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# Promoting Breast Cancer Screening Among Latinas in Montgomery County

A Qualitative Exploration

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Breast Health Quality Consortium



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## Purpose of the Project

The National Capital Area Breast Health Quality Consortium (BHQC) is a multi-year project, led by the Primary Care Coalition (PCC)'s Breast Health Initiative. The goal of the BHQC is to identify and reduce racial/ethnic disparities in breast health service delivery in the DC Metro Area. Since its inception, the BHQC has convened health care providers, community organizations, and local government entities to commit to a unified vision of improving breast health services throughout the region. This qualitative exploration was conducted to better inform the BHQC's breast health promotion strategy in the National Capital Area.

## Latinas and Their Interactions with Health Care Providers

Latina patients face a number of barriers to optimum health care in the United States. One of the most commonly documented barriers for patients is language (Timmins, 2002). Low English proficiency in Latina patients is associated with lower quality patient experiences in primary care, regardless of health insurance status (Pippins *et al.*, 2007). Additionally, language discordance between providers and patients may result in a lack of health education that promotes health maintenance, decreased use of primary care services, and a reduced likelihood of patient follow-up (Timmins, 2002; Morales *et al.*, 2002).

Additionally, a patient's immigration and residency status impacts their ability to pursue care, as its part of the eligibility determination to purchase Qualified Health Plans in the health insurance marketplaces or enroll in Medicaid or Medicare (U.S. Centers for Medicare & Medicaid Services, 2013). In Montgomery County, approximately 47% of the Latino population is foreign-born (Pew Research Center, 2014). Nearly 1 in 2 foreign-born Latino residents in Montgomery County is uninsured (Pew Research Center, 2014). Patients that do not meet the eligibility requirements for the marketplace or Medicaid/Medicare are reliant upon having access to safety-net clinics like Proyecto Salud.

Transportation also poses a significant barrier to accessing care for Latina women. Compared to their non-Hispanic white counterparts, they are more likely to lack the funds to provide their own transportation, and public transportation is often insufficient (Cristancho *et al.*, 2008). Elderly Latino individuals are less likely to drive than non-Hispanic whites, moreover their younger relatives often cannot afford to take time off from work to transport them to receive medical care (Morales *et al.*, 2002). This problem may be exacerbated by a limited number of providers practicing in predominantly Latino communities, necessitating long commutes in order to receive health care (Morales *et al.*, 2002).

## How We Collected Patient Feedback

For this project we implemented a qualitative design to explore breast cancer screening beliefs and behaviors of Latinas in Montgomery County among two groups: 1) two focus groups with Latinas living in Montgomery County, 2) four in-depth interviews with patient navigators that have worked throughout the National Capital Region. Preliminary findings from the two focus groups with the Latina women were presented to the patient navigators.

The focus groups included 26 participants with an age range of 37-76 and a median age of 50. Focus group participants were recruited from Proyecto Salud patient records. Women with and without recent breast cancer screening experience were sought to participate in the focus groups. Table 1 below describes the demographics of the focus group participants, who are generally representative of Proyecto Salud's patient population.

**Table 1. Focus Group Participant Demographics**

<b>Demographic Item</b>	<b>Response</b>	<b>n</b>	<b>%</b>
<b>Country of Birth</b>	El Salvador	9	39%
	Mexico	2	9%
	Peru	2	9%
	Brazil	2	9%
	Argentina	1	4%
	Columbia	1	4%
	Bolivia	1	4%
	Guatemala	1	4%
	Honduras	1	4%
	Nicaragua	1	4%
<i>Are you of Hispanic, Latino, or Spanish Origin?</i>	Yes	23	100%
<i>What race(s) do you identify?</i>	White/Caucasian	13	61%
	Self-reported by respondent: "Hispanic"	9	39%
<i>Highest level of education completed?</i>	Grade school (1 to 8 grade)	16	70%
	Some high school (9 to 11 grade)	3	13%
	High school graduate or GED	2	9%
	Some college/technical or vocational school	1	4%
	Bachelor's degree	1	4%
<i>How much money did you make in 2015?</i>	Less than \$25,000	22	96%
	\$25,000-\$49,999	1	4%
<i>In the past 5 years, how often have you gotten a mammogram?</i>	Every year	7	30%
	Most years but not all	3	13%
	Once or twice	11	48%
	Never	1	9%

