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Nursing

Health Benefits of Low-Income Hispanic Women: A Disparity in Mammogram Use

Introduction

Breast cancer is among the deadliest and common forms of cancer that occurs among women. The manner of detecting the presence of such cancer is through a mammogram test, which is considered as fundamental medical screening procedure often included in healthcare coverage. Despite the legislative guidelines concerning the coverage of the said procedure in healthcare plans, disparities still emerge as a real problem that mostly Hispanic women are facing. The barriers to mammography screening include low income, lack of access to available facilities, cultural and language difference, and lack of recommendation from primary care provides.

However, ethnicity and income range were regarded as the primary reasons for Hispanic women from being qualified for mammography screening. This would be the focus of the discussion where the various factors attributed to disparities in availing the mammography test. In addition, the identified problem will be examined in comparison to other ethnical groups such as African-Americans and local screening facilities in the community.

Furthermore, the paper aims to examine the disparities in the use of mammography screening in terms of income, insurance, race, ethnicity, which also include the combination of the aforementioned characteristics. It is apparent that the disparities in the use of mammography screening among the low income Hispanic women was caused by lack of insurance

coverage as a result of unstable income, cultural beliefs, and illiteracy about the importance of early detection.

Disparities in Mammogram Use

In an article by Deavenport et al. (2010), the problem of disparities was examined using a theoretical model in which the Health Belief Model was used as the grounding theory. It was concluded that the occurring disparity was caused by the lack of education about the risks of cancer, early detection through screening, and knowledge about the illness itself (p. 99). The data in the article shows that 58.3% out of the 12 focus group participants were born outside of the United States and 83.4% of the respondents were identified as Mexicans (Deavenport et al., 2010, p. 94). The results of the study suggest that 33.3% of the respondents were only able to finish 7th to 12th grade and a conservative percentage of 16.6% of the respondents was able to obtain at least a high school diploma (Deavenport et al., 2010, p. 95). The data is a projection of a problem that emerges from lack of awareness. In addition, having the majority of the subjects not even being able to finish high school constitutes evidence about the need for educational intervention.

Other reasons attributed to the perceived disparities in mammogram screening is not always about ethnic prejudice among Hispanic women, but rather the prevailing unawareness about the when and how to obtain mammograms. The lack of awareness on the other hand was a result of a cultural perception about the importance of obtaining mammograms exacerbated by the lack of availability in the home country. For example, in

the article by Deavenport et al. (2010), a significant number of Hispanic women were not born in the United States. Therefore, growing up in South America, for instance Bolivia did not introduce the women to early detection by mammogram screening because of cost and availability (p. 96).

Furthermore, the access to mammogram screening is very limited in less developed countries in South America where the cost of cancer screening typically costs a fortune (Deavenport et al., 2010, p. 97). It is apparent that quality of living, level of income was primarily the barriers in avoiding disparities. The obtained perceptions of cost, availability, and lack of knowledge about where to get a mammogram constitutes the encompassing notions about the screening procedure. Therefore, when Hispanic women migrate to the United States, they carry with them the said perceptions.

Several studies were conducted to measure extent of discrepancy in terms of mammography use according to race in the United States. In a summary report published by CancerConnect. com, the recent study suggests that only 30% of African-American women underwent a mammography screening while only 25% of minority women such as Hispanics are able to obtain the screening. Furthermore, the data also shows that women with the best of health appears to have obtained a mammogram screening at least once a year at 61% as compared to 5% of women with the worst health condition (cancerconnect. com, 2012). The differences in percentage encompass the perceived disparities not only on the subject of race, but also in terms of varying perspectives on the importance of undergoing the mammogram screening. As observed from the data presented herewith, the evidence of disparity in mammogram use is apparent among Hispanic women, in which

the disparity was driven by lack of knowledge, perceived cost of the screening, and cultural perceptions about cancer.

Hispanic Population comparison

In order to better understand the extent of disparity in mammogram use among the low-income Hispanics, the population was compared to other ethnic minority such as African-American women.

Figure 1 Distribution of Screening Mammograms by race/ethnicity (Rauscher et al., 2011, p. 5)

The figure above shows a particular discrepancy in mammogram screening distribution wherein the Hispanic population appears lower as compared to the African-American women. In terms of availability, there is a significant discrepancy on the number of available facilities for Hispanic women to get a mammogram. For public facilities, there are 900 more facilities available for the African-Americans as compared to Hispanics. One of the factors attributed to this assumption is the location of where Hispanic women and African-Americans reside. For non-academic private institutions, there are 10, 300 facilities more available for the African-American population than Hispanics in addition to 1, 900 available academic private institutions available for the latter. The same significant discrepancy can be said between African-Americans and Hispanic in terms of available mammographers and digital mammography. Other factors that explain large discrepancy between the two ethnic groups are income range and educational attainment. It was mentioned earlier that among the contributing factors on the increasing discrepancy in mammogram use is

cost and lack of knowledge.

Although both ethnic groups have similar prevalence rate, the discrepancies emerge as a result of income and level of awareness. In wage comparison, an average African-American woman earns 9% higher than an average Hispanic woman. The median weekly earnings for a Hispanic woman with a job appropriate for a high school graduate is about \$, 1045, while an African-American woman of the same educational level and nature of job earns a weekly average of \$1, 116 (aauw. org, 2014). This explains why accessibility is more prevalent for African-American woman than in a Hispanic woman. The cost of insurance that covers the mammogram screening is higher, which a paycheck can sustain for the shared cost with the employer. Whereas, the lower the income of a Hispanic woman, the lower is the value of the Health insurance, which may not afford to have mammogram coverage in the basic plan.

Access in the Community

It was mentioned earlier that one of the barriers to immediate access to mammogram screening in the Hispanic community is cost and availability of institutions providing the screening services. In a comparison of the access between a Hispanic community and those of a more developed community, the mammogram service can be delivered to the patients through a myriad of ways. A mobile mammography pilot project was initiated in Hispanic communities under the low-income population (Massin-Short, 2010). The reason for bringing the project over to the community is to alleviate the problem of cost accessibility. It is costly for a low-income family to make a

series of appointments to a care provider particularly if the basic health insurance doesn't cover the screening and the multiple visits. Furthermore, a low-income family may not also be able to afford the co-pay cost of a mammogram screening either if the health insurance refuses to pay the test in full. Community advocates are spearheading the initiatives to bring accessibility closer to the people through a mobile testing unit. In other communities, church organizations conduct seminars on early detections of breast cancer by educating women how to identify if there is an occurring presence of cancer including signs, and symptoms. On the other hand, the role of the care providers such as nurses is to educate the public about the importance of when and where to get help is an imminent threat of cancer among women.

Conclusion

The low income Hispanic population of women are likely to suffer the consequences of breast cancer as compared to other minority groups such as African-Americans because of several factors. The Hispanic population has developed a notion that mammogram is a medical luxury they cannot afford, thus furthering the gap between ethnic groups in terms of mammogram use most particularly for low-income Hispanic women.

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