

## Qualitative Exploration of Impacting Cervical Cancer Disparities in Hispanic Women in Hot Spots of the Lehigh Valley (Third Place)

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# Qualitative Exploration of Impacting Cervical Cancer Disparities in Hispanic Women in Hot Spots of the Lehigh Valley

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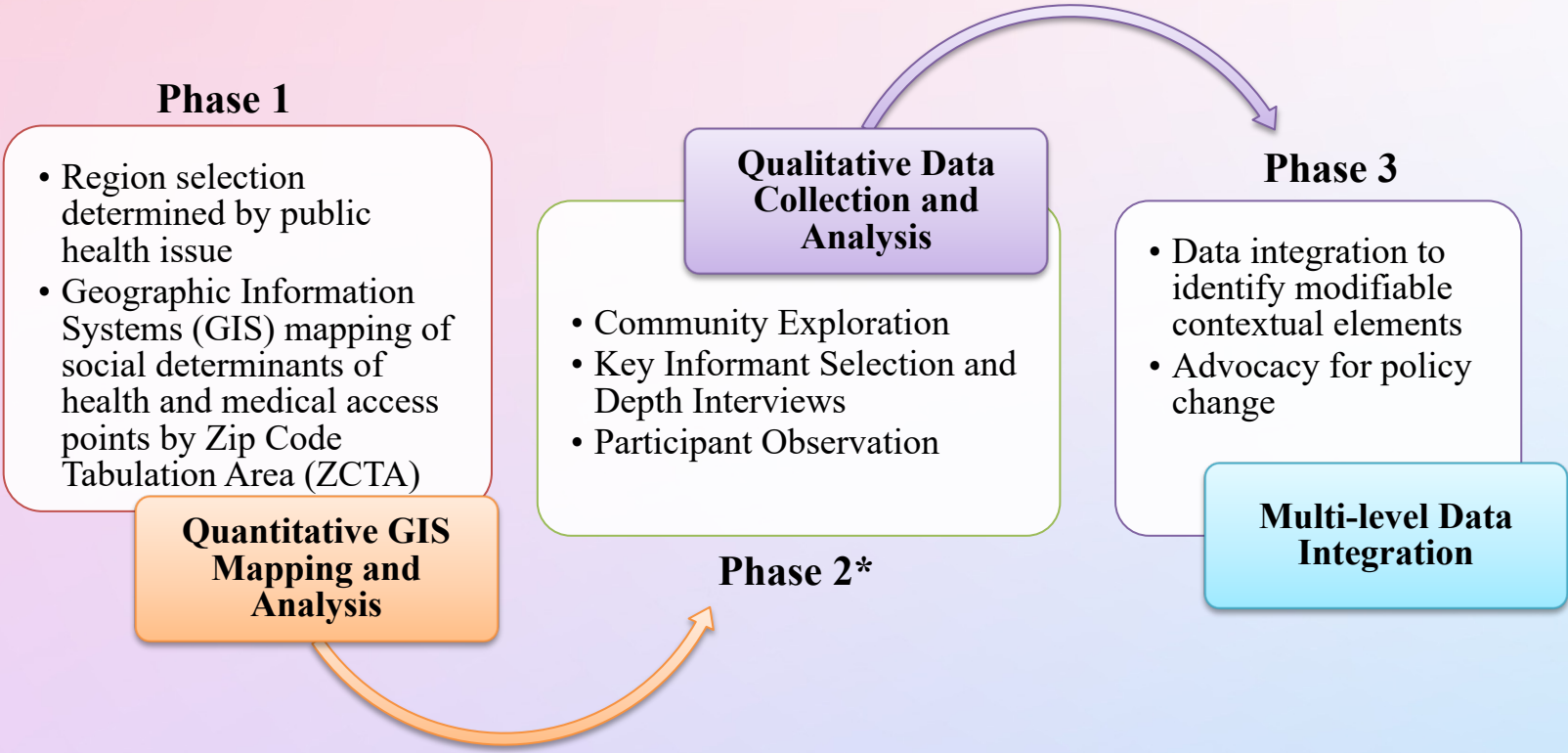
## Background

- Hispanic women have higher area deprivation index and greater odds of late-stage cervical cancer diagnosis (LCC) ratios when compared to non-Hispanic White (NHW) women.<sup>1</sup>
- Pap smear screenings are associated with a 60% reduction in cervical cancer rates in women 40+.<sup>2</sup>
- The COVID-19 pandemic led to a reduction in preventive healthcare (i.e. HPV vaccinations and cervical cancer screenings).<sup>3</sup>
  - HPV vaccinations reduced by >70% in March 2020.
  - Cervical cancer screening rates dropped by 94% during national emergency declaration.

