

# Barriers to Breast & Cervical Cancer Screening among Underserved Asian American Women

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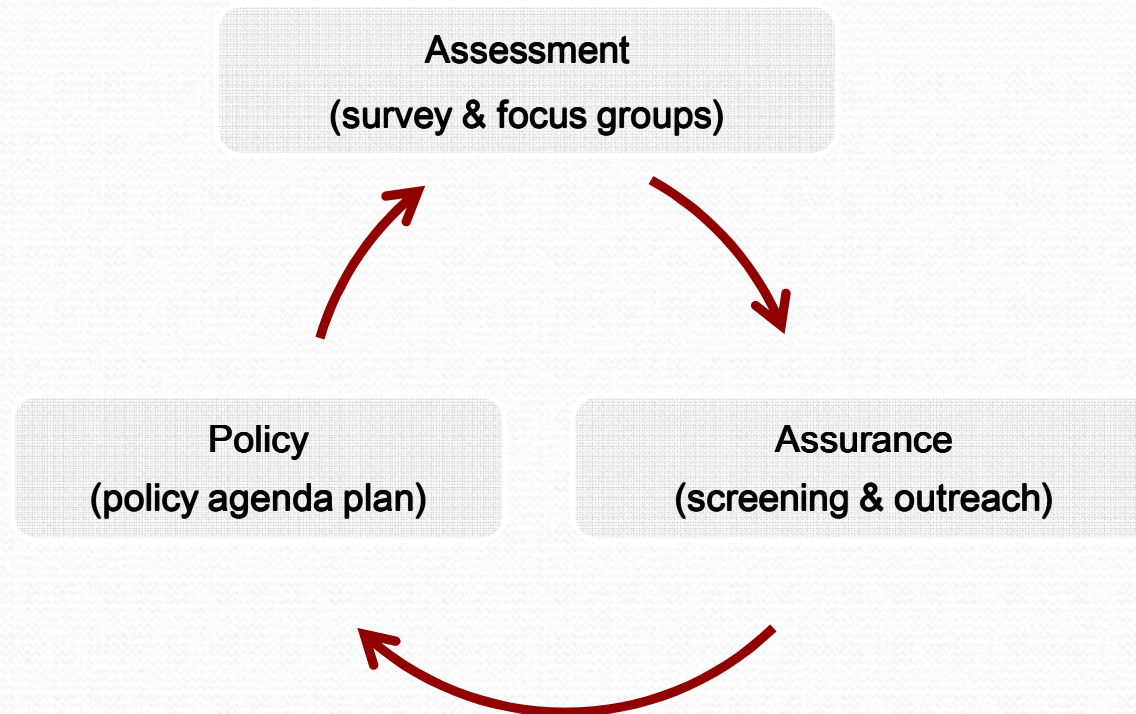
# Background

## Asian Human Services (AHS)

- Established in 1978. Its mission: To provide client-centered, quality and compassionate services to Asian American immigrants and other underserved populations so that they can participate fully in society, thrive, and prosper.
- Its services are delivered through seven program areas: Nationally accredited mental health services (CARF), award winning community health programs, a federally qualified community health center, employment and youth services, family literacy, Passages Elementary Charter School (pre-K through 7<sup>th</sup>), and a pro bono legal clinic.
- 100+ professional staff are fluent in more than 28 languages, serving nearly 18,000 clients in 2009 program year.

# Background

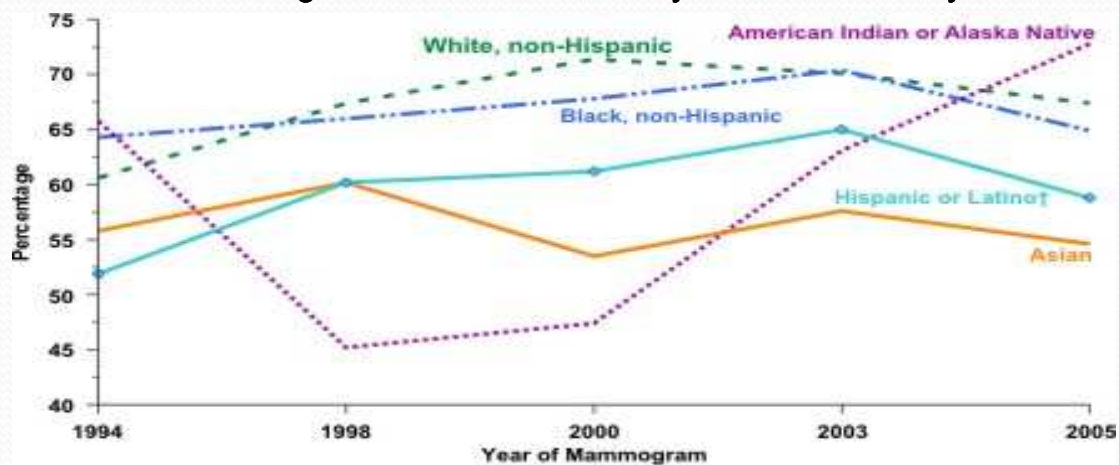
Asian Women Advocate for Reproductive Health Equality Program (AWARE) focuses on HIV/STI, prenatal care/family planning, breast/cervical cancer prevention, and domestic violence prevention through prevention education, needs assessment, and policy advocacy.



