Addressing barriers to abnormal Pap-test follow-up among low-income, ethnic minority women: An integrative literature review

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Abstract

Objective: The aim of this literature review is to identify barriers preventing low-income, ethnic minority women from adhering to follow-up recommendations after an abnormal Pap test, and to evaluate interventions aimed to increase adherence, therefore improving cancer outcomes.

Background: Cervical cancer incidence and mortality rates have significantly declined due to widespread use of the Papanicolaou (Pap) test. Despite this trend, mortality rates still occur disproportionately in the United States, placing the burden on low-income, minority women.

Method: An integrative literature review was conducted to identify common barriers that prevent women who receive abnormal Pap test results from adhering to follow-up recommendations. Intervention studies that address these barriers were evaluated as well.

Results: Nine intervention studies met inclusion and exclusion criteria, which specifically discussed barriers to follow-up. Using community health workers and patient navigators were one of the most effective methods to increase adherence. Tailoring education and liaisons on an individual and cultural level was found to be beneficial; cultural beliefs, psychosocial factors, perceptions of cancer, and education level were significant barriers to follow-up adherence.

Conclusion: Identifying barriers such as knowledge and perceptions of Pap testing helps health care professionals understand how to effectively tailor patient education and address individual conflicts. Further studies are needed to evaluate the efficacy of CHWs, as they have the potential to bridge the gap between patients and providers, reducing health disparities. Further study of other disadvantaged groups also identified as having low adherence rates (i.e. Pacific Islanders, Native Americans) is also important, as the majority of the studies in the literature focus on African American women and Latinas, in comparison to non-Hispanic white women.

Key words: Cervical cancer screening, Human papillomavirus, follow-up adherence, barriers, health beliefs, ethnic minority, low-income, intervention