Evaluation of a Cervical Cancer Screening Intervention for Prison Inmates

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ABSTRACT

Background: Female prison inmates are underscreened and are at higher risk of cervical cancer. The impact of a nurse-led Pap screening intervention was examined, which included information sessions and Pap testing clinics.

Method: Pap screening rates for 650 inmates at the Burnaby Correctional Centre for Women were compared both before and during the 20-week intervention period. These rates were determined by record linkage of Correction Branch inmate records and Cervical Cancer Screening Program patient records. Associations between socio-demographic factors and Pap screening rates were also examined.

Results: A higher proportion of inmates was screened during the intervention period (26.9%) than during the preintervention period (21.0%) (although the difference was not statistically significant ($p=0.06$)). Very short-stay inmates were less frequently screened in the preceding two years before the intervention. Inmates with no high school education and longer lengths of incarceration were significantly more likely to receive Pap testing during the intervention period as compared to the preintervention period.

Conclusion: The nurse-led intervention resulted in a modest improvement in the proportion of inmates receiving Pap screening. Unfortunately, the benefit of the nurse clinician did not reach, to a greater extent, inmates who had not been previously screened or who were inadequately screened. There is need for further work to target this hardest-to-reach group.

La traduction du résumé se trouve à la fin de l'article.

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British Columbia has been a world leader in cervical cancer screening with the establishment of its population-based Cervical Cancer Screening Program in the early 1950s. However, some British Columbian women still suffer morbidity from, and die of, cervical cancer because they do not get regular Pap screening.^{1,2} Recent local initiatives have consulted with, and addressed, underscreened high-risk groups, such as Aboriginal and Chinese populations.³⁻⁵ However, there are no reported cervical cancer screening initiatives among Canadian prisoners.

Female inmates receive Pap screening less frequently, present with more severe abnormalities on screening and at younger ages, as compared to the general population.⁶⁻⁹ Burnaby Correctional Centre for Women housed approximately 1,200 inmates who were serving federal sentences (more than two years, including life sentences), provincial sentences (less than two years) or who are remanded to custody (awaiting sentencing). In 1998, 75% of surveyed Burnaby Correctional Centre for Women inmates said that they would accept Pap screening if it was offered during their incarceration.¹⁰ Pap screening in prisons has been recommended by others.¹¹⁻¹⁴

A Pap screening intervention for Burnaby Correctional Centre for Women inmates was developed, implemented and evaluated in the years 2000 and 2001, with the following goals: to provide inmates with appropriate information regarding the importance of Pap screening; to make Pap testing available to them in a respectful and efficient manner; and to have the screening results communicated to the inmate in a quick and efficient manner. This paper examines the impact of the intervention by comparing proportions of inmates receiving Pap testing both before and during the intervention period.

METHOD

Two time periods, each of 134 days duration, were selected for study: the preintervention period (from January 11 to May 24, 2000) and the intervention period (from October 5, 2000 to February 16, 2001). 847 inmates were incarcerated at Burnaby Correctional Centre for Women at some point during these two periods.

The lag time between the two periods permitted the development and introduction of the intervention, which was based upon the findings of three focus groups of inmates and periodic consultation with the prison inmate advisory committee and with prison staff. The suggestions of the inmates and the prison staff were then incorporated into the intervention design.

The intervention included the establishment of a nurse-led Pap clinic for one-on-one education about cervical cancer and its early detection, Pap testing, reporting of Pap test results and arranging for appropriate treatment. It was made available to all inmates, and clinics were held several times a week, with scheduled appointments for Pap tests and discussion of results. Community follow-up was done for women released from prison. In order to promote awareness of the clinic, the nurse practitioner engaged in a variety of creative activities, such as wearing a plastic pelvic model on her head, offering candy to the women, and “hanging out” in the living units in order to establish rapport and a trust relationship with the inmates.¹⁵

Two databases were linked to determine Pap screening practices for these two periods: British Columbia Ministry of Attorney General, Corrections Branch, inmate records and Cervical Cancer Screening Program patient records. The Cervical Cancer Screening Program maintains a database of all Pap smears taken in British Columbia from 1976 to present. Its patient records contain patient surnames, first and middle given names, date of birth, dates and results of each Pap smear, and the physician's name and clinic where the smear was taken. The Corrections Branch inmate records contain information on socio-demographic characteristics and movements within prison, such as incarceration dates, release dates, and dates for transfers between facilities. Socio-demographic factors included age (≤ 25 years, 26 to 30 years, > 30 years), ethnicity (Caucasian, Aboriginal, other), education (no high school, some high school, grade 12 and higher), type of incarceration (on remand awaiting sentencing, sentenced) and length of incarceration during the relevant period (≤ 5 days, 6 to 30 days, > 30 days).

