Barriers to Screening and Health Care
Many things may prevent Hispanic/Latina women from getting breast cancer screenings and prompt follow-up care after an abnormal mammogram. These barriers include, but are not limited to:\textsuperscript{1,2,3,4}:

\textbf{Health Care System Infrastructure}
- Limited availability of interpreters
- Lack of culturally-appropriate resources/care
- Long waits to get an appointment
- Limitations on services funded by federal or state programs, including:
  - Clinical breast examinations for low-income, uninsured women under the age of 40 not using state-funded contraceptive services
  - Diagnostic services for low-income, uninsured women under the age of 40 with abnormal clinical breast exam findings
  - Support services for women diagnosed with breast cancer, including Spanish language support groups, wig banks, etc.

\textbf{Sociocultural Limitations}
- Lack of awareness of breast cancer risks and screening methods
- Lack of knowledge about the need to get screened
- Lack of knowledge about the availability of services and location of providers
- Lack of access to regular health care
- Inability to take time off work
- Childcare responsibilities
- Lack of transportation
- Anxiety about the procedure
- Embarrassment about exposing breasts
- Fear of finding cancer
- Fear of detection of immigration status
- Limited English-language skills
- Literacy level and embarrassment about it
**Financial**

- Lack of health insurance or funds to pay for screening, diagnostic tests and/or treatment
- Other financial priorities
- Inability to pay for transportation or childcare

**NOTE**

The purpose of this Toolkit is to support you in your efforts to educate the Hispanic/Latino communities about breast cancer and the need to get screened. If you or your organization has the capacity, you can also assist women with overcoming other barriers through program services or targeted referrals/connections to other organizations.

**Barriers Among Specific Groups**

There is limited research on barriers to screening among specific Hispanic/Latino populations. However, one study found that there were differences in women’s reasons for not being screened for breast cancer depending on their ethnicity and where they lived. In a low-income New York community, for example, motivations for avoiding necessary screening differed: Mexican women were more likely to avoid regular breast cancer screenings due to shame and embarrassment, while Dominican women cited fear more often.

**Breast Cancer Myths and Common Beliefs**

In addition to infrastructure, sociocultural and financial barriers to accessing breast cancer screenings, some Hispanics/Latinos hold beliefs about breast cancer beyond those listed elsewhere in this Toolkit. Myths concerning breast cancer outcomes, symptoms and risk factors may also pose a barrier to breast cancer screening among Hispanic/Latina women. One dominant myth among Hispanics/Latinos is fatalism (i.e., the belief that all events are determined by fate), which can deter breast cancer screenings if women believe that cancer outcomes have already been determined. Studies have found a significant inverse association between fatalism and frequency of mammography screening in low-income Mexican-American women, meaning the more fatalistic they are, the less likely they are to be screened regularly.

There is also evidence that Hispanic/Latina women are more likely than Caucasian and African-American women to have misconceptions regarding breast cancer symptoms. For example, Hispanic/Latina women are more likely to believe that a lump only needs to be checked if it is painful or if it grows larger.

Another study addressing Hispanics’/Latinos’ beliefs about breast cancer found that Hispanic/Latina women from Mexico and El Salvador named physical stress and trauma to the body as a risk factor for breast cancer. Physical stress and trauma may include: blows, hits and bruises, particularly those occurring at a young age; biting or rough handling during breastfeeding, particularly when it causes bruising; and excessive fondling of the breasts, such as that which may occur during normal sexual interactions. This study indicated that these beliefs are likely to vary somewhat among Hispanic/Latina women of different national origins and immigration statuses. However, there has been limited research comparing myths held by different Latino populations.
You can learn about myths and common beliefs by asking your audience what they know or have heard about breast cancer. Take these opportunities to dispel inaccurate information. You can use the Barriers and Responses resource to help you prepare responses to some of these barriers.