Using fRAP Mixed Methodology to Identify Multi-Level Policy Levers That Could Improve Cervical Cancer Disparities in US Hispanic Women

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Introduction

- Cervical cancer is preventable and curable, yet Hispanic populations in certain areas of the country have higher mortality rates from invasive cervical cancer than non-Hispanic white women.

Methods

- A mixed methods study utilizing fRAP (focused Rapid Assessment Process)
- Multi-level investigation (community, medical, policy level) using GIS mapping to identify areas of interest for qualitative participant observation, interviews, focus groups
- Goal of fRAP to uncover modifiable differences in cervical cancer care and survivorship contributing to mortality disparities seen between counties.

Dataset

- Quantitative geocoding of cervical cancer cases (1995-2015) to ZCTA level in three Texas counties, Bexar, Dallas, Tarrant
- Qualitative interviews with 39 key informants from three levels of interest – community, medical and policy

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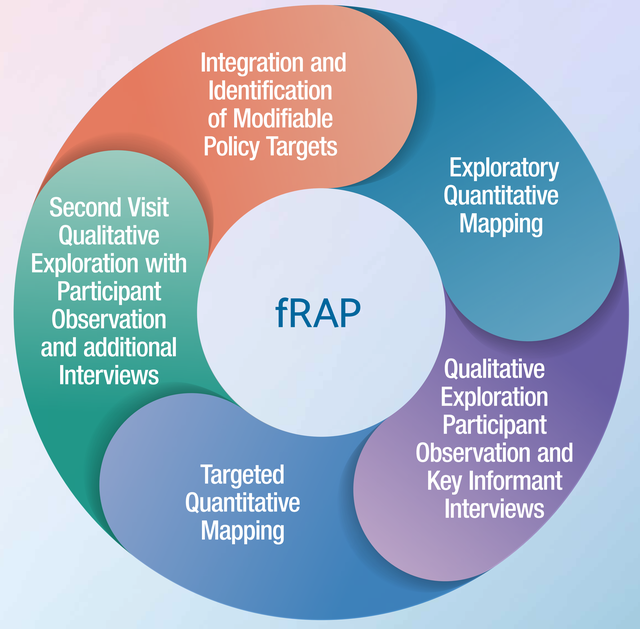
In 3 Texas counties, multi-level differences affect cervical cancer survivorship in Hispanic women and may contribute to existing mortality disparities.

Policy Change Targets Identified by fRAP:

1) Undocumented Immigrant Lack of Access to Medical Care

2) Differences in Delivery of Standard of Care for Cervical Cancer Care dependent on region and insurance type

3) Accessibility of preventative cancer screenings (PAP smears) and follow-up colposcopies at earlier stages of disease



Results

- Facilitators of Cervical Cancer Survivorship Care in Low Disparity County:
  - Higher levels of community engagement for survivorship care
  - More supportive medical and payer environments for undocumented immigrants
- Barriers of Cervical Cancer Survivorship Care in High Disparity County:
  - Lack of insurance and access to equal cancer treatments for undocumented women
  - Highly polarized political environment

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