During the focus groups, the facilitator had participants complete a naming exercise where they generated two lists: 1) motivations for pursuing breast cancer screening and 2) barriers to pursuing breast cancer screening. The items named were written on a large white board. After the naming exercise was completed, participants were giving six stickers and asked to vote for their top three motivations and barriers to screening. If there was a particularly strong motivator or barrier, participants were permitted to dedicate more than one vote to their chosen item.

## Findings: Motivations for Breast Cancer Screening Named By Patients

### 1. Physician Reminders About Screening (17 votes received)

When asked to explain how this was a motivation, participants said the following:

- *"He [the doctor] asked me if I had it done and I told him it was my first time. I had never had it done. So then he ordered it for me."*
- *"...every time I come for any issue I may have, the doctor asks me. Did you have your Pap smear? Did you have your mammogram? So if I say no, they check the history and you say, the last time was on such a date. So then, make an appointment to see the gynecologist. So here at the clinic they refer me to have the exams annually."*

### 2. Love for the Family (15 votes received)

When asked to explain how this was a motivation, participants said the following:

- *"You want to live for them [the family]."*
- *"Because your kids will suffer if you're gone."*

### 3. Prevention/Wanting to Live (13 votes received)

When asked to explain how this was a motivation, participants said the following:

- *"When you talk about the mammogram and that it is for prevention or something, and when you've listened to so many things in the news and all, you figure that if you have cancer it's as if they told you, cancer, and death. That is, we put the two together."*
- *"Better safe than sorry."*

### 4. Finding Abnormalities During Breast Self-Exam (10 votes received)

When asked to explain how this was a motivation, a participant said the following:

- *"I think that we can feel [lumps] when we check ourselves. In my case, yes, I did self-check and because of my own oversight, I had not mentioned it to my doctor. The doctor herself told me, if I had felt it, why I never mentioned it. So that was my mistake, not saying anything earlier but the doctor motivated me to have it checked out and had me go for the mammogram."*

### 5. Fear (7 votes received)

When asked to explain how this was a motivation, participants said the following:

- *"Even when they tell you, you are getting a mammogram; I think we all walk in shaking. And let's see if they find something right, that's worst but it's something we have to do."*
- *"Fear of dying. We do not want to die."*

### 6. Family/Friend History (7 votes received)

When asked to explain how this was a motivation, participants said the following:

- *"My dad died of lung cancer. And he told me, daughter-in-law, get it [a mammogram] done. Get it done because you have that family thing, he says... I did go to and had it done and, thank God, it went well. So I think even more when you already have family that has [had cancer]."*
- *"I was inspired by the mammography because I had a friend who died from that. But she did not feel anything either. She felt nothing on her breasts and when she went to the doctor she was told that she had advanced cancer."*

### 7. Age Guidelines (4 votes received)

### 8. Social Gatherings e.g. health fairs, faith groups (4 votes received)

When asked to explain how this was a motivation, a participant said the following:

- *"I think this meeting is a great motivation for me."*

## Findings: Barriers to Breast Cancer Screening Named by Patients\*

### 1. Fear (15 votes received)

When asked to explain how this was a barrier, participants said the following:

- *"Fear of the doctor telling you that they may find something."*
- *"Fear of the pain [for the exam]"*
- *"I did not want to have the mammogram done out of fear of having them telling me I had cancer."*

### 2. Language (12 votes received)

When asked to explain how this was a barrier, participants said the following:

- *"You feel safer [when Spanish is available]."*
- *"It's good to have someone speaking your language and explain what's really happening to you. Because they have their way of saying things but you have to be able to understand it in your language. To know what they are talking about."*
- *"Sometimes it's because you don't understand the language, you can't speak English. Sometimes that's hard for me."*

