

April 2010

Cervical Cancer and Latinas: A Preventable Disease

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health educators, and women. Her research background includes community based participatory research in mental health and HIV/AIDS, and her interests include women's health and maternal/child health. She hopes to continue to foster an ongoing commitment to improve the health conditions of underserved Latino communities.

Introduction

While no race or ethnicity is an exception to ill health, the interplay of Western medicine and Latino culture destabilizes the health dynamics of populations and therefore contributes to the widened health disparities that persist in Latinas today (Kraut 1994). Latinas suffer from cervical cancer at an inordinate rate compared to women of other racial and ethnic backgrounds. To understand the state of Latinas and cervical cancer, we must consider the larger context of cultures, traditions, and the impact of acculturation, generational status, and modes of learning regarding health education. Further, while this commentary is not limited to the experiences of undocumented Latinas, it does shed light on the plight of thousands of undocumented Latinas, their experiences migrating to the United States, and the impact on their health status.

This commentary outlines national data on cervical cancer among Latinas living in the United States to better understand which socioeconomic and cultural challenges exist in shaping policy that can positively impact the health outcomes of

Latinas. The commentary addresses five primary topics:

1. Disparity by age, race/ethnicity, and health outcomes for Latinas
2. Current level of risk behaviors
3. Screening utilization and socioeconomic and cultural influences
4. Financial and programmatic commitment by the federal government
5. Legislative opportunities in the 111th Congress

In conclusion, the commentary outlines policy recommendations to adequately address the health needs of Latinas.

Sources of Cervical Cancer Disparity

Cancer imposes great pain, burden, and cost on American society. In the United States, approximately 4,000 women die of cervical cancer annually with Latina deaths representing a proportion nearly 40 percent higher than that of non-Latino women (Rhodes, n.d.). Tragically, Latinas are also likely to be diagnosed with cervical cancer at a late stage, resulting in higher rates of delayed treatment (Intercultural Cancer Council 2009). As Latinas continue to change the demographic profile of the United States, there is abundant data on the health care needs and cancer control challenges related to this segment of the population.

An empirical question remains as to why Latinas are more likely to be diagnosed with cervical cancer compared with women of other race/ethnic groups. While

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no single response precisely answers this question, the disparity in cervical cancer rates for Latinas may be attributed to several factors, including: differences in cultural beliefs; socioeconomic status; lack of access to quality health care services; limited educational attainment; and differences in rates of Pap smear screening (Watts et al. 2009; Intercultural Cancer Council 2009).

Research has shown that language proficiency, cultural preference, legal status, acculturation, and social networking appear to be some of the constant health barriers for this population. If these are not addressed in a timely manner, Latinas will suffer from disproportionate and inefficient health services, making it increasingly difficult to obtain optimal care (Zambrana et al. 1999, 468). The timeliness of care, especially for a population that has been historically poorly served by our medical system, provides an important indicator of the health status of Latinas.

While screening is positively associated with younger age, higher income, greater educational attainment, health insurance, and usual source of care, Latinas are neglected from the health care system because they present a reverse profile (Zambrana et al. 1999, 470). Research shows that compared with other racial/ethnic groups, Latinas are less likely to have visited a physician in the last year, less likely to know cervical cancer warning signs, more likely to be unemployed or employed in low-wage, service-sector jobs, and generally have lower median annual incomes (Zambrana et al. 1999, 470). Not enough Latinas are receiving preventive services, and too many are likely to navigate a health system that is inadequate and ill-prepared to meet their unique health needs.

Understanding the etiology of cervical cancer is key in light of Latinas' cultural beliefs and attitudes about screening utilization behaviors. The human papillomavirus (HPV) is a virus that can spread

through sexual contact, and almost a dozen strains of HPV can infect a woman's cervix (National Latina Institute for Reproductive Health 2007). It has been widely noted that HPV strains 16 and 18 have been found in 70 percent of cervical cancers (National Latina Institute for Reproductive Health 2007; Sanderson et al. 2009, 1795). Because cervical cancer is a slow-growing cancer and symptoms may go unnoticed until the cancer has spread, the disease may be difficult to detect (Mayo Clinic, 2009). The difficulty of detection is amplified by the limited understanding of the disease amongst Latinas.

As a result, this population is more likely to delay seeking medical care, thus increasing its risk for cervical cancer. In fact, Latinas with low literacy are more likely to feel disempowered during an encounter with their provider, which leads to limited participation in the medical decision-making process. Additionally, while obtaining a pap test is the best means of preventing the development of cervical cancer, it may be a daunting experience for Latinas, whose cultural beliefs about discussing reproductive organs with a provider may discourage them from seeking care (Fernandez et al. 2009). Latinas value modesty, and obtaining a pap test may be considered too intimate and therefore uncomfortable (Saleh 2006, 2). Stronger efforts are needed to facilitate communication between Latinas and their providers, and educational materials should be culturally competent and easily understood.

One of the most effective ways to improve communication between patients and providers is through community outreach. For example, *promotoras* (community health liaisons) are Latina cancer survivors who are trained to be health educators in their own communities. The *promotora* module has great potential to reduce cervical cancer in Latinas since *promotoras* successfully encourage Latinas to get screened, share information, and conduct frequent follow-up reminders.

