Campaign Toolkit

Raising Awareness of Cervical Cancer Prevention Among Latinas

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A cancer diagnosis is enough to turn anyone’s world upside down. Fortunately, we have reached a point in medicine where many cancers can be prevented or stopped in their course. Cervical cancer falls into this category of highly preventable cancers. Moreover, it can be cured if detected on time. The advent of the pap smear has allowed physicians to detect pre-cancerous changes in the cervix. These changes, known as cervical intraepithelial neoplasia (CIN 1-3), precede invasion of disease. If detected, these lesions can be removed or treated early. Cervical pre-cancers are slow-growing, which allows us to prevent cancer if women adhere to screening guidelines.

Screening has proven to be an effective way to detect cervical cancer, leading to a dramatic decrease in incidence overall. However, Latina women have lagged behind in taking advantage of screening with the pap test, undergoing significantly less pap screening. The reasons for this disparity are multiple, ranging from differences in degree of acculturation, access to healthcare, education, and having providers that cannot communicate in Spanish. The consequences of these disparities are augmented by the fact that Latina women have the highest incidence of cervical cancer relative to other racial groups. Often, the problem is not that women don’t undergo screening at all, but that they are not compliant with screening guidelines. Reasons range from lack of health insurance to low perceived susceptibility to disease (Lai, 2017).

Module 1: Introduction

How the toolkit is organized?

This toolkit has been put together for audiences interested in raising awareness of cervical cancer prevention among minority groups. This may include public health and prevention advocates who are working within the community of interest.

We aim to provide tips, strategies, data, and talking points from our campaign team on increasing awareness on cervical cancer and encouraging Latina women to undergo efforts (pap tests, HPV vaccination) to prevent cervical cancer. While the strategies and tips outlined in this toolkit will help with implementation of the Es Tiempo campaign in Boyle Heights, CA it is important to make modifications as needed to better fit the needs of whoever the target community is.

It’s Important. It’s Easy. It’s Time.

Cervical cancer can be prevented!

A cancer diagnosis is enough to turn anyone’s world upside down. Fortunately, we have reached a point in medicine where many cancers can be prevented or stopped in their course. Cervical cancer falls into this category of highly preventable cancers. Moreover, it can be cured if detected on time. The advent of the pap smear has allowed physicians to detect pre-cancerous changes in the cervix. These changes, known as cervical intraepithelial neoplasia (CIN 1-3), precede invasion of disease. If detected, these lesions can be removed or treated early. Cervical pre-cancers are slow-growing, which allows us to prevent cancer if women adhere to screening guidelines.

Screening has proven to be an effective way to detect cervical cancer, leading to a dramatic decrease in incidence overall. However, Latina women have lagged behind in taking advantage of screening with the pap test, undergoing significantly less pap screening. The reasons for this disparity are multiple, ranging from differences in degree of acculturation, access to healthcare, education, and having providers that cannot communicate in Spanish. The consequences of these disparities are augmented by the fact that Latina women have the highest incidence of cervical cancer relative to other racial groups. Often, the problem is not that women don’t undergo screening at all, but that they are not compliant with screening guidelines. Reasons range from lack of health insurance to low perceived susceptibility to disease (Lai, 2017).
Aside from screening, cervical cancer can also be prevented through the Human Papilloma virus (HPV) vaccine. Over 90% of cervical cancer is caused by identified high risk strains of HPV, which the vaccine is designed to target. HPV infection is very common, with infection in a wide majority of people worldwide. It is spread through intimate skin-to-skin contact. Fortunately, our immune system clears most infections on its own. When this does not happen, however, persistence of the infection results in changes in cervical cells, which may become cancer. Administration of the HPV vaccine in adolescents aged 9 to 26 has proven to be effective in reducing prevalence of the virus by two-thirds. Despite the fact that the numbers point to success, there are disparities in its use across racial and socio-economic groups. There are several factors that contribute to this, including differences in provider recommendation, worry of vaccine side effects, and parents’ concern that daughters may become sexually active post-vaccination (Lechuga, 2016). This is bound to further increase the disparity in cervical cancer, particularly among Latina women, a group that is already pre-disposed to the disease.

Hispanics are the United States’ fastest growing racial/ethnic group. By 2050, this group is expected to make up 30% of the country’s population. This is double the current 15%. It is therefore important to understand this population, especially the specific factors that determine their health behaviors and outcomes.

