

## Cervical Cancer Screening Rates in Refugee and Non-Refugee Patients

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### INTRO

Clinic visits with refugee patients can present challenges such as a language barrier, cultural differences, and decreased effective visit time due to need for interpretation services. This study assessed whether refugee patients are as likely as non-refugees to receive recommended cervical cancer screening.

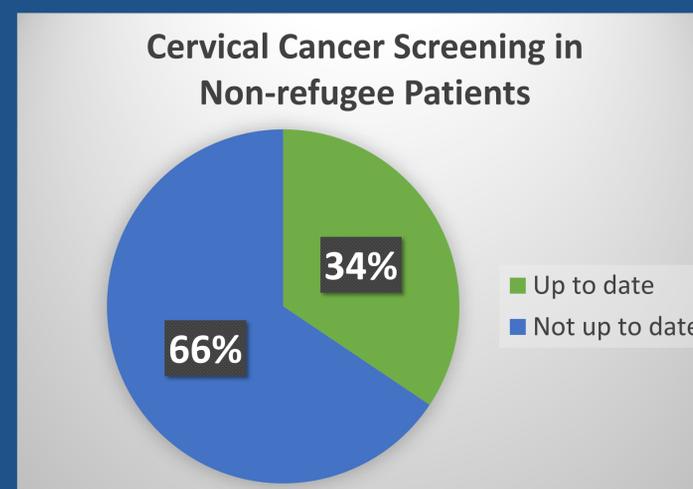
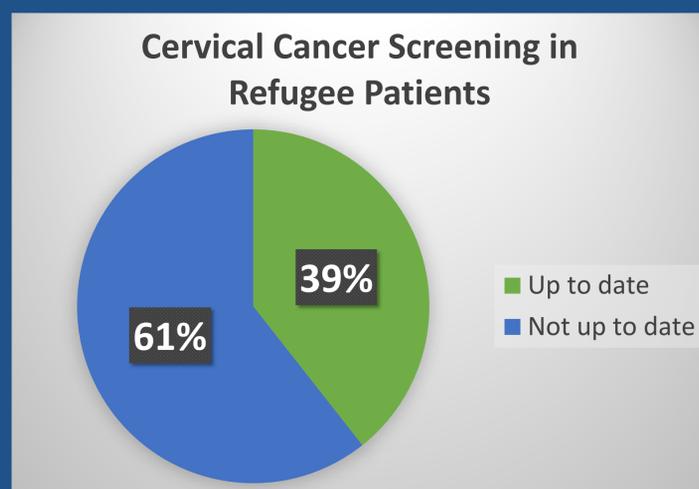
### METHODS

- Chart review: 221 refugee and 221 non-refugee patients
- Refugee group: Language Arabic, Burmese, Farsi, Nepali, Somali, or Swahili
- Non-refugee group: Language English or Spanish
- Cerner and Epic results reviewed
- Included: women age 21-65
- Excluded: women with total hysterectomy
- Chi square analysis performed

### RESULTS

- Receipt of cervical cancer screening was similar in both groups ( $p = 0.28$ ).
- Both groups had lower screening rates than the national average.

# Refugee and non-refugee patients received cervical cancer screening at similar rates



	Up to date with screening	Not up to date with screening	Total number of patients
Refugee group	87 (39%)	134 (61%)	221
Non-refugee group	76 (34%)	145 (66%)	221

	Average age (standard deviation)
Refugee group	39.3 (10.9)
Non-refugee group	41.6 (13.1)

### DISCUSSION

In the population studied, there was no significant difference in cervical cancer screening rates between refugee and non-refugee patients. Both groups were low compared to the national rate of around 80% (National Cancer Institute).

The rates of cervical cancer screening may have been artificially low due to:

- Possible inclusion of some women who have had total hysterectomy (if this problem was not on the problem list or surgical history)
- Lack of EMR documentation of Pap smear (ie, women who have seen another provider for screening)

Ideas for improving cervical cancer screening rates include:

- Scheduling women for an annual visit dedicated solely to health maintenance
- Dedicated Pap clinics available to all women due for screening

Questions for future study include:

- Is there a difference in cervical cancer screening rates between English and non-English speaking refugee patients?
- Are women with more chronic medical problems less likely to have cervical cancer screening?