Cervical Cancer Inequities and Latinas: *Moving Beyond Surviving to Thriving*

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Knight Cancer Network Symposium 2022
March 18th, 2022

Dra. Vasquez Guzman

- **Oregon is my home ☺**
  - Mississippi Street
  - OHSU Patient
- **1.5 Generation Bilingual & Bicultural**
  - Born in Oaxaca, Mexico
  - Mexican Woman
  - Zapotec Indigenous
- **Sociologists**
  - Healthcare & Medicine
  - Community Based Participatory Researcher (CBPR)
  - Latinx and Immigrants

Transform the FACE and PRACTICE of modern medicine

Today's Objectives for a 4-Part Talk

1. Gain a **sociological approach to transformative research**
2. Examine the complex landscape of **Latinas in the U.S.**
3. Share **two ongoing projects** about Cervical Cancer & Latinas
4. Build bridges with **areas of opportunity & next steps**

A **Medical Sociologists** Approach to Research

PART 1

Medical Sociologists Emphasize Socialization and Utilize a Structural Lens to Inequities

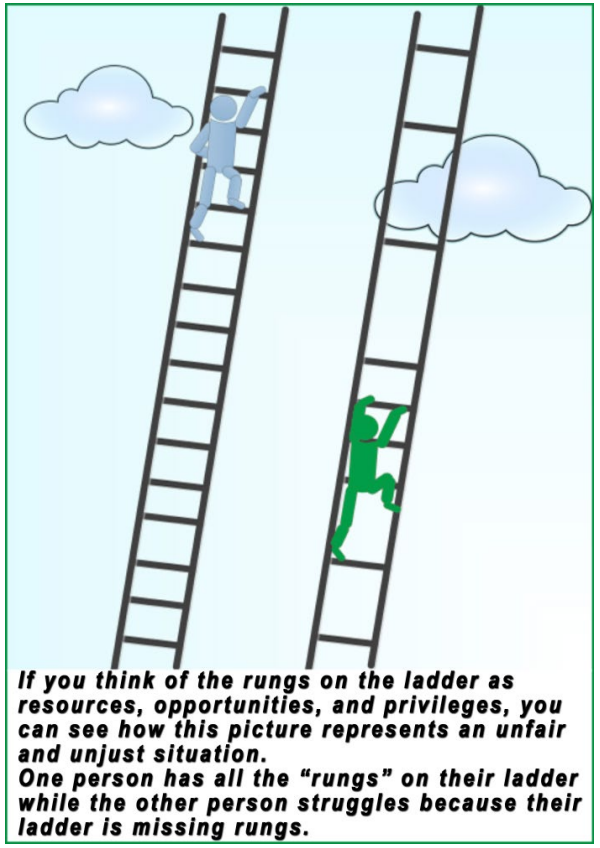
- Socialization is the process of internalizing the norms and ideologies of society.
  - We all have biases, assumptions, and blind spots

- 5 types
  - Primary Socialization
  - Secondary Socialization
  - Anticipatory Socialization
  - Professional or Developmental Socialization
  - **Re-Socialization**

Source: Types of socialization and their importance in understanding the phenomena of socialization

Medical Sociologists Emphasize Context and often Uplift History, Policy, and People

1. **Robert Wood Johnson Center for Health Policy**
   - Interdisciplinary Program; University of New Mexico
2. **Satcher Health Policy Leadership Institute**
   - Sexual Health; Morehouse School of Medicine
3. **Center on Budget and Policies Priorities**
   - Health policy analyst with NM Voices for Children



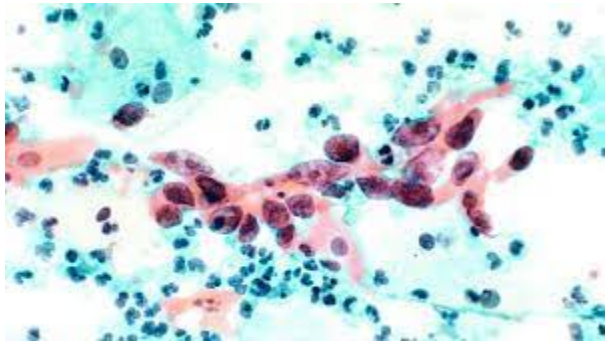
Congressman John Lewis, 2017

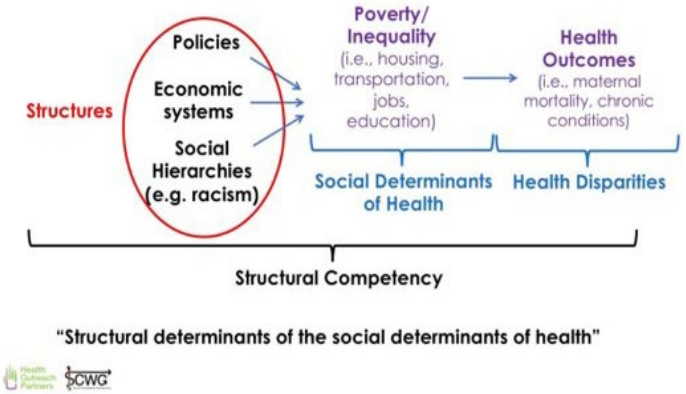
College Affordability & Professional Licensing, 2018

