

Barriers And Facilitators To Cervical Cancer Screening Among Iraqi Refugees Resettled In Philadelphia: A Qualitative Analysis Of Patient And Provider Perceptions

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Cervical Cancer

- 4th most commonly diagnosed cancer in women worldwide
- Virtually all cases of cervical cancer are caused by HPV
- Highly preventable and treatable
- Higher cervical cancer mortality in developing countries



Cervical Cancer Screening Rates

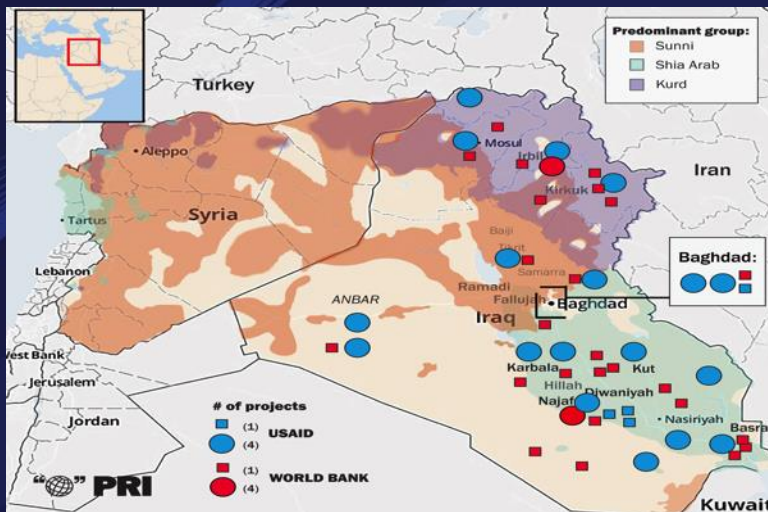
	Cervical cancer screening rates (%)	Year	Population	Sources
Healthy People 2020 Target	93**	2020	Women ages 21-65	Healthy People 2020
United States	83**	2010	Women ages 21-65	Centers for Disease Control and Prevention
Pennsylvania	81**	2014	Women ages 21-65	BRFSS
Philadelphia	80**	2012	Women ages 21-65	BRFSS
Iraq	12.6*	2012	Married female teachers in Diyala City	Saadoon, Amin, & Jadoo, 2014
Jordan	19*	2012	Married women ages 15-49	Jordanian Ministry of Health
Lebanon	~25*	2002-2010	Not specified	Sancho-Garnier, Khazraji, Cherif, Mahnane, Hsairi, El Shalakamy, ... & Seoud, 2013

*Ever had a Pap smear

**Had a Pap smear in the last 3 years

Iraqi Refugees

- Over 4.5 million Iraqis displaced from their homes
- One of the largest refugee populations in the US with over 135,000 total refugees
- A total of 19,651 (28%) Iraqi refugees were resettled in the US in 2014.



Research Questions

1. What is the prevalence of cervical cancer and cervical cancer screening among recently resettled refugees seen at Jefferson's Center for Refugee Health?
2. Are patient- and provider-identified barriers to cervical cancer screening at CRH consistent with those identified in previous research efforts?
3. What are patient- and provider-identified facilitators to cervical cancer screening for Iraqi refugee women?

Mixed Methods

Quantitative

- Jefferson's CRH Longitudinal Patient Registry
 - N = 423 women ages 21-65
 - Demographic data
 - Cervical cancer screening and diagnosis rates
- Analysis: descriptive statistics and Chi square

Qualitative

- Focus groups
 - 9 health care providers
 - 7 Iraqi refugee women
- Audio-recorded and transcribed verbatim
- Analysis: thematic content analysis

Demographics of Refugees Screened at the CRH

Characteristics	Middle-Eastern (n = 117)		Non-Middle-Eastern (n = 306)	
Age Range				
21-29	35	(30%)	128	(42%)
30-39	39	(33%)	85	(28%)
40-49	29	(25%)	52	(17%)
50-59	11	(9%)	32	(10%)
60-65	3	(3%)	9	(3%)
Total	117		306	
Country of Origin				
Iraq	109	(93%)	Bhutan	135 (44%)
Other	8	(7%)	Myanmar	81 (26%)
			Other	90 (29%)
Cervical Cancer Screening				
Iraq*	73	(62%)		205 (67%)
	69	(63%)	Bhutan	98 (73%)
			Myanmar*	65 (80%)
Cervical Cancer Screening Results				
Positive	0	(0%)	0	(0%)
Negative	71	(97%)	191	(93%)
Abnormal	2	(3%)	14	(7%)
Needing follow-up	2		14	
Received follow-up	1	(50%)	3	(21%)

*There was significant relationship between country of origin and cervical cancer screening in refugees from Iraq and Myanmar: $\chi^2 (1, N = 198) = 7.224, p = 0.007$.

