



Preventive Health Screenings in High Risk Populations: The Case of a HIV Positive Refugee Woman

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INTRODUCTION

Women infected with HIV are 5.4 times more likely to be diagnosed with cervical cancer than uninfected women without HIV.¹ It is recommended that women with HIV have a pap test at the time of HIV diagnosis and every three years after 3 consecutive Pap tests are normal (Table 1).² In recent years majority of refugees are arriving from Iraq, Burma, Somalia, and Democratic Republic of Congo.³ As shown in figure one, many of the countries refugees originate from have high levels of cervical cancer.⁴ This case study will describe the chronology of key events from resettlement in the United States to a high grade abnormal PAP test result in a HIV positive refugee woman. The Building Bridges program is a cancer education, and screening program for refugee women at the UNT Health Science Center. The program trains and employs lay health educators from refugee communities to provide culturally and linguistically appropriate outreach, education, and navigation services.

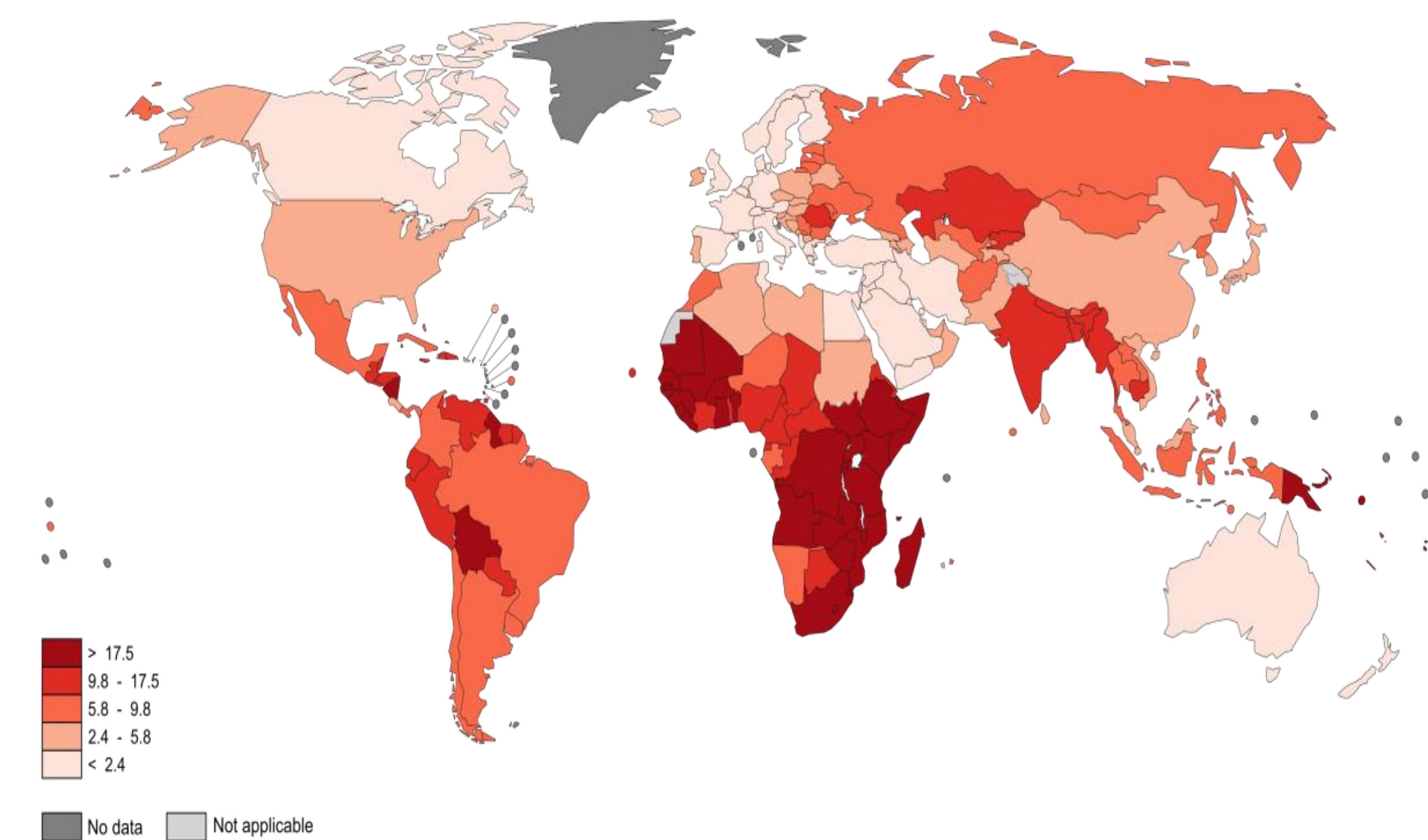


Figure 1. Geographic distribution of Prevalence of Cervical Cancer – worldwide, 2012

METHODS

A review of existing medical records, Building Bridges case files, and medical case management files explored multilevel factors associated with missed opportunities for pap screenings and education. Data was collected on cancer knowledge and PAP test awareness from self-reported baseline assessments. The Socioecological model will serve as the conceptual framework for this case study. This conceptual framework focuses on the relationship between personal, interpersonal, community wide, and political/policy factors which influence health care utilization (Figure 2).