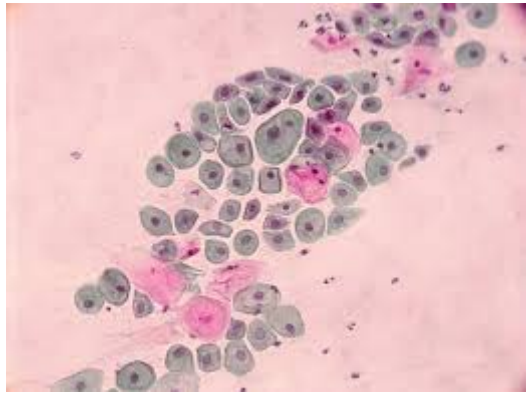
Scientific Progress Comes with Human Costs – Time to DO Transformative Research Approaches

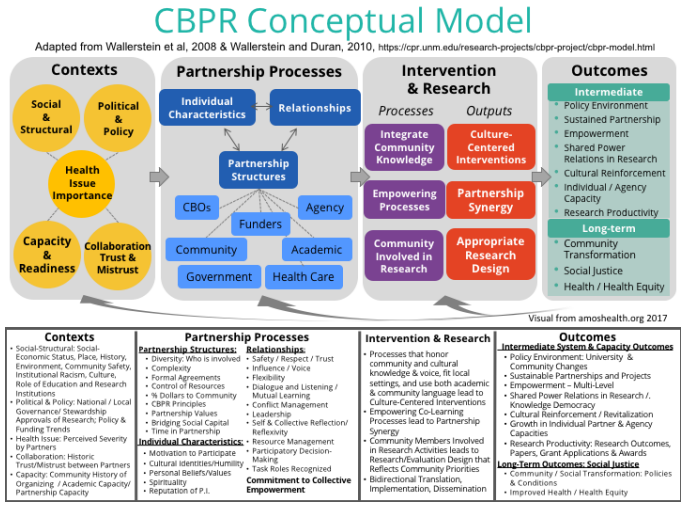
Dismantle	Decolonize	Deconstruct
• The act of taking apart a machine or structure so that it is in separate pieces	• The act of getting rid of colonization requires addressing the status quo and unbalanced power dynamics	• To reduce (something) to its constituent parts in order to re-construct & reinterpret it
• *Pick to pieces, tear apart, disaggregate, segment*	• *Discuss and analyze the oppressor/ oppressed*	• *Examine, inspect, evaluate, scrutinize, investigate*
Address SOCIALIZATION	***Prioritize HUMANIZATION***	***Interrupt REPRODUCTION***

Medical Sociologists Place Biology in a Social-Cultural-Political-Economic Context









The Complex Landscape for **Latinas in the U.S.**

PART 2

Latinas in the U.S. are systematically marginalized in Education, Entrepreneurship, Economic, & Political Leadership

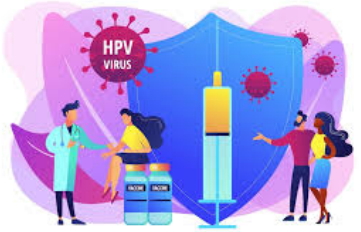
Currently 16.4% of the population and will be 25.7% by 2050

- Latinas are **less likely to have completed education beyond high school** than other major racial/ethnic groups
  - 3% Latinas are represented in STEM fields, women make up 24% of the STEM workforce
- Latinas experience the **largest wage gap** of any major racial/ethnic group *controlling for education*
  - The median household wealth of single Latina women is $120 compared with single white women's median household wealth of $41,500
    - **Latina women with children have ZERO median wealth**
- As of 2013, Latinas owned about **1 out of every 10 women-owned business (receipts totaled $65.7 billion)**
- **9 of the 98 women in Congress** – all House of Representatives (5 represent CA)
  - Of 1,798 female state legislators, 62 are Latinas (represent 22 states) & Latinas comprise 32.9% of all Latino state senators
- **COVID-19 significantly impacts Latina women**
  - Nearly 3 in 10 Latinas work in a front-line job (28.3%)

Sources: U.S. Department of Labor & American Progress & Economic Policy Institute

Nearly 90% of women who die from cervical cancer have poor access to prevention, screening, and treatment.

