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The National Hispanic/Latino Cancer Network

South Carolina Partnership for Cancer Prevention

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Specific Aims

- To build Hispanic/Latino health partnerships and community capacity in South Carolina
 - Use participatory research to foster the development of the South Carolina Partnership for Cancer Prevention
- Address Hispanic health issues, specifically cervical cancer prevention and detection



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Community Partnered Research

Evaluate and
provide
feedback

Assess needs
and resources



Set Priorities

Plan and implement
research



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Community Mobilization

Governor's Ad Hoc Committee
SC Hispanic/Latino Health Coalition
Partnership Formation
Community Outreach
Collaborative Research



Partnership Development

- Partners
 - Universities
 - Latino Community Based Organizations
 - Cancer Support Agencies
 - Health Care Providers
- Multidisciplinary Research Team
 - Public Health, Health Administration, Nursing, Social Work, Women's Studies



Partnership in Action

- Getting to know each other – bringing in other partners
- Brainstorming about access to preventive cancer services in SC
- Identifying gaps in knowledge
- Developing a research plan
 - To assess provider cultural competency
 - To identify Hispanic women's needs



Participatory Research Processes

- Survey development
- Survey distribution and administration
- Focus group recruitment
- Focus group data analysis
- Dissemination of results



Cultural Competency Surveys (N=76)

Provider type:

Clinical service providers	60%
Administrative support staff	40%

Settings:

Best Chance Networks Providers	42%
County Health Departments	47%
Community Health Centers	11%



Providers' Perceived Needs

- Language access and competency
 - On-site interpreters
 - Translated materials and signage
 - Spanish language classes
 - Training needs



Services and Resources

- How often provided
 - Interpreter services available during visits (mean 3.46)
 - Printed materials geared toward Hispanics (mean 3.3)
 - Health education materials in Spanish (mean 3.2)
- Perceived importance
 - Printed materials geared toward Hispanics (mean 4.4)
 - Interpreter services available during visits (mean 4.35)
 - Clinic forms & paperwork in Spanish (mean 4.33)



Providers' Perceptions

- Top 3 reasons for seeking care at this clinic
 - MCH Services 61%
 - Cost 35%
 - Language access 24%
 - Convenience 22%
 - Family/friend referral 13%



Provider Perceptions and Knowledge of Hispanic Clients

- Regular contact with Hispanic clients
- Primarily young female clients
- Immigration status
- Country of origin
- Social Issues



Providers' Perceptions of Hispanic Health Issues

- Reproductive Health 56%
- Chronic Disease 46%
- Access 22%
- Tuberculosis 14%
- Nutrition 10%



Referrals to Other Services

- Community and Faith-Based Organizations
- Government Social Services
- Medical Referrals
 - Free Clinics
 - Health Departments
 - Community Health Centers



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Perceptions and Experiences of Hispanic Women:

Focus Groups



Focus Groups

- 4 groups
 - 2 rural
 - 2 urban
- 8 sessions
 - 2 sessions per group



Focus Group Participant Profile (N = 38 women)

- Mean age 33 (sd = 11)
- 73.6% are married
- 87% born in Mexico
- 61% < high school
- 37% employed
- 68% < \$1,100/month



Participants' Cancer Experiences

- No personal history of breast cancer
- 42.5% had CBE < 1 year ago
- 25% had CBE > 1 year ago
- 32.5% never had CBE



Participants' Cancer Experiences

- Personal history of cervical cancer (n=1)
- 58.6% had pap smear < 1 year ago
- 33% had pap smear > 1 year ago
- 8% never had pap smear



Cancer Knowledge

- Little knowledge or awareness of cancer
 - Etiology
 - Risk factors
 - Preventive measures
 - Treatment



Access to Care

- Pregnancy-related care
- Acute care vs. prevention
- The role of informal networks
 - Family, friends
 - Informal contacts with providers from formal system
 - Outreach workers and services
 - Preference for group contacts and socialization



Health Care System Experiences

- US vs. Home Country (Mexico)
 - Degree of familiarity
 - Economics
- Barriers to access to US health care system
 - Language
 - Transportation
 - Insurance/Costs
 - Gender of physician
 - Expectations about provider roles and services



Expectations and Realities

- Physicians are perceived to be authorities and trusted sources of information regarding health and illness
- Women do not actively seek advice from physicians



Expectations and Realities

- Prescribing medications is considered a physician's primary role
- Widespread belief and perception that US physicians "only give Tylenol"



Expectations and Realities

- Mothers and women's family social networks are held to be a source of trusted advice and council
- Health, illness, and sexuality issues are not addressed with mothers and other family members



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Evaluation and Feedback: Moving the Data Forward



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Partnership Outcomes

- BCN Outreach and Collaboration
- Outreach Worker Training
- Addressing language issues



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