

Cultural Clues: Being effective with a diversity of women

This is information gathered from focus groups and research on how specific populations of women experience barriers to breast and cervical cancer screening services. Three specific populations identified in Tennessee that have unique experiences are African-American women, Latina women, and Appalachian women. While each group and the varying experiences overlap to some degree, the barriers are separated by specific populations for the purpose of developing cultural sensitivity tools.

Most women regardless of location, class, race, or ethnicity will benefit from a few simple sensitivity guidelines:

- 1. Use simple and familiar language.*
- 2. Avoid an authoritarian attitude—be flexible.*
- 3. Pay attention to nonverbal communication from the woman.*
- 4. Approach sensitive areas with suggestions and indirect questions.*
- 5. Utilize members from the intended community as much as possible.*

Information from focus groups conducted by Dr. Bobbi Clarke, as well as the following articles:

Sortet, J.P., & Banks, S.R. (1997). Health beliefs of rural Appalachian women and the practice of breast self-examination. *Cancer Nursing Journal* 20(4), 231-235.

Hall, H.I., Uhler, R.J., Coughlin, S.S., & Miller, D.S. (2002). Breast and cervical cancer screening among Appalachian women. *Cancer Epidemiology, Biomarkers & Prevention* 11, 137-142.



African-American Women

**Professionals cannot use one approach to reach African-American women. They must consider class also. Lower socio-economic women often do not use the same channels as middle and upper income African-American women. Poorer African-American women may not seek health information. Effective approaches are door-to-door health promotion, churches, health fairs and health services available on a sliding fee scale.*

**Lower income African-American women are more like lower income Caucasian women. They both share the similar challenges due to low income, limited education and limited access to resources such as health care insurance and services.*

**Radio is an effective approach to reaching African-American women, especially Sunday morning church services.*

**African-American women regardless of class generally do not perceive physicians as welcoming.*

**African-American women often relate breast cancer to death. Education and media need to focus on survival rate being connected to early diagnosis.*

**There is a disparity in age as well as with race. Older women may not know they are at the greatest risk, and the medical community does not encourage this group to get mammograms and Pap tests. Family members of these women who are at places such as assisted living, adult day care, and nursing homes should be educated about the importance of a mammogram and Pap test.*

**Health beliefs among African-American women are different depending on national origin. Some perceive women with breast cancer as being “tainted” or “marked.” Some think that seeking screening will cause the disease later in the future. Others believe it is God’s will.*

**Churches are an excellent way to reach African-American women. Churches are becoming more proactive about the health needs and education of their members. Members are often more receptive to information from this source.*

Church nurses should be promoting mammograms and Pap tests to the members.

**African-American women would prefer a local number with a real voice over an impersonal 1-800 number.*

**Medical care barriers for African-American women discussed include the following:*

- Cost
- Insurance (amount of coverage and the lack of insurance)
- Lack of recommendation from provider
- Basic distrust of the medical community
- Distrust of mammography: Many African American women feel it missed their cancer
- Fear—fear of finding a problem, fear of what spouse will think
- Decentralized care makes it much harder to coordinate care and follow-up, leads to a delay in care: “You get tired of giving your medical history over and over”
- Lack of team approach between primary care provider and oncologist
- Knowledge: younger women think they are not at risk
- Fear of x-rays

**Cultural barriers discussed include the following:*

- African-American women often are very private about what they talk about among themselves.
- Class and individual self-worth are cultural barriers. Lower income African-American women are often less educated about their bodies and depend on the doctor to tell them what to do.
- African-American mothers often do not talk about health issues with their daughters, including sexually transmitted diseases, breast cancer, cervical cancer, etc.
- African-American women are often uncomfortable talking about their bodies with strangers.
- African-American women often distrust white, male health care providers.

**Service providers should stress that breast self-exams are important. This helps women be more familiar with their bodies and any changes over time.*

Appalachian Women

**Similar barriers that Appalachian women may experience include:*

- Cost
- Insurance (amount of coverage or lack of insurance)
- Lack of recommendation from provider
- Decentralized care makes it much harder to coordinate care and follow-up--lack of team approach between primary care provider and oncologist
- Knowledge: younger women think they are not at risk
- Fear of x-rays
- Suspicion of non-community members

**Appalachian women often have a fatalistic view of their health, meaning they do not feel they have control over it. Education about how prevention impacts treatment is very important to overcome this.*

**Fear of cancer also often impacts Appalachian women's decision making. Appalachian women often believe that a cancer diagnosis is a death sentence and would rather not know. Women need to be educated about the success of early treatments and how screening leads to early detection for treatment.*

**Screening services are often limited in rural areas and may have inconvenient or irregular schedules.*

**Literacy levels among Appalachian women also often impact health and service knowledge. Educational outreach needs to utilize methods other than written literature. Written literature needs to be designed with low literacy levels in mind.*

**Service providers should stress that breast self-exams are important. This helps women be more familiar with their bodies and any changes over time.*

**As with African-American women, churches are a useful venue to reach many Appalachian women.*

Latina Women

- *Service providers should not assume that all Latina women do not speak English nor are not U.S. citizens. An important step to providing effective service is to ask questions instead of assuming.*
- *There is a lack of screening among Latina women due to differences between the national models of health care. The Latino health culture generally does not recognize the need for preventive care. Latina women often do not seek screening services without symptoms.*
- *Latina women who are recent immigrants lack awareness of breast and cervical cancer screening services.*
- *Latina women are often unaware of breast and cervical cancer screening practices. Providers, health department staff and UT Extension educators who reach these women should be sure to recommend screening when appropriate.*
- *Language barriers are often present when working with this audience. Latina women often do not seek care due to language barriers if health professionals do not speak Spanish. These language barriers lead to difficulties in understanding symptoms, in asking questions, and in trusting the provider's ability to comprehend their medical needs.*
- *Literacy levels along with language may affect how Latina women utilize screening services of the health department.*
- *A Latina woman's level of acculturation may be a predictor of the knowledge and use of screening services available from the health department. New immigrants will have limited knowledge about screening services of the health department.*
- *Latina immigrants may not be in the state legally. They may avoid services seen as "the government" because they fear deportation.*
- *Latino ethnicity is often a significant predictor of preventive health care behaviors. Professionals should not stereotype Latina women as one culture. Latinos in Tennessee come from many different countries which hold different health care beliefs and health care models.*
- *Latina women often are not comfortable talking about sexual behaviors or sexually transmitted diseases. This could have a major impact on efforts to increase use of Pap testing and decrease cervical cancer incidence in this population.*
- *Latina women generally prefer women providers.*
- *The informal communication network among Latina women is a power tool for promoting health messages. Providing educational materials about screening and health department services to women accessing family planning is a strategy for encouraging Latina women to share their new knowledge with other Latina women.*
- *Having educational materials in Spanish at health facilities helps to create a more comfortable atmosphere for Latina women.*
- *Using photos of women together from all ethnic and racial backgrounds sends a powerful message that breast and cervical cancer is a concern of all women. There may not be a need to segment educational materials by race.*
- *Professionals trying to reach Latina women with breast and cervical cancer screening information should utilize Latino radio stations and other suggested Latino community businesses.*