# Background & Significant

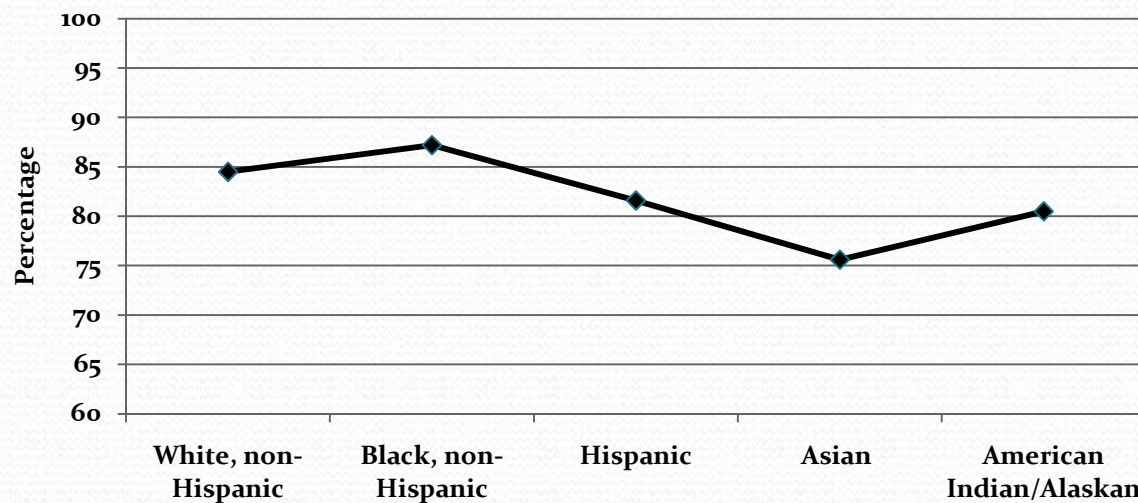
- Breast and cervical cancer among Asian American women.
- Barriers to access to health information and care among target population.
- Lack of data or much data is aggregated.
- The goal of the program: increase the access to breast/ cervical cancer information and screening among target population and further inform AHS programming and policy agenda through needs assessment and program implementation.

### Percentage of U.S. Women Aged 40 Years and Older Who Have Had a Mammogram in the Last 2 Years by Race and Ethnicity



CDC (2009): <http://www.cdc.gov/cancer/breast/statistics/screening.htm>

### Percent of Women Age 18 and Older Who Report Having Had a Pap Smear Within the Last Three Years, by Race/Ethnicity, 2006



Kaiser Family Foundation (2008): <http://www.statehealthfacts.org/comparebar.jsp?typ=2&ind=483&cat=10&sub=113>

# AWARE Target Population

- Asian & Asian American women in Chicago
- Limited English language skills
- Lower income areas
- Limited access to screening services

