Cancer Prevention and Early Detection Among Latino Immigrants: How Can Health Care Providers Maximize Their Efforts?

Satellite Conference and Live Webcast Thursday, February 4, 2009 1:00 - 2:30 p.m. Central Time

Produced by the Alabama Department of Public Health Video Communications and Distance Learning Division

Faculty

Isabel C. Scarinci, PhD, MPH
Associate Professor of Medicine
Division of Preventive Medicine
University of Alabama at Birmingham

CME Statement

The University of Alabama School of Medicine (UAB) is committed to the provision of CME that is balanced, objective, and evidence-based. The University of Alabama School of Medicine (UAB) adheres to Accreditation Council for Continuing Medical Education (ACCME) Essentials and Standards.

CME Statement

Accordingly, all parties involved in content development have disclosed any real or apparent conflicts of interest relating to the topics of this educational activity and the disclosure summary follows. The University of Alabama School of Medicine Division of CME has established mechanisms to resolve conflicts of interest should they arise.

CME Statement

Participants in UASOM/UAB CME programs are afforded the opportunity to provide feedback on the quality of individual programs at the conclusion of the activity. Comments can also be sent directly to the Division of CME at cme@uab.edu.

Sowing the Seeds of Health

- Objective
 - -To promote breast and cervical cancer screening among Latina immigrants in Alabama via "promotoras de salud"

Sowing the Seeds of Health

- · Culturally-relevant
 - Collectivism
 - -Religiosity
 - Agricultural background
 - -Educational level of community
 - Personal responsibility

Sowing the Seeds of Health

- · Theory-based
 - -Empowerment model
 - -PEN-3 and Health Belief Model
- Training focuses on knowledge and skills
- Lay promoters develop their own plan of action

Sowing the Seeds of Health

- Breast and cervical cancer early detection women
- -Sexually transmitted infections
- Family planning

Health Care Professionals

- A Guide to Working with Latino Patients in Alabama
 - DVD and on-line format
 - -CME Credits available
 - http://www.dopm.uab.edu/sowingtheseeds

Objectives

- Understand sociocultural factors associated with cancer prevention among Latinos, particularly recent immigrants
- Identify strategies on how providers can address cancer prevention and early detection among Latino immigrants from a culturallyrelevant perspective

Objectives

 Recognize strategies to engage other sectors in cancer prevention and control efforts among Latino immigrants

Sociocultural Factors Associated with Cancer Prevention Among Latinos

Building Blocks

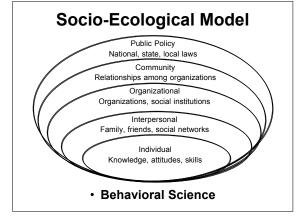
- · Qualitative assessments
 - Focus groups and qualitative interviews
 - Social construction of health and cervical cancer
- Development and pilot-testing of questionnaires
 - -Pap Smear/screening and sexual risk reduction
 - HPV vaccine acceptability

Building Blocks

- Feedback to the community regarding the findings and their input regarding intervention development
- · Development of interventions
 - Research, education, and outreach

"Disclaimer"

- · Breast and cervical cancer screening
- · Latina immigrants in the South
- Alabama



Public Policy/Societal

- Barriers
 - -Restricting policies
 - -Legal status
 - Eligibility varies by state
 - Lack of eligibility to Medicaid if cancer is found
 - Differences in health care system between the U.S. and Latin America

Public Policy/Societal

- Assets/Resources
 - Title IV Civil Rights
 - Eligibility for some programs
 - e.g. Early Detection, WIC
 - -Advocacy efforts
 - Population growth

Community/Organizational

- Barriers
 - -Lack of health insurance
 - -Cost
 - -Lack of transportation
 - -Clinic hours/work
 - -Waiting time at clinics

Community/Organizational

- Lack of bilingual/bicultural clinic personnel
- -Lack of interpreters
- -Lack of child care
- Not knowing where to go

Community/Organizational

- · Assets/Resources
 - Community-based organizations and churches
 - Federally-funded clinics
 - Latinos' willingness to pay for services
 - "Autoritarismo"
 - Respect for health care providers

Interpersonal/Individual

- Barriers
 - Embarrassment
 - Fear of results
 - Procrastination
 - Misconceptions about cancer and early detection
 - Fatalism
 - -Low educational attainment

Interpersonal/Individual

- Assets/Resources
 - -Collectivism
 - -Reliance on each other
 - Willingness to learn/receptive to new advice and new knowledge
 - Willingness to be part of the solutions

Barriers to Preventive Screening

- Home Country
 - Home remedies (81%)
 - -Cost (37%)
 - -Long wait in the clinic (37%)
 - Embarrassment (33%)

Barriers to Preventive Screening

- United States
 - -Cost (83%)
 - -Lack of insurance (80%)
 - -Language barrier (73%)
 - -Home remedies (51%)
 - Procrastination (38%)
 - -Do not know where to go (38%)

Pensando Siempre en la Mujer Latina

- Education luncheon
- · Trusted setting church
- · Family event
- Announcements in the church by lay health promoters, ad in the Latino papers, flyers
- Talk given by an oncologist who is a native Spanish speaker
- · Coordination with local clinics

What Happens if We Do Not Provide Transportation, Childcare, and Financial Incentives for Attending the Appointments?

Attendance to Screenings

Year	Participants	% attended Pap Smear	% attended Mammography
2004	198	52.7	86
2005	257	77.3	77.9
2006	142	82.6	86
2007	187	67.5	67.6
2008	181	66.3	89
2009	272	70	90.8

What Have We Learned?

- Some structural barriers may not be the main barriers to screening
- Trained and trusted community volunteers can have a major impact in cancer prevention efforts
- Collaborations with local clinics is crucial for this type of effort
- Interpersonal/intrapersonal barriers may play a major role...

Cervical Cancer Risk Factors

	Pap-past year	No Pap
Lack of knowledge	79.5%	93.2% *
Untreated infections	87.0%	89.8%
Abortion in bad conditions	72.6%	74.6%
A virus	61.0%	74.6% *
Sexually transmitted infection	67.8%	66.1%
Waste inside the body a/ birth	69.2%	67.8%
Lack of hygiene	69.2%	66.1%
Multiple partners	59.6%	50.8%
Pxs w/menstrual period	42.5%	57.6%
Genetics	56.2%	55.9%
Partner - multiple partners * P <.05	53.4%	45.8%

Cervical Cancer Risk Factors Among Latina Immigrants

Infection/STIs



Cancer



If not treated

Male partner
Unsterilized gynecological instruments

Cervical Cancer Risk Factors Among Latina Immigrants

- "... I think that first there is a fungus, then an infection, then a lesion, and then you develop a cancer or something like that..."
- "I think that (cervical) cancer is developed when you do not treat an infection."

Other Intrapersonal Barriers...

- · Fear of results
 - If they find something there is nothing that can be done
 - -Lack of resources
 - -Burden to the family
- Challenge the "cognitive dissonance" from the patient perspective

Knowledge/Belief

- If your doctor tells you that chicken soup is good for common cold, that is KNOWLEDGE. But...
- If your grandmother tells you that chicken soup is good for common cold, that is BELIEF.
 - Collins Airhihenbuwa

Putting the Pieces Together

- Comprehensive and evolving agenda
- Education
- Outreach
 - English-speaking population
 - Latino immigrants (newspapers, radio show)
- Research

Putting the Pieces Together

- Collaboration, collaboration, collaboration
- And, above all...
 - -Trust
 - $\\ \textbf{Persistence}$