

Racial Disparities in Cancer Screening Practices: Hispanic/ Latina Women of South Bend

VOLUME 13 NUMBER 5

FALL 2014

INSIDE THIS ISSUE:

| | |
|---|---|
| Introduction | 1 |
| Methods | 1 |
| Cancer: Breast | 2 |
| Cancer: Ovarian | 2 |
| Screening: What? When? How? | 2 |
| Latino Health Par- adox | 3 |
| Barriers | 3 |
| Socioeconomic Status, Education, Health Access, | 4 |
| Support, Docu- mentation Status, Acculturation | 5 |
| Culture and Can- cer | 6 |
| Body Image | 6 |
| Religion & Moral- ity | 6 |
| Lack of Follow- ups | 6 |
| Memorial Hospital Services | 7 |
| St. Joseph Hospi- tal Services | 7 |
| Sister Maura Brannick Services | 8 |
| Other Local Ser- vices | 8 |
| Conclusion | 9 |

Introduction

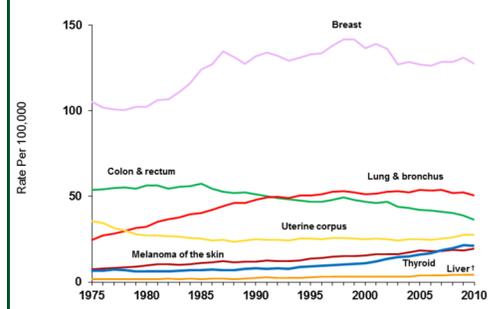
The United States currently has the 7th highest cancer rate in the world. Approximately 300 in every 100,000 Americans develop cancer each year and the number will keep increasing in the following decades. Among the three most common cancers among women, breast cancer affects Hispanic women the most, making it the leading cause of cancer-related deaths among them. Similarly, cervical cancer is the most commonly diagnosed cancer in Hispanic women and the fact that it is often diagnosed at late stages affects the mortality rates of these patients.

The Hispanic population in the United States has a 33% lower age-adjusted incidence of cancer and a 38% lower cancer mortality rate compared with non-Hispanic whites. Despite a lower incidence of disease, age-adjusted 5-year relative breast cancer survival rates suggest that the risk of death is significantly greater for Hispanic vs. non-Hispanic white women. These women tend to be diagnosed with breast and cervical cancer at more advanced stages of disease than non-Hispanic white women. Studies suggest that this is largely due to lower cancer awareness and screening behaviors that results in cancers found at more advanced and less treatable stages, demonstrating a need for culturally appropriate interventions to reduce these disparities. More specifically, Hispanic women have a lower rate of participation in cervical cancer screening programs than women in any other ethnic group. These women are more likely to have larger tumors or metastatic disease when diagnosed with breast cancer. This has been attributed, in part, to a lack of adequate cancer screening, despite an overall increase in recent decades. Low socioeconomic status, low levels of education as well as knowledge, lack of health insurance, lack of support groups, documentation status and acculturation have been established as reasons for

the low screening rates in Hispanic women.

This research brief will explore why Hispanic women are

Trends in Cancer Incidence Rates* Among Women, US, 1975-2010



*Age-adjusted to the 2000 US standard population and adjusted for delays in reporting.
*Includes the intrahepatic bile duct.
Source: Surveillance, Epidemiology, and End Results (SEER) Program, National Cancer Institute, 2013.

Lifetime probability of women developing any type of cancer is 1 of 3

less likely to use cancer screening services, sometimes even free services such as in free clinics or health fairs. Ultimately the importance of highlighting this topic is due to the fact that the Hispanic population is the fastest growing population in the U.S. right now and cancer diagnoses in Hispanic women has been shifted towards late stage breast and cervical cancer which can be prevented with common preventative methods offered by Hospitals, community health centers, among others.

Methods

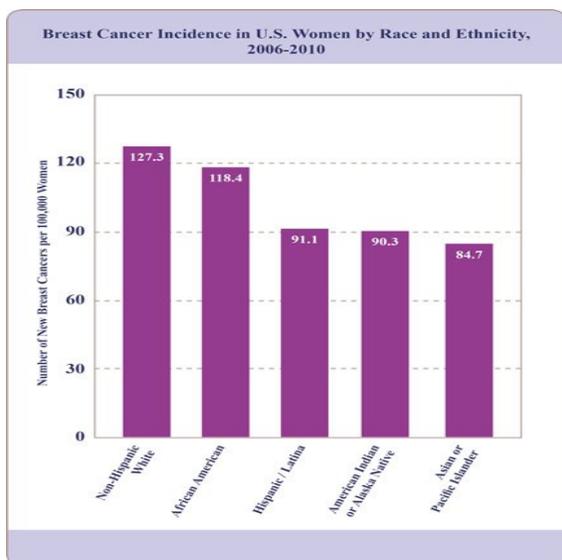
Quantitative data was gathered and analyzed from the St. Joseph Regional Medical Center's 2012 Oncology Annual Report and Memorial Hospital of South Bend Regional Cancer Center's 2013 Annual Report. I investigated the statistics of breast and cervical cancer incidences as well as screening practices in the Greater Michiana area, which includes South Bend. Ethnicity was

not a focus in these data, however, valuable data was found on the current initiatives for reaching specific vulnerable populations. Further readings on Mexican health in the United States can help provide comparative data, primarily in the examination of the consistency amongst theories regarding culture, and health.

