

FAITH FLETCHER



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Fletcher's research interests include health disparities and improving health outcomes for women living with HIV/AIDS (WLWHA). She is currently investigating cervical cancer screening rates among WLWHA and innovative approaches to cervical cancer preventive services for this group.

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**IMPROVING HEALTH SERVICES FOR
DISADVANTAGED WOMEN LIVING WITH HIV/AIDS**

Introduction

What determines whether women living with HIV/AIDS get cervical cancer screening?

HIV-infected women are four to five times more likely to develop cervical cancer compared to uninfected women. Thus, one of the nation's priorities is to improve health care services and reduce health disparities among women living with HIV/AIDS. Treatment guidelines recommend biannual cervical cancer screenings for women with HIV. However, these screenings are significantly underused by HIV-infected women. Furthermore, we know little about HIV-infected women's use of cervical cancer screening services. Such information could be crucial in designing much needed behavioral interventions to improve cervical cancer screening among this population.

The purpose of this project is to understand why HIV-infected women do or do not use cervical cancer screenings. Women were recruited from Thomas Street Health Center (TSHC) in Houston, Texas to participate in focus group discussions and complete questionnaires. TSHC is a central clinic site for providing HIV/AIDS care to an indigent, HIV-infected population. TSHC offers both HIV primary care and specialty services including gynecologic care.

Findings

Women living with HIV/AIDS identified the following barriers to cervical cancer screening:

- pain and discomfort associated with Pap smears and subsequent procedures
- lack of awareness that cervical cancer is a preventable disease
- lack of access to transportation
- scheduling conflicts with gynecological appointments

Women living with HIV/AIDS are more likely to receive screenings if they:

- are aware of HIV-infected women's increased risk of cervical cancer
- have a strong provider-patient relationship
- have a positive attitude toward cervical cancer screening
- faithfully adhere to antiretroviral therapy (ART) treatment

Recommendations

• Strategic and systematic integration of gynecologic specialty care into existing HIV care services has the potential to improve the delivery of cervical cancer screening services to HIV-positive women.

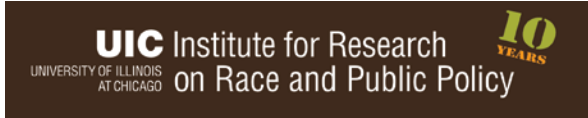
• Clear and accurate communication between HIV primary providers, gynecologists, patients, and scheduling staff is essential to improving Pap smear scheduling.

• Addressing competing social and health challenges (i.e. lack of transportation access, lack of childcare, lack of ART adherence, smoking, drug and alcohol use) that interfere with uptake of cervical cancer services is critical.

Fletcher FE, Buchberg M, Schover L, Basen-Engquist K, Kempf MC, Arduino RC, Vidrine DJ. "Perceptions of Barriers and Facilitators to Cervical Cancer Screening among Low-Income, HIV-Infected Women from an Integrated HIV Clinic" *AIDS Care*. 2014. Mar 18. [Epub ahead of print].



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