Rather than conceptualizing *promotoras* as a process that enables community liaisons to deliver particular messages to Latinas—a hard-to-reach population—consider the *promotora* module a process of human development, reaching individuals one at a time. By understanding the health concerns and behaviors of Latinas, *promotoras* are able to empower women to get screened to accomplish their goal. In many instances, the resources that are missing are not monetary but rather a support community. Such focus and importance on primary prevention draws national attention for the need to reevaluate cervical cancer prevention messages for Latinas, ensuring these efforts are not short-lived.

Public Policy and Cervical Cancer in Latinas

In 2008, the American Cancer Society reported that approximately \$93.2 billion were associated with direct medical costs nationwide for all cancers, while only slightly more than \$2 million has been spent on treatment for cervical cancer (American Cancer Society 2009; Bhattacharya 2005). These figures are especially disheartening since cervical cancer is a highly preventable disease. Increasingly, cervical cancer is becoming a disease among low-income women who have limited access to basic health care. Although cervical cancer can be prevented using an HPV vaccine, it is challenging for low-income women to finance a series of HPV shots expected to cost \$300 to \$500 (Hunt et al. 2009, 309).

To improve access to cervical cancer screenings, Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990 (CDC, National Breast and Cervical Cancer Prevention Early Detection Program 2010). This program guided the Centers for Disease Control and Prevention to set up a nationwide program—the National Breast and Cervical Cancer Early Detection Program—to provide

screening and diagnostic services and meet the demands of low-income women (CDC, National Breast and Cervical Cancer Prevention Early Detection Program 2010). Congress passed a similar bill in 2000—the Breast and Cervical Cancer Prevention and Treatment Act—that currently funds all fifty states, the District of Columbia, five U.S. territories, and twelve American Indian tribes. Though this program has proven to be important because it provides full-range cervical cancer screening services across racial/ethnic groups, it fails to adequately address the health needs of minority communities, especially Latinas. Reaching priority populations such as Latinas may be difficult and costly, requiring outreach efforts and ongoing collaboration with communities to find women who are rarely screened or never screened (Cabrera 2003, 86).

As the Latino population in the United States increases, a stronger public health system with additional investments in prevention, especially for diseases such as cervical cancer, is needed. Ideally, a reformed health care system would emphasize prevention within the purview of cultural and linguistic factors to effectively address the health needs of Latinas. The current health care system in the United States cannot continue to operate as an immediate curative response system. During the past several years, minimal consideration was given to public health. However, the Obama administration and the 111th Congress recognize the importance of advancing public health and acknowledge that *our health care system has become a disease care system, and the time for change is well overdue* as stated in his campaign (Slone 2008, 25). As efforts to reform our nation's health care system continue to develop, we must seize the opportunity to craft a system that centers on disease prevention and fosters culture and health.

At the time of this writing, Congress had not passed historic healthcare reform leg-

islation or made recent developments to amend provisions in the recently passed Senate bill, H.R. 3590. Prior to March 21st, 2010, the 111th Congress passed historic health bills aimed at reforming the nation's health care system. The House of Representatives passed a health bill that featured a provision to reduce health disparities that gained little attention but gave equal importance and opportunity to improve the health status and well-being of minority groups, including Latinas. Tucked in the manager's amendment (a document designed to modify or add new language to a bill) was a provision that would increase attention on eliminating health disparities by codifying the Office of Minority Health and establishing Minority Health offices across the programs in the U.S. Department of Health and Human Services.

Institutionalizing attention to minority health would prioritize quality improvement for Latinas. The House bill would fundamentally improve surveillance and research to allocate funds to grant programs focused on minority populations, including Latinas. The government's leadership role in reducing health disparities could drive programs to improve coordination efforts of screening and preventive health services. Though the final health legislation will be contingent upon Congress' decision to reconcile the House or Senate versions of a bill, minority health advocates recognize the language in the House health bill provides steps toward lowering rates of cervical cancer and improving the health status of Latinas.

Recommendations

The following recommendations provide a broad framework to guide federal policy makers in efforts to support and serve Latinas enduring a preventable disease.

- **Strengthen the public health system** to increase the number of culturally and linguistically competent medical providers. The public health issues

facing Latinas must be understood if effective programs are to be developed. For example, substantial efforts are needed to increase the pool of providers to address the health care needs as well as the access to and use of cervical cancer screening. Improved continued public education and community outreach is needed to promote screening behaviors in a way that is understood by Latinas, including having programs tailored to their responses and lifestyles.

- **Preserve and expand the reach of federally funded programs to Latinas.** Latinas are likely to participate in screening service programs if recommended by a medical provider at appropriate intervals. Federally funded programs have shown limitations in reducing cervical cancer rates, which signals the need to streamline such programs specific to this population. For example, underlying sociocultural, linguistic, and economic factors should be considered to understand the full extent of burden of disease for Latinas. Gaining insight and understanding about cervical cancer, particularly from the perspective of a Latina, can facilitate the development of programs that may be useful to Latina health care providers. This would increase the number of Medicare-eligible recipients to increase preventive health services and screening rates.
- **Incorporation of nontraditional promotora projects** would increase the efficiency and appropriateness of cervical cancer programs. *Promotoras* are trained and well-respected community health liaisons that help connect Latinas to the health care system. Using this model of care will personalize education for Latinas and will improve the knowledge and attitudes about cervical cancer.

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