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**BREAST &  
CERVICAL CANCER  
AMONG  
LATINO WOMEN**



# Breast and Cervical Cancer Among Latino Women

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# Executive Summary

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Breast and cervical cancer rates over the past 20 years have contributed to a growing concern about finding ways to reduce this serious threat to women's health. Even though breast cancer incidence rates are lower among Hispanic women, evidence indicates that Hispanic women who get breast cancer are more likely than non-Hispanic women to have more advanced forms of the disease by the time they seek help. Cervical cancer has a cure rate of 99%; however, Hispanic women have higher incidence and mortality rates of cervical cancer than do non-Hispanic women.

Early detection and prompt treatment are key to reducing cancer deaths. The United States Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990 to be administered by the Centers for Disease Control and Prevention (CDC). This legislation is designed to make screening tests for breast and cervical cancer available to all women of low income, including minorities and Native Americans. Unfortunately, many Hispanic women remain unscreened. The barriers to obtaining a cancer screening test include lack of knowledge about screening on the part of the patients and physicians, poverty, and lack of access to care, culturally-based fatalistic attitudes toward cancer, and language barriers.

Programs targeted to Hispanic women are in particularly great need since Hispanics represent the fastest-growing segment of the United States population. More effective community-based programs need to be identified and/or designed to address screening barriers.





# Introduction

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The most recent demographic information indicates that Latinos\* play an increasingly significant role in the demographic composition of the United States. Latinos constitute one of the fastest-growing segments of the U.S. population and they are projected to be the largest minority group in the United States by the year 2010. These growth trends not only exacerbate the already existing poor health conditions of Latinos in the United States, but as an aging Latino population increases, the burden of chronic disease will also continue to increase.

Breast cancer can be treated and controlled if discovered in its early stages. Cervical cancer has a cure rate of 99% if treated early. Nevertheless, statistics show that breast and cervical cancer exams performed to detect cancers in their early stages are being underutilized by Latinas.<sup>1</sup> Late detection may be due to a combination of factors such as poverty, lack of information, lack of medical personnel who speak Spanish and understand the Hispanic culture, and lack of or inadequate health insurance.<sup>2</sup>

Even though there has been growing interest in Latino health in recent years, not enough emphasis is being placed on the research and collection of data on health conditions of Latinos, including Latino women. This informational guide was developed for health care professionals, community leaders, and other interested groups and individuals. Its purpose is to increase awareness in the Latino community about breast and cervical cancer, their prevention and control through early detection, and treatment.

To provide a comprehensive picture of breast and cervical cancer among the Latino population, this background paper is organized into five sections. The first section briefly discusses the demographics of the Hispanic population, including statistics on socio-economic factors. The second and third sections of the guide provide the reader with an overview of the incidence and prevalence of breast and cervical cancer among Latinas, the risks associated with the diseases, and prevention and treatment strategies. The fourth section addresses Latina beliefs and behaviors regarding cancer screening. The fifth section discusses legislative and access issues pertaining to screening for breast and cervical cancer, and the last section offers recommendations and focuses on developing culturally-competent strategies for increasing Latinas' use of screening tests such as mammograms and pap smears.

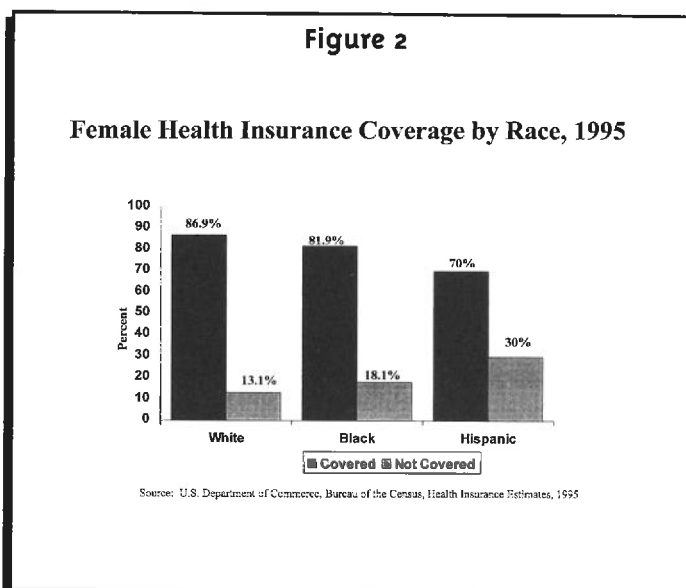
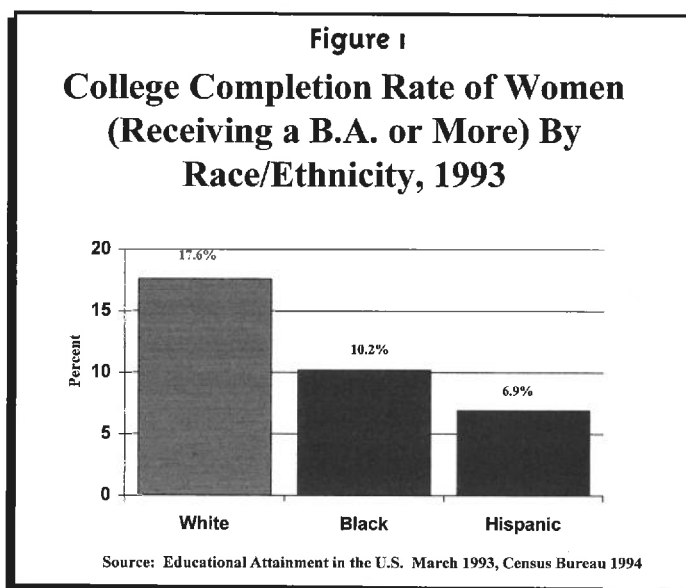
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\* The terms Latinos and Hispanics are used interchangeably throughout this document.