A number of inmate records had multiple names and aliases, which would increase the likelihood of false matches

TABLE I

Distribution of Socio-demographic Characteristics for Inmates Incarcerated During the Preintervention and Intervention Periods

Factor		Preintervention Period*		Intervention Period*		Difference Between Periods p
		No.	%	No.	%	
Total		357	100.0	376	100.0	—
Age (years)	≤ 25	121	34.0	150	40.0	0.23
	26-30	75	21.1	68	18.1	
	> 30	160	44.9	157	41.9	
Ethnicity	Caucasian	221	61.9	251	67.5	0.29
	Aboriginal	102	28.6	90	24.2	
	Other	34	9.5	31	8.3	
Education	No high school	74	21.0	83	22.2	0.83
	Some high school	233	66.0	247	66.0	
	Grade 12 & higher	46	13.0	44	11.8	
Type of inmate	Remand	143	40.1	169	45.0	0.18
	Sentenced	214	59.9	207	55.1	
Length of incarceration during period (days)	≤ 5	109	30.5	129	34.3	0.41
	6-30	127	35.6	118	31.4	
	> 30	121	33.9	129	34.3	

* Less than 4 cases of missing information as follows: missing values for preintervention and intervention periods respectively, Age (n=1,1); Ethnicity (n=0,4); Education (n=4,4); Type (n=0,0); Length of Incarceration (n=0,0)

TABLE II

Comparison of Proportions of Inmates Receiving Pap Screening by Preintervention and Intervention Periods

	Inmates Incarcerated During the Preintervention Period		Inmates Incarcerated During the Intervention Period		Difference Between Periods
	No.	%	No.	%	p
Pap screening within the preceding 2 years					
All inmates	166/357	46.5	176/376	46.8	0.93
All inmates excluding those incarcerated during both periods	112/274	40.9	124/293	42.3	0.73
Pap screening during the specified period					
All inmates	75/357	21.0	101/376	26.9	0.06
All inmates excluding those incarcerated during both periods	54/274	19.7	70/293	23.9	0.23

when linked with the extremely large Cervical Cancer Screening Registry database. Since the distribution of multiple names in the inmate records decreased at ≥ 5 surnames or ≥ 4 first given names, a judgement decision was made to set this as the cut-off for excluding inmates with aliases. This left 650 inmates eligible for study. Chi-square testing showed that the excluded inmates were more likely to be older ($p=0.01$), Aboriginal ($p<0.001$) and sentenced rather than ‘on remand’ ($p<0.001$) as compared to those in the final study group.

Automatch, a probabilistic record linkage software package,¹⁶ was used to link all eligible Corrections Branch inmate records with all Cervical Cancer Screening Program patient records. Fields matched were the surname, given names and date of birth as they were the only identifying information common to both databases. An exact match was required for date of birth, and a probabilistic match for surnames and given names. Every match identified by Automatch was then individually reviewed by a member of the research team before assigning the matching status.

TABLE III

Proportions and Odds Ratios for Pap Screening Done in the Preceding 2 Years by Age, Ethnicity, Education, Type of Inmate and Length of Incarceration for Inmates Incarcerated During the Intervention Period

Factor		No.	%	Odds Ratios	95% Confidence Interval
Age (years)	≤25	73/150	51.3		
	26-30	36/68	47.1	0.8	0.5-1.5
	>30	90/157	42.7	0.7	0.5-1.1
Ethnicity	Caucasian	118/251	47.0		
	Aboriginal	39/90	43.3	0.9	0.5-1.4
	Other	17/31	54.8	1.4	0.6-2.9
Education	No high school	37/83	55.4	1.5	0.9-2.6
	Some high school	110/247	44.5		
	Grade 12 & higher	24/44	45.5	1.0	0.5-2.0
Type of inmate	Remand	79/169	46.8		
	Sentenced	97/207	46.9	1.0	0.7-1.5
Length of incarceration during intervention period (days)	≤5	50/129	38.8		
	6-30	61/118	51.7	1.7	1.0-2.8
	>30	65/129	50.4	1.6	1.0-2.6

TABLE IV

Proportions and Odds Ratios for Pap Screening During the Intervention Period by Age, Ethnicity, Education, Type of Inmate and Length of Incarceration for Inmates Incarcerated During the Intervention Period

