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Breast Cancer Screening in Mérida, Yucatán, México

Hospital General Dr. Agustín O'Horan

By working at *Hospital and Clinic General Dr. Agustín O'Horan* (El O'Horan) in Mérida, Yucatán, México made possible by the generosity of American Medical Women's Association (AMWA); I learned about breast cancer screening in México, the healthcare system, and improved my medical spanish and cultural humility.

In 2016, Mérida initiated a population-based cancer registry, with the first four years of data being published in 2022 (Leal et al 2020, 2022). This initiative identified breast cancer as the leading cancer in women (49.3 per 100,000). Given this finding, I observed the *Secretaría de Salud* (Mexican Health Department) breast cancer screening guidelines and implementation process in Mérida. The *Secretaría de Salud* introduced breast cancer screening guidelines in 2003, and decreased the screening frequency guideline from one year to two years in 2011. The *Secretaría de Salud* currently recommends women from the ages of 50 to 69 receive a mammogram every 2 years. The recommendation frequency and starting age align with the United States Preventive Services Task Force (USPSTF) guidelines; however, the cessation age differs, as the USPSTF recommends screening until age 74. Both the *Secretaría de Salud* and USPSTF have additional guidelines for individuals at increased risk for breast cancer.

The healthcare system in México is organized by insurance types, with insurance dictating to which hospitals and clinic patients can go. There are three sectors of medical insurance. Instituto Mexicano de Seguro Social (IMSS) covers private employees and *Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado* (ISSSTE) covers public employees. *Seguro Popular* covers those who do not qualify for IMSS/ISSSTE. Private Insurance covers individuals of higher socioeconomic status who would like to opt out of IMSS/ISSSTE (González, Block et al., 2020). Hospital Agustín O'Horan is the largest public hospital in Yucatán State and caters to individuals with *Seguro Popular* (Yucatan.gob 2022). Its patient population is predominantly of lower socioeconomic status, from rural areas, and/or unemployed.

A recent study published by researchers from University of California San Francisco and the National Cancer Institute of México examined the prevalence of breast cancer screening in México by social security type. Although it found there was an increase in screening across all insurance types from 2003 (when national guidelines were released) to 2012 with minimal change from 2012 to 2018, it found that disparities in screening persisted in individuals insured through *Seguro Popular* (McClellan et al., 2023). Women living in rural areas with lower socioeconomic status had lower mammography prevalence than their peers – the demographic of patients served by El O'Horan.

This finding highlights the importance of promoting mammograms and screening accessibility by local residency programs, such as that of El O'Horan. Furthermore, given the population-based cancer registry identified breast cancer as the leading cancer in women in Mérida, it is crucial to promote early cancer

detection by ensuring access to mammograms for women living in all geographic settings and of all socioeconomic statuses. It was an honor to promote women's health and improve breast cancer screening, diagnosis, and treatment alongside my Meridian colleagues. I look forward to learning more about how the new population-based registry impacts medical practice and public health policy in Mérida. While working at El O'Horan, I collaborated with my Meridian colleagues to promote the AMWA mission of advocating for equity with regard to global women's health.

Furthermore, this experience fortified my medical Spanish and cultural humility. As a practitioner in Phoenix, AZ; many of my patients face a language barrier while navigating our medical system. Although I can converse well using lay medical terms, I have never had the opportunity to formally present a patient to a Spanish-speaking colleague. This experience was both humbling from a language-learner standpoint and incredibly helpful in solidifying my professional medical Spanish vocabulary. As a non-native, fluent Spanish speaker, there are cultural limitations to my communication. Spending time in Mérida allowed me to better understand local beliefs surrounding health care so that I may better serve my patients who immigrate from this area. In fortifying my medical Spanish and cultural understanding, I collaborated with Meridian colleagues to improve the care provided to our shared patient population

In sum, working at O'Horan introduced me to Meridian health care from a public and cultural perspective. How differences in insurance affect the prevalence of breast cancer screening and women's health is powerful. Going forward, promoting accessible breast cancer screening for all women is important both in Mérida, Yucatán, México and in Phoenix, Arizona, United States. I continue to build on my professional medical Spanish and cultural humility. I am incredibly grateful to AMWA for the opportunity to pursue this learning opportunity and to Hospital General Agustín O'Horan for the warm welcome. Thank you.

Images



In front of Hospital General Dr. Agustín O'Horan



Walking to work in the morning



Uxmal, a Mayan UNESCO world heritage site



Standing in front of local accommodation



View of Mérida city streets

References

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