Cancer

Breast Cancer

Breast cancer is the leading cause of cancer death in women in the United States. According to the Center for Disease Control and Prevention, 220,097 women in the United States were diagnosed with breast cancer and 40,931 women died of breast cancer in 2011. That is a 18.6% mortality rate of breast cancer in all women in the United States. Although breast cancer rates are lower in Hispanic women than in other races, breast cancer remains the leading cause of cancer death in Hispanic women. Compared with non-Hispanic white women, breast cancer is more likely to be caught in Hispanic women when it has reached a more advanced stage when treatments are less successful. Hispanic women are also more likely to be diagnosed with tumors that are larger and are hormone receptor negative, both of which are more difficult to treat. Hispanic women are also about 20 percent more likely to die of breast cancer than non-Hispanic white women diagnosed at a similar age and stage, according to the American Cancer Society. It is believed that these differences exist because of different access to treatment and lower rates of mammograms in the Hispanic community.

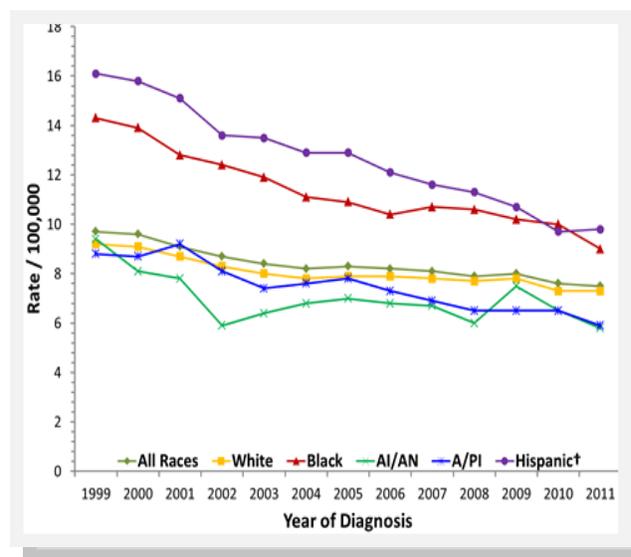


Ovarian Cancer

Hispanic women have about twice the risk of developing cervical cancer, compared with non-Hispanic women. Experts believe the major reason for this difference is that Hispanic women are less likely to get regular Pap tests, which can detect the disease at an early, curable stage. Cervical cancer can typically be stopped if abnormal cells are found early enough. Many studies have shown that regular screening with the Papincolaou (Pap) test is linked with dramatic reductions in cervical-cancer deaths. The American Cancer Society recommends screening every two to three years for women over age 30 who have had three normal tests in a row. About 90 percent

of women whose cervical cancer was detected by a Pap test will survive.

Cervical Cancer: Incidence Rates* by Ethnicity, U.S.,



Screening

Importance of Screening

The goal of screening exams for breast cancer is to find cancers before they start to cause symptoms (like a lump that can be felt). Screening refers to tests and exams used to find a disease, such as cancer, in people who do not have any symptoms. Early detection means using an approach that lets breast cancer get diagnosed earlier than otherwise might have occurred. Breast cancers that are found because they are causing symptoms tend to be larger and are more likely to have already spread beyond the breast. In contrast, breast cancers found during screening exams are more likely to be smaller and still confined to the breast. The size of a breast cancer and how far it has spread are some of the most important factors in predicting the prognosis (outlook) of a woman with this disease. Most doctors feel that early detection tests for breast cancer save thousands of lives each year, and that many more lives could be saved if even more women and their health care providers took advantage of these tests.

Even though Latina women are diagnosed with breast cancer at a lower rate than non-Hispanic women, they are more likely to be diagnosed with metastatic and larger tumors. This showcases screening practices and more specifically the lack of them among Latina women. In regards with cervical cancer, Latina women are among the highest diagnosed population and this

might be due to the lack of pap smear practices among this population. It has been previously demonstrated that cost, lack of transportation, and lack of interpreters are just a few of the barriers that impede Hispanic/Latina women from seeking pap smear screening. Hispanic/Latina women also have limited knowledge regarding cervical cancer screening and its purpose. This includes a lack of understanding of the reproductive system. Within the Hispanic/Latina community, there also tends to exist a stoic attitude toward health and illness. As a result, Hispanic/Latina women only seek healthcare for their symptoms when they become severe or unbearable. In addition, it has been found that many women may lack adequate health insurance or easy access to a community health center. As a result, they usually are not screened regularly for cervical cancer and do not receive regular follow up care once they have an abnormal pap test result or are diagnosed with cervical cancer. Moreover, fear of cancer, embarrassment, lack of knowledge about cancer and cost were the most significant barriers for Hispanic/Latina immigrant women obtaining pap smear screening. Factors that affect this specific population are socio-demographic, access, health behavior, perception, knowledge; and acculturation factors.

