Hispanic Women's Language Preference and Utilization of Cancer Screening Services

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Hispanic women with low English-language proficiency make less frequent use of preventive health care, including cancer screening services, compared to English-speaking Hispanic women and to non-Hispanic White women. Previous research indicates that lack of health insurance, not having a usual source of care and low levels of education and income are major barriers to timely screening for breast and cervical cancer. Among Hispanic women with low English-language proficiency, language difficulties and different cultural beliefs about health risks and disease prevention may pose additional barriers to preventive healthcare.

Along the Texas-Mexico border, where Hispanics are predominantly of Mexican origin or descent, health insurance rates, educational level and per capita incomes are substantially lower than in the rest of the state. Residents of the border region, however, have the option of crossing to Mexico for lower-cost health care and pharmaceuticals. Although there are broad variations in the estimates of border crossing for health care services, some studies suggest this is a well-established practice.

In this article we examine the factors associated with utilization of cancer screening services between non-Hispanic White women and Spanish- and English-speaking Hispanic women in border and non-border Texas counties. One of our aims is to assess whether Spanish-speaking Hispanic women are more likely to utilize cancer screening services if they reside in border counties, which may be associated with crossing to the Mexican side of the border and, more generally, with a bilingual environment.

The data come from the Texas Behavioral Risk Factor Surveillance Surveys, years 2000 to 2004, which are weighted to be representative of the state population. Telephone surveys are conducted monthly among randomly selected adult Texans (n=5,000 interviews per year). The survey collects information about preventive health practices and risk factors associated with certain illnesses, including cancer.
The sample used in this analysis is restricted to White and Hispanic women ages 21 to 64 (n=12,463).

The specific outcomes of interest are age-appropriate mammograms, clinical breast examinations and Pap smears as indicated by the American Cancer Society. The explanatory variables include predisposing factors (socioeconomic and demographic characteristics), enabling or barrier factors (income, health insurance and having a usual source of care) and need-related factors (self-assessed general health and health limitations in recent past). Residence in a border county is included as a potential enabling factor since it is considered a proxy for access to lower-cost screening services or an environment that is easier to navigate for Spanish speakers.

Logistic regressions are used to identify the factors that significantly contribute toward explaining the variation in use of cancer screening services among the different groups.

In the sample, over 70 percent of the Hispanic women interviewed in Spanish had no health insurance, compared to 30 percent among English-speaking Hispanic women and 17 percent among non-Hispanic White women. Consistent with previous findings, Spanish-speaking Hispanic women were significantly less likely to have had mammograms or clinical breast exams recently or ever compared to English-speaking Hispanic women and to non-Hispanic White women. However, there were no significant differences in rates of cervical cancer screening between these groups.

Preliminary findings indicate that Spanish-speaking Hispanic women in border counties are significantly more likely to have a usual source of care, as likely to have had a Pap smear, but less likely to have had a clinical breast exam compared to their non-border counterparts. In addition, controlling for age, education, employment status and health insurance coverage, current smokers, obese women and women not currently in a union are less likely to report cervical or breast cancer screenings in all groups, although the particular impact of these factors on screening rates differ by group.