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Understanding Cervical Cancer Screening Intentions Among Latinas Using An Expanded Theory of Planned Behavior Model

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Abstract

We examined the utility of an expanded Theory of Planned Behavior (TPB) model in predicting cervical cancer screening intentions among Latinas. The model included acculturation and past cervical cancer screening behavior along with attitude, subjective norms, and perceived behavioral control. This cross-sectional study included a sample of 206 Latinas who responded to a self-administered survey. Structural equation modeling was employed to test the expanded TPB model. Acculturation ($p = .025$) and past screening behavior ($p = .001$) along with attitude ($p = .019$), subjective norms ($p = .028$), and perceived behavioral control ($p = .014$) predicted the intention to be screened for cervical cancer. Our findings suggest that the TPB is a useful model for understanding cervical cancer screening intentions among Latinas when both past behavior and culture are included. This highlights the importance of culture on behavior and indicates a need to develop culturally sensitive, theory-based interventions to encourage screening and reduce cervical cancer-related health disparities in Latinas.

Keywords

Latinas; cervical cancer screening; acculturation; theory of planned behavior

Over the last three decades, the incidence of cervical cancer in the United States has decreased,^{1,2} making it the thirteenth most frequently occurring cancer in women.³ Several studies have linked this decrease to a decline in the incidence of invasive squamous cell carcinoma^{4,6} which appears to be due to the implementation of population based screening programs in the United States.

Despite the decline in the overall incidence of cervical cancer, Latinas still carry a disparate portion of the cervical cancer burden. While the overall incidence of cervical cancer in the United States is 8.4 per 100,000 women, racial and ethnic minority women are disproportionately affected. Among Latinas, the incidence of cervical cancer is 11.1/100,000

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Screening For Cancer Theory Analysis And Design

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Screening in Health Fairs United States. Office of Disease Prevention and Health Promotion,1985 *Biostatistical Applications in Cancer Research* Craig Beam,2013-03-14 Biostatistics is defined as much by its application as it is by theory This book provides an introduction to biostatistical applications in modern cancer research that is both accessible and valuable to the cancer biostatistician or to the cancer researcher learning biostatistics The topical areas include active areas of the application of biostatistics to modern cancer research survival analysis screening diagnostics spatial analysis and the analysis of microarray data Biostatistics is an essential component of basic and clinical cancer research The text authored by distinguished figures in the field addresses clinical issues in statistical analysis The spectrum of topics discussed ranges from fundamental methodology to clinical and translational applications Methods in Comparative Effectiveness Research Constantine Gatsonis,Sally C. Morton,2017-02-24 Comparative effectiveness research CER is the generation and synthesis of evidence that compares the benefits and harms of alternative methods to prevent diagnose treat and monitor a clinical condition or to improve the delivery of care IOM 2009 CER is conducted to develop evidence that will aid patients clinicians purchasers and health policy makers in making informed decisions at both the individual and population levels CER encompasses a very broad range of types of studies experimental observational prospective retrospective and research synthesis This volume covers the main areas of quantitative methodology for the design and analysis of CER studies The volume has four major sections causal inference clinical trials research synthesis and specialized topics The audience includes CER methodologists quantitative trained researchers interested in CER and graduate students in statistics epidemiology and health services and outcomes research The book assumes a masters level course in regression analysis and familiarity with clinical research The Economics of Medical Technology Frans F.H. Rutten,Stanley J. Reiser,2012-12-06 Technological development has created major possibilities for the treatment of disease and for the disabled The cost of new technologies has added considerably to health care cost intlation which still exceeds the growth rates of most national economies The share of national resources devoted to health care is still rising although at a lesser pace than in the seventies Therefore the use of medical technology confronts us with some of the major dilemmas in society today The routine and intensive use of technology has transformed the most basic interpersonal and social features of medicine It has altered the means through which patient and doctor communicate about illness as well as the content of this communication changed the doctor s relationship to medical colleagues by increasing his dependence on them altered the place and form of practice by creating advantages for the centralization of medical care in complex organizations and created for society new

responsibilities and powers to influence the context and scope of medical practice *Who Shall Live? Health, Economics And Social Choice (2nd Expanded Edition)* Victor R Fuchs, 2011-07-18 Since the first edition of *Who Shall Live* 1974 over 100 000 students teachers physicians and general readers from more than a dozen fields have found this book to be a reader friendly authoritative introduction to economic concepts applied to health and medical care Fuchs provides clear explanations and memorable examples of the importance of the non medical determinants of health the dominant role of physicians in health care expenditures the necessity of choices about health at the individual and societal levels and many other compelling themes Now in a new introduction of some 8 000 words including new tables and figures Fuchs often called the Dean of health economists concisely summarizes the major changes of the past 37 years in health medical care and health policy He focuses primarily on the United States but includes remarks about health policy in other countries and addresses the question of whether national health care systems are becoming more alike In addition to reviewing changes the introduction explains why health expenditures grow so rapidly why health spending in the United States is so much greater than in other countries and what physicians need in order to practice cost effective medicine This second expanded edition also includes recent papers by Fuchs on the economics of aging the socio economic correlates of health the future of health economics and his policy recommendations for the United States to secure universal coverage control of costs and improvement in the quality of care As was true of the first expanded edition 1998 this book will be welcomed by current students and life long learners in economics other social and behavioral sciences medicine public health law business public policy and other fields who want to understand the relation between health economics and social choice **Computer Aid**

