



# A Culturally Sensitive Approach to Cervical Cancer Prevention in the Latina Population Using the Promotora Model

Ae Sil Ashley Cheun & Jo Loomis

**ABSTRACT:** Latina women of low socioeconomic status are particularly vulnerable to morbidity and mortality from cervical cancer. Lower rates of screening are associated with increased mortality rates in this population. Community health workers known as *promotoras de salud* can be an effective part of the health care team to help improve health care access in this population. Promotoras using a cervical cancer education curriculum known as AMIGAS can help promote access to services, provide education, and possibly save lives in an underserved population. Nurses and advanced practice nurses who care for underserved Latina women can collaborate with promotoras to increase women's knowledge of cervical cancer screening and of community-based resources available to increase their access to Pap testing and human papillomavirus vaccination.

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**KEYWORDS:** cervical cancer, HPV, human papillomavirus, Latina, Pap test, prevention, promotoras de salud, screening

The American Cancer Society (2016) has stated that there are approximately 10,000 new cases of cervical cancer and 3,700 deaths in the United States each year. The incidence of cervical cancer for Latina women in the United States is the greatest among all racial and ethnic groups (American Cancer Society, 2016). Low cervical

screening rates and limited access are strong predictors of the increased incidence of cervical cancer in Latina women. Worldwide, there are approximately 528,000 new diagnoses of cervical cancer and about 266,000 deaths each year (Lorenzi, Syrjanen, & Longatto-Filho, 2015). Since the introduction of the Papanicolauo (Pap) test in the 1950s,

## CLINICAL IMPLICATIONS

- Latina women of low socioeconomic status and without access to health insurance are particularly vulnerable to morbidity and mortality from cervical cancer.
- It is important for community outreach efforts aimed at preventing cervical cancer to be culturally appropriate for the intended audience.
- *Promotoras de salud* are lay community health workers who can educate Latina women in the community about the importance of cervical cancer screening and prevention and about resources available to them for Pap testing and HPV vaccination.
- Nurses and advanced practice nurses working in the community can team with promotoras to reach an underserved population.

widespread use of this screening tool has decreased cervical cancer incidence and mortality rates ([American Cancer Society, 2016](#)).

## Human Papillomavirus and Cervical Cancer

The human papillomavirus (HPV) vaccine has also contributed to lower incidence and death rates from cervical cancer ([Bernard et al., 2014](#)). According to [Baker \(2013\)](#), evidence supports a causal role of HPV, in particular HPV genotypes 16 and 18, in the development of cervical cancer in women. Identification of the specific HPV genotype has triggered landmark changes in screening and treatment guidelines ([Baker, 2013](#)). A large body of evidence has shown that the HPV vaccine is very effective in preventing cervical cancer ([Centers for Disease Control and Prevention \[CDC\], 2017](#)). Identification of the connection between HPV with cervical cancer led to the development of vaccines to target HPV genotypes 16 and 18 ([Cutts et al., 2007](#)). There are three vaccines available in the United States to prevent HPV infection: Gardasil, Gardasil 9, and Cervarix ([CDC, 2017](#)). All three have been approved for administration in a three-dose series at intervals of 1, 2, and 6 months ([Meites, Kempe, & Markowitz, 2016](#)). In October 2016, the U.S. Food and Drug Administration also approved 9vHPV for a two-dose schedule for adolescents initiating HPV vaccination ([Meites et al., 2016](#)).

The three vaccines have an efficacy of almost 90% to 100% for preventing high-grade cervical dysplasia caused by the HPV types targeted ([CDC, 2017](#)). According to the [American Cancer Society \(2016\)](#), the cost of the HPV vaccine is approximately \$130 to \$140 per dose (three doses are recommended), which places the full vaccination cost at

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\$500 per individual. The two strongest predictors for the uptake of HPV vaccination are insurance coverage to cover the cost or eligibility for the Vaccine for Children program. However, immigrant Latinas are less likely to receive vaccination because of economic limitations and lack of health insurance. Because of limited access to health care and health insurance, Latina women are subject to ballooning health care costs because they are often unable to obtain early preventive services and instead are diagnosed and treated for cancer at late stages and are more likely to receive substandard care because of the cost ([American Cancer Society, 2016](#)).

**Despite the effectiveness of Pap test screening and HPV vaccination, women with less education, poor socioeconomic status, and language barriers continue to have greater incidence of cervical cancer**

Despite the effectiveness of Pap test screening and HPV vaccination, women with less education, poor socioeconomic status, and language barriers continue to have a greater incidence of cervical cancer, owing to lack of cervical cancer screening and/or use of preventive health services. Barriers include lack of education, financial situations that lead to poor adherence with cervical cancer screening, and lack of preventive health services, which predispose women to a greater risk of cervical cancer ([Byrd et al., 2013](#)). Latina women experience greater rates of cervical cancer because of poor knowledge about the benefits of regular cervical cancer screening and limited access to preventive care ([CDC, 2017](#)). In the United States, significant efforts have been made to

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