**Screening Guidelines**

According to the most recent CDC recommendations, **pap smears** are recommended for all women aged 21-65, regardless of whether or not patients are sexually active.

- **Age 21-29**: Every 3 years with cytology.
- **Age 30-65**: Every 5 years with HPV co-test (Pap+HPV test) or every 3 years with cytology.

Administration of the **HPV vaccine** is recommended from age 9 to 26, for both males and females. Prior to 2016, a 3-dose series was recommended for all. However, these guidelines have changed, accounting for the more robust immune response in younger adolescents. Recently, the FDA approved to expand the use of HPV vaccination (Gardasil) for adults from age 27-45 which was effective on October 2018.

- **Age 9-14**: 2 dose series separated by 6 to 12 months.
- **Age 15+**: 3 doses (2nd dose 1-2 months after first dose & 3rd dose 6 months after first dose).
What do the numbers say?

In the U.S., the cervical cancer incidence rate is 44% higher in Hispanic women than in non-Hispanic whites (American Cancer Society, Cancer Facts & Figures for Hispanics/Latinos, 2015-2017).

Data from Los Angeles County (source: Designmatters, Art Center College of Design).

- Age-adjusted incidence rate for Hispanic women in Los Angeles County form 2001-2005 was more than double that for non-Hispanic white women (16.3 vs 7.4 per 100,000 women).

- Mortality rates from cervical cancer were also double for Hispanic women relative to non-Hispanic whites (4.5 vs. 2.21 per 100,000 women).

Data shows Latina women falling behind on pap screening and HPV vaccination.

- Pap screening within the past 3 years in women aged 21-65: 77.1 vs 82.8 for Hispanic women relative to non-Hispanic white (American Cancer Society, 2017).

- In addition, acculturation affects follow-up rates among Hispanic women. A study found that women who have been in the U.S. for less than 10 years are less likely to have had a pap in the last 3 years compared to women who have been in the country for greater than 10 years (American Cancer Society, 2017).

- HPV vaccine rates remain low among all racial groups, relative to that for required vaccinations. In fact, Hispanic women have one of the highest vaccination rates. If the rates of uptake reached those of standard vaccines, this would allow us to eliminate the gap in cervical cancer incidence and mortality (Reagan-Steiner, 2015).
Why did we implement Es Tiempo?

The rates showing Latina women disproportionately affected by a highly preventable cancer could not help but motivate us to do something. In addition, identification of cultural and systemic barriers that influence screening behavior, told us change would come if we tapped into that information. The implications of not taking action are not good, especially considering that Latinos are the fastest growing ethnic group in the country.

You can prevent cervical cancer!

If we do not intervene, the rates of cervical cancer are expected to double or even triple. In this campaign, we focus on reaching Latinas in the underserved neighborhoods of East Los Angeles. Our campaign is part of a movement to reduce health disparities by educating women about pap tests and prevention in ways that are culturally sensitive. To accomplish this, we sought to improve our understanding of Hispanic women. We took initiative and learned about their health-related beliefs, attitudes, behaviors and communication patterns. Health-related behavior is largely influenced by culture, so it was very important for us to learn of Latina women’s day-to-day life to see how we could best frame our campaign.
Module 2: Hispanic/Latina Demographics in Boyle Heights, CA

Demographics of Boyle Heights (campaign location):

- 95.1% of the population identifies as Hispanic or Latino (US Census Bureau, 2017).
- Most of the women are immigrant, have low literacy and education rates, and are largely uninsured.

Latina women’s barriers to getting screened: (Brandzel, 2018).

- Waiting until symptoms arise.
- “Culturally we tend to not be proactive with our health and wait till something is hurting or something is looking weird or not normal, and then we go and get checked.”
- Embarrassment.
- “I will not go with a male doctor. It’s my kind of heritage. I kind of don’t want a man poking around.”
- Costs.
- “I think cost factors into it for a lot of us, when you are trying to explain the idea of insurance to Hispanics, we just don’t get it.”

- While Latinas are aware of the importance of getting screened, there are factors that prevent them from following through with screening recommendations.
Module 3: In their own words

Understanding our target population:

Vaccinate Against Human Papillomavirus!