- Latinas experience higher rates of HPV
- Latinas have rates 32% higher than Non-Hispanic Whites
- Latinas have twice the death rate from cervical cancer

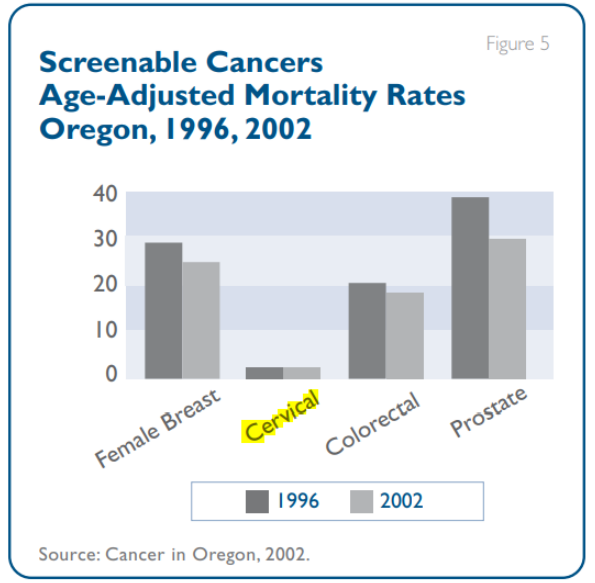


- In the U.S. 73.5% of age-eligible women were screened for CC
  - In 2018, 83% of Latina women ages 25-65 years were up to date with cervical cancer screening compared to 86% of Non-Hispanic Whites
    - ***Latinas are more likely to be detected of CC late in the process, thereby affecting survival rates***
      - ***CC screening rates are 25–40% lower among foreign-born Latinas***

Source: Cancer Statistics for the US Hispanic/Latino population, 2021 & United States Cancer Statistics Data Visualization

Cervical Cancer (CC) is the 4th leading cancer diagnosed among Oregon Latina Women

- The Face of Cancer in Oregon Report (2005-2010)
  - Mortality rates in OR increased 9% (national rate decreased 4%)
  - Only CC failed to show a decrease in mortality rate from 1996-2002.
    - Women ≥ 55 in Oregon are less likely to get Pap tests
  - Oregon's rural/frontier counties have lower rates of CC screening
- Oregon's Breast and Cervical Cancer Program (BCCP)
  - **There remains 38,000 additional low-income, uninsured women who COULD benefit from this program**



State	# Latinas working 1.0FTE	Median Wages for Latinas	Median wages for NHW	Annual Wage Gap	Cents on Dollar
OR	62,249	$31,551	$61,061	$29,507	$0.52

Table 1: 2019 Latina Wage Gap by National Partnership for Women & Families

Cervical Cancer Screening Guidelines

1. **Human Papillomavirus (HPV) test**
   - Types 16 & 17 account for 70% of all cervical cancer cases
   - Protects against certain types that often cause cervical cancer, vaginal, and vulvar cancers (potential to avert nearly 90% of cases)
     - Preteens aged 11 to 12 (can be given as early as 9 up to age 26)
     - 2 or 3 shot series (depending on age)

2. **Papanicolaou (Pap test or Pap smear)**
   - Looks for precancers, cell changes, on the cervix that can be treated to prevent cervical cancer
   - Does not screen for any other gynecological cancer
     - For women ages of 21 to 65 (21-29 every 3 years & 30-65 a pap test with HPV test every 5 yrs)

"The Sexual Health of the Women defines the Health of the Community" – OBGYN Provider

Myriad of factors impact Latinas Cervical Cancer Screening

A plethora of challenges, barriers, and obstacles remain...

- More likely to lack **health coverage** (38% are uninsured today)
  - Uninsured Latinas at greatest risk for lower rates of CC screening
- Latinas also lack of **understanding** of cervical cancer etiology and prevention, including HPV vaccination, and poor awareness of health screening services and treatment options that affect CC screening rates.
- Latinas may have low levels of self-efficacy related to **communication with healthcare** providers and sexual partners, which affect CC screening rates
- **Embarrassment, fear of pain, hopelessness** surrounding a possible cancer diagnosis
- **Concerns about deportation** have also been identified as negatively impacting CC screening
- **Distrust** of the healthcare system and providers, low levels of **acculturation,** low **educational** attainment, low **income**, and **language** constraints affect CC screening.

Sharing **Two Ongoing Projects** about Cervical Cancer & Latinas

PART 3

(1) Cervical cancer screening among older age Latina MSFWs using a network of CHC's

CC screening among older Latina Migrant & Seasonal Farmworkers (MSFW) is a gap

- An older woman is as likely to get CC as a younger woman
  - 1 in 4 cases of cervical cancer are over the age of 60 years
  - 1 in 20 between 66-70 have never been screened for CC
- MSFW Latinas face many barriers that affect screening rates
  - 1.1 million MSFW in the US and 80% Latinos majority from Mexico and Central America
  - MSFW ≥ 65 yrs is a growing & aging population (8% projected to be 21% by 2060)

RQ: Are older Latina MSFWs less likely to receive cervical cancer screening compared to NHW?