Focus Group Demographics

Providers

Characteristic	<i>n</i> (%) / Mean (range)
Gender	
Male	3 (33%)
Female	6 (67%)
Title	
Attending	5 (56%)
Resident	2 (22%)
Fellow	2 (22%)
Average time working with refugees (years)	4.50 (1 - 8)
Average frequency of Pap smears performed per week	1.25 (0.26 – 3.50)

Patients

Characteristic	<i>n</i> (%)
Number of years lived in the US	
1 year or more	6 (86%)
Less than 1 year	1 (14%)
Age Range	
18-21	0 (0%)
22-29	2 (29%)
30-39	2 (29%)
40-49	0 (0%)
50-59	2 (29%)
60-69	0 (0%)
Not documented	1 (14%)
Religion	
Muslim	7 (100%)
English proficiency	
Fluent	0 (0%)
Limited	6 (86%)
None	1 (14%)
Education level	
Some high school	3 (43%)
High school degree	1 (14%)
College degree	1 (14%)
Post-graduate education	0 (0%)
Other	2 (29%)
History of cervical cancer screening	
Yes	4 (57%)
No	3 (43%)

Patient and Provider Identified Barriers



- Fear of result
- Religious and cultural beliefs
- Medical expenses
- Other life priorities

- Lack of health awareness or knowledge
- Fear of procedure
- Competing life priorities
- Language barrier
- Patient-provider relationship
- Gender concordance
- Lack of insurance

- Lack of access to preventative care in country of origin
- Lack of cancer screening guidelines for immigrant population in the US
- Lack of training for healthcare providers
- Lack of privacy during office visit
- Lack of time
- Outdated provider orientation material
- Ethical barriers

“We’ve heard about it [cervical cancer], but we don’t know much.”

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“For me it’s a male physician. If the doctor is a male, I won’t do it [cervical cancer screening].”

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“...once they’re here, I think trust. Some of our patients are coming from places that, for good reasons maybe, have not a lot of trust in the medical system and physicians.”

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“... not a lot of time to kind of translate what a Pap is and do it and look at all the set up and everything.”

Patient and Provider Identified Facilitators



- Community based healthcare
- Health awareness seminars close to their homes
- Physicians near their home
- Proactive care by provider
- Gender concordance

- **Community outreach and education**
- Patient group education
- Improved health education
- Improved access to insurance
- Provide translator or provider that speaks the language
- Improved translation service
- Patient support during visit

- Training community members to become agents of health
- “Women’s health day”
- Appoint specific translators for screening days
- Patient pre-visit education
- Preventative health screening orientation for refugees
- Formalizing follow up process for abnormal results
- Training healthcare providers
- Women health program for refugees

“She [physician] would come to one of us and everyone met there. There was food and cooking. It was nice when it happened.”

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“It’s better in the library...so you can have a larger number of women, you know the houses in the Northeast area are small. The library in the Northeast is close to everyone.”

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“Schedule cervical cancer screening and women’s health on specific days because you can request those translators in advance.”

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“Maybe educating folks in the community as well...kind of being an agent for health in general in the community, an expert panel in the community who could reach out to folks.”

Recommendations

- Continue comprehensive surveillance
- Sustainable community involvement
 - Train agents of health
 - Provide group education in community settings
 - Schedule refugee “Women’s Health Day”
- Provider training and education, community outreach, and improved provider-patient communication
 - First visit - routine discussion of women’s preventative screening
 - Second visit - perform screening
- Strengthen HPV vaccination program for younger refugees

Conclusion

- Cervical cancer screening remains a public health priority for refugees resettled in the US
- Need for community understanding of barriers and facilitators
- Develop culturally-appropriate and community-based implementation programs
- Continued involvement of patients in prioritizing health issues, identification of potential facilitators/solutions, and evaluating progress is essential
- Future work should evaluate implementation of community-identified solutions

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