Preventative methods have been implemented in the last decade at a higher rate such as through

mobile mammograms, free clinics, and at health fairs. However, recent research still find Hispanic women screening for cervical and breast cancer at a lower rate than non-Hispanic Caucasian women.

What are Mammograms and Pap smears?

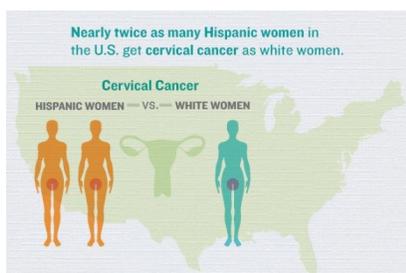
When to get them? How often?

Early detection is the best chance for successful breast cancer treatment. Mammograms are the most effective breast cancer screening tool used today. A mammogram is a low dose x-ray exam where the breast is compressed. The benefits of this tool vary however. Starting at 40 years old, women should start getting annual mammograms. Another examination of the breast is a clinical breast exam. This exam is performed by a doctor, nurse, or physician assistant in which the breast is examined by touch and observed for abnormalities in size, shape, or changes in skin texture of breast and nipple. In addition, women can also learn how to examine their breast the right way from their health care



professional. Clinical breast exams are recommended every 3 years from age 20 to 39 then annual after 40.

Cervical cancer is the easiest gynecologic cancer to prevent, with regular screening tests



and follow-ups. Two screening tests are used: Pap test/smear and HPV tests. A Pap smear consists of inserting a metal/plastic instrument (speculum) to widen the vagina in order to collect some mucus in cervix. At the same time as the pap test, a few more cells can be collected for the HPV test. Starting at the age of 21, women should get pap smears every 3 years. At the age of 30, women should include the HPV test besides a pap smear, which are done at the same time and continue this dual testing every 5 years until the age of 65. Women over the age 65 who have been regularly screened or have had a complete hysterectomy should no longer be screened.

Latino Health Paradox

The Latino Health Paradox describes the fact that despite having lower income and education levels, Hispanics in the U.S. tend to outlive non-Hispanics whites by several years. Lower socioeconomic status has been proven to be related poor health, in terms of mortality but Hispanics defy this. The fact that socioeconomic disadvantages is not linked with shorter lives in the Hispanic/Latino population, as they are for other racial and ethnic groups, still puzzles researchers.

Recent immigrants appear to be the healthiest and report rates of several chronic diseases equal or lower to their whites counterparts. Latinos are not alike across generations since first-generation Latinos are healthier than second and third generations. Thus, acculturation affects the health habits and outcome of Latino immigrants. However, the effect still applies to Hispanics born in the U.S.

In relation with cancer, it is hard to generalize due to the many types of cancer. More specifically, in respect with breast cancer, the Latino Health Paradox does agree with the statistics of Hispanic women suffering from breast cancer. However, the issue of cancer is even more complicated due to the fact that mortality is affected by the stage of the particular cancer at diagnosis. Even though Hispanic women might be diagnosed with either breast or cervical cancer at a lower rate compared to non-Hispanic white women it does not mean that their mortality rate is lower.

Advanced-stage cancers correlate with a poorer prognosis and higher mortality rates. The Latino Health Paradox coincides with cancer diagnosis numbers somewhat but it is more complicated than that.

Barriers & Disparities

Low socioeconomic status, low educational levels, lack of medical access, lack of insurance, undocumented status, and low levels of acculturation have been associated with low levels of preventative cancer screening practices in Hispanic/Latina women. As Hispanic/Latino female population in urban areas continue to grow, particularly populations who are foreign-born, increasing access to breast and cervical cancer screening for these communities is critical.

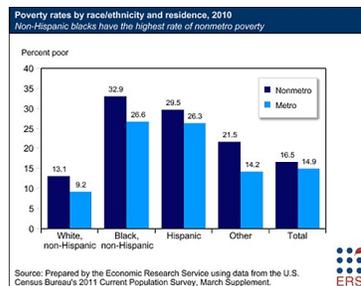
Socioeconomic Status (SES)

Socioeconomic status can be thought as the social standing or class of an individual or a group of people. It is often measured as a combination of education, income, and job. Moreover, low socioeconomic status is almost universally associated with worse population health. Low socioeconomic status has been described as a cancer inequality and proven to burden certain populations and ethnicities. Overall Hispanics report indicators of low socioeconomic such as low education levels, low income and low wage jobs. In Indiana, 23% of all Hispanics reported living under impoverished conditions, only second to African Americans, who reported a 27%.

Latina women affected by cancer have been found to be living under impoverished conditions and to have a low socioeconomic status. The negative impact of low socioeconomic status affects healthcare access to medical services, such as screening exams for breast and cervical cancers. SES is compounded by cultural and

linguistic barriers as well as financial burden and decreases the rate of participation of Latina women in cancer screening practices for breast and cervical cancers.

