

Cervical Cancer Awareness in Latina Populations
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Project Report

Background

My project this summer was on HPV and Cervical Cancer awareness in Latina populations. Genital Human papillomavirus infection is the most common sexually transmitted infection (Teitelman 2011). It is also the cause of most cervical cancer cases worldwide. In 2010 alone, there were 12,200 new cases of cervical cancer diagnosed and 4,210 women died from this cancer. Currently, approximately 20 million Americans are infected with this virus. In a study done by the National Institutes of Health (NIH), they found that U.S. Hispanic women had higher cervical cancer incidence rates than non Hispanic Whites and African Americans. They also had lower rates of cervical cancer screenings (Fernandez 2009). After interviewing Hispanic men and women about their attitudes and beliefs about HPV infection, they found that participants had very little understanding of how the virus functions and how it is transmitted. Interestingly, there seemed to be a difference in beliefs for men and women. Women considered a diagnosis of HPV infection to be equivalent to a diagnosis of cancer. Men, however, considered a diagnosis of HPV to be a sign of infidelity. From this study, I first realized the importance of understanding cultural norms. This becomes especially important when it concerns sensitive topics such as sexually transmitted infections.

Income levels also seem to play a role when it comes to knowledge about HPV and getting the Gardasil immunizations. In a 2012 study, it was found that publicly insured and uninsured women were more likely to report no history of vaccination, a

difference of 77% and 85% for publicly insured and uninsured women, respectively, versus 48% of privately insured women (Mehta 2012). Also, it was found that Hispanic women were much more likely to be unaware that there was an HPV vaccine, (31% compared to 13%). Surprisingly, the most commonly reported barrier to getting vaccinated was provider recommendation. It seems as if the providers were not telling women that there was a vaccine available. This seemed to happen much more often with women who were publicly insured versus those who were privately insured, (41% compared to 18%). It seems that catch up vaccines need to be focused on this population of women who are most at risk.

Also, it has been shown that the source of information makes a great difference when it comes to educating women about HPV. A 2011 study assessed the impact of social communication on HPV vaccine effectiveness. This study was geared towards a low income, minority population. The results of this study showed that women who heard about that vaccine from a social source were more likely to perceive the vaccine as effective, with an odds ratio of 4.78 (Casillias 2011). Also, women who heard about the vaccine from a medical source were more likely to perceive the vaccine as effective, with an odds ratio of 2.07. This shows that the best way to reach women, particularly low income, minority women, is to have the provider discuss the vaccine, and also have a more social, informal setting in which to discuss vaccination. This would hopefully lead to more vaccinations and a reduced incidence of HPV infections.

More specific to the location that I worked in, the Los Angeles Department of Public health found that women living in the city of Los Angeles were at a higher risk of developing cervical cancer than women who lived in Los Angeles County. Also, the cervical cancer rate in Los Angeles' Latina population is almost twice the national average¹. Because of this, I felt the need to take a deeper look into the demographics of Santa Ana, CA. During my stay in Los Angeles, I spent half of the week working at an AltaMed clinic in Boyle Heights, which is located in East Los Angeles. This area is predominantly Hispanic, and many of the patients in clinic have multiple comorbidities, such as diabetes, hypertension, and cardiovascular disease. During the other half of the week, I was placed in a smaller AltaMed clinic in Santa Ana, CA. This was predominantly a women's health clinic. Most patients came in for annual exams, or prenatal care. I felt compelled to learn more about the demographics of the area in order to learn how I could best become a positive force for change in this community.

According to the 2011 City of Santa Ana Demographics Profile⁴, Santa Ana's population is 52.1% men and 47.9% women. Also, 75.8% of the population is of Hispanic or Latino ethnicity.