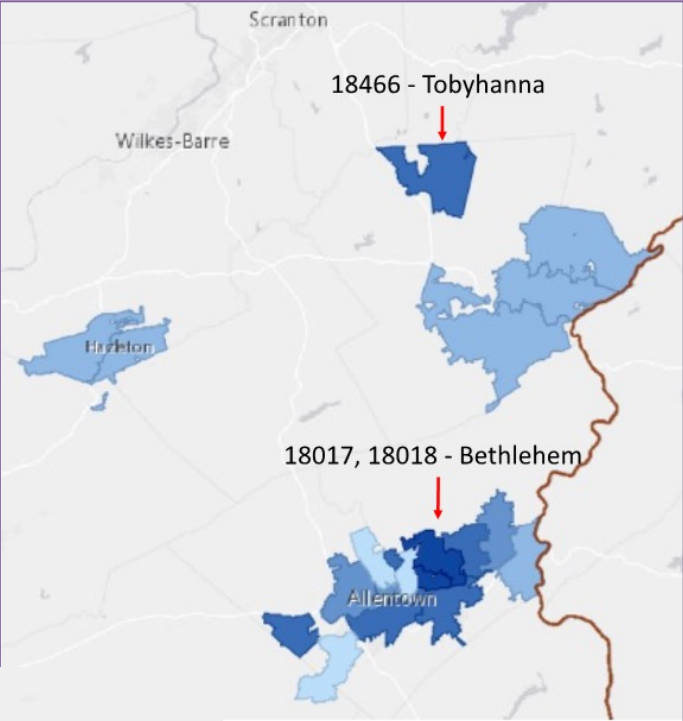
**Objective:** Explore contextual elements of neighborhoods, community resources, medical systems and regulatory/policy elements that could influence cervical cancer disparities in the geographic neighborhoods identified by mapping

## Methods

Focused Rapid Assessment Process (fRAP)<sup>4</sup> (\*current phase)



## Results



**Figure 1.** Lehigh Valley ZCTA Classes 2-3-4 with higher severity cervical cancer dysplasia or cervical cancer rates. Ratio of Hispanic to NHW. Tobyhanna and Bethlehem zip codes are identified.

**Table 1.** New code saturation in interviews #1-6. (Total = 37 codes)

Interview Number	New Codes
1	24
2	+4
3	+4
4	+1
5&6	+4

**Table 2.** Example of codebook created using interviews #1-6.

Code	Definition	Example
Medical Support/Intervention	Interventions/Support provided by the medical community that could increase patient's ability to seek out and access healthcare	"...we have a colposcopy done in-house and things that we try to do to help facilitate further testing when needed is to make sure that women meet with a case manager or a social worker to investigate financial assistance programs and their ability to apply and qualify for Medicaid or not."
Socioeconomic	Acknowledgement of socioeconomic issues/support and the effect it has on one's access to healthcare	"...they're concerned that this is going to cost them a lot of money, and it's money they don't have."
(Lack of) Awareness	Where/how the patient did(not) receive information regarding cervical cancer/HPV testing and screening and women's health and how it affects their access to those healthcare	"...if they're not aware of the resources that are available for them in the community that is largely populated by Hispanic women then they won't have access to those resources."

## Conclusions

**Table 3.** Codes obtained from interviews #1-6 in descending order. [Frequency]

Medical Intervention/Support [x54]	Language Barrier [x13]	Life Influence on Survivorship [x8]	Mental Health [x4]
Socioeconomic [x38]	Religion [x12]	Immigration Status [x7]	Policy Support [x4]
(Lack of) Awareness [x30]	Barriers in Life [x11]	Medicine as a Business Model [x7]	Cultural Disaggregation [x4]
Community Partnerships/Community Leaders [x21]	Self-Concern [x10]	Age [x7]	Sexual Trauma [x3]
Medical Partnerships [x18]	Taboo [x10]	Family Influence [x7]	Family Support [x3]
(Lack of) Education [x17]	COVID-19 [x9]	Community/Neighborhood Support [x6]	Racism [x2]
Cultural Differences [x17]	HPV Vaccination/Cervical Cancer & STD Testing [x9]	Internet Support [x5]	LGBTQ+ [x2]
Patient-Provider Relationship [x16]	Gender roles [x9]	Timing [x5]	
Provider-Provider Communication [x15]	Distrust in Healthcare Systems [x9]	Religious Support [x5]	
Spousal Influence [x13]	Provider Recommendation [x8]	Female/Survivor Support [x5]	

□ Barriers  
□ Facilitators

## Future Directions

- Key Informant Selection and Depth Interviews
- Targeted Thematic Analysis
- Identification of Policy or Environmental Intervention
- Advocacy for policy change

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