Looking more closely at specific cases, a Latina woman, Isabel, mother of two children living with her husband, Luis, was diagnosed with cervical cancer. Prior to suffering actual symptoms such as pain near pelvic are, Isabel, who works a minimum wage job to support her family's food expenses, did not attend regular doctor check ups including screening.



Education & Knowledge

Studies have shown that Latinas tend to be less knowledgeable about cancer signs, causes, and treatments effectiveness than White women. The Hispanic population in South Bend is largely found to be working class living under impoverished conditions. These factors affect education attainment as well as knowledge. Language barriers have to be taken into account as most of the South Bend population is reported to lack English proficiency.

Although most Latina immigrants acknowledged the importance of having a screening exam for cervical and breast cancer, most often report that they do

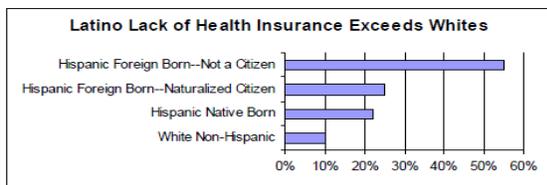


not know where to go to get a screening exam.

This is also attributed to the length of an immigrant's stay in the US. Latina immigrants who reported ever having a screening exam were significantly more likely to be in the US for a longer period than Latina immigrants who reported not ever having one. Most recent immigrants are less likely to seek out medical services overall due to lack of knowledge of the American system and undocumented immigrants are even less likely. As a Latina woman spends more time in the US, it becomes easier to learn of the opportunities offered for screening for health illnesses, such as cancer. Language proficiency also affects education and knowledge of cancer and the need for bilingual informational pamphlets about cancer care and preventative methods is a way to combat this cancer inequality.

Health Access & Insurance

About 3-in-10 Hispanic adults living in the US who are citizens or legal permanent residents lack health insurance, according to a new analysis by the Pew Hispanic Center. Compared to the US population, Hispanics are more likely to lack health insurance and have minimal health care providers. Hispanic adults who are not citizens or legal permanent residents even less likely to have health insurance or have a primary health care provider, with a statistic of 6-in-10.



The ability to visit a health care provider, such as a primary care physician, is diminished by a lack of insurance which further affects the participation of Latina women in preventative program services such as for cervical or breast cancer. Even though there are many

ways of getting screening tests free of charge or for a discounted fee, the fact that Latina women have a low participation in these services might be rooted in the disparities of health access and lack of health insurance. Ethnicity and health insurance interact in complex ways that influence access to appropriate preventative services. Closing the gap in this ethnic disparity for access and health outcomes is a top priority for this nation due to the growing Latino population.

The fact that a significant part of the Latino population in the US is undocumented puts them at an even more vulnerable place health wise. This group of people have higher rates of poverty and thus lack of health access as well as health insurance. Even though this group consists of younger and healthier Latinas, the Latino Health Paradox does not apply to cancer preventative methods. The most recent an immigrant is the most likely they are not going to be concern or aware of the preventative methods of breast and cervical cancer and thus will not seek these services. The fear of deportation also puts this population at a greater risk not seeking access to health services that may end up saving their lives.

Documentation Status

Similar to access to health care and health insurance, documentation status affects cancer screening participation in the Hispanic population. According to data from the National Health Interview Survey (NHIS), only 61% of recent immigrants reported having a Pap smear in the past 3 years as compared to 83% of women born in the United States. Immigrants are less likely than nonimmigrants to report a mammogram in the past 2 years and to be diagnosed with early stage disease.

Undocumented/unauthorized immigrant Latina women are even less likely to receive either a Pap smear or a mammogram. In South Bend, resources for undocumented women do exist such as the ones located in Sister Maura Brannick Clinic. Documentation status often prevents these women from seeking out even free-of-charge resources due to the fear of deportation and eventual separation from their families in South Bend. These women might go to mobile clinics for mammograms but will often not follow up

their mammogram results with a primary care physician. Due to the fact that a primary care physician needs to perform a Pap smear, undocumented immigrant women might not get a Pap smear in more than 5 years. Specific programs should take into account the documentation statuses of Latina immigrant women in South Bend and offer these preventative services free-of-charge as well as without the requirement of social security or proof of insurance.

Table 1
States with Largest Unauthorized Immigrant Populations, 2008
(population in thousands)

| | Estimated Population | Range |
|-------------------|----------------------|-------------------|
| U.S. Total | 11,900 | (11,400 - 12,400) |
| California | 2,700 | (2,500 - 2,850) |
| Texas | 1,450 | (1,300 - 1,550) |
| Florida | 1,050 | (950 - 1,150) |
| New York | 925 | (800 - 1,050) |
| New Jersey | 550 | (500 - 600) |
| Arizona | 500 | (475 - 550) |
| Georgia | 475 | (425 - 500) |
| Illinois | 450 | (375 - 525) |
| North Carolina | 350 | (300 - 400) |
| Virginia | 300 | (275 - 325) |

Source: Pew Hispanic Center estimates based on augmented March Current Population Surveys for 2006-08. See Table B1

Family & Support

Social and familial relationships play an important role in individual health and health behavior. Among underserved minority women, strong social networks can have positive effects on their cancer screening participation. To women who are undereducated and without ready access to health care services or health information, informal support networks may be particularly crucial, providing the only means for receiving information about cancer screening. In the Hispanic community, social integration appears to influence cancer screening participation among Hispanic women. Hispanic women of high social integration were significantly more likely to have had a recent screening than women of low social integration. The effect of social integration was slightly stronger for Pap smear than for mammography, and most evident in the largest Hispanic group, Mexican Americans.