AltaMed is a rapidly expanding company and is also the country's largest Federally Qualified Health Center. The population of patients that this organization serves is very diverse, but a majority of the patients are Hispanic. Because of this,

AltaMed has made many efforts to make sure all of its patients have adequate access to care. In the 17th Street clinic in Santa Ana where I was assigned, there is an entire health education department that conducts weekly educational information sessions on topics from breast cancer to healthy eating. This is especially important in Latino communities where a diet can consist of rice, beans, and tortillas. At the 17th Street clinic, I had the opportunity to shadow nurse practitioners and physicians while they performed annual well woman exams and prenatal care visits. Most exams were conducted in Spanish, which points to the great need of having providers who are able to effectively communicate with their patients.

After working with my site mentor, we thought it would be most appropriate to design a project concerning cervical cancer awareness, because July is cervical cancer awareness month. AltaMed has women called promotoras at each clinic site. These women are able to go out into the community and discuss various health issues in Spanish with women and men. California's Comprehensive Perinatal Services Program.

Methods

My site mentor and I decided to host a cervical cancer awareness day at the 17th Street Clinic where I worked. We decided to try to reach as many people as possible by having an easily accessible outdoor tabling display. By placing the display outdoors, we hoped to reach patients coming in for a visit, and also other women in the community who happened to pass by our location. After getting approval from the clinic manager to

host this awareness day at the clinic, my mentor and I met with the health education department to discuss the logistics of the project. First, we made the decision to discuss both HPV and cervical cancer. We then contacted the main AltaMed office for informational pamphlets and displays that we could also use to set up on the table. Also, we asked that 2 promotoras join us at the table, in case we had any women who came to the table and did not speak English. I felt the need to be able to provide the women with resources on how to get an exam done and how they could pay for one if they could not afford it on their own, so I contacted the corporate office of AltaMed and spoke with the financial department there on how to finance an annual exam and also on how someone with no insurance could afford to get three doses of Gardasil. I wanted to have some tangible results from this awareness day that I could use after the awareness day, so I began researching questions that I could ask which would assess the level of the participants' knowledge about HPV and cervical cancer's disease pathology and prevention. I designed a simple 5-question survey that was then translated into Spanish by the members of the health education department. We wanted to keep the medical language to the level of a middle school education, so that anyone would be able to understand the questions. The questions for my survey were as follows:

1. How can you get HPV?
 - a. Sex
 - b. Sharing drinks
 - c. Sharing food

2. What can HPV cause?
 - a. Headaches
 - b. Cancer
 - c. Nausea
3. Is there a vaccine for HPV at AltaMed?
 - a. Yes
 - b. No
4. Do you have the vaccine?
 - a. Yes
 - b. No
5. Would you like to get the vaccine?
 - a. Yes
 - b. No

As a group, we all agreed that having incentives would greatly help to get more people to come to the table, so we further asked for funds to buy prizes for two raffles for the day of the event. The first prize was for completing the survey I had designed. We purchased items to make a gift basket to give to the winner, complete with various health items such as toothbrushes, pillboxes, and a water bottle. The second raffle was for women who scheduled a pap smear and annual exam on the day of our display. Women would go inside, register for an exam and then return to our tent with their appointment

card and then they would be entered into the raffle. The prize for this raffle was a \$25 gift card to Target.

On the day of my presentation, we made a display with pamphlets on HPV, Cervical Cancer, Genital Warts, and a few other common sexually transmitted infections in case anyone had any questions on any other STIs. We made sure to have all information available in English and Spanish so that the information would be accessible to everyone. After conversing with first time patients in the clinic, I found that most women did not exactly know what a pap smear was or how it was performed. This seemed to cause great anxiety with the women, so I felt it was best to show them how the exam was performed at our cervical cancer awareness tent. The clinic supplied us with a gynecological model complete with a speculum and brush so that we could demonstrate to the women how the exam was performed. Once someone came to the booth, we would first welcome them and ask if he/she would like more information on HPV and cervical cancer prevention. If they agreed, I would instruct them on what HPV was, how it was transmitted, and how it could be prevented. I made sure to supplement my information with pictures and diagrams about the disease process. I then asked if they would like more information on receiving a pap smear, and if he/she agreed to that, I would demonstrate how the exam was done. I felt that this served to relieve some of the apprehension that women can feel when considering having an annual exam. If the woman did not speak English, one of the promotoras at the table would do essentially the