# I. Background Information

Latinos make up approximately 11.3% (34 million) of the United States population (including Puerto Rico) and will be the largest minority group by the year 2010. Hispanics constitute a diverse group of cultures and races. Hispanic Americans are comprised of approximately 64% Mexican Americans, 14% Central and South Americans, 11% Puerto Ricans, and 5% Cubans. Latinas represent 9.9% of the total population of U.S. women. When divided by sub-groups, the total population of Hispanic women is made up of 62.8% Mexican Americans, 13.8% Central and South Americans, 11.3% Puerto Ricans, and 4.4% Cuban Americans.<sup>3</sup>

Latinos in general have lower educational attainment and income levels than Whites or African Americans. Latinos have low levels of high school completion, as illustrated in Figure 1, and while nearly one in six of White women have completed college (17.6%), only one in 12 Latinas (6.9%) and one in ten African American women (10.2%) have college degrees.<sup>4</sup> Because of their low rates of education and com-



parative lack of marketable skills, Latinas are disproportionately represented in low-paying occupations such as food preparation and service, or cleaning and building service jobs. Currently, median weekly earnings for Hispanic women is \$305, compared to \$408 for White, and \$346 for African American women, respectively.<sup>5</sup> These and other factors such as the increasing number of female-run households and high rates of teenage pregnancy place Latinas at a disadvantage, resulting in a poorer quality of life.

Hispanics, in general, have less health insurance than non-Hispanic Whites. As demonstrated by Figure 2, 30% of Hispanic women compared to 13.1% of Whites and 18.1% of Blacks lack any kind of health insurance, private or public.<sup>6</sup> This is a major factor keeping Latinas from seeking preventive health care services, such as breast and cervical cancer screening.

Approximately two million women will be diagnosed with breast and cervical cancer and over half a million will lose their lives to these diseases in the 1990s.<sup>7</sup> While Hispanic mortality rates are lower than those of non-Hispanic Whites for breast cancer, epidemiologic evidence indicates that death rates from these diseases are on the rise.<sup>8</sup> Cervical cancer mortality rates are greater among Hispanic women than White women.

One way to decrease the rates of cancer deaths is by increasing Latinas' awareness of the importance of screening for breast and cervical cancer. The following two sections will describe certain aspects of breast and cervical cancer, including risk factors and treatment.

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**Cancer is a group of diseases characterized by the uncontrolled growth and spread of abnormal cells. If the spread is not arrested, it can result in death.**

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## II. Breast Cancer

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Breast cancer is the most common cancer in women in the United States and second only to lung cancer in mortality. Breast cancer usually first appears as a small growth in the breast, increasing in size with time, and finally metastasizing and spreading to the axillary nodes and other parts of the body. Although the causes are not yet well known, some suspect causes are both external (chemicals and radiation) and internal (hormones, immune conditions, and genetic factors). These causal factors may act together or in sequence to initiate or promote the onset of cancer.<sup>9</sup>

### A. Epidemiology of Breast Cancer

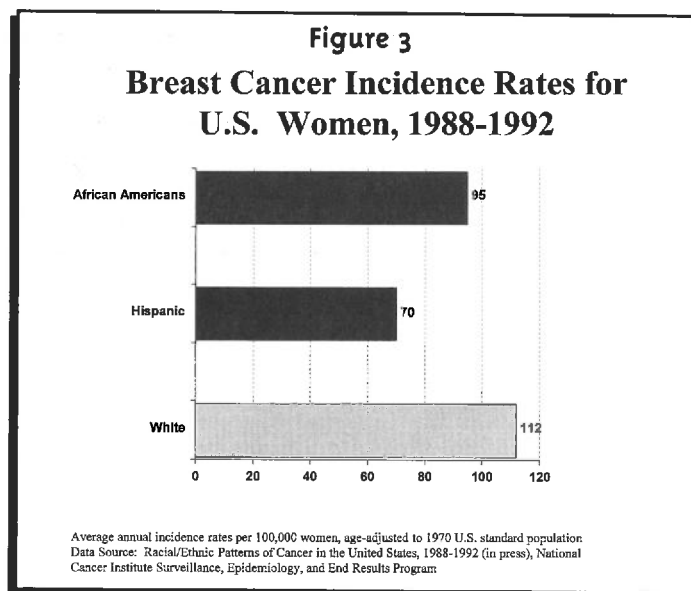
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Breast cancer is the most common of all cancers affecting Hispanic women.