### 3. False Information/Ignorance (11 votes received)

When asked to explain how this was a barrier, participants said the following:

- *"Ah, yes because you don't think it can happen to you, that's not going to happen to me."*
- *"The belief that this will not happen to you, you understand. You listen to people stories and you don't think it may happen to you."*
- *"Once there was news that having a mammogram, that radiation what was allegedly caused cancer. It's also been in the news."*

### 4. Time/Other Obligations (8 votes received)

When asked to explain how this was a barrier, participants said the following:

- *"Normally they do mammograms during an earlier schedule as possible and sometimes even if you want to go a little later, sometimes it's during work hours"*
- *"...sometimes you don't get permission from work."*
- *"That prevents you a lot. The family."*

### 5. Shame and Negative Social Influences (4 votes received)

When asked to explain how this was a barrier, participants said the following:

- *"Or sometimes fear or shame. I have girlfriends who don't want to go."*
- *Having girlfriends talk about how painful screening is, therefore discouraging them to go.*

### 6. Transportation (3 votes received)

When asked to explain how this was a barrier, a participant said the following:

- *"They send me here to Holy Cross. It is quite a distance away. You understand? Therefore, getting around, especially, keeps you from having it. Because they say to you, come at eight o'clock in the morning. It takes me three hours to get here from Germantown."*

### 7. Age (2 votes received)

When asked to explain how this was a barrier, a participant said the following:

- *"She [the doctor] told me I needed a mammogram. Then when I called to make an appointment, I was 27 or 29 years old at the time, they refused to give me an appointment. Just because I was younger than 30 years of age."*

### 8. Cost of Examination (1 vote received)

\*While not named during the listing exercise, respondents during the second focus group stated that concerns around immigration status and documentation can prevent women from seeking medical care.

## Outreach Recommendations by Made by Focus Group Participants

Focus group participants were asked “what are the best ways to encourage Latinas in the National Capital Region to pursue breast cancer screening?” They named the following suggestions:

- **Place flyers in places where Latinos live, work, and play.** In both focus groups, participants suggested that flyers be distributed in high-volume areas, such as supermarkets with a large Latino clientele, schools, community festivals, lavanderias, and Spanish-language churches.
- **Host women’s conversation or support groups.** In both focus groups, participants stated that attending the group itself was a motivation for them to pursue screening. One participant even volunteered to lead a future women’s conversation group.
- **Elevating the stories of Latina survivors.** Participants in one group stated that it would be helpful to see more Latina survivors telling their stories.
- **Participate in local news shows that target Latino audiences.** Participants suggested that providers should occasionally advocate for screening on local radio or TV programs.

## Recommendations by Patient Navigators to Optimize Patient Interactions

Patient navigators were asked to reflect on their experience with serving Latina patients and provide feedback on the motivation and barriers lists developed by focus group participants. They named the following additions:

- **Start with icebreakers about the patient and their family.** As identified by the focus group listing exercise, patient navigators stated that Latinas are very much motivated by what they perceive to be good for their families. One navigator noted that the Latino members of her staff informed her that beginning patient interactions with "give me your insurance card" or "give me your information" is a turn off that stunts conversation. Instead, it is more culturally appropriate to warm-up the exchange with pleasantries asking the patient about who they are as an individual and their family.
- **Providers increasing their visibility in the Latino community can drive patient traffic.** A navigator stated that many of her Latina patients were drawn by the fact that they were being seen by a doctor they saw on TV, Dr. Elmer Huerta. Dr. Huerta has a radio program that has been going on for 20 years. He is especially popular within the Peruvian community in the National Capital Area. Due to his visibility, patients came to his office for breast cancer screenings.
- **Country of origin may inform knowledge about mammography.** One patient navigator stated that knowledge and perceptions about the importance of breast cancer screening may vary by country of origin. She stated that her patients from Central America, in contrast to South America, more often needed education about mammography. Moreover, she stated that that while her patients from South America are often more knowledgeable about mammography compared to their Central American counterparts, they did not necessarily have the same expectations for screening beginning at age 40 or the need for annual exams when compared with American-born patients.

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