The emphasis of family in the Latino community puts Latina women at an advantage for seeking



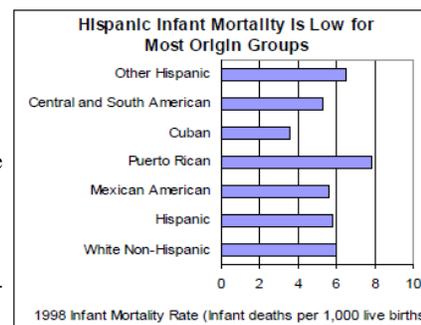
medical services. However, the isolation due to immigrating to the US doesn't allow the immediate effects of this advantage. Latino immigrants leave closely-knit immediate and extended family in their home-countries and upon immigrating to the US, this support is severed. Yet, the Latino population in specific cities in the US can grow into becoming a social support as time passes.

A specific case of family and support can be found in Reyna Grande's memoir *Distance Between Us*. When Reyna's father is fading away due to his fight against liver cancer, it is obvious how much the visits and care from his daughter Reyna affects him. He would long for his daughter to stay a little bit longer during his hospital stays and this can example showcases the support that is needed when battling cancer. Whether it's breast cancer or cervical cancer or liver cancer, support from one's family and friends does affect the surviving cancer and screening for cancers as well.

Acculturation

For Hispanic women, greater acculturation is significantly associated with higher rates of screening by clinical breast examinations, mammograms as well as pap smear exams. Overall, Hispanic women who have spent more time the US are more likely to see a physician about breast health as well as to receive regular mammograms after the age of 40 years old. This statistic sheds some light into the effect of acculturation and cancer screening which is linked to the Latino Health Paradox as well. The Latino Health paradox expects Hispanics to live longer than their whites counterparts but the cancer screening practices of Hispanics contradicts this. Whites have a higher participation rate in breast and cervical cancer screening practices which is correlated to the best outcome of cancer patients. In addition, acculturation increases the knowledge of screening practices in Hispanics but is also linked to higher cancer incidence rates

due to the theory that acculturation increases health risks for several illnesses. This paradox within the Latino Health Paradox is counterintuitive. The fact that acculturation increases cancer screening practices and decreases health states leads to conflicting explanation that perplexes researchers.



Culture and Cancer

Cultural beliefs affect the behaviors of Hispanic cancer patients in the U.S. in a different way than other ethnic populations. In addition to awareness of disparities in cancer incidence and outcome, high-quality cancer education and care among Hispanics requires knowledge, respect, and understanding of how this population's rich culture affects perspectives on healthcare. Cultural sensitivity towards Latina women requires the understanding of body image and religious beliefs concerning health preventative tests and treatments.

Body Image

When it comes to screening, the culture of breast exams and Pap smears is a tabooed subject among Latinas. Latina women consider the examination of the most private parts of their body, their breasts and vaginas, to be very invasive. The fear of losing their breasts and uterus also affects the participation rates of them in cancer screening practices. The loss of a breast or the uterus may affect relationships with male partners, who also see these parts as defining a woman's identity. Another fear of Latina women is the belief that to a Latino man, a woman is not considered as a complete woman if she's missing a body part, and in this case it's more pronounced because the missing part is considered to them a part of femininity. Women might even feel fear of their husbands leaving them, possibly with children to care



for, if their female parts are removed. Sexual intimacy may be an issue for women thinking about the side effects of mammograms and Pap smears.

This may lead to a woman's reluctance to be intimate with her partner, adding to stress in the marriage.

Religion & Morality

To most Latinas, Christianity is a strong and guiding force in their lives. This set of beliefs might stop Latinas from receiving cancer screening tests due to the belief that God will not punish them in the manner of becoming ill with cancer. Some Latinas may believe their diagnosis of cancer is punishment for sins in the past, such as premarital sex or leading a loose life. Latina women might even believe that God

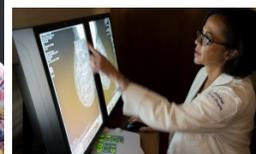
gives women illnesses like cervical cancer because they have lived a bad life. The fear of being stigmatized with these beliefs might stop some women from



taking practice in screening services for cervical and breast cancers. However, it has been seen that a parish community becomes a type of support network for Latinas. This support network could be important in providing health information such as contacts for places that offer screening services for both cervical and breast cancers. Ultimately, religion definitely shapes the beliefs of Latinas concerning the screening and treatments of cancers in the U.S. Catholic parishes have a solid body of teachings that can facilitate interventions for cancer prevention and control. They provide a vital social support system, have a mission of service and caring for others, and often involve the entire family, which may ultimately have a positive impact on the health of the community.