Data from the Accelerating Data Value Across a National Community Health Center Network (ADVANCE) led by OCHIN in partnership with Health Choice Network (HCN), Fenway, and OHSU

- Retrospective observational study of 82,578 Latinas and NHWs ages 50-74
- Longitudinal data from 2012 to 2017 using electronic health records (EHR)
- **Includes 351 U.S. community health centers (CHCs) in 18 states**

This work was supported by an NIH National Institute on Aging grant (R01AG056337; PAST DUE Study, PI: John Heintzman)

Table 1: Sample Characteristics

		Total n (%)	Non-Latina White n (%)	Latina, MSFW n (%)	Latina, Non-MSFW n (%)
Cervical Cancer Screening	Yes	26686 (32.3)	15456 (27.0)	809 (53.8)	10421 (43.7)
	No	55892 (67.7)	41783 (73.0)	695 (46.2)	13414 (56.3)
Pap Smear	Yes	25819 (31.3)	14981 (26.2)	667 (44.3)	10171 (42.7)
	No	56759 (68.7)	42258 (73.8)	837 (55.7)	13664 (57.3)
HPV Screening	Yes	19783 (24.0)	11485 (20.1)	665 (44.2)	7633 (32.0)
	No	62795 (76.0)	45754 (79.9)	839 (55.8)	16202 (68.0)

Table 1: Sample Characteristics (continued)

		Total	Non-Latina White n (%)	Latina, MSFW n (%)	Latina, Non-MMSFW n (%)
N		82578	57239	1504	23835
Age	50-65	70686 (85.6)	49392 (86.3)	1330 (88.4)	19964 (83.8)
	66-74	11892 (14.4)	7847 (13.7)	174 (11.6)	3871 (16.2)
Insurance	Never Insured	13034 (15.8)	9517 (16.6)	371 (24.7)	3146 (13.2)
	Some Private	10726 (13.0)	9259 (16.2)	104 (6.9)	1363 (5.7)
	Some Public	9596 (11.6)	6728 (11.8)	176 (11.7)	2692 (11.3)
	Some Private & Public	49222 (59.6)	**31735 (55.4)**	**853 (56.7)**	**16634 (69.8)**
Visits per year	<1	23482 (28.4)	16104 (28.1)	297 (19.7)	7081 (29.7)
	1 to 3	33054 (40.0)	22822 (39.9)	574 (38.2)	9658 (40.5)
	3 to 5	14539 (17.6)	9652 (16.9)	367 (24.4)	4520 (19.0)
	>5	11503 (13.9)	8661 (15.2)	266 (17.7)	2576 (10.8)
Region	West	67207 (81.4)	47569 (83.1)	1289 (85.7)	18349 (77.0)
	Other	15371 (18.6)	9670 (16.9)	215 (14.3)	5486 (23.0)
Preferred Language	English	62038 (75.1)	57239 (100.0)	80 (5.3)	4719 (19.8)
	Spanish	20540 (24.9)	0 (0.0)	**1424 (94.7)**	**19116 (80.2)**
BMI Ever High	Yes	41595 (50.4)	26982 (47.1)	973 (64.7)	13640 (57.2)
	No	40983 (49.6)	30257 (52.9)	531 (35.3)	10195 (42.8)
Cholesterol-Ever Checked	Yes	82136 (99.5)	56978 (99.5)	**1495 (99.4)**	**23663 (99.3)**
	No	442 (0.5)	261 (0.5)	9 (0.6)	172 (0.7)
Ever high BP Recorded	Yes	47938 (58.1)	32468 (56.7)	935 (62.2)	14535 (61.0)
	No	34640 (41.9)	24771 (43.3)	569 (37.8)	9300 (39.0)
Ever Mammogram Referral	Yes	35093 (42.5)	19895 (34.8)	860 (57.2)	14338 (60.2)
	No	47485 (57.5)	37344 (65.2)	644 (42.8)	9497 (39.8)
Diabetes Diagnosis	Yes	21064 (25.5)	10822 (18.9)	707 (47.0)	9535 (40.0)
	No	61514 (74.5)	46417 (81.1)	797 (53.0)	14300 (60.0)