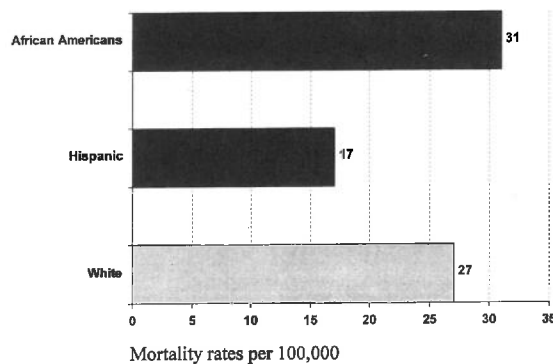
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One in eight women in the United States develops breast cancer.<sup>10</sup> The American Cancer Society estimated that in 1997, approximately 180,200 new invasive breast cancer cases among women in the United States would be identified, and an estimated 43,900 women would die from this disease, representing the second major cause of cancer death.<sup>11</sup>

Data from the National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) Program demonstrate that breast cancer has increased three times faster among Latinas than among non-Hispanic Whites.<sup>12</sup> However, Hispanic women still have a lower incidence and a lower mortality than do African Ameri-



**Figure 4**  
**Breast Cancer Mortality Rates For**  
**U.S. Women, 1988-1992**



Source: Racial/Ethnic Patterns of Cancer in the United States 1988-1992 (in press)  
 National Cancer Institute

cans and non-Hispanic Whites, as shown in Figures 3 and 4.<sup>13</sup>

**Incidence of breast cancer among Hispanics reflects geographic variation.** Based on the records that are available, the region with the highest incidence rate of breast cancer among Hispanic women is Illinois, accounting for 107.4 cases per 100,000 person-years. The area with the lowest rate among Hispanic women is the Lubbock areas of Texas, with an incidence of 33.5. The geographic areas included in this analysis are the state of California with additional specific regional data for Los Angeles County, the San Diego area, and the San Francisco Bay area; the El Paso and Lubbock areas in Texas; the Denver area in Colorado; New York City; Puerto Rico; Dade County, Florida; the Chicago area in Illinois; and the states of Illinois and New Mexico.<sup>14</sup>

## B. Risk Factors for Breast Cancer

Research shows that the risk factors for breast cancer include:

**Genetics** Women carrying identified genetic alterations, such as those disabling mutations BRCA1 or BRCA2 genes, have greater susceptibility to breast cancer. However, only 5-10% of all breast cancer cases appear primarily to reflect genetic predisposition, and not all of these are related to BRCA1 or BRCA2.

**Family history** It is well-established that a woman with at least one first-degree relative (a mother or a sister) who has been diagnosed with breast cancer is at a two-fold to three-fold increased risk for this disease.<sup>15</sup>

**Reproductive history** Women with a first full-term pregnancy after age 30, and women who have never had children, have about a two- to three-fold increased risk of breast cancer compared to women who have had a full-term pregnancy before age 20.<sup>16</sup>

**Early menarche and late**

**menopause** Starting to menstruate (menarche) before the age of 12 and experiencing a late menopause after the age of 55 are both risk factors for breast cancer.

## C. Early Detection of Breast Cancer

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The sooner breast cancer is detected, the more successfully it can be treated.

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Breast cancer screening data show that the number of breast cancer deaths can be reduced by 30-40% among women age 50 and older through clinical exams and mammographies.<sup>17</sup> The stage at which breast cancer is diagnosed is a major predictor of survival. Therefore, screening efforts have focused on early identification of tumors through breast self-examinations, clinical breast examinations, and mammography screenings.

While experts disagree about the ages at which breast exams should be performed, the American Cancer Society (ACS) and the National Cancer Institute have made the following recommendations (Table 1).<sup>18</sup>

**Table 1. Recommended frequency for breast cancer screening**

**Recommended frequency for breast cancer screening according to age**

20 - 39	Women should perform monthly breast self-examinations. Women should have a clinical breast examination every three years.
40 +	Women should have annual clinical breast exams along with annual mammograms.

These recommendations apply to women without signs or symptoms of breast cancer; the frequency and type of examination will vary for the individual with symptoms and should be determined by the responsible physician and the patient.

Source: Guidelines for the Early Detection of Breast Cancer, American Cancer Society, 1997

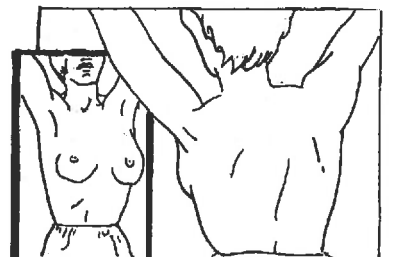
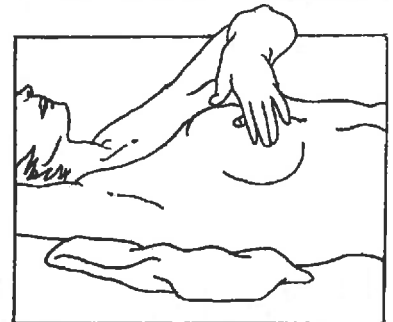
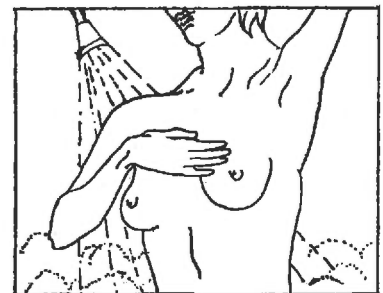
Screening methods and programs are critical strategies for the early detection and timely treatment of cancers. The following is a brief review of the three screening methods: self breast exams, clinical breast exams, and mammography.

