

## BACKGROUND

Immigrant Latinas are less likely to be screened for cervical cancer. **Community Health Workers (CHWs)** are a promising approach in increasing cervical cancer screening among such groups. Our prior work in Little Haiti identified Human Papillomavirus (HPV) self-sampling as an additional novel strategy to improve screening through home based CHW visits. We believe this approach can greatly facilitate the acceptability and ability to conduct cervical cancer screenings in our communities.

With National Cancer Institute (NCI) support, we are examining the effectiveness of CHWs at increasing cervical cancer screening using self-sampling for the Human Papilloma virus (HPV, done free) versus clinic referral for traditional Pap Smear screening (nominal co-payments). Yet even in rigorous well structured CHW interventions, many women remain unscreened.

## METHODS

For the parent study, we are recruiting 600 women from 3 minority communities who have not had a Pap smear in the last three years. Following a 30 minute survey that obtains on information on demographics, cervical cancer knowledge and prevention practices participants are randomized to 1) standard educational materials (community outreach group) 2) home-based CHW intervention and health center linkage or 3) CHW led HPV self-sampling.

Primary outcome is having had a Pap smear at 6 months. Secondary outcomes are cervical cancer knowledge & having usual source of care. Women randomized in Arm#2 have access to PAP smears at federal qualified Health Centers with co-payments of about \$25. Women in Arm#3 choosing the HPV self sampling have the test done at no cost to the women.

For this quantitative component of this study, we examine differences in baseline data collected among the Cuban versus non Cuban Latinas. For the qualitative component, we reviewed the narrative logs of the CHWs when they performed one on one education sessions with participants. These logs were when doing our two Latina CHWs. We also interviewed bot of the Latina CHWS in the study. One works Hialeah a city in Miami-Dade where most of the Cuban women were recruited from. The other CHW works in Southern Miami-Dade County (SMD) were most of our non Cuban Latinas came from. The CHWs were asked about their perceptions on differences in enabling factors and barriers to cervical cancer screening among each group of women. A major focus was also differences in the groups towards using the HPV self-sampling strategy versus the more traditional Pap smear.

Using bilingual educational flipchart



HPV self sampler



## RESULTS

To date we have enrolled 284 Latinas into the study of which 153 (54%) are Cubans and 131 (46%) are non-Cuban Latinas.

As shown in Table 1, Cuban women were younger, had arrived to the US more recently, had higher educational attainment, and had higher health literacy than non-Cuban women. The majority of Cuban women (70%) preferred HPV self-sampling citing familiarity with home based vaginal screening in Cuba and preferences for health services that were free as main reason for choosing HPV self-sampling. In contrast, only 30% of non-Cubans chose the HPV self-sampler with the rest expressing preference for the traditional Pap smear.

Table 1: Socio-demographics characteristics of Hispanic/Latina Participants	All		Hispanic/ Latina Group			
	N	%	Cuban		Non Cuban	
			N	%	N	%
All	284	100.0	153	100.0	131	100.0
<b>Age</b>						
age:30-39	65	22.9	40	26.1	25	19.1
age:40-49	106	37.3	51	33.3	55	42.0
age:50-59	81	28.5	43	28.1	38	29.0
age:60-65	32	11.3	19	12.4	13	9.9
<b>Education Level</b>						
None/<4/<8 yrs	46	16.2	9	5.9	37	28.2
<12 yrs/Completed 12 yrs	88	31.0	54	35.3	34	26.0
>12 yrs	148	52.1	90	58.8	58	44.3
<b>SAHSLA</b>						
high literacy	249	87.7	141	92.2	108	82.4
low literacy	34	12.0	12	7.8	22	16.8
<b>Acculturation</b>						
high	83	29.2	37	24.2	46	35.1
low	128	45.1	72	47.1	56	42.7
medium	73	25.7	44	28.8	29	22.1
<b>Income</b>						
<20,000	190	66.9	98	64.1	92	70.2
20,001 to 40,000	50	17.6	31	20.3	19	14.5
40,001 to 60,000	3	1.1	2	1.3	1	0.8
> 60,000	5	1.8	3	2.0	2	1.5

