cancer. National Institutes of Health: National Cancer Institute. (<https://seer.cancer.gov/statfacts/html/cervix.html>).
- Houston State of Health. 2022. (<https://www.houstonstateofhealth.com/>). (<https://www.houstonstateofhealth.com/indicators/index/view?indicatorId=181&localeId=2675>).
- Baylor College of Medicine PRESTIS, Research electronic data capture (REDCap)