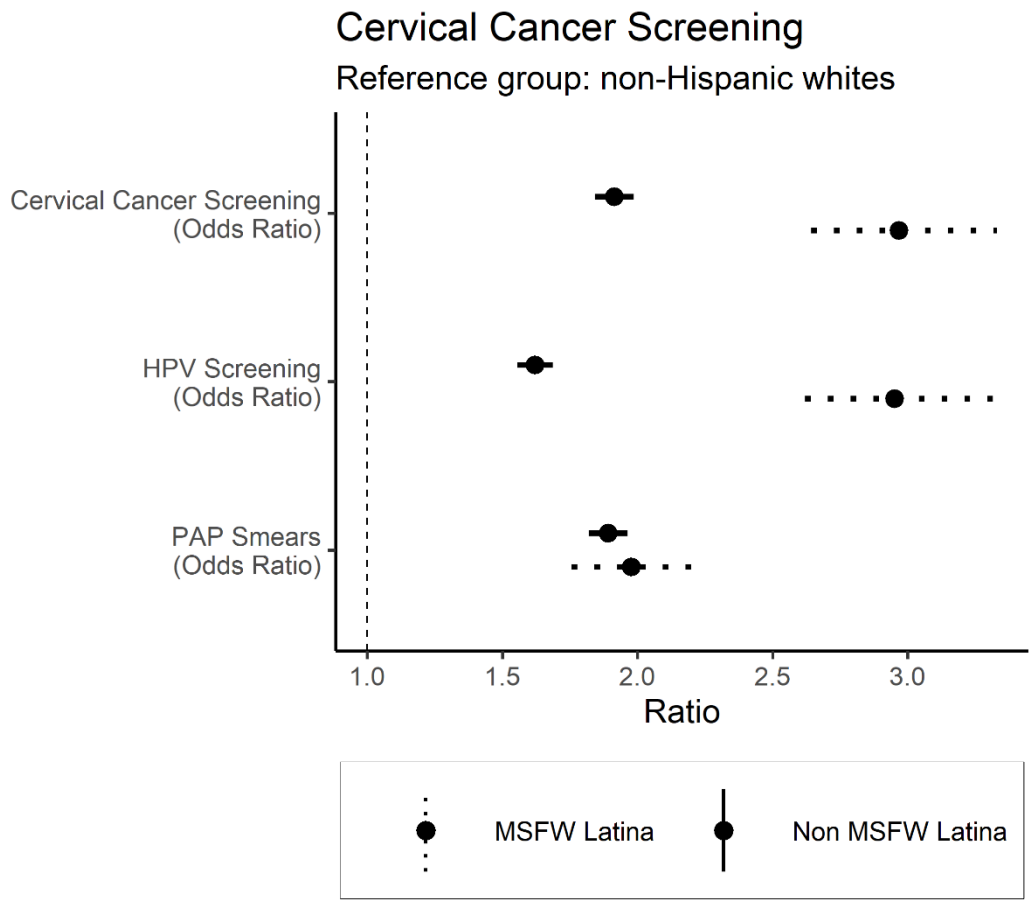
Results

Findings: Higher CC screening rates for Latinas

Table 2: Odds of Cervical Cancer Screening, Pap Screening, and HPV Screening (95% Confidence Intervals)

		Cervical Cancer Screening	Pap Screening	HVP Screening
Unadjusted				
	NLW	Ref	Ref	Ref
	Latina, MSFW	3.15 (2.84,3.49)	2.25 (2.03,2.50)	3.16 (2.85,3.50)
	Latina, non-MSFW	2.10 (2.04,2.17)	2.10 (2.04,2.17)	1.88 (1.81,1.84)
Adjusted*				
	NLW	Ref	Ref	Ref
	Latina, MSFW	2.97 (2.64,3.33)	1.98 (1.76,2.22)	2.95 (2.62,3.33)
	Latina, non-MSFW	1.91 (1.84,1.99)	1.89 (1.82,1.96)	1.62 (1.56,1.69)

*Adjusted for blood pressure or BMI ever being high in study period, any mammogram referral, any diabetes diagnosis, age, insurance, cholesterol ever measured, region, number of visits, and FPL
GEE Logistic regression clustered on patients at the clinic level



Generalized estimating equations (GEE) logistic regression

CHCs play an important role with CC screening

- MSFW and non-MSFW Latina women, compared to NHW women, had higher odds of ever receiving any cervical cancer screening, HPV screening, and a Pap smear.
  - Inconsistent with previous research and contrary to hypothesis
  - May be a result of this unique dataset of CHCs
  - May also be a clinic selection bias by only including those that report migrant status
- Resource investment and support for CHCs remain critical to helping sustain and build the capacity to serve this growing and aging population
- Ethnographic research is needed to better understand the Community Health Clinics' (CHC) contexts and processes.

Big Thanks to The Team: Tahlia Hodes, MPH; Jennifer Lucas, PhD; Cassandra Kasten-Arias; Daniel Parras, MPH; Matthew P. Banegas, PhD; Miguel Marino, PhD; and John Heintzman, MD, MPH

(2) Investigating the lived expertise of Latina women with cervical cancer

Cervical cancer is a highly preventable disease.

- CC screening occurs within the context of their environment.
- Less is known about how structural-level factors impact patient-level decision-making.
- Dearth of knowledge among middle to older age Latina women

Aim 1: Assess convergent and divergent trajectory experiences among middle to older age Latina women diagnosed with cervical cancer.

- *Patients' daily lives, treatments they have tried, care models they have experienced, and healthcare experiences throughout their journey*

Aim 2: Examine the diverse and multi-faceted social determinants that may be impacting cervical cancer screening and prevention.

- Understand the structural determinants around preventive service utilization.