## Self Breast Exams

The majority of breast lumps are discovered by women themselves. Therefore, it is recommended that women do monthly self-exams, preferably after their menstrual cycle. A self-exam can help a woman discover anything unusual, such as new lumps, nipple discharge, puckering, dimpling, or scaly skin. (See Table 2 for signs and symptoms.) It is important that women know that not all lumps are cancerous, but a doctor should be contacted if any suspicious lump is found. Self breast exams can be done in the shower or before a mirror, though lying down is the most appropriate position. Women can learn how to conduct self breast exams by asking a physician, nurse, and/or trained health educator in the community.

Table 2.  
**Breast Cancer Signs  
and Symptoms**

- Lumps
- Thickening
- Swelling
- Dimpling
- Skin Irritation
- Distortion
- Retraction
- Scaliness
- Pain
- Nipple tenderness
- Nipple discharge





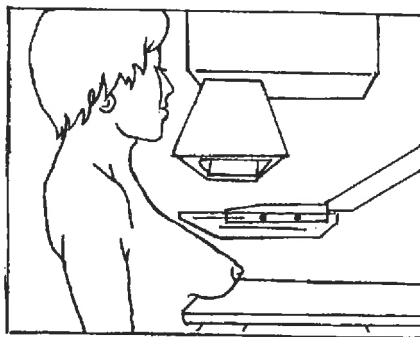
## Clinical Exams

Clinical exams are done by physicians and other health professionals in private practices, community health clinics, and hospitals. During the clinical exam, the physician will palpate and examine the breasts to detect any abnormalities.

## Mammography

**Mammography is the most effective method for detection of breast cancer in its early stage, which is also the most treatable stage.** Breast cancer screening by mammography, followed by clinical evaluation and timely and appropriate treatment, can reduce breast cancer mortality by 30% for women age 50-69 years.<sup>19</sup>

Mammography is an X-ray technique specially devised for examination of the breast. The mammogram is the x-ray film image. There are two types of mammograms: screening and diagnostic. This difference may be important to note, especially when dealing with insurance coverage. Screening mammograms are breast x-rays for women who have no symptoms of breast cancer. Diagnostic mammograms may be necessary for any woman, regardless of age, who has suspicious signs or symptoms such as a lump.



In 1992, Congress passed the Mammography Quality Standards Act (MQSA) to ensure that all facilities perform safe and reliable mammograms. The Federal Drug Administration enforces quality standards by publishing interim regulations which all facilities had to meet by October 1994. The standards require facilities to have specific equipment that is periodically inspected, to employ specially-trained personnel to administer tests and interpret data, and to have a quality assurance program and tracking system in place.

## D. Treatment of Breast Cancer

The treatment choices available to a patient depend on a number of factors. These factors include age, menopausal status, and the location of the tumor. The most important factors considered are the evident extent of the disease and the biology of the specific tumor. Evaluation of these factors guides the approach to treatment: surgery, radiation, and/or adjuvant therapy such as chemotherapy or hormone therapy.

Based on tumor size and whether it has spread (metastasized), the disease is classified into one of the following stages:

### **Carcinoma**

**in situ:** Very early breast cancer that has not invaded nearby tissues.

**Stage I:** The tumor is localized and no larger than two centimeters (cm).

**Stage II:** The tumor is no larger than two cm, but the cancer has spread to the underarm lymph nodes, or the cancer is between two and five cm and may or may not have spread to the lymph nodes, or the cancer is bigger than five cm, but has not spread to the lymph nodes.

**Stage III:** At this stage, it is also called locally advanced cancer. The tumor in the breast is larger than five cm, the cancer is extensive in the underarm lymph nodes, or it has spread to other lymph node areas, or to other tissues near the breast. Inflammatory breast cancer is a type of locally advanced breast cancer. This cancer is fast-progressing with infection-like symptoms ( the skin is warm and reddened and may appear pitted).

**Stage IV:** The cancer has spread to other organs of the body, usually the lungs, liver, bone or brain.

## **Cancer Treatments**

The various treatments for breast cancer include: surgery, radiation, use of radioactive substances, chemicals, or hormones, and immunotherapy. Immunotherapy has to do with enhancement of the body's own disease-fighting system to help control the cancer.

### **Surgery**

**Lumpectomy:** This surgical procedure involves removing only the tumor and a small zone of surrounding normal breast tissue.

