



UC San Diego

Herbert Wertheim School of Public Health and Human Longevity Science

California ACCeSS Study: Assessing Insurance Status and Access to Cervical Cancer Screening among Hispanic Women in California



Mohammed Abdullah and Julia Derunes

UC San Diego Herbert Wertheim School of Public Health and Human Longevity Science

Objective

To determine if there is an association between insurance status and cervical screening rates based on the American Cancer Society (ACS) 2012 cervical screening guidelines among Hispanic women in California.

Introduction

- Cervical cancer is 4th most commonly diagnosed cancer in women.¹
- Regular cervical cancer screenings can detect, prevent, and treat cervical cancer, preventing late-stage diagnoses.^{2,3}
- Hispanic women are disproportionately impacted by cervical cancer and have lower regular screenings rates compared to non-Hispanic white women in the U.S.⁴⁻⁶
- Uninsured/publicly insured women are less likely to get regular cervical screenings compared to insured women.⁶
- There are few studies focusing on the interplay between insurance status, ethnicity, and regular cervical screening rates.⁶⁻¹¹
- 2012 ACS guidelines for cervical screenings:³
 - 21-29 years: Pap test every 3 years
 - 30-65 years: HPV/Pap co-test or Pap only every 3 years

Methods

- We used data from the 2020 Behavioral Risk Factor Surveillance Survey (BRFSS).
 - Phone Interview health survey conducted on adults ≥18 in the U.S. in Spanish and English¹²
- Inclusion criteria: Female, 21-64 years old, no hysterectomy, Hispanic/Latino/Spanish origin, living in California (n=405)
- Exposure: insurance status
 - Have healthcare coverage or insurance? Yes/No¹³
 - Insurance type: Purchased through employer/union, Purchased on your own (self), Medicare, Medicaid or other State plan, others¹³
- Outcome: cervical screening rates
 - Ever had Pap test? Yes or No¹³
 - How long since last Pap test? 1/2/3/4/5+ years¹³
 - Ever had HPV test? Yes or No¹³
 - How long since last HPV test? 1/2/3/4/5+ years¹³
- Demographics: Race, age, ethnicity, sex at birth, hysterectomies, and income¹³
- Analysis: Descriptive statistics and Fischer's exact Chi-Square test

Results

Table 1. Demographic Characteristics of Respondents (N= 405)

Race ^a	N (%)
White	275 (68%)
Black/African American	15 (4%)
American Indian/Alaskan Native	22 (5%)
Asian	4 (1%)
Other Race	64 (16%)
No Preferred Race	1 (<1%)
Ethnicity	
Hispanic, Latino/a, or Spanish	405 (100%)
Age	
18 to 24	53 (13%)
25 to 29	46 (11%)
30 to 34	45 (11%)
35 to 39	60 (15%)
40 to 44	53 (13%)
45 to 49	41 (10%)
50 to 54	40 (10%)
55 to 59	38 (9%)
60 to 64	29 (7%)
Income ^a	
<\$10k	69 (17%)
\$10k to <\$15k	40 (10%)
\$15k to <\$20k	22 (5%)
\$20k to <\$25k	29 (7%)
\$25k to <\$35k	50 (12%)
\$35k to <\$50k	42 (10%)
\$50k to <\$75k	40 (10%)
\$75k or more	79 (20%)

^a Values don't add up to 405 (100%) due to respondents answering "Don't Know/Not Sure" or refused to answer

Fig 1. Cervical Screening Rates among Respondents

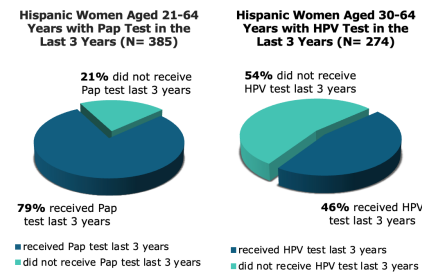
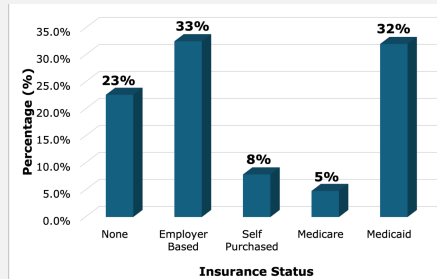


Fig 2. Insurance Distribution among Respondents (N= 393)



Is insurance status associated with regular screening rates?

Fig 3a. Insurance Type vs Women 21-64 Years Having Had a Pap Test In the Last 3 Years (N= 375)

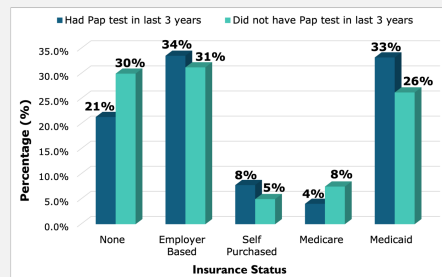
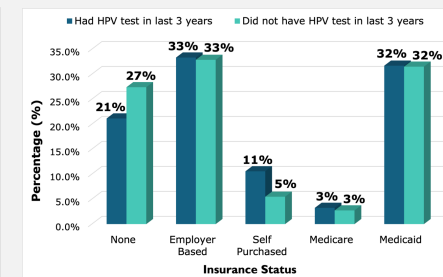


Fig 3b. Insurance Type vs Women 30-64 Years Having Had an HPV Test In the Last 3 Years (N= 269)



NO! There is **no association** between insurance status and Pap testing (p=0.11) or HPV testing (p=0.27) within the last 3 years.

Conclusion

- Over two-thirds of Hispanic women in California were either uninsured or publicly insured (Medicare and Medicaid).
- Insurance status was **not associated** with lower regular cervical cancer screenings every three years among Hispanic women in California.
- Over half of Hispanic women between 30 and 64 years old were not up-to-date (did not have test in the last 3 years) on their HPV tests while only one-fifth of women between 21 and 64 years old were not up to date with their Pap tests.
- This indicates other barriers like lack of knowledge may be preventing Hispanic women from getting up-to-date cervical cancer screenings, especially HPV testing.

Policy Implications

- State programs, like Every Woman Counts (EWC), offering free cervical screening for underserved populations should be maintained to continue bridging cervical screening access gaps between publicly insured/uninsured and privately insured Hispanic women.
- Health education classes discussing cervical cancer, HPV, HPV testing, and Pap testing should be implemented in lower-income communities with large Hispanic populations to improve overall screening rates, especially HPV screening rates.

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References

