

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 white 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 hindering adherence to recommended HPV and cervical cancer screenings
- 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
 - Promotoras working in this community

Recruitment

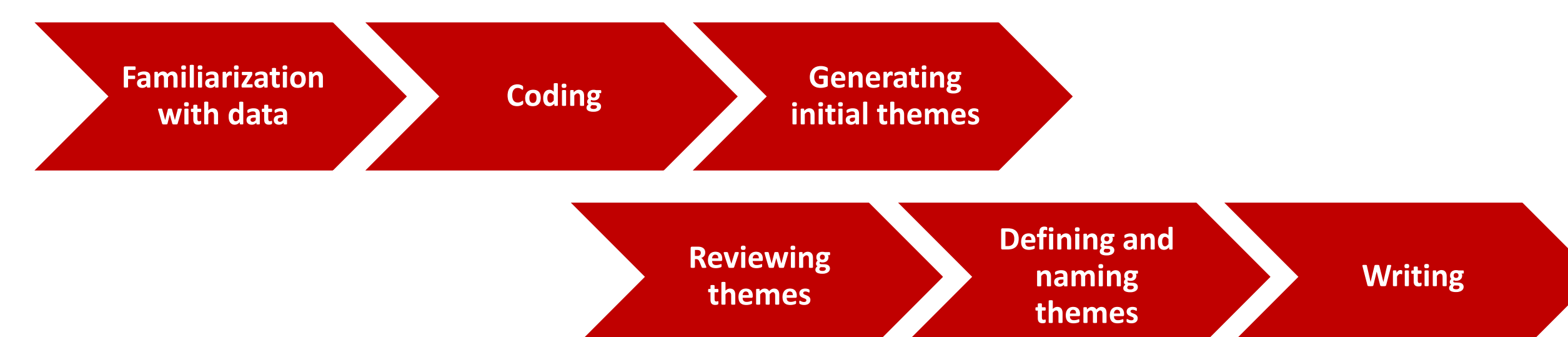
- Contacted community organizations in New Brunswick, NJ that employ promotoras via email and social media

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

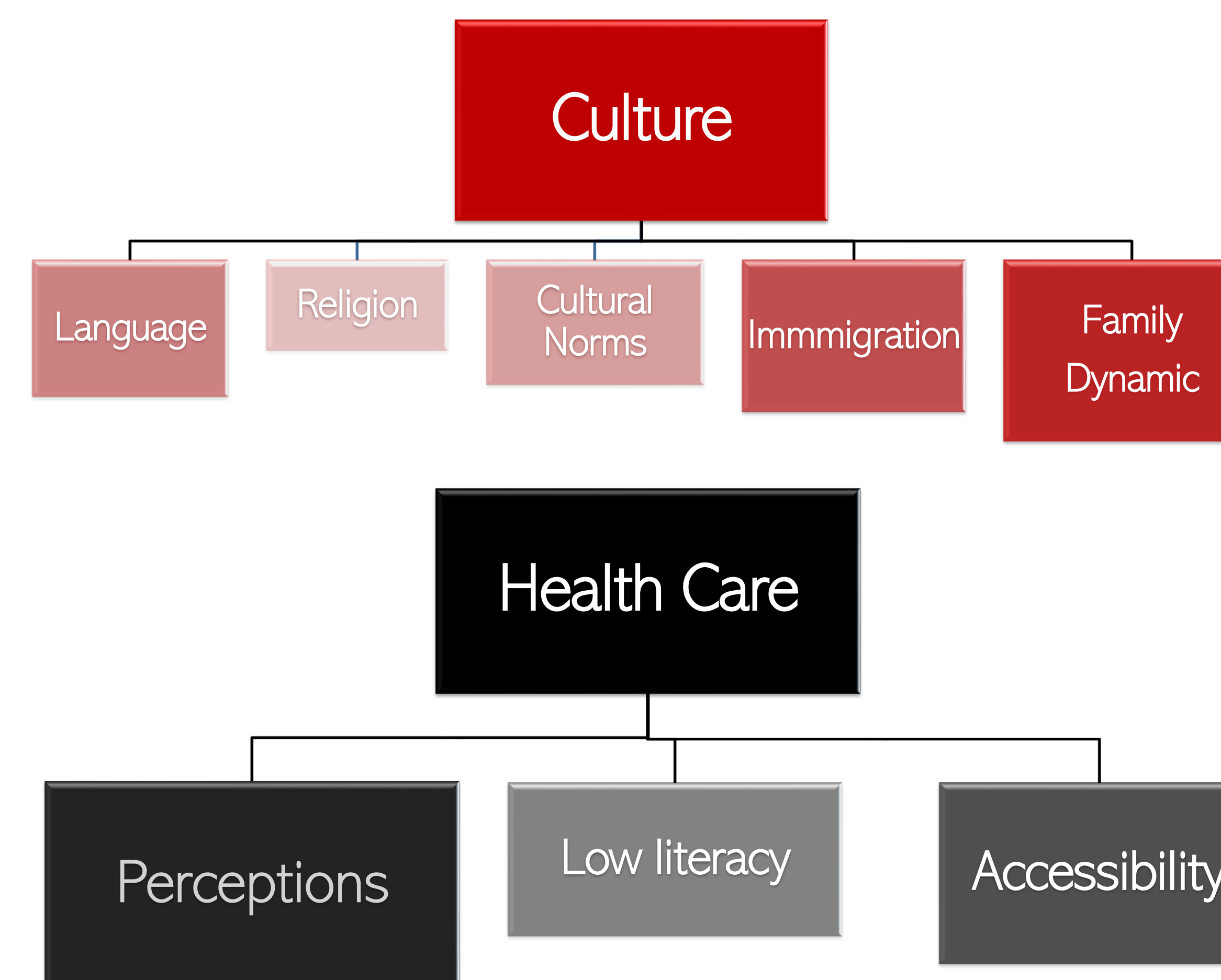
- Data were analyzed by the Primary and Co-Investigators
- After data analysis was complete, an additional meeting was held with participants to ensure accuracy of the thematic analysis



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 existent 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.”*

Results



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 for care in multilingual patients
- Conduct additional focus groups to identify more urgent needs of the community (food insecurity)

References

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