Sarelia Mora-Torres and Ana Martinez Torres
PSU students with BUILD EXITO/U RISE
Future OB-GYN providers

This work is supported by: KL2 & the OHSU Center for Women's Health Julie Stott Research Fund for Women's Cancer (PI: Vasquez Guzman)

Leveraging the DIPEx methodology to uplift communities and dissemination

Database of Individual patient Experiences (DIPEx) Methods

1. Diverse Demographics (N:40)
   - *Age, acculturation, martial status, geography, income, education etc.*
2. Capture Complex Stories
   - *Screening, diagnosis, & treatment*
   - *Provider and healthcare experiences*
   - *Impact on lives (self, family, community)*
   - *Social, cultural, political implications*
   - *Coping strategies*
   - *Recommendations, suggestions, advice*
   - ***via audio & video***
3. Stakeholder Advisory Group
   - Participants, clinicians, advocates, and community representatives

Health Experiences Research Network (HERN)

U.S. Chapter – 2014 HERN

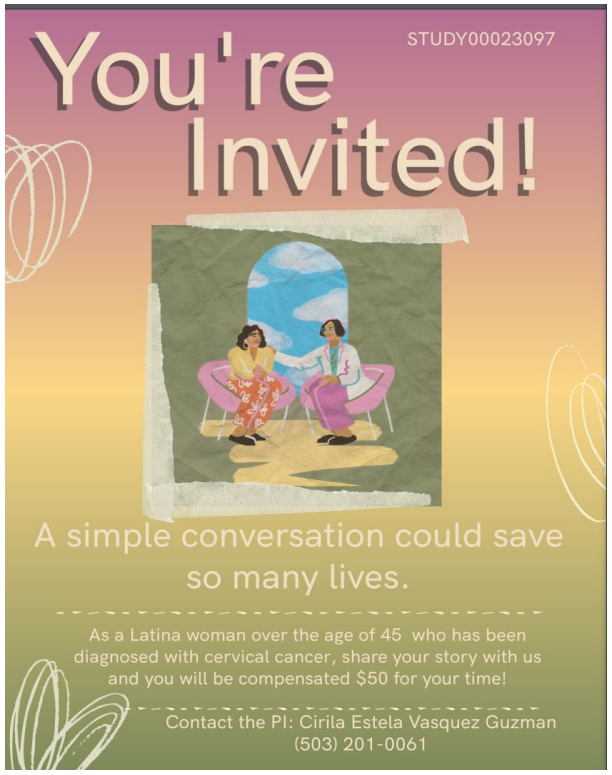
- A national network led by 6 universities
  - **University of Wisconsin-Madison, University of New Mexico, Yale University, University of Utah-Salt Lake City, Veterans Administration, and OHSU!**
- 4 live on website, 8 in progress, and 10 pilots

HealthExperiencesUSA

Bringing patients' voices to American healthcare

Launched in March 2022 – Currently Enrolling

Goal: ID priorities for developing sexual health intervention strategies



Big Thanks to the Team: Erika Cottrell, PhD, MPP; Ashley Price, Vivian Christensen, PhD; Rachel Grob, MA, PHD., Nancy Pandhi, MD, MPH, PHD; Sarelia Mora-Torres, Ana Martinez Torres, and Cindy Morris, PhD.

Ultimate goal is about dissemination for meaningful impact

- ❑Share the stories and clips on the website
- ❑Create a toolkit useful for medical providers
- ❑Present at community forums and share widely
- ❑Write a blog, policy brief etc.

WITH the advisory committee

www.healthexperience.org

What is unique about HERN methods beyond video is really a commitment to dissemination from the beginning.

Areas of Opportunity & Next Steps
for Cervical Cancer & Latinas

PART 4

AMIGAS and *Es Tiempo* are effective national level interventions in the U.S.

1. ***AMIGAS*** - Ayudando a Las Mujeres con Information: Guia y Amor Para su Salud
   - Administrator's Guide
   - Promotora Instruction Guide
   - Bilingual Flip Chart
   - Contact Sheet
   - Promise to Myself
   - Resource Sheet
   - Evaluation Form
   - Handouts
   - Body Diagrams

- ✓ Centers for Disease Control and Prevention
- ✓ Texas Tech University Paul L. Foster School of Medicineexternal icon
- ✓ University of Texas School of Public Health
- ✓ Center for Public Health Research and Evaluation at Battelleexternal icon
- ✓ Colaborativo SABER (San Diego, California)
- ✓ Lorena Sprager and Associates, LLC of the Clear Language Group (Oregon)external icon
- ✓ *Nuestra Comunidad Sana* (Our Healthy Community)external icon from The Next Door, Inc.
- ✓ Yakima Valley Farm Workers Clinic (Yakima, Washington)external icon

2. **Es Tiempo** in CA
   - Module 1: Numbers & Demographics
   - Module 2: Boyle Heights, CA (context)
   - Module 3: Own Words (focus groups)
   - Surveys and Forms to implement/use