Factor		No.	%	Odds Ratios	95% Confidence Interval
Age (years)	≤25	53/150	35.3		
	26-30	15/68	22.1	0.5	0.3-1.0
	>30	33/157	21.0	0.5	0.3-0.8
Ethnicity	Caucasian	66/251	26.3		
	Aboriginal	29/90	32.2	1.3	0.8-2.3
	Other	5/31	16.1	0.5	0.2-1.5
Education	No high school	30/83	36.1	1.8	1.1-3.2
	Some high school	58/247	23.5		
	Grade 12 & higher	13/44	29.6	1.4	0.7-2.8
Type of inmate	Remand	37/169	21.9		
	Sentenced	64/207	30.9	1.6	1.0-2.5
Length of incarceration during intervention period (days)	≤5	13/129	10.1		
	6-30	36/118	30.5	3.9	2.0-7.8
	>30	52/129	40.3	6.0	3.1-11.8

Age, education, type of inmate and length of incarceration were entered into a logistic regression model. Backward elimination resulted in a final model with:

Age $p=0.005$

Education $p=0.029$

Length of incarceration $p<0.001$

Pap smear records for inmates matched to Cervical Cancer Screening Program patient records were extracted for the time covering the two years prior to the start of the preintervention period (January 11, 1998) until the end of the intervention period (February 16, 2001). Pap screening was analyzed for: Pap tests taken in the two years prior to the start of the specified period, that is from January 11, 1998 to January 10, 2000 for the preintervention period, and from October 5, 1998 to October 4, 2000 for the intervention peri-

od; and Pap tests taken during the specified period, that is during the preintervention period (from January 11 to May 24, 2000) and during the intervention period (from October 5, 2000 to February 16, 2001).

The chi-square test was used to test for differences in the socio-demographic profile of the inmates incarcerated during the preintervention and intervention periods, and to test for differences in the proportion having Pap tests. Out of 650 inmates, 274 were incarcerated in the preinterven-

tion period, 293 in the intervention period, and 83 during both periods. The 83 inmates incarcerated during both periods were included in each period. To test for associations between socio-demographic factors and Pap testing, the analysis was restricted to inmates incarcerated during the intervention period. Odds ratios and confidence intervals were calculated within categories of socio-demographic factors. Logistic regression was used to build models of Pap test uptake which allowed for multiple explanatory variables. Factors with a significance of $p\leq 0.2$ in univariate analysis were entered into the initial model. Backward elimination was used, with criteria set at $p\leq 0.05$ for the model likelihood ratio.

RESULTS

No significant differences were found in the age, ethnicity, education, type and length of incarceration for inmates incarcerated during the preintervention and intervention periods (Table I).

Similar proportions of inmates from both the preintervention and intervention periods were screened during the two years prior to the start of the specified period, being 46.5% and 46.8%, respectively (Table II). However, as for screening during the specified period, a higher proportion of inmates were screened during the intervention period (26.9%, 95% CI: 22.1%, 31.7%) than during the preintervention period (21.0%, 95% CI: 17.0%, 25.7%). The difference was not statistically significant ($p=0.06$). Similar trends in Pap testing, but with lower proportions (23.9% during the preintervention period, 19.7% during the intervention period) were found when restricted to inmates who had been incarcerated in only one of the periods.

Associations between screening rates and socio-demographic factors were then examined for the 376 inmates incarcerated during the intervention period. The only significant factor associated with screening in the two years prior to the intervention period was length of incarceration, with less screening for very short-stay inmates (Table III). Several significant factors were found for Pap screening during the intervention period. Women over age 30 years were less likely to receive a Pap smear during the intervention period. Women with

no high school education and longer lengths of incarceration were significantly more likely to receive a Pap smear during the intervention period (Table IV). On multivariate analysis, age, education and length of incarceration remained significant.

As the recommended date for rescreening may have extended beyond the intervention period for some inmates, the analysis was then restricted to the 180 inmates who were incarcerated during the intervention period and who had not had a Pap test in the preceding 2.5 years. Only 27 (15.0%) of these inmates received Pap testing during the intervention period, a proportion even lower than that found for all inmates. Two factors were found to have a statistically significant association with screening during the intervention: education ($p=0.04$) and length of incarceration during the intervention ($p=0.006$). Inmates with no high school, grade 12 and higher education, and longer lengths of incarceration were significantly more likely to receive a Pap smear. On multivariate analysis, both education and length of incarceration remained significant (data not shown).