RESULTS

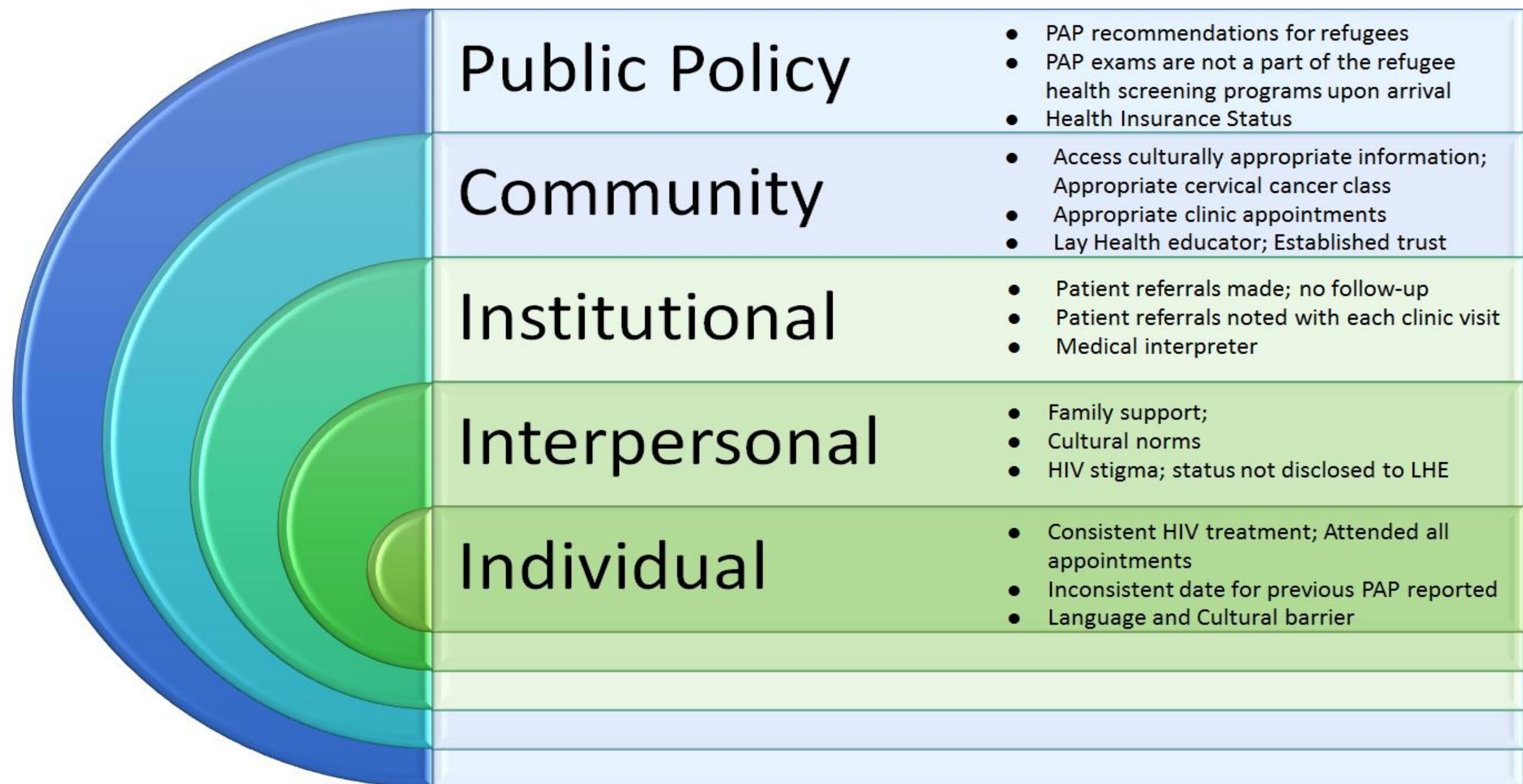


Figure 2. Socioecological model for HIV positive Refugee woman

KEY POINTS

- HIV Positive refugee from Africa; raped during war
- Lived in Tarrant county for approximately 2 years
- Inconsistent previous PAP dates reported
- Patient was receiving treatment for her HIV status from arrival
- PAP referral noted in her records, not received
- Completed cervical cancer education classes through BBI
- Received PAP test 1.5 years later from her recommended date through BBI; High grade abnormal results
- Subsequently underwent a colposcopy and cold knife cone biopsy

CONCLUSION

Records indicate that the BBI participant kept all appointments for her medical management of HIV. Failure to receive a PAP exam in the same medical system may be due to the requirement that patients make their own appointments. Language and cultural barriers may have prevented her from doing so. Despite the availability of medical interpretation which makes the interaction between the patient and the provider to run effectively, refugee women face many traumas, such as rape and the possibility of HPV, HIV and other infectious diseases. Given their vulnerability and high risk, it may be prudent to provide PAP exams upon arrival. The multilevel factors reveal implications for refugee resettlement agencies, HIV/AIDS organizations, the refugee community and the health care setting. Collaboration between social services, patient navigation, and culturally appropriate groups is necessary for this population's utmost health and wellbeing. The process of partnering with other organizations increases the ability to reach the target population by building trust within the communities, as well as providing easily accessible material to facilitate the consistent utilization of health care services.

Table 1. Cervical Screening Guidelines

Status	Recommendations
Under 21 years old	No testing required
21 - 65 years old	PAP exam every 3 years
Over 65 years old	Discontinuation
HIV infected	Annually x3, if 3 consecutive normal, then PAP exam every 3 years

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