Lack of Follow-Ups

Hispanic women tend to wait longer to seek cancer treatment after an abnormal screening for breast or cervical cancer. Access to follow-up primary care physicians is another health disparity that Latina women face when seeking more information about breast and cervical cancer. A delay in follow-ups after abnormal mammograms and Pap smears increases the chances of the disease progressing to a stage in which treatment is no longer the most effective. A specific case is apparent in Reyna Grande's father's liver cancer battle. He seemed to have waited years to follow up his symptoms for cirrhosis and eventually liver cancer. This lack of follow up is apparent in the statistics which label Latina women as having later-staged cancer diagnosis. One way to fight this disparity could be community education such as health campaigns that address the worst survival rate with later-staged cancer diagnosis. This education may increase awareness of the value of breast and cervical cancer screening as well as the importance of the follow ups of abnormal screening tests.



Local Cancer Screening Services

Memorial Regional Cancer Center (MRCC)

Located inside Memorial Hospital of South Bend and in Mishawaka, MRCC provides screening services daily. Their missions focuses on treating women with utmost care, respect and dignity. Within the MRCC, the Memorial Regional Breast Care Center offers:

1. Digital Screening & Diagnostic Mammograms
2. Clinical breast exams
3. Breast Self-exam teaching

Primary care physicians offer certain services for cervical cancer prevention:

1. Pap Smear tests
2. HPV tests

Through the Memorial Language & Latino Outreach Services, Spanish-English interpreters are available 24 hours a day, seven days a week, as well as telephonic interpretation services. Coverage of mammograms for breast cancer screening is mandated by the Affordable Care Act, which provides the screening tests without any extra charge, for free. Cervical cancer exams done by primary doctors. Medicaid and Medicare covers full cost of annual screening mammograms as well as clinical breast exams and require 20% copay of diagnostic mammograms.

- ⇒ Address of Cancer Center: 615 Memorial Drive, South Bend
- ⇒ Make appointment for screening: 574-647-7700 or 800-284-7700
- ⇒ Interpreter Services: 574-647-6796
- ⇒ Payments: Medicare & Medicaid discounted fees, Affordable Care Act insurance, private insurance



St. Joseph Regional Medical Center

Located inside St. Joseph Regional Medical Center in Mishawaka, the Paqui and Brian Kelly Comprehensive Breast Center provides screening services for breast cancer daily. This center is committed to early detection and promotion of breast health with the leading edge technology. They offer specific services:

1. Digital Screening & Diagnostic Mammograms
2. Clinical breast exams
3. Breast Self-exam teaching

Through this center, the Woman's Task Force was developed this last decade which aim to offer early cancer detection opportunities to every woman. They provide mammograms and cervical cancer screenings to women who don't have the resources to obtain them for themselves. They offer these services through United Health Services.

- ⇒ more information on United Health Services in next page
- St. Joseph Regional Medical Center accepts potential Medicaid eligible patients due to it being a private institution not supported by federal funds.
- ⇒ Make appointment at Paqui and Brian Kelly Comprehensive Breast Center: 574-335-6216
- ⇒ Make appointment for mammogram: 574-335-4500
- ⇒ Address of Paqui and Brian Kelly Center: 611 East Douglas Road, Suite 123, Mishawaka, IN 46545
- ⇒ Women's Task Force services: 574-231-6465



Sister Maura Brannick, CSC, Health Center South Bend

St. Joseph Regional Medical Center supports the work of Sister Maura Brannick towards providing primary health services to uninsured residents of St. Joseph County. This uninsured population also extend to undocumented immigrants. Medicare, Medicaid or patients with health insurance are not accepted. Pap smears and breast exams are provided at this location. However, digital mammograms are often referred to St. Joseph Regional Medical Center.

- ⇒ Address: 326 Chapin Street, South Bend, IN 46601
- ⇒ Phone: 574-335-8222
- ⇒ FREE services but a co-payment of \$5 for each doctor's visit is encouraged, no one is turned down



Other Local Cancer Screening Services

Beacon Medical Group Centennial & Central Neighborhood Health Centers

- ⇒ Patient-centered medical home, a team-based model of care led by a primary care physician, social worker, clinical pharmacist, nurse/medical assistant and case manager.
- ⇒ Primary care physician performs Pap smears and clinical breast exams. Referrals to Memorial for digital mammograms and specialty oncologists.
- ⇒ Accept Medicaid, Medicare, private insurance, and offer fee based on income and federal poverty guidelines for uninsured.
- ⇒ Offer Spanish interpretation services.
- ⇒ Centennial Address: 621 Memorial Drive, Suite 402, South Bend, IN.
- ⇒ Central Address: 813 South Michigan Street, South Bend, IN
- ⇒ Appointments: Centennial 574-647-2500; Central 574-647-2400