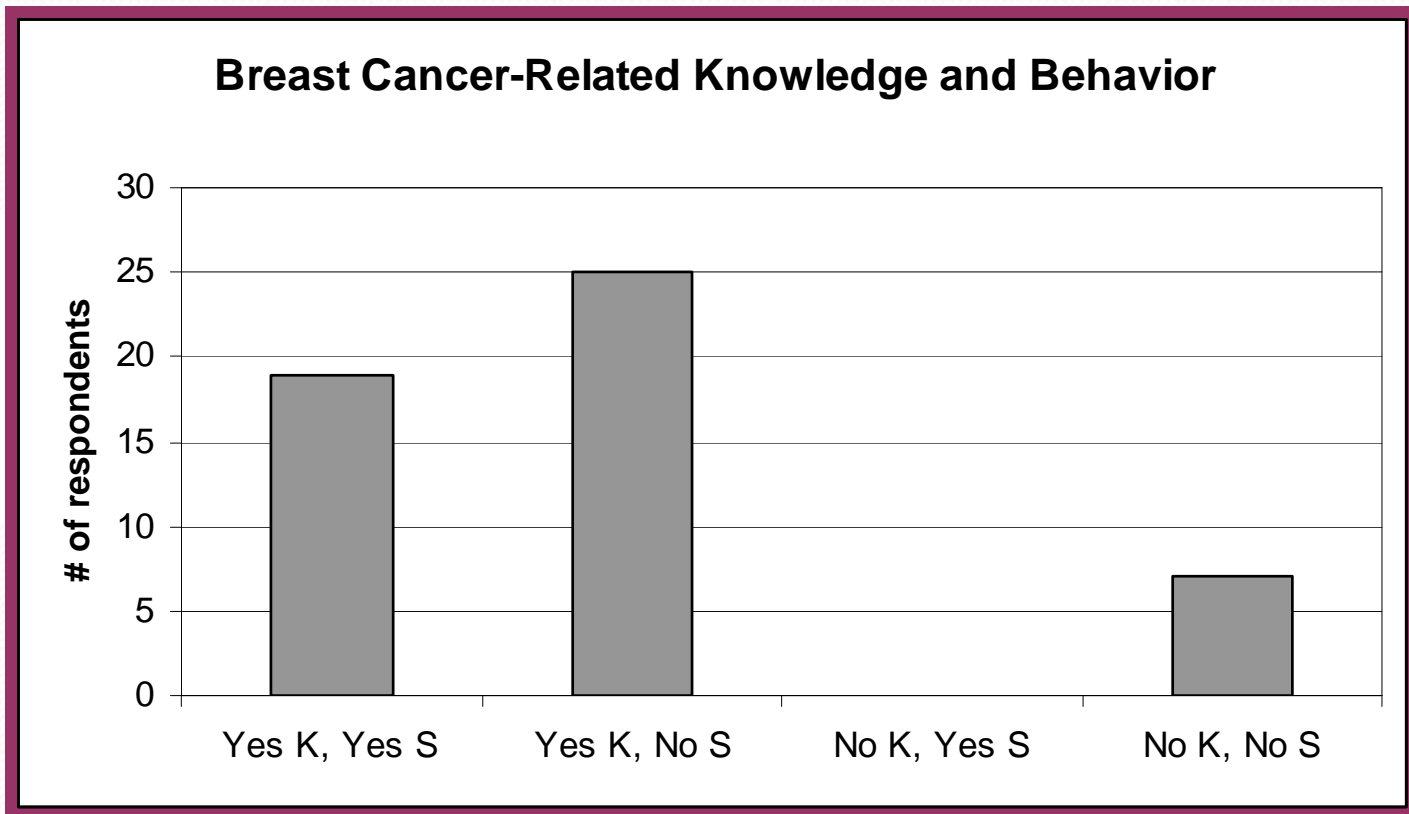
# Methods

- Mixed methods approach
- Survey analysis & reporting was based on guidelines for breast cancer screening recommendations prior to the changes in 2010
- AWARE Reproductive Health Survey
  - N=157
  - Program participants at various community sites (e.g., community centers, street canvassing, health fairs, etc.)
- AWARE Focus groups
  - N=22 (2 groups)
  - influences affecting behavior

