Identifying Barriers to Hispanic Women Seeking Human Papillomavirus and Cervical Cancer Screening Through Focus Groups with Promotoras

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Background & Significance
• According to the CDC (2018), human papillomavirus (HPV) is the most common sexually transmitted infection in the US
  • Over 79 million Americans infected
  • Leading cause of cervical cancer (91% of all cases)
  • HPV screening determines presence and strain
  • Pap testing detects presence of abnormal cells
  • American Cancer Society (2012) and United States Preventative Task Force (2018) recommend the following screening:
    • < 21 years: No screening
    • 21-29 years: Every 3 years
    • 30-65 years: Every 3 years, HPV co-testing every 5 years
    • > 65 years: No screening
  • Hispanic women are less likely to be screened for HPV and cervical cancer
  • Diagnosed at later stage of disease (Eng et al., 2017)
  • Lack of screenings result in:
    • Increased mortality rate (Nardi et al., 2016)
    • Increased healthcare costs (Eng et al., 2017; Mann et al., 2015)

Needs Assessment
Incidence of cervical cancer among White women in 2016 in the US
• 7.1 per 100,000 (NJSHAD, 2016)
Incidence of cervical cancer among Hispanic women in the US
• 9.1 per 100,000 (NJSHAD, 2016)
Incidence of cervical cancer among white women in 2016 in NJ
• 7.5 per 100,000 (NJSHAD, 2016)
Incidence of cervical cancer among Hispanic women in 2016 in NJ
• 10.3 per 100,000 (NJSHAD, 2016)
Mortality rate among Hispanic women in NJ
• 1.9 per 100,000 (NJSHAD, 2016)
Mortality rate among Hispanic women in NJ
• 2.6 per 100,000 (NJSHAD, 2016)

Aims & Objectives
• Develop evidence-based questions consistent with focus group methodology to address personal, cultural, socioeconomic, and community-specific barriers Hispanic women face
• Conduct focus groups with promotoras to elicit barriers, themes, and possible interventions to minimize screening gaps
• Develop community-specific recommendations to overcome these barriers and improve screening

Methodology
• Descriptive qualitative approach to present evidence-based questions using focus groups of promotoras to elucidate screening barriers

Setting
• Focus groups conducted by WebEx

Population
• Convenience sample of promotoras in New Brunswick, NJ

Inclusion criteria:
• English and/or Spanish speaking
• Hispanic Women > 18 years of age

Recruitment
• Contacted community organizations in New Brunswick, NJ that employ promotoras via email and social media

Focus Group Sessions
• 3, 1 hour meetings with 4-9 women
  • 1 Group: English; 2 Groups: Spanish (certified interpreter)
  • Open-ended questions asked following a script
  • Recordings were transcribed

Data Analysis
• Data were analyzed by the Primary and Co-Investigators
  • After data analysis was complete, an additional meeting was held with participants to ensure accuracy of the thematic analysis

Results

Responses
• “Sometimes they don’t even understand, the vocabulary of that health field.”
• “If God doesn’t want something terrible to happen to me, then it won’t happen to me. That’s pretty much how it’s explained from their perspective.”
• “When there’s a decision to be made, there’s always a mention of their husbands, like they need to check in with their husbands…”
• “And yeah, it’s [HPV and cervical cancer screenings] not a request. It’s the last thing, not even present on the list of requests that I get for families.”
• “Like, can I do that? Can I impose? Like that’s the way they see it. Can I impose questions on my doctor?”
• “And they just take what’s given to them. Again, going back to what for what they feel that they are not owed or they don’t deserve for example.”
• “They are very cold towards us, the medical staff and because of that we are afraid of going back to the doctor to be screened.”

Note: The final themes were organized into a hierarchical graph to depict the overarching themes with their subthemes. The size of the boxes depicts the frequency certain concepts appeared in the data. For example, a larger and darker shaded box represents a more frequently discussed concept.

Summary of Recommendations
Create and distribute list of Spanish-speaking health care providers
Facilitate church-based interventions
Education about US screening initiatives
Information about navigating the US healthcare system
Distribute community health resources
Insurance programs
Health promotion and education
Family dynamics focusing on women as being “worthy”

Consider integrating Pap testing into prenatal care
Research natural remedies and consider ways to bridge gaps with Western medicine

Develop educational programs for promotoras
Health education training (accurate information provided)
Ideas/Recommendations to address community concerns
Address immigration fears

Provide education to healthcare providers
Minimize use of medical jargon
Cultural sensitivity training to combat coldness
Assist in providing care for multilingual patients

Conduct additional focus groups to identify more urgent needs of the community (food insecurity)

References

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