same things I did, except converse in Spanish. After they were instructed, we asked the women to fill out my survey and then we entered them into the raffle. We also encouraged them to schedule a pap smear that day, which women gladly did, so that they could be entered into our other raffle. Also, one of the clinic representatives would explain what AltaMed could offer the women if they decided to become a patient. She was able to answer questions about health services offered, and also what financial assistance was available for women who did not have coverage. Lastly, we provided free condoms and information packets for people to take home and share. At the end of the day, we chose winners for both raffles and contacted them.

Results

At the end of the day, although many people stopped by the tent, only 5 surveys were completed. The results were as follows: 100% knew that HPV caused cancer, 60% knew it was transmitted sexually, 80% knew there was a vaccine available at AltaMed, 0% had the vaccine, and 100% were interested in receiving the vaccine. Because of the very small sample size (N=5), these results are not statistically significant, but they do shed a bit of light on some very important ideas for AltaMed and other community health clinics to consider. There was a great disparity between knowing about the vaccine and having been vaccinated. This suggests the need for more communication between providers and patients. Providers need to make this just as high a priority as talking about other preventive measures. This extends beyond Obstetrics and Gynecology providers.

This also concerns Family Medicine physicians and Pediatricians, because this vaccine can be administered as early as 9 years of age. This project was still ongoing at the time of my departure, but the health education department has integrated this cervical cancer awareness day into their calendars, and it will continue at the 17th street clinic and also at another AltaMed clinic in Anaheim, CA.

For AltaMed, My recommendations are to have some sort of preventive health checklist. On the electronic medical record, ideally there should be some program when lets the provider know which preventive health measures the patient has taken and what he/she still needs to have done, whether it be a colonoscopy, a mammogram, or the administration of the Gardasil vaccine. This way, every patient will be aware of the potential benefits of this vaccine and also they will have the time to get all of his or her questions about the vaccine answered by a medical professional. Because the research that I have previously stated also shows the benefits in hearing about the vaccine from a social source, I would suggest that AltaMed's promotoras also make an effort to educate the young women about the possible benefits of the vaccine. It has been shown that some patients can feel afraid or intimidated when approaching someone in a white coat, because they are seen in a position of authority. (Byrd 2007). This study also showed that Hispanic women can be uncomfortable with discussing gynecologic issues with someone of the opposite gender, so this further shows the need for the promotoras, who are female. Because of this, it would be helpful to have someone that patients could relate to on a cultural level as well. This is especially important in areas such as southern California,

because some of the patients may have immigrated without a visa, so they could also be fearful of speaking to anyone in authority. Also, after discussing the financial costs and tasks associated with receiving all three inoculations of this vaccine, I would also suggest a more streamlined process for determining financial eligibility for the vaccine. Many of the forms have to be completed and sent off for approval on the same day as the person would receive the vaccine, which means that appointments for Gardasil injection can only be made at the beginning of the business day. The patient then has to get examined, and then wait for either an approval or denial form to be faxed back to AltaMed from the Department of Public Health. This can become a major issue when one considers that these patients also have jobs and families, and some depend on public transportation to and from the clinic. AltaMed stresses patient centered care that is “payer agnostic,” meaning that everyone will get the same quality healthcare no matter what their income is. This dedication to patient care is admirable and should become a model for other medical facilities.

I would like to once again thank General Electric and the National Medical Fellowships for allowing me to participate in the Primary Care Leadership program. It was a very enlightening experience to see the successes and challenges of primary care health delivery in another setting. I was able to gain invaluable information that will serve to help me provide quality health care to my future patients.

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