**Partial or segmental mastectomy:** Involves surgically removing the tumor and some surrounding normal tissue.

**Total or simple mastectomy:** Only the breast is surgically removed but no lymph nodes or muscles are removed.

**Modified radical mastectomy:** Surgery consists of the removal of the affected breast and underarm lymph nodes, leaving underlying chest muscles intact.

**Radiation Therapy:** This type of therapy is aimed at the breast from which the tumor was removed (lumpectomy). Radiation therapy is performed with high-energy rays used to kill or damage cancer cells.

**Chemotherapy:** A treatment consisting of strong drugs that destroy cancer cells throughout the body. This type of treatment is often used after surgery and sometimes after irradiation to reduce the risk of relapse. **Taxol** is a type of chemotherapy drug that has been approved by the U.S. Food and Drug Administration, it is used to treat ovarian cancer, and is currently being used for breast cancer in clinical trials.

**Hormone Therapy:** This treatment is used if the cancer is dependent on female hormones such as progesterone or estrogen for growth. There are certain types of breast cancers that are sensitive to estrogen. **Tamoxifen** is a type of hormone treatment. It is an estrogen-like substance that seems, from initial research, to prevent recurrent breast cancer, heart disease, and osteoporosis.

Whatever decision a woman makes, it should take into account her physician's knowledge and experience as well as her own values and preferences.

## III. Cervical Cancer

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The cervix is the narrow opening of the uterus that leads into the vagina. Cervical cancer usually grows slowly over a period of time, with the development of subtle changes becoming low-grade (slow-growing) squamous intraepithelial (lining cells) lesions or dysplasia. These changes are clearly abnormal but may not be cancerous. Later, high-grade (fast-growing) squamous intraepithelial (lining cells) pre-cancerous lesions and carcinoma “in situ” develop. “In situ” cancer means that cancerous cells are restricted to the surface and have not yet invaded the deeper tissue. When the cancer spreads into a tissue or organ it is called “invasive cancer.”

### A. Epidemiology of Cervical Cancer

**Cervical cancer is the seventh most common cancer among women in the United States, and the second most common cancer among women worldwide.** An estimated 15,800 invasive cancers and 4,800 deaths occurred in 1995 in the United States.<sup>20</sup>

**The incidence of cervical cancer is higher among Hispanic than among non-Hispanic White women.** Mortality data collected in New Mexico from 1958 through 1987 show that throughout most of that 30-year period, mortality rates for cervical cancer were greater among Hispanic women than among the non-Hispanic White majority population.<sup>21</sup> According to the National Cancer Institute’s SEER data, cervical cancer incidence rates were higher among Latinas than among non-Hispanic White women in most of the geographic areas studied. Hispanic women were nearly three times as likely to have cervical cancer than were their non-Hispanic White counterparts. The highest rates of cervical cancer were found among Latinas living in New York City, Los Angeles County, Lubbock, El Paso, San Diego, and San Francisco Bay areas.<sup>22</sup>

**Cervical cancer is a “silent” condition until it has reached its advanced stages.** Hispanics are seven times less likely to know the warning signs of cervical cancer than are non-Hispanic Whites.<sup>23</sup> The signs associated with cervical cancer in its advanced stages are abnormal vaginal bleeding or spotting, pelvic pain, and abnormal vaginal discharge.

## B. Risks Associated with Cervical Cancer

Hispanic women have less available information on cervical cancer and are also less likely to obtain a pap smear than non-Hispanic Blacks or non-Hispanic whites.<sup>24</sup> Some of the factors that place women at risk for developing cervical cancer include the following:

- Infections with human papillomavirus
- First intercourse at early age
- Multiple sex partners
- Cigarette smoking

Other contributing factors that may increase the risk of cervical cancer include:

- Low socio-economic status
- Low educational level

Sexual behavior, identified as a major risk factor, merits further discussion. Clearly the greater the number of sexual partners, the greater the risk of sexually transmitted diseases. Consequently, much research has focused on the role of a variety of sexually transmitted agents, most notably, the human papilloma virus (HPV). According to the NIH Consensus Statement on cervical cancer, HPV is “the major risk factor for squamous intraepithelial lesions and invasive cervical cancer.” Infection with specific HPV types has been strongly linked to cervical neoplasia: HPV 16 and 18, in particular, have been consistently associated with cervical neoplasia in studies carried out worldwide.<sup>25</sup> Data from a case control study demonstrate that women infected with HPV are more than ten times likelier to develop cervical cancer than women who are HPV negative.<sup>26</sup> However, it is believed that HPV alone may not be capable of inducing cervical cancer, and that other factors — perhaps impaired immunological status, and/or presence of other sexually transmitted diseases— seem to be necessary for the development of disease.<sup>27</sup> Further research is still necessary to identify factors associated with developing cervical cancer.

## C. Early Detection of Cervical Cancer

**Under-utilization of cervical cancer screening among Latinas is one of the biggest barriers to its prevention.** Raising awareness among Hispanic men and women about the importance of screening is a crucial step towards decreasing early mortality due to cervical cancer.

