

Paper Session E2: Individuals with Cancer: Current Experiences & Emerging Themes

Access to Breast and Cervical Cancer Screening by Black Women in Boston

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Purpose: Eliminating health disparities is an overarching goal of HP 2020. There is a paucity of knowledge about potential cancer disparities among subpopulations of Black women. The purpose of this study is to compare differences between native born and immigrant Black women's access to breast and cervical cancer (BCC) screening.

Theoretical Framework: the Conceptual Model of Nursing and Health Policy.

Method: Secondary data analysis with IRB approval. Sample: 901 Black women enrolled in the Boston Racial and Ethnic Approaches to Community Health (REACH) 2010 Women's Health Demonstration Project (WHDP).

Setting: The WHDP collected data on women enrolled at community health centers and primary care practices from 2000 through 2006.

Measures: •Health care access: health insurance, having a primary care provider (PCP), quality of relationships and communication with the PCP. •Utilization: ever having had BCC screening, first age, current test, contact about abnormal, follow up. Analysis • PASW Statistics 18 • Frequencies, parametric, non parametric, and logistic regression Results •Demographics: o US: younger, more likely to be high school graduates, have health insurance, PCP. o Immigrants: greater satisfaction with PCP relationships, communications. •Pap Smears: o US: more likely to have had a Pap, contact about abnormal. ♣ Factors with greatest influence: • PCP: Pap ever • Health insurance: Pap ever, current test, contact about abnormal. • Age: first test, contacted about abnormal • Quality of communication with PCP: current test o Immigrants: more likely to keep follow up tests. ♣ Factors with greatest influence: • PCP Pap ever. • Age: first and current test, contact about abnormal, keeping follow up appointment. • Mammography: o US: younger at first mammogram. ♣ Factors with greatest influence: • Age: mammogram ever, first age, contact about abnormal. • Quality of communication with PCP: current test o Immigrant: more likely to have had a current test. ♣ Factors with greatest influence: • PCP: ever • Age: first test • Quality of communications with PCP: current test.

Conclusions and Implications for Nursing: Differences exist within broadly defined racial and ethnic groups. Local conditions must be considered when developing, implementing, and evaluating policies at to reduce disparities. Implications for workforce development include improving primary care capacity, research, and leadership.