Focus Groups:

It is important to educate yourself about the target population (in our case, Latina women) to make the campaign as effective as possible. The best way to do this is through direct interaction, so we sat down and talked to them by holding focus group sessions. Prior to these meetings, we were relying on commonly held myths, facts, and numbers captured through online review of the literature. Although having this information was useful in guiding the direction of our project, the focus groups were a turning point and vital component in the success of our campaign. It is important to note that there are other forms of qualitative data collecting, such as surveys, that are effective. However, we decided to compromise quantity with quality (achieved through in-depth conversation) to gain a deeper understanding of our women.
Focus Groups:

Members of our research team conducted focus groups with at-risk Latinas. This included 18-45-year-old Latinas with little or no history of pap smears. The sessions were carefully designed, and included questions designed to learn more about women’s thoughts on screening for cervical cancer. The intimate group setting, consisting of groups of 6-12, allowed us to really learn about the women through in-depth conversations. We started off with a large list of potential questions and narrowed it to limit our discussions to 90-minutes. Questions were simple and designed to elicit participants unconscious associations to pap screening. Our main goal was to identify barriers to pap screening, and to discuss ways through which they could be overcome. We also used this as an opportunity to test preliminary concepts, such as scheduling a pap test with a family member or friend. Some examples of our questions include:

♦ “When I say the word Pap smear, tell me the first word that comes to mind.”
♦ “Who do you trust when you have questions about your health?”
Experiential research:

- It is important to immerse yourself in the campaign audience’s day-to-day life.
- To this end, we watched Spanish-language television, radio shows and advertisements. This allowed us to learn how to best present our message to capture women’s attention.

Understanding our canvas:

- Visual research of the East Los Angeles community layout and culture to understand how we could best incorporate our campaign.
- Sample Images (Designmatters, Art Center College of Design).

Get Your PAP Test!

The Community...
Advertising...
Module 3: In their own words

Understanding our target population:

It’s Important. It’s Easy. It’s Time.

Lessons Learned

♦ That the commonly held belief that Latina women are not aware of the pap test is incorrect. In fact, they are well-informed of the screening test and understand that it is important.

♦ They are not comfortable discussing medical matters in general. This is particularly true for the topic of reproductive health. Women closed off to conversation when the topic was brought up. This unveiled a new challenge for the campaign: advertising could not be too explicit.

♦ Women who had experienced a pap test in the past did not want to repeat the experience. As a result, we had to re-assure women that the procedure is simpler and easier than they remembered.

♦ Most women did not have a regular primary care physician. Surprisingly, most had more regular interactions with their children’s pediatrician. This taught us that we could not rely on issuing screening reminders through clinic visits.
Lessons Learned

- Distrust of physicians is common among women, often relying on friends and family to inquire about health-related issues instead.

- Relying on outside authorities for health-related information is common. Discussion uncovered that the Mexican government sends routine reminders to help women stay on track with their screening. This taught us that our audience may be more passive to receiving screening information than we had originally thought.

- Many are reluctant to providing personal information. This discovery eliminated the possibility of establishing a database to reach out to people with reminders. We had to assure women we would respect their privacy.

- Many women did not know where to get pap tests for no charge or at low costs. We thus, had to provide them with information and maps to the clinics.

- Many could not afford to take time from work to get a pap test. We had to provide women with financial incentives to assure screening compliance.
Module 4: When the Jacaranda Blooms - How we brought the campaign to life

Implementing *Es Tiempo*

- Identify the problem: Disparity in cervical cancer incidence and mortality among Latino women.

- Assess your organization’s resources (time, people involved [i.e. volunteers, *promotoras de salud*, and financial resources available] to implement the campaign.

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You can prevent cervical cancer!

Implementing *Es Tiempo*

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- Understand the community you will be working with, in terms of:
  - Beliefs
  - Values
  - Practices
  - Their immediate surroundings.

- Identify other groups that may want to become involved in the project.

- Organization and training of people involved in the project.

- Recruiting and educating community volunteers to serve as *promotoras de salud.*
Implementing *Es Tiempo*

- Planning and Steps of Action

◊ Include surveys, and other forms that were used/being used to monitor the progress and impact of the campaign on the community.

*Remember: When you see the Jacaranda tree bloom, it’s time to schedule your annual Pap test.*
Appendix

**Note:** All flyers are included in pdf format as attachments to be used and edited as needed by your clinic.

**A. Indoor media campaign materials**

- We included the campaign flyers (in English and Spanish) distributed by our local community clinic: Clinica Mnsr. Oscar A. Romero. They were sent out to clinic’s patients who were overdue for pap screening as a reminder for them to call and schedule their pap smear. In addition, each patient room in the clinic had an *Es Tiempo* banner/poster for display.