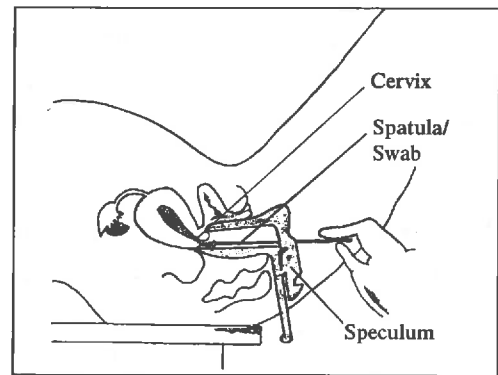
**Cervical cancer, if detected early, has a 99% cure rate.**<sup>28</sup> The Papanicolaou test, also known as the Pap smear, is the most common technique for cervical cancer screening.

### Screening

If found early, cervical cancer is almost 100% curable. Also, the earlier the cancer is found, the less complicated its treatment will be.

The Papanicolaou test was named after its developer, Dr. George R. Papanicolaou. In a Pap smear, a small sample of cervical cells and the mucus made by the cervix is lightly scraped and collected onto a swab, spatula, or brush. The sample is then “smear” onto a glass slide. The slide is sent to a laboratory where a specially-

trained medical technician examines it under a microscope to look for possible pre-cancerous or cancerous cells. The Pap test can find pre-cancerous cells before they become cancerous and have a chance of spreading to other places in the body or invading the cervix. Table 4 gives the recommendations for the frequency of cervical cancer screenings.



**Table 4. Recommended frequency for cervical cancer screening**

American Cancer Society guideline recommendations for the detection of cervical cancer in asymptomatic women are the following:

- An annual Papanicolaou test or “Pap” and pelvic examination for all women who are, or have been, sexually active or who have reached the age of 18.
- After three or more consecutively satisfactory, normal annual examinations, the Papanicolaou test may be performed less frequently at the discretion of the health care provider.

Source: The National Strategic Plan, 1995

## D. Treatment

### Non-Invasive Cancer

**An abnormal result of a Pap smear does not necessarily mean cancer.** In addition to detecting cancer cells, the Pap test can also show dysplasia (abnormal, but not cancerous cells). If the Pap smear shows abnormal cells, the physician may recommend a colposcopy. During a colposcopy, the physician performs a biopsy of any abnormal area by snipping a sample of tissue from the cervix so that it can be sent to a lab for analysis.

Choice of treatment will depend on the stage of the cancer (that is whether it is just in the cervix or has spread to other areas). Treatment for invasive cancer of the cervix is radical surgery, or irradiation, or both.

**If surgery is the choice of treatment, the physician may use one of several types of surgery for carcinoma *in situ* to destroy the precancerous tissue:**

**Cryosurgery:** Freezing and then removing abnormal cells.

**Laser surgery:** A focused laser beam is used to burn off abnormal cells.

**Electrosurgical loop excision diathermy (LEEP):** Use of a small looped wire with electric current to generate heat and burn off abnormal or cancerous cells.

**Hysterectomy:** Surgical removal of the uterus and cervix.

**Other non-surgical types of treatment include:**

**Radiation therapy :** Use of x-rays or other high-energy rays to kill cancer cells and shrink tumors.\*

**Chemotherapy:** Use of drugs to kill cancer cells. Chemotherapy may be taken as a pill, or it may be injected.\*

Whichever treatment strategy is chosen, a second opinion may be obtained for personal and practical reasons. Pursuing another medical perspective can deepen understanding of treatment options.

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\* Radiation therapy and Chemotherapy are only used for late or advanced cancer.

## IV. Beliefs and Behaviors about Breast and Cervical Cancer

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Although it has been proven that mammography and Pap smears have significantly reduced deaths related to breast and cervical cancer, Hispanic women are the least likely to utilize Pap smears and mammograms compared to non-Hispanic Whites and Blacks.<sup>29</sup> This fact is an indication of the need to improve health education and outreach, emphasizing the importance of cancer screening practices among Hispanic women.

A research study on Latinas and breast and cervical cancer screening conducted in Texas and Rhode Island indicated that the three most common reasons given by women for not obtaining mammograms and Pap smears were: (1) belief that there is no need for a mammogram or Pap smear, (2) lack of recommendation or referral from a physician for a screening test, and (3) tendency to postpone a mammogram or Pap smear.<sup>30</sup> There are also other factors that contribute to Latinas' underuse of cancer screening services:

**Lack of knowledge on the part of women and/or health care providers:** There is evidence that Hispanic women lack information about the purpose of cancer screenings.<sup>31</sup> Furthermore, many women don't have physicians who can educate, recommend, or refer them to cancer screening services.

**Cultural and belief systems:** Some women find it difficult to discuss issues about certain areas of their bodies due to their upbringing, modesty, or religion. Cultural values and beliefs affect attitudes about seeking medical care or following screening guidelines. Fatalistic attitudes create a belief that an individual can do little to alter the future. Some Hispanic women focus on the family rather than on themselves. Many consider their role solely in the context of their families and may not take advantage of prevention measures if these measures are perceived to benefit only themselves.