DISCUSSION

Prison inmates are generally considered to be a high-risk population for cervical cancer, as reflected by the higher likelihood of cytological abnormality on the Pap smear⁶⁻⁹ and the lower likelihood of having received a recent Pap smear⁸ as compared to the general population. We likewise found that Burnaby Correctional Centre for Women inmates were less likely to be screened, at 47% over a two-year period as compared to 61% over a corresponding 30-month period for the general population.¹⁷ (However, the observed difference in proportions screened might be weaker if the proportions were age adjusted and considered for the same 30-month time period.)

Our screening intervention aimed at improving both education and Pap testing through the services of an empathetic and trained nurse clinician. The intervention resulted in a modest improvement in the proportion of inmates being screened during the intervention period. There were no differences in the socio-demographic characteristics, or in the proportions receiving

Pap screening within the preceding two years, for inmates incarcerated during the intervention and preintervention comparison periods; hence these factors could not explain the observed differences.

Unfortunately, the benefit of the nurse clinician did not reach to a greater extent those inmates who had not been previously screened or who were inadequately screened. As this represents the hardest-to-reach group, there is need for further work to target this group of inmates. Our findings suggested that those inmates with no high school education and with longer lengths of incarceration were more likely to receive Pap screening during this intervention.

The finding that inmates with no high school education were more likely to receive Pap screening, as compared with those with some high school education, surprised us. The reason is unclear. Perhaps these women with no high school education are more responsive to the empathetic interventions of a nurse clinician, or perhaps they are more likely to have been involved in sex-trade work and hence are more likely to seek Pap screening. Alternatively, it could be simply due to small numbers.

This study has the following strengths: it is population-based, as it includes all eligible inmates who were incarcerated over the specified time periods; Pap screening histories were not self-reported but were verified by linkage with the provincial Cervical Cancer Screening Program database.

However, we identify several limitations. First, the linkage strategy required excluding inmates with multiple aliases. Socio-demographic differences were found between the inmates who were included, and excluded, from analysis, due to multiple aliases which could affect the generalizability of the study findings. Second, our analysis may under-reflect Pap screening rates for 'transient' women who might have received screening in other provinces or countries during the study periods, since the Cervical Cancer Screening Program records information only about Pap testing done in British Columbia. Third, Pap screening rates for inmates incarcerated during a specified period did not distinguish between Pap screening done in prison and that which was done in the community after release from prison,

although this likely applies equally to both preintervention and intervention time periods. Fourth, a randomized controlled trial would be a more powerful design; however the authors considered this problematic for a prison health intervention project. (Offering an empathetic nurse clinician's services to only some inmates may be perceived as 'preferential' and lead to unrest.)

In conclusion, the services of an empathetic and trained nurse clinician in providing education, Pap screening and follow-up can result in a modest improvement in the Pap screening rates for prison inmates. Further work is needed to reach those inmates not previously screened or inadequately screened.

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RÉSUMÉ

Contexte : Les femmes détenues, insuffisamment examinées, sont plus vulnérables au cancer du col utérin. Nous avons analysé l'incidence d'une intervention de dépistage par test de Papanicolaou effectuée par une infirmière, qui comprenait des séances d'information et des cliniques d'échantillonnage pour le test de Papanicolaou.

Méthode : Nous avons comparé les taux de dépistage par test de Papanicolaou chez 650 détenues du Centre correctionnel pour femmes de Burnaby avant et durant la période d'intervention de 20 semaines. Ces taux ont été déterminés en couplant les dossiers du Bureau des affaires correctionnelles sur les détenues et les dossiers des patientes du Programme de dépistage du cancer du col de l'utérus. Nous avons également analysé les associations entre les facteurs socio-démographiques et les taux de dépistage par test de Papanicolaou.

Résultats : La proportion de détenues examinées était plus élevée durant la période d'intervention (26,9 %) qu'avant l'intervention (21,0 %) (bien que cette différence ne soit pas significative : $p=0,06$). Les femmes détenues pendant un séjour de très courte durée avaient été examinées moins fréquemment au cours des deux années précédant l'intervention. Les détenues qui n'avaient pas terminé leurs études secondaires et celles incarcérées sur une plus longue période avaient de manière significative plus de chances de subir un test de Papanicolaou durant la période d'intervention qu'avant la période d'intervention.

Conclusion : L'intervention effectuée par une infirmière a donné lieu à une modeste amélioration de la proportion des détenues ayant subi un dépistage par test de Papanicolaou. Malheureusement, l'avantage de l'accès à une infirmière clinicienne ne s'étendait pas, le plus souvent, aux détenues non examinées ou insuffisamment examinées antérieurement. Il faudrait déployer plus d'efforts pour cibler le groupe des détenues le plus difficile à atteindre.

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