Table 2: Correct answers on Cervical Cancer and HPV Knowledge	All		Hispanic/ Latina Group			
	N	%	Cuban		Non Cuban	
			N	%	N	%
<b>All: Do you think that...</b>	284	100.0	153	100.0	131	100.0
...when you stop having children you no longer need to have Pap smear?	275	96.8	148	53.8	127	46.9
... most women diagnosed with cervical cancer die from the disease?	125	44.0	81	52.9	44	33.6
... cervical pre-cancers and early cancers show symptoms or signs?	113	39.8	51	33.3	62	47.3
... multiple abortions can cause cervical cancer?	34	12.0	23	15.0	11	8.4
... being hit in your lower abdomen can cause cervical cancer?	95	33.5	60	39.2	35	26.7
... having a high number of sexual partners increases your risk for cervical cancer?	205	72.2	111	72.5	94	71.8
... women who smoke are more likely to develop cervical cancer than non-smokers?	175	61.6	101	66.0	74	56.5
Have you ever heard of HPV? HPV stands for Human Papillomavirus.	174	61.3	100	65.4	74	56.5
<b>Overall knowledge</b>						
<=50% correct	159	56.0	79	51.6	80	61.1
>50% correct	125	44.0	74	48.4	51	38.9

## Qualitative Feedback

### Journal entry review and key informant interviews of CHWs:

#### 1. Cubans:

**Knowledge:** Cuban women seem to have a good understanding of the women's reproductive system and have no problem identifying the organs by its correct names. They are comfortable using the self sampling method by themselves after a short introduction and education.

**Prior experience with similar vaginal based sampling:** Many women have had a similar test done in Cuba. *"I've done it before and it's very easy. El exudado, is done by a nurse in Cuba at the clinic or at home."*

**HPV was offered at no additional cost:** *"I would rather do the self sampling test because right now I can't pay for the Pap test. I really hope I get this test. "La prueba" as they call it.*

#### 2. Non Cubans:

**Knowledge:** Women from Mexico and Central America very often did have not a clear understanding of the reproductive system or had the functions, names and organs confused.

**Cultural Barriers/ Fear of test:** *"I don't want to do that test. I don't like to put anything or touch my body."* When asked if they've used tampons in the past, many replied that they have not.

**Prior negative experiences with health care system:** *"I don't like having a Pap test. The doctors are too rough and it hurts a lot."*

**Access to care:** *"In my country, I would go to the local clinic, but here since I don't have insurance and it's so expensive, I can't do it."*

**Willingness to pay the small co-payments at the FQHCs:** Despite having low income and educational attainment, non Cubans were less likely to perceived the small co-payment as a barrier to their care. They noted that in their countries they often paid small amounts of money to receive health services.

Table 3: 6-month Exit Interviews	All		Hispanic/Latina Group			
	N	%	Cuban		Non Cuban	
			N	%	N	%
All	157	100.0	96	100.0	61	100.0
HPV screening						
Yes	89	56.7	49	51.0	40	65.6
No	68	43.3	47	49.0	21	34.4

## CONCLUSIONS

1. Cubans women have higher educational attainment, greater health literacy and knowledge and familiarity with cervical cancer screening which increases their willingness to have HPV self sampling. The small co-payment for a Pap smear also led many to chose the HPV test.

2. Among non-Cubans, cultural factors, limited access to care and greater willingness to pay for low costs health care services were major reasons why many preferred the more traditional Pap smear.

This study again highlights major differences in health knowledge and behaviors among different Latino subgroups. It also emphasizes the need for community based health programs to be tailored to the specific needs and practices of distinct Latino communities.

## Community Advisory Boards (CABs)

We use Community Based Participatory Research (CBPR) Framework in our study design. The Health Choice Network (Federally Qualified Health Centers) and 2 of their centers are our community partners and 40% of our budget is for their efforts.

We also established three Community Advisory Boards composed of community leaders and representatives to provide additional community input, guidance and oversight study participants and advice on CHW led community outreach.

South Dade CAB members



Hialeah CAB members



## Our Community Health Workers (CHWs)/ promotoras in action:



CHW/promotoras are pictured here in education sessions, at health fairs, at church gatherings, at cancer prevention rallies, at CAB meetings.

Thank you! ¡Muchas gracias!

Sylvester Comprehensive Cancer Center  
Disparities and Community Outreach Core  
Hialeah Community Advisory Board members  
South Dade Community Advisory Board members