## V. Breast and Cervical Cancer Policy Issues

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Lack of knowledge and misconceptions about breast and cervical cancers by Hispanic women can affect their approach to making use of screening services. Cultural beliefs, lack of information about the diseases, lack of health insurance, and low socio-economic status can be strong factors associated with late diagnosis and poor survival of Hispanics with breast or cervical cancer. The following section will review program services available to the community on the national level.

### A. The Breast and Cervical Cancer Mortality Prevention Act of 1990

In 1990, "The Breast and Cervical Cancer Mortality Prevention Act" mandated the creation of a comprehensive health promotion system to increase widespread participation in breast and cervical cancer screening. The Public Health Service (PHS) developed the *National Strategy Plan for the Early Detection and Control of Breast and Cervical Cancer* to ensure that every woman for whom it is deemed appropriate receive regular screening for breast and cervical cancers, with prompt follow-up, if necessary; and to ensure that the tests be performed in accordance with current recommendations for quality assurance. As a result of this mandate, the Centers for Disease Control and Prevention (CDC) was authorized to implement the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The CDC strategy has brought forth the development of programs in all 50 states, three territories, the District of Columbia, and nine American Indian tribes and tribal organizations. This strategy has been effective in increasing the screening of underserved women, including Latino women.

This initiative has improved early detection programs in a variety of ways, including enhancing measures for ensuring quality of screening tests and the establishment of public and private partnerships; providing screening, referral, and follow-up services; and expanding public and professional education and surveillance. The plan includes the participation of public, private, and voluntary organizations, such as state health departments, The Young Women's Christian Association, and community-based organizations. In 1995 the appropriation of \$100 million towards the NBCCEDP enabled CDC to provide greater access to mammography, Pap screening, and follow-up services, expand education programs for

women, increase training programs for health care providers, and improve surveillance and quality assurance methods.

## B. Programs that Cover for Cancer Screening Tests

**Many low-income women are not aware of the need for cancer screening and they are not informed of the services available to them.** Evidence suggests that the cost of cancer screening is an impediment to Latinas' seeking mammograms and Pap smears. The cost of mammography ranges from \$50.00 to \$200.00. For many uninsured Latino women this is unaffordable. However, it is also well-known that low-cost or free-of-charge programs such as those provided through Medicare, Medicaid, and the NBCCEDP have been and continue to be underutilized by Latinas.

Latinas need to be better informed about the different payment options that are available for clinical breast exams and mammography. Listed below are some of the national programs available:

*Medicare* is a national health insurance program for people 65 years of age and older, certain younger disabled people, and people with kidney failure. It is divided into two parts: Hospital Insurance (Part A) and Medical Insurance (Part B). Part A helps pay for care in a hospital and a skilled nursing facility, for home health care and for hospice care. Part B helps pay doctor bills, outpatient hospital care, and various other medical services not covered by Part A. It is under Part B of the Medicare program that help is available to pay for mammograms and Pap smears. On January 1, 1998, coverage for breast cancer screening increased to one screening mammogram every year. Eligibility criteria for Medicare are the following: beneficiary or beneficiary's spouse has worked for at least 10 years in Medicare-covered employment, and the beneficiary is 65 years old and a citizen or permanent resident of the United States. For questions about eligibility for Medicare or for an application for Medicare, the Social Security Administration can be reached toll-free at 1-800-772-1213. For Medicare information specific to the area of residence, the toll-free number to call is 1-800-638-6833.

*Medicaid* is a federally- and state-funded, state-operated program that provides health care coverage to low-income families and certain categories of aged and disabled individuals. The federal government establishes regulations and minimum standards related to eligibility, benefit coverage, and provider participation and reimbursement. States determine the amount and duration of services offered under their Medicaid programs. Pap smears and mammograms are covered by this program in some cases.

*The Breast and Cervical Cancer Early Detection Programs (BCCEDPs)* is another source of low-cost or free-of-charge breast screening services. This program is offered by most states, but unfortunately some states have been experiencing difficulty reaching Latino women. The State Health Department can be reached for information on screening services available at low cost in your state.

## VI. Community-Based Prevention and Health Promotion Programs for Latinos

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The impact of chronic disease within the Hispanic community is expected to increase in the next 20 years as larger numbers of Hispanics move into the older age groups. The need to increase public awareness of the importance of breast and cervical cancer screening, particularly among minority women, has resulted in the appropriation of public funding towards identifying effective programs to promote the use of screening services among low-income women.

### Responding to the Community's Needs

Community-based organizations which are involved in promoting breast and cervical cancer awareness and access to screening are helping to decrease both morbidity and mortality among Latino women. However, much work still needs to be done to heighten the awareness about breast and cervical cancer screening and treatment.

Successful intervention strategies use a combination of promotional and educational approaches, including mass media, group presentations at community health centers, and dissemination of information to providers and patients at community clinics. Support comes from community health centers, state health departments, churches, and other community-based groups. The following health promotion and disease prevention programs and models are examples of interventions that employ the community to address the importance of breast and cervical cancer screening among Latinas.

