**INTRODUCTION**

Breast cancer is the leading cause of cancer incidence and mortality among Latinas. Latina immigrants also have higher incidence and mortality rates for cervical cancer than Whites. While previous studies have found that Latinas have lower rates of breast and cervical cancer screening compared to Whites, recent data from the National Health Interview Survey (NHIS) indicate these racial/ethnic disparities have attenuated. Using data from the 2008 NHIS, Shi et al found that 75% of Latinas and 77% of Whites ages 21–64 had a Pap smear in the last two years, and 70% of Latinas and 76% of Whites aged >50 had a mammogram in the last two years. However, this positive trend is tempered by more pronounced disparities based on nativity. According to these same data, 79% of US-born women had a recent Pap smear compared to just 60% of foreign-born women who resided in the United States for less than 10 years. Foreign-born Latina immigrants face more barriers accessing health care and screening services than US-born Latinas. Barriers such as lack of health insurance, limited English proficiency, recent arrival to the United States, and procrastination impact Latina immigrants’ access to health care and contribute to lower rates of breast and cervical cancer screening. Additionally, embarrassment, fear of finding cancer, and lack of doctor’s recommendation for screening have been associated with lower rates of Pap smears and mammograms among Latina immigrants. Outreach is often used to promote screening among underserved populations. While theoretically-driven outreach models have demonstrated significant increases in screening, few studies have evaluated such efforts among Latina immigrants. In addition, outreach activities do not routinely address the full continuum of care but rather focus on campaigns to increase awareness about health risks and encourage priority groups to seek health screening services. For certain health conditions, such as cancer, providing education alone to increase screening presents challenges as the priority population may not be connected to sources of care where they can get screened and may not follow through with treating any cancers found due to lack of insurance or financial resources.

This article describes the development and implementation of a theory-based and culturally relevant outreach program to promote breast and cervical cancer screening and provide the entire continuum of care for Latina immigrants. We also evaluate the program’s effectiveness in connecting Latina immigrants to screening services.

**METHODS**

**Program Design**

We conducted our outreach program between 2003 and 2009 in Birmingham, Alabama, an area with a rapidly growing Mexican-origin immigrant population. Community-based participatory research (CBPR) and the Empowerment Model guided the program’s development and implementation. Under this approach, academic