

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Lessons, Message, and Recommendations from Latina Survivor of Cervical Cancer for Healthcare Teams and Providers

Priority 1 (Research Category)

Health Care Disparities

Presenters

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Abstract

Context: Most of the existing research in cervical cancer and healthcare systems is based on large scale quantitative data and primarily focuses on younger reproductive-age women. There is a significant lack of understanding regarding the healthcare system experiences of middle-aged and older Latina women concerning cervical cancer, as well as their perceptions and experiences with preventive services.

Objective: The purpose of this study was to understand the healthcare successes, challenges, and opportunities among middle to older age Latinas in the Pacific Northwest.

Study design and analysis: To fill this gap, we leveraged an innovative qualitative approach for understanding the rich experiences of middle age older Latina women diagnosed with cervical cancer in the Pacific Northwest.

Dataset: We conducted a qualitative study utilizing the Database of Individual Patient Experiences (DIPEX) methodology - a time-tested, research-based approach for conducting and disseminating health and healthcare experiences. This approach emphasizes the utilization of stories to improve care, thereby supporting experience as evidence and informing decision-making in clinical settings.

Population Studied: Inclusion criteria were age 45 years old or older, initial diagnosis of cervical cancer no more than 10 years and no less than 3 months ago, identify as Latina, and reside in the U.S.

Outcome Measures: Interviews were conducted in the participant's preferred language and commenced with open-ended questions, allowing patients to narrate their stories without predetermined direction. Structured follow-up questions were posed . Questions were designed to uncover experiences with or perspectives with the healthcare system. The final part of the interview involved inviting participants to share messages for healthcare providers.

Results: We found three major themes. For successes, vulnerability by providers supported an emotional connection that was critical to having a positive experience among Latinas. For challenges, Latina women reported the need to experience more trauma informed care by providers. And, for opportunities women shared the need to normalize getting a second opinion. "In my mind, I didn't want to betray my doctor. I didn't want to ask for a second opinion with another doctor. That's what, like, what I went through, I wouldn't want other people to go through."

Conclusion: Latina survivors provided keen insights into how to improve the system for others.

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