*Compañeros en la Salud* is a three-year church-based health promotion program conducted in predominantly Hispanic Protestant and Catholic churches located in the greater Phoenix, Arizona area.<sup>32</sup> The *Compañeros* consist of research staff, student assistants, and fourteen local churches with a high percentage of Hispanic members. Within each church, women are identified who have expressed interest in serving the community as *promotoras* and resource persons for health referral. All *promotoras* receive a structured program of health promotion skills training. The *promotoras*, along with *Compañeros* staff hold health education classes and health promotion activities within the participating churches. Other partnerships have been formed with local health agencies in order to procure free or low-cost health services from various medical service agencies.

*A Su Salud En Accion* is a communication model that promotes positive role models in the media as well as positive social reinforcement by community volunteers.<sup>33</sup> The mass media component is designed to influence behavior change through social modeling, and the community organization component is designed to influence behavior change through social reinforcement. Role models are recruited through existing volunteer organizations, from the health department, and through community presentations to the target audience. Volunteers recruited from churches, neighborhoods, housing projects, women's programs, and senior citizen groups distribute newsletters that promote the media role model stories and provide screening information. En Accion is located at the South Texas Health Research Center.

*The Consejeras de Salud Program*, developed by the National Center for Farmworker Health Inc., located in Austin, Texas, has received nationwide recognition for contributing to cancer health promotion. The program has trained lay health advisors to teach farmworkers about the prevention, early detection, and treatment of breast and cervical cancer. By the end of 1998, they will have developed breast and cervical cancer educational modules or "tool boxes" for the trainer to use in the process of educating farmworkers. These tool boxes will include lesson plans for the trainer, activities, and handouts. The module will be culturally-based, bilingual, and guided by popular teaching methods.

## VII. Resources

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Additional information can be found at a local library or bookstore or from support groups in the community. Information about cancer is available from many sources. Listed below are some valuable resources.

### Cancer Information Service (CIS)

The Cancer Information Service, a program of the National Cancer Institute, provides a nationwide telephone service for cancer patients, the public, and health professionals. The CIS staff can provide up-to-date information about cancer and cancer research. They also know about local resources and services. They can refer callers to a health center or hospital where cancer screening tests such as the Pap smear and mammograms are low-cost or free. The toll-free number, 1-800-4-CANCER, connects callers all over the country to the office that serves their area. **Spanish-speaking staff members are available.** CancerNet can be accessed and has a vast array of information. The internet address is <http://cancernet.nci.nih.gov>.

### American Cancer Society (ACS)

The American Cancer Society is a voluntary organization with affiliates all over the country. It supports research, conducts educational programs, and offers many services to patients and their families. It provides free booklets on breast self-examination, breast cancer, and sexuality. Some of these handouts and programs are available in Spanish. To obtain booklets or other information on services and activities in local areas, ACS can be reached at 1-800-ACS-2345.

### National Alliance of Breast Cancer Organizations (NABCO)

The National Alliance of Breast Cancer Organizations is a non-profit central resource for up-to-date, accurate information about breast cancer, and has a network of more than 350 organizations that offer detection, treatment, and support to breast cancer patients. NABCO also works on legislative cancer issues that benefit women. They have developed a "Breast Cancer Resource List" that is comprehensive and available upon request at 1-800-719-9154.

## Y-ME National Breast Cancer Organization and Y-ME Spanish Language Hotline

Y-ME is a non-profit, consumer-oriented organization that provides information, referral, and emotional support to individuals concerned about or diagnosed with breast cancer. Its national toll-free hotline is staffed by trained volunteers and staff who have experienced breast cancer. Spanish-speaking counselors are available. The main number is 1-800-221-2141 and the Spanish Language Hotline is 1-800-986-9505.

## Community Breast Health Project

This project is a grass-roots organization of breast cancer survivors and others committed to two goals: improving the coordination of medical care for breast cancer patients, and integrating and improving the support services available to women and their families. To identify patient needs, during January and February, 1994, CBHP coordinated a series of "brainstorming" sessions on issues of concern to breast cancer survivors and their families, addressing topics ranging from chemotherapy and radiation therapy to patient advocacy and legal issues, to coordination of care and support. CBHP is committed to meeting the needs of its participants, including the need for patient support, better coordination of care, information and education, and family support. For more information, CBHP can be reached by calling (415) 725-1788.

## The National Coalition for Cancer Survivorship

This coalition provides help for women and their families through the treatment process, which can be traumatic. Feelings such as fear, depression, loss, loneliness, grief, and even shame can be part of the experience. There are other support groups that can help a woman and her family through the process. These groups are usually found through YWCAs and other local programs. Finding support groups that are linguistically and culturally sensitive in a community may be very difficult for Latino women. Latino organizations can help to promote breast cancer educational groups, access to screening services, and support groups in their communities. Organizations such as the American Cancer Society, state health departments, and the Centers for Disease Control and Prevention can help Latino organizations develop such initiatives. For more information, they can be reached at 301-650-8868.

## Susan G. Komen Breast Cancer Foundation

This foundation is a national non-profit corporation fighting to eradicate breast cancer by advancing research, education, screening, and treatment. For more information, they can be reached at 1-800-462-9273 (1-800-I'm AWARE).

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