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**Vaccinate Against Human Papillomavirus!**

**Flyers**
Remember:
When you see the Jacaranda tree bloom, it’s time to schedule your annual Pap test.

Recuerde:
Cuando el árbol Jacaranda florece, Es Tiempo para hacer una cita para su Papanicolaou.

es importante. es facil, es tiempo.

Recientemente hemos revisado nuestros archivos y encontramos que se le ha pasado su examen ginecológico anual. Para hacer una cita favor de llamar al [213] 989-7700.

¡Gracias!

We recently reviewed our records and found that you are due for your annual women’s exam. Please call us to make an appointment [213] 989-7700.

Thank you!

Clinica Msr. Oscar A. Romero
2032 Marengo St.
Los Angeles, CA 90033
B. Outdoor media campaign materials

- Our outdoor media materials were distributed throughout the Boyle Heights, CA community in the form of signs on bus benches, billboards, and light post banners. Viewership numbers were estimated by our outdoor media campaign agencies.

25 bus benches: ~35,873 impressions/week

20 billboards: ~17,000 - 59,702 impressions/week
64 lamp post banners: no estimate provided.
Maps

- We included samples of our maps, which include the locations and language of all our outdoor media material. This is just shared as a sample to get an idea of how we distributed our material to optimize viewership from our target audience.
C. Tamale Lesson Video

This video was produced by USC faculty (Dr. Lourdes Baezconde-Garbanati) and is a case study of a narrative health communication intervention to educate women about cervical cancer. Focus groups were used to produce the video in a way that resonates with the target audience: Latina women, in a culturally sensitive manner. It has proven to be an effective way to narrow the gap between Latinas and disparities in cervical cancer. When tested, we learned that Mexican-American women who viewed the video showed a significant increase in cervical cancer screening relative to baseline levels (Baezconde-Garbanati, 2014).

(Screenshot from the short film: Tamale Lesson).
• The link to the video:

**English version:** [https://www.youtube.com/watch?v=Lyhv9KmLroc](https://www.youtube.com/watch?v=Lyhv9KmLroc)

**Spanish version:** [https://vimeo.com/125650427](https://vimeo.com/125650427)

• This short 12-minute film has the potential to be presented during the Promotoras de Salud community workshops or even in clinic waiting rooms.

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**It’s Important. It’s Easy. It’s Time.**

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**D. Promotoras de Salud**

- An alternative to having physicians and health workers educate their patients about cervical cancer and screening is to have people of their own do the job. The focus groups taught us that women are more receptive to receiving health information and engaging with people outside of the healthcare system. To this end we hired and trained Promotoras de Salud, which are women from the community, to provide culturally and linguistically competent cervical cancer and HPV vaccination information. Nothing compares to the ease and comfort offered through this teaching medium. Studies have shown that this educational set up increases women’s knowledge, positive attitudes, self-efficacy, and intention to treat (McDonough, 2016).
D. Promotoras de Salud

- We included the PowerPoint presentation (in Spanish) for use. In addition, you will also find a pre and post-test survey. We suggest that you ask participants to complete the questionnaires to assess knowledge gained or changes in attitudes or behavior after listening to the promotora-led session.

- The 15-slide PowerPoint is designed to inform women in the community about the HPV virus and its association to cervical cancer. The disease process is explained in lay language to reach the target audience. The goal is to teach women about pap screening, and to encourage them to schedule a pap smear if overdue.

- Our campaign team has hired two (2) promotoras for each of the campaign seasons. They were provided a stipend for compensation. Research staff trained with the promotoras, teaching them the material and having them rehearse giving the presentation to an audience.
E. Resources

- Refer women from the community to call Clinica Mr. Oscar Romero
  - Phone number: 213-989-7700.
  ⇒ Call to schedule an appointment for a free pap test for all who qualify.
- Follow this link to get more information on LA County’s project to decrease cervical cancer rates:
  http://publichealth.lacounty.gov/owh/

You can prevent cervical cancer!

Resources

Centers for Disease Control and Prevention (CDC) Website:

https://www.cdc.gov/cancer/cervical/basic_info/screening.htm

- Visit site regularly to stay up-to-date with pap screening and HPV vaccination guidelines.
References


Los Angeles County Department of Public Health. Health Indicators for Women in Los Angeles County: Highlighting Disparities by Ethnicity and Poverty Level (Feb 2010).


*Purple book citation:*  