

# Barriers to Cervical Cancer Screening

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# Background

- Trends in the United States:
  - 1 in 10 residents are born abroad
  - 21% (61 million) speak a language other than English
    - 7% speak no English
  - Immigrants have been found to have:
    - ↑ cervical, breast and colorectal cancer screening
    - advanced stages of disease = poorer survival and increased cost
- Low English proficiency has been found to contribute to:
  - Poor health
  - Low quality of healthcare
  - Reduced understanding of medical information
  - Dissatisfaction with healthcare



# Cervical cancer screening

- Cervical cancer - 2nd most common cancer in women
  - Foreign-born women are twice as likely to have never received a Pap test
  - >50% of new cervical cancers were in women who were rarely or never screened





# Barrier to cervical cancer screening

- Lack of healthcare insurance
- Low socioeconomic status
- Undocumented legal status
- Language
- Cultural/religious barriers
- Gender of the primary care provider
- Provider access
- ↓ knowledge about cancer screening
- Anxiety or fear, 21-64%
- Pain, 22-68%
- Low prioritization of healthcare
- Lack of time/inflexible health organizations
- Complex scheduling systems
- Lack of transportation
- Family obligations



# Africa (Somalia)



## **Barriers:**

- Prevention versus Treatment
- Access to Healthcare
- Health Literacy
- Female Circumcision
- Clinician's Gender
- Cultural

## **Methods:**

- Increased Provider Visits
- Established Care
- Health Literacy
- Clinician Acknowledgement
- Female Provider



# Asia



## **Barriers:**

- Clinician Gender
- English Proficiency
- Cultural
- Prevention
- Cost
- Insurance

## **Methods:**

- Patient Education



# Central and South America



## **Barriers:**

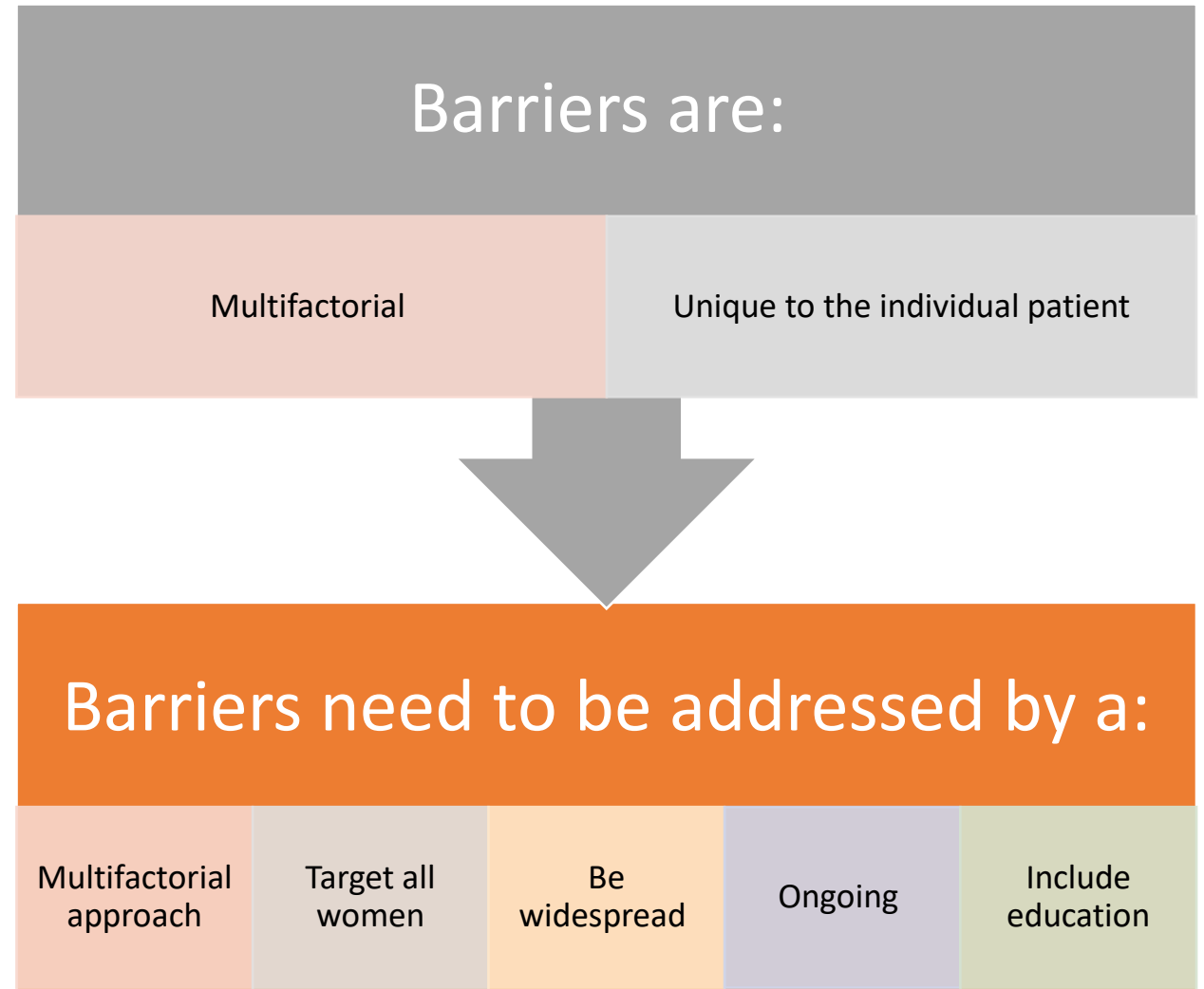
- Health Insurance
- Identifying Primary Care Provider
- Importance of Prevention

## **Methods:**

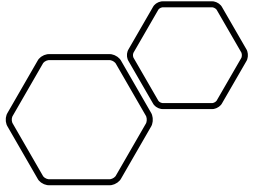
- Churches
- Communication
- Social Support
- Networking



What can we do?







# Interventions

- Improve interpreter services
- Increase appointment lengths
- ↓geographic barriers (distance to testing, public transportation)
- Access to screening/reduce scheduling barriers
- Patient/provider reminders
- Education – available in patient's language
  - multiple formats, spoken, visual
- Media campaigns
- Involvement of the family and community groups
- Community healthcare workers
- Screening intervention programs
- HPV vaccinations
- Female providers
- Identify patients with increased risk of anxiety, fear and pain
- Offer non-traditional appointments
- Family resources



# Initiatives



- Data Cleanup
  - Outside Records
  - Hysterectomy
- Saturday Pap Clinic
- Artificial Intelligence
  - Self-Scheduling
- Improved Patient Education
- Media campaigns
- Population Targeted
  - Somali



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# Questions

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