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Poster 62: Barriers and facilitators to cervical cancer screening among American Indian/Alaska Native individuals aged 50-64 years

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Topic
Cervical

Objectives

American Indian/Alaska Native (AI/AN) individuals experience disproportionately high cervical cancer mortality, with rates up to three times higher among those in the 50-64 age group. Screening participation remains low (~50%). This study assessed cervical cancer screening knowledge and identified key barriers and facilitators to participation.

Methods

A mixed-methods design was used to examine cervical cancer screening knowledge, behaviors, and screening barriers and facilitators among AI/AN individuals. Survey data were summarized using descriptive statistics. Qualitative interviews and focus groups were analyzed using thematic analysis and grounded theory.

Results

Of the 172 screened individuals, 37 individuals had a screening call, and 12 participated in a focus group or interview and were included in the analysis. Most respondents were aware of cervical cancer (92%; n=11), HPV (92%; n=11), and screening tests (83%; n=10). Many recognized it is associated with infection (67%; n=8), potential for early detection (92%; n=11), and can lead to death (83%; n=10). The majority (67%; n=8) were not up-to-date with screening, and 33% (n=4) had never been screened. Knowledge, attitudes, and behaviors varied widely. While some participants were well-informed about the disease, screening guidelines, and the benefits of early detection, others relied on personal beliefs or lacked awareness. Younger participants tended to be more proactive. Screening was often deprioritized, with screening sometimes viewed as selfish rather than a community-wide concern. Barriers operated at multiple levels, including historical trauma, mistrust of healthcare systems, socioeconomic and language challenges, and fragmented care. Facilitators included culturally relevant community-based education, respectful and patient-centered care, trust in providers, convenient access, and community engagement strategies.

Conclusions

Engagement in cervical cancer screening among AI/AN individuals is shaped by multidimensional factors. Increasing participation requires culturally grounded, multi-level interventions that integrate education, improved access, and community-driven approaches, including engagement of trusted tribal elders and leaders.