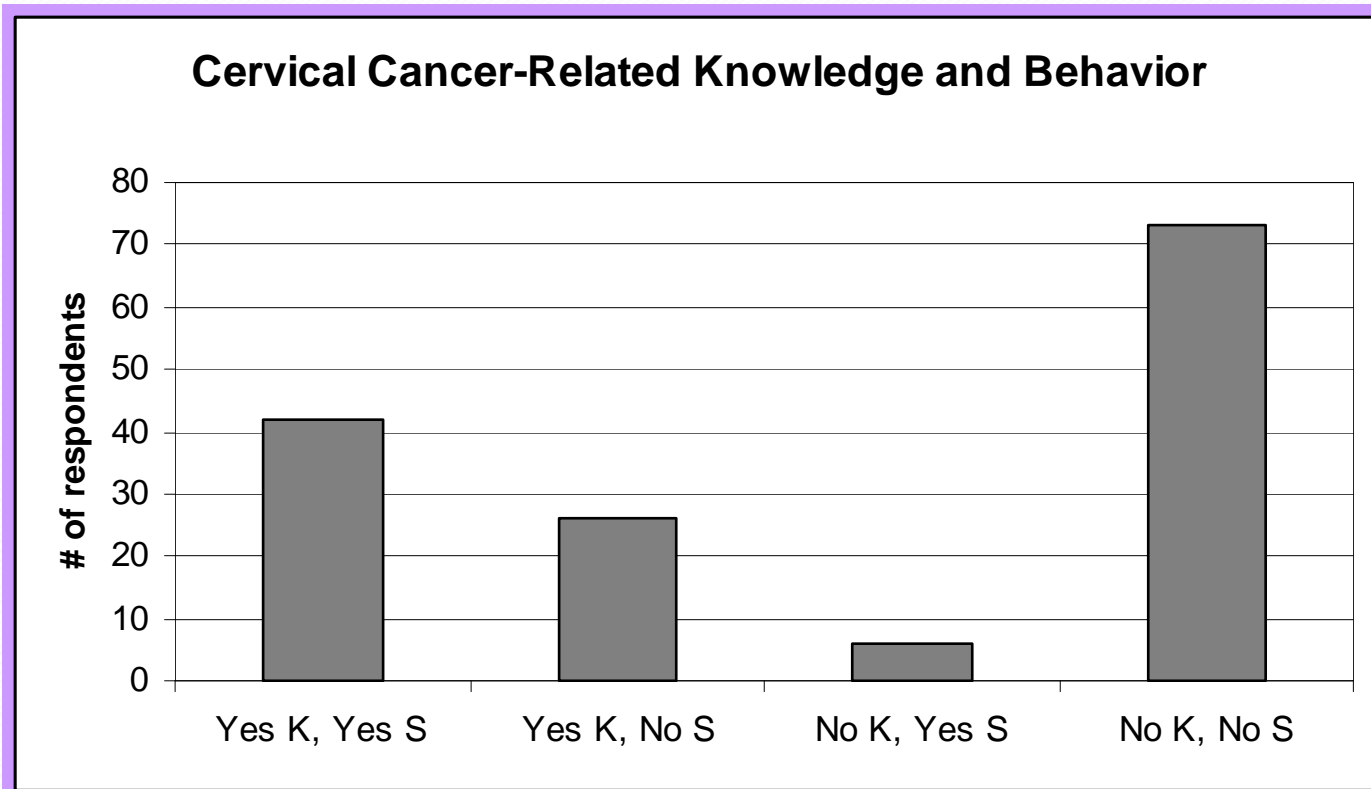
# Results

- AWARE Reproductive Health Survey identified:
  - A gap between knowledge of breast & cervical cancer and screening behavior
    - 86% of respondents age 40 years & older reported knowledge of breast cancer & mammogram
    - 37% of respondents age 40 years & older reported having had mammogram
    - 46% of respondents age 21 years & older reported knowledge of cervical cancer & pap smear
    - 33% of respondents age 21 years & older reported having had pap smear





There are a large number of respondents within the recommended age group who have knowledge/awareness of breast cancer, but have never been screened.



Unlike breast cancer-related knowledge and behavior, respondents within the recommended age group are unaware of what cervical cancer is in addition to not undergoing screening.

# Results

## AWARE Focus groups identified:

### 1) Perceived Susceptibility

- Screening is unimportant, believing that it was for women older than themselves
- Marital status and sexual behavior misconceptions

### 2) Self Efficacy

- Cost of and the amount of time needed for screening negatively affected the likelihood of getting screened.
- Fear and embarrassment related to screening, particularly when under the care of a male physician.

# Results

AWARE Focus groups identified:

## 3) Importance of Access

- Of those who had screenings, received services through free screenings within their community.
- Other barriers identified include:
  - Access to transportation,
  - Screening recommendation dependent on access to medical care

# Future Plans

- Strengthen continuum of care;
- Increase opportunities to strengthen self-efficacy;
- Identify culturally sensitive screening opportunities;
- Follow policy agenda;
- Seek continued funding for screening referral and support.

# References

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Thank You!