- ✓ *Latina women DO understand and ARE aware of the PAP test (lack of knowledge is not true)*
- ✓ *Latina women lack a regular source of provider but through their children have regular access to a pediatrician (opportunity to intervene here)*
- ✓ *They experience time barriers (taking off work), so an opportunity to work with employers better*

Areas of Opportunity to address Cervical Cancer Inequities among Latinas

“Tamale Video” effective with Cervical Cancer

English version: https://www.youtube.com/watch?v=Lyhv9KmLroc
Spanish version: https://vimeo.com/125650427

(Baezconde-Garbanati, 2014)

(Screenshot from the short film: Tamale Lesson)

Excellent national & local organizations emphasizing Latina women to partner/model

- National Alliance for Hispanic Health
  - Nuestras Voces (Our Voices) Network Program Imitative
    - Partner with leading Hispanic community-based organizations (CBOs) serving gas regional elader agencies (RLA)
      - Illinois, Texas, Washington, California, New York, and Georgia

- National Institute on Reproductive Health
  - NYC, Washington DC, Florida, Texas, and Virginia

National Latina Institute for Reproductive Justice

- Key Support Groups
  - Somos Latinas Contra Cancer, CA
  - Nueva Vida: Red Apoyo para Latinas con Cancer, DC

LATINAS CONTRA CANCER

NUEVA VIDA

❑ **Advocate for increased federal funding & eligibility for the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) & Breast and Cervical Cancer Medical (BCCM) Program**

Workforce challenges are a piece of the puzzle.

OB-GYN shortfall is on the horizon and of significant concern

- 35% of OB-GYNs across the US are 55 years or older
- Half of the country's 2,143 counties lack ANY practicing OB-GYN
  - More than 10 million women are without access (about 8.2% of U.S)

Primary Care Shortages are exacerbated with COVID-19

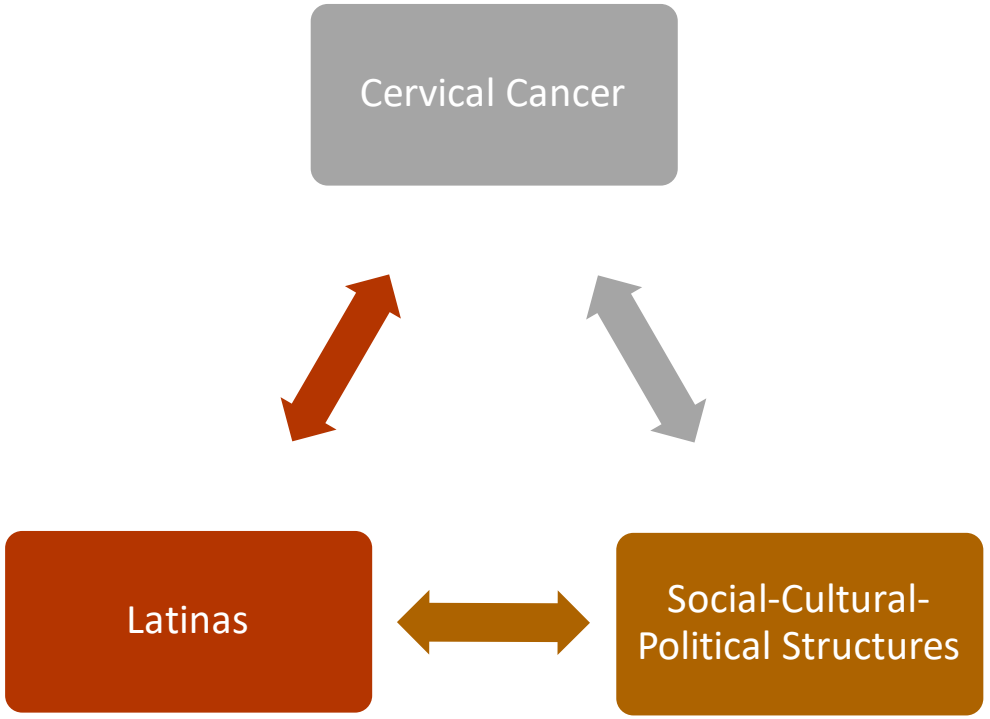
- More than 2 of every 5 active physicians will be 65 years or older
- Expect up to 50,000 shortage by 2032, especially in rural areas