United Health Services

- ⇒ Family of agencies and programs that help coordinate efforts of small not-for profit health organizations
- ⇒ Mission: early detection is the best protection
- ⇒ Breast Health Program: provide free mammography and diagnostic services for cervical cancer such as Pap smears
- ⇒ Serves medically underserved or uninsured women in community
- ⇒ All services are free of charge
- ⇒ Partners with Young Survivors (provide screening tests for women under 40 years old)
- ⇒ Address: 6910 North Main Street #9, Granger 46530
- ⇒ Make appointment: 574-247-6047



Healthline Mishawaka

- ⇒ Non-profit organization dedicated to improving health of Northwest Indiana residents
- ⇒ Low-cost clinic that provides primary and preventative care through patient-centered approach
- ⇒ Through Women's Health Services Program, provides breast and cervical cancer screening tests
- ⇒ Financial assistance is offered for uninsured and underinsured families through sliding fees based on income but birth certificate, social security, proof of taxes and income are required for all
- ⇒ Address: 420 West 4th St., Suite 100, Mishawaka, IN 46544
- ⇒ Make appointment: 574-307-7673, 888-580-1060



Bendix Family Physicians

- ⇒ Private medical practice that provides patient friendly primary and preventative care to isolated and underserved members of South Bend
- ⇒ Provide free cervical cancer screening to local women as well as mammograms
- ⇒ Financial assistance is offered through discounts based on household income and household size
- ⇒ \$10 co-pay is collected from all members
- ⇒ Address: 1010 Bendix Drive, South Bend, IN 46628
- ⇒ Make Appointment: 574-245-4980, 574-247-6047



Heart City Health Center

- ⇒ Non-profit, Federally Qualified Health Center that provides primary medical care to Elkhart County residents
- ⇒ Accept Medicaid, Medicare, some private insurance
- ⇒ Offer sliding fees based on income and family size for uninsured
- ⇒ Offer women's health services including breast and cervical cancer screening exams
- ⇒ Not a free clinic but minimum co-pay is \$15 at time of service
- ⇒ Appointment and financial services questions: 574-293-0052
- ⇒ Address: 236 Simpson Avenue, Elkhart, IN 46516



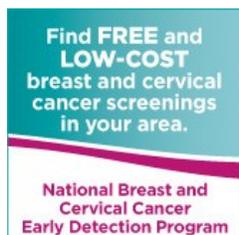
Health Fairs, others

- ⇒ October is National Breast Cancer Awareness month, United Health Services, Planned Parenthood offers free mammograms
- ⇒ St. Joseph Breast Center also offers the option of scheduling mammograms in mobile units
- ⇒ Senior Expo offers free health screening for women and men over the age of 60 years old, includes mammograms. Taking place in May 3, 2014 from 9-3pm.



Conclusion

The fact that Latina women have lower participation rates for screening of breast and cervical cancer is associated with socioeconomic status, educational levels, healthcare access, insurance, documentation status and acculturation levels, among other factors.



Cultural aspects of the Hispanic community have to be taken into account as well, including body image, morality, and religion. By looking at these structural and cultural factors that affect participation rates of Latinas in

cancer screening services, I hope to highlight the complexities of reaching this vulnerable



Cervical Screening Initiatives

A simple test that can save your life!

population in targeted programs to increase Latina women practices of consistent mammograms and Pap smears. Several initiatives are already in place in South Bend that target underserved women and offer interpretative services. However, programs specifically for Hispanic women are not in place as of now and with the Hispanic population increasing in the next decades, there is a dire need for a push towards implementing programs aimed at Hispanic women's awareness of screening services for breast and cervical cancers.

