

Practice Variations In Pap Test Coverage In Mexican Women

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A. Introduction

The overall purpose of this project is to assess variation in cervical cancer screening in immigrant Mexican women. Cervical cancer is the second most frequent neoplasm among women and accounts world wide for 15% of all cancers. About 80% of all cervical cancer cases diagnosed globally occur in developing countries. Latin American countries report the highest rates of cervical cancer and mortality in the world. In Mexico, for example, mortality per 100,000 in 1990 was 14.3, in the US overall, 1.7. In the United States, invasive cervical cancer is the ninth most common cancer in women, however, among Latino women it ranks third. Over thirty years, US cervical cancer mortality has decreased by 5% per year, correlating with increasing availability and use of the screening method, the Pap smear. However, incidence and mortality in Latino women is twice that of non-latino women, and Latinas tend to be diagnosed at later stages of disease. Latinas were three times as likely as a non-latina to have never had a Pap smear in the 1987 National Health Survey. In studies looking at cervical cancer in ethnic minorities, there were associations with lower socioeconomic levels. Numerous studies have attempted to identify the particular factors involved. Health care utilization patterns in Latino communities show that utilization factors can predict regular screening. For example, a study of 416 inner city women from Baltimore found that underscreened women were more likely to be 45 years of age or older, to have no medical insurance, and to report never having been told by a clinician how often to get a Pap test. A study in San Francisco of self-reported use of cancer screening tests among latinos and angles found that lack of physician referral was a reason for irregular Pap screening. No studies of Mexican immigrants living in Texas border towns in particular were found that explored health care utilization patterns.

B. Study Design

This will be a multicenter observational cohort study of healthy Mexican immigrant women in a representative border town, Presidio. Age-matched cohorts would be obtained from healthy non-latino women of the same town and from healthy Mexican women in Ojinaga, Mexico. Women would be surveyed about Pap smear testing, demographic characteristics, and access to healthcare in general. Proposed methods of statistical analysis include chi-square and logistic regression analysis to compare and contrast the prevalence of Pap smear screening across various levels of socio-demographic data and access to health care, and to assess characteristic attitudes, knowledge, and behavior of women who received Pap tests on a regular basis and those who did not.

C. Subjects

Approximately 200 subjects will be recruited from the Texas Department of Health clinic in Presidio, the Presidio Rural Family Health Clinic, and Mexican government's Ojinaga clinic. Women would be approached during a visit to one of these centers by bilingual staff. All women between the ages of 20 and 70 would be eligible, except for those women who had never been sexually active, those with known cervical cancer, and those women who had surgical removal of the cervix. The age range would include those age groups that have been found to be of particular risk in having invasive cervical cancer, and those at risk for irregular screening in prior studies.

D. Description of Study

a. Procedures

All of the women fulfilling the above eligibility criteria would be assigned a study ID number or code name and participate in a survey conducted by trained bilingual personnel. The nature of the questions would range from medical/gynecologic history, ethnicity, education, number of lifetime sex partners to questions regarding their medical care and frequency of Pap smears. The questions may be refused by the subject, interviews would be conducted in a private room at the location where the subject was approached, and would last approximately an hour. The duration of the study would be approximately three months.

E. Study Questionnaires

Presently, the survey would be developed along the following categories: sociodemographic data, risk factors, access to health care, and knowledge of Pap smears. It would include, for example, questions regarding ethnicity, extent of education, monthly household income, type of insurance coverage, parity, age at birth of first child, number of lifetime sexual partners, marital status, history of smoking, family history of any type of cancer, type of contraception (if used), extent of time spent living in the US. Access to health care questions may include: if she had regular medical follow up (either a regular MD, nurse practitioner or clinic), use of curanderos, if she had ever had a Pap within the last year, or within the past three years, if she was ever told by her health care provider how often she should get a Pap, if she knew what a Pap smear tested, how often she went to regular medical care, if she was referred for a Pap smear if she did get one and why or why not. Knowledge about general aspects of preventative care, and attitudes towards health maintenance and in particular Pap tests will also be included.

F. Confidentiality

This would be an anonymous study. All study data would be coded and stored in a secure location accessible only to the investigators.

G. Risks and Benefits

Benefits to participants include referrals for Pap testing. Risk to participants may be embarrassment in discussing personal matters. Participants may refuse to answer any question of the survey for any reason.

H. Compensation

There are no costs to subjects. Subjects would be compensated \$20 for the one-time survey.