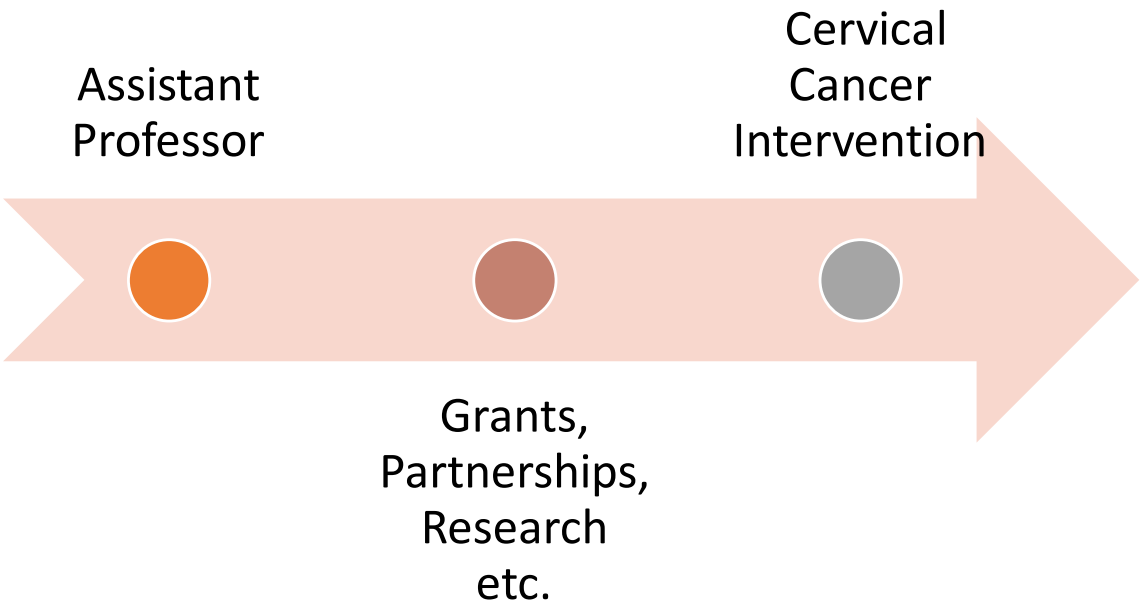
Across all medical specialties, only 2.4% of physicians identify as Latina (36.1% are women)

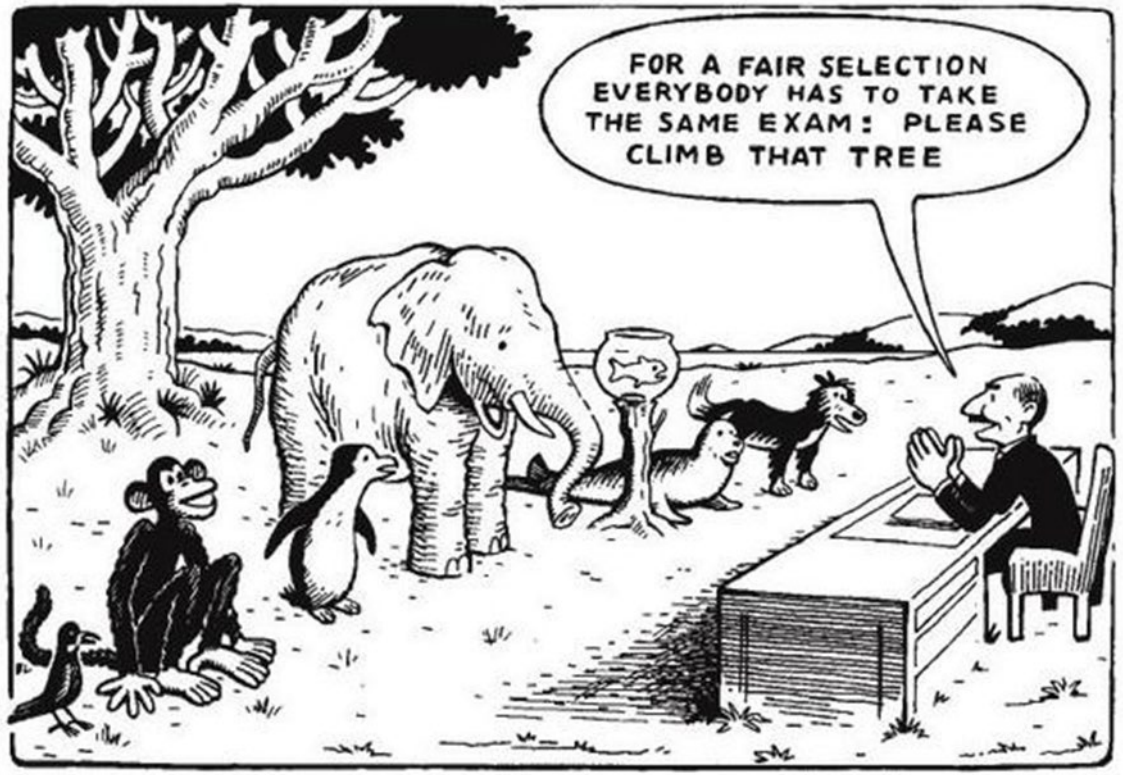
Source: Latina Women in the U.S. Physician Workforce: Opportunities In the Pursuit of Health Equity

Next Steps

- Develop an intervention tailored for older age Latina women in the PNW to address Cervical Cancer Inequities







¡*Muchas Gracias*!

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OHSU KNIGHT CANCER *Institute*

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