References

- Shavers, V. L., & Brown, M. L. 2002 Racial and ethnic disparities in the receipt of cancer treatment. *Journal of the National Cancer Institute* 94(5): 334-357.
- Ford, J. G., Howerton, M. W., Lai, G. Y., Gary, T. L., Bolen, S., Gibbons, M. C., ... & Bass, E. B. 2008 Barriers to recruiting underrepresented populations to cancer clinical trials: a systematic review. *Cancer* 112(2): 228-242.
- Coronado, G. D., Golovaty, I., Longton, G., Levy, L., & Jimenez, R. 2011 Effectiveness of a clinic-based colorectal cancer screening promotion program for underserved Hispanics. *Cancer* 117(8): 1745-1754.
- Chu, K. C., Miller, B. A., & Springfield, S. A. 2007 Measures of racial/ethnic health disparities in cancer mortality rates and the influence of socioeconomic status. *Journal of the National Medical Association* 99(10):1092-8
- Goel, M. S., Wee, C. C., McCarthy, E. P., Davis, R. B., Ngo-Metzger, Q., & Phillips, R. S. 2003 Racial and ethnic disparities in cancer screening. *Journal of General Internal Medicine* 18(12): 1028-1035.
- Du, X. L., Lin, C. C., Johnson, N. J., & Altekruse, S. 2011 Effects of individual-level socioeconomic factors on racial disparities in cancer treatment and survival. *Cancer* 117(14): 3242-3251.
- Magill, Stephen. 2008 *New Lives—Latinos, Cancer, and Spirituality: An Ethnographic History*. The Permanente Journal, 12(3): 61-64.
- Grande, Reyna. 2012 *The Distance between us: A memoir*. New York. Washington Square Press.
- Nancy Foner (ed.) 2003 *American Arrivals: Anthropology Engages the New Immigration*. Santa Fe. School of American Research Press.
- McMullin, Juliet & Weiner, Diane 2009 *Confronting Cancer: Metaphors, Advocacy, and Anthropology*. Santa Fe, School for Advanced Research Press.
- Chavez, Leo; McMullin, Juliet; Mishra, Shiraz; Hubbell, Allan 2001 Beliefs Matter: Cultural beliefs and the use of cervical cancer-screening tests. *American Anthropologist Journal*. American Anthropology Association.
- Jain, Lochlann. 2013 *Malignant: How Cancer Becomes Us*. Palo Alto, University of California Research Press
- Pew Hispanic Center. "Hispanic and Health Care in the United States: Access, Information and Knowledge" <<http://www.pewhispanic.org/files/reports/91.pdf>>
- American Cancer Society Reports. "Cancer Facts & Figures for Hispanics/Latinos 2012-2014". <<http://www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspc-034778.pdf>>
- Center for Disease Control and Prevention. "Cervical Cancer Rates by Race and Ethnicity" <<http://www.cdc.gov/cancer/cervical/statistics/race.htm>>
- U.S. Cancer Statistics Working Group. *United States Cancer Statistics: 1999–2011 Incidence and Mortality Web-based Report*. Atlanta (GA): Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute; 2014.
- Center for Disease Control and Prevention. "Breast Cancer Screening Rates" <<http://www.cdc.gov/cancer/breast/statistics/screening.htm>>
- Center for Disease Control and Prevention. "Breast Cancer Rates by Race and Ethnicity" <<http://www.cdc.gov/cancer/breast/statistics/race.htm>>

Image Credits (in order of appearance):

<http://www.cancer.org/research/cancerfactsstatistics/cancerfactsfigures2014/index>
<http://ww5.komen.org/BreastCancer/Statistics.html>
<http://www.cdc.gov/cancer/cervical/statistics/race.htm>
<http://www.nationalbreastcancer.org/breast-cancer-facts>
<http://www.takepart.com/article/2013/02/15/cervical-cancer-persists-high-rates-among-hispanics>
<http://www.imaginis.com/breast-cancer-screening-prevention/guidelines-women-should-follow-for-early-detection-of-breast-cancer-2>
<http://migration.ucdavis.edu/rmn/more.php?id=1652>
<http://www.dreamstime.com/stock-photo-cancer-dictionary-definition-image26128970>
<http://www.pewhispanic.org/2002/01/01/hispanic-health-divergent-and-changing/>
<http://www.pewhispanic.org/2009/09/25/hispanics-health-insurance-and-health-care-access/>
<http://visionmarcom.com/2012/10/18/hispanic-marketing-truths-and-assumptions/>
<http://marketplace.veer.com/stock-photo/Nude-Hispanic-woman-with-arms-BLP0032341>
<https://catholicismpure.wordpress.com/2014/01/15/why-women-wear-mantillas-in-church/>
<http://www.fpnotebook.com/legacy/Gyn/Rad/Mmgrm.htm>
<http://blogs.jefferson.edu/atjeff/2014/09/29/mammograms-catching-breast-cancer-early-2/>
<http://www.webmd.com/ovarian-cancer/ss/slideshow-ovarian-cancer-overview>
<http://www.realst8.com/wp-content/uploads/2011/06/20110413-MemorialHospital-1-of-2.jpg>
http://www.kjww.com/php_scripts/image.php?id=06.0001.00&photo_id=0
http://gradlife.nd.edu/assets/117990/fullsize/sister_maura_brannick.jpg
http://profile.ak.fbcdn.net/hprofile-ak-xaf1/t1.0-1/c1.0.50.50/p50x50/398230_375100685843819_1534002475_n.jpg
http://purl.theinlinegroup.com/HealthLinc/images/2013-07-01_04.20.03.jpg
<http://www.bendixfamilyphysicians.org/pikachoose/2.jpg>
https://fbcdn-sphotos-b-a.akamaihd.net/hphotos-ak-xap1/t31.0-8/c0.208.851.315/p851x315/10294968_10152124102965737_2980996330737520637_o.jpg
http://www.lawealthplan.com/blog/wp-content/uploads/pink_october.jpg
http://static.wixstatic.com/media/a2897e_09303ecae9c842498b86af118acd5f7d.jpg_srz_764_573_85_22_0.50_1.20_0.00_jpg_srz
<http://www.centralhealth.nl.ca/cervical-screening-initiatives-program/>
<http://www.cdc.gov/cancer/nbcedp/>

Author: Katia Fernandez Soto

A Special Thanks to Professor Karen Richman for all her advice and support.