in Gastroenterology P. Rozen, F. T. de Dombal, 1984-04-26 **Practical Gastroenterology and Hepatology**, 2011-07-11 This comprehensive resource for fellows trainees and candidates for recertification in gastroenterology summarizes the field in a modern fresh format Prominent experts from around the globe write on their areas of expertise and each chapter follows a uniform structure The focus is on key knowledge with the most important clinical facts highlighted in boxes Color illustrations reinforce the text *Economic Models of Colorectal Cancer Screening in Average-Risk Adults* National Research Council, Institute of Medicine, Policy and Global Affairs, Board on Science, Technology, and Economic Policy, National Cancer Policy Board, 2005-04-11 The National Cancer Policy Board and the Board on Science Engineering and Economic Policy convened a workshop in January 2004 on *Economic Models of Colorectal Cancer CRC Screening in Average Risk Adults* The purpose of the workshop was to explore the reasons for differences among leading cost effectiveness analysis CEA models of CRC screening which public health policy makers increasingly rely on to help them sift through the many choices confronting them Participants discussed the results of a collaborative pre workshop exercise undertaken by five research teams that have developed and maintained comprehensive models of CRC screening in average risk adults to gain insight into each model s structure and assumptions and possible explanations for differences in their

published analyses Workshop participants also examined the current state of knowledge on key inputs to the models with a view toward identifying areas where further research may be warranted This document summarized the presentations and discussion at the workshop *Cost-effectiveness in Health and Medicine* United States. Public Health Service. Panel on Cost-effectiveness in Health and Medicine,1996 **Guide to Clinical Preventive Services** DIANE Publishing Company,1997-03 An exhaustive report on recommended clinical preventive services that should be provided to patients in the course of routine clinical care including screening for vascular neoplastic and infectious diseases and metabolic hematologic ophthalmologic and ontologic prenatal and musculoskeletal disorders Also mental disorders and substance abuse counseling and immunization The majority of deaths below age 65 are preventable This Guide results from the most comprehensive evaluation and synthesis of preventive interventions to date Statistical Methods for Cancer Studies Richard G. Cornell,2020-11-26 This book focuses on public health and epidemiologic aspects of cancer and explores the sources of information concerning the frequency of occurrence of human cancer It describes statistical methods useful in studying problems arising in the field of cancer and its concurrent development **Cost-Effectiveness in Health and Medicine** Marthe R. Gold,Joanna E. Siegel,Louise B. Russell,Milton C. Weinstein,1996-07-18 A unique in depth discussion of the uses and conduct of cost effectiveness analyses CEAs as decision making aids in the health and medical fields this volume is the product of over two years of comprehensive research and deliberation by a multi disciplinary panel of economists ethicists psychometricians and clinicians Exploring cost effectiveness in the context of societal decision making for resource allocation purposes this volume proposes that analysts include a reference case analysis in all CEAs designed to inform resource allocation and puts forth the most explicit set of guidelines together with their rationale ever defined on the conduct of CEAs Important theoretical and practical issues encountered in measuring costs and effectiveness evaluating outcomes discounting and dealing with uncertainty are examined in separate chapters Additional chapters on framing and reporting of CEAs elucidate the purpose of the analysis and the effective communication of its findings Cost Effectiveness in Health and Medicine differs from the available literature in several key aspects Most importantly it represents a consensus on standard methods a feature integral to a CEA whose principal goal is to permit comparisons of the costs and health outcomes of alternative ways of improving health The detailed level at which the discussion is offered is another major distinction of this book since guidelines in journal literature and in CEA related books tend to be rather general to the extent that the analyst is left with little guidance on specific matters The focused overview of the theoretical background underlying areas of controversy and of methodological alternatives and finally the accessible writing style make this volume a top choice on the reading lists of analysts in medicine and public health who wish to improve practice and comparability of CEAs The book will also appeal to decision makers in government managed care and industry who wish to consider the uses and limitations of CEAs

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Table of Contents Screening For Cancer Theory Analysis And Design

1. Understanding the eBook Screening For Cancer Theory Analysis And Design
 - The Rise of Digital Reading Screening For Cancer Theory Analysis And Design
 - Advantages of eBooks Over Traditional Books
2. Identifying Screening For Cancer Theory Analysis And Design
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Screening For Cancer Theory Analysis And Design
 - User-Friendly Interface
4. Exploring eBook Recommendations from Screening For Cancer Theory Analysis And Design
 - Personalized Recommendations
 - Screening For Cancer Theory Analysis And Design User Reviews and Ratings
 - Screening For Cancer Theory Analysis And Design and Bestseller Lists
5. Accessing Screening For Cancer Theory Analysis And Design Free and Paid eBooks
 - Screening For Cancer Theory Analysis And Design Public Domain eBooks
 - Screening For Cancer Theory Analysis And Design eBook Subscription Services
 - Screening For Cancer Theory Analysis And Design Budget-Friendly Options
6. Navigating Screening For Cancer Theory Analysis And Design eBook Formats
 - ePub, PDF, MOBI, and More
 - Screening For Cancer Theory Analysis And Design Compatibility with Devices
 - Screening For Cancer Theory Analysis And Design Enhanced eBook Features
7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Screening For Cancer Theory Analysis And Design
 - Highlighting and Note-Taking Screening For Cancer Theory Analysis And Design
 - Interactive Elements Screening For Cancer Theory Analysis And Design
8. Staying Engaged with Screening For Cancer Theory Analysis And Design

- Joining Online Reading Communities
- Participating in Virtual Book Clubs
- Following Authors and Publishers Screening For Cancer Theory Analysis And Design
- 9. Balancing eBooks and Physical Books Screening For Cancer Theory Analysis And Design
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Screening For Cancer Theory Analysis And Design
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Screening For Cancer Theory Analysis And Design
 - Setting Reading Goals Screening For Cancer Theory Analysis And Design
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Screening For Cancer Theory Analysis And Design
 - Fact-Checking eBook Content of Screening For Cancer Theory Analysis And Design
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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