



Cervical Cancer & Latin@s: The Fight for Prevention & Health Equity January 2014

Cervical cancer is a highly preventable disease, yet Latin@s* and other women of color still experience disproportionately high rates of cervical cancer and remain more likely to die from this disease than non-Latin@ white women. Latin@s, immigrant women, and women of color face additional barriers such as cost, lack of available clinics, insufficient culturally- and linguistically-competent health systems, and discriminatory immigration policies that make it difficult for individuals and communities to access the routine health care they need to prevent and treat the disease.

In this document, the National Latina Institute for Reproductive Health (NLIRH) provides the latest statistics regarding Latin@s' incidence of cervical cancer and explores the factors that contribute to cervical cancer disparities. We conclude by providing policy recommendations that, if enacted, would narrow racial and ethnic cervical cancer disparities, increase access to routine gynecological care, and improve the health of Latin@s and immigrant women in the United States.

Latin@s Face Disproportionately High Rates of Cervical Cancer – A Largely Preventable Disease

- ☀ Women of color, including Latin@s, disproportionately suffer from and die of cervical cancer – a largely preventable disease.
- ☀ According to the latest statistics from the Centers for Disease Control and Prevention (CDC), Black women have the highest cervical cancer incidence and mortality rates, with Latin@s experiencing the second highest rates of both among all racial and ethnic groups.ⁱ
- ☀ In Texas, cervical cancer incidence and mortality rates are higher for all women, particularly for Latin@s, and wide disparities exist between racial and ethnic groups.ⁱⁱ
- ☀ While fewer people are diagnosed with and die from cervical cancer compared to ten years ago, the gap between white women and women of color has not closed.ⁱⁱⁱ
- ☀ And while Latin@s are screened for cervical cancer at a rate comparable to white women,^{iv} Latin@s' higher incidence and death rates suggest that Latin@s face additional barriers to early detection and treatment.
- ☀ Contrary to common myths, Latin@s and women of color do not experience higher rates of cervical cancer due to more sexual activity. Latin@s face higher rates of diagnosis and death from cervical cancer due to increased barriers to prevention, screening, and treatment.

The Affordable Care Act (ACA) Advances Cervical Cancer Prevention for Latin@s

Expansions in Coverage

- ☀ Latin@s are the most uninsured racial and ethnic group in the United States. In 2012, Latin@s made up 17% of the U.S. population, but represented 32.3% of the uninsured population.^v
- ☀ With the implementation of the Affordable Care Act (ACA), millions of Latin@s will have access to affordable health insurance coverage. As the ACA is fully implemented, Latin@s may experience an 18% increase in health insurance coverage – the largest for any racial and ethnic group.^{vi}

Affordable Cervical Cancer Prevention Tools

- ☀ Under the ACA, women's preventive services are covered at no additional co-pay. This includes cervical cancer screenings (including the Pap and HPV DNA tests) and the vaccine against the Human Papilloma Virus (HPV) – one of the main causes of cervical cancer.^{vii}
- ☀ The ACA also dedicates \$11 billion to community health centers (CHC) over five years to expand operations, improve construction, and support new sites.^{viii} In 2012, over 21 million people received care at federally qualified health centers— and Latin@s represent one-third of all CHC patients.^{ix}

Investments in Eliminating Racial and Ethnic Health Disparities

- ☀ The health reform law also created the Office of Minority Health (OMH) at the U.S. Department of Health and Human Services (HHS) and other HHS agencies to better “lead and coordinate activities that improve the health of racial and ethnic minority populations and eliminate health disparities.”^x One recent OMH initiative aims to combat and prevent cancer, including cervical cancer, among women of color.^{xi}
- ☀ Section 1557 of the ACA prevents discrimination on the basis of race, color, national origin, sex, age, or disability in health programs or activities supported by the federal government.^{xii}

Enhanced Data Collection and Investments in a Diverse and Culturally- and Linguistically-Competent Healthcare Workforce

- ☀ Health reform creates and revitalizes a number of programs to enhance the healthcare workforce in order to better serve our communities, in particular communities of color and those who live in areas with few providers.^{xiii}
- ☀ The ACA provides grants for language and cultural competency training for healthcare workers, as well as incentives and loan repayment plans to help bring more underrepresented groups into health care fields.^{xiv}
- ☀ The ACA requires enhanced data collection on race, ethnicity, sex, primary language, disability status, and for underserved rural populations with the explicit goal of reducing

NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH

50 Broad Street, Suite 1937
New York, NY 10004

1411 K Street NW, Suite 602
Washington, DC 20005

Phone: 212-422-2553 | Fax: 212-422-2556 Phone: 202-621-1435 | Fax: 202-621-1427

www.latinainstitute.org

Page 2 of 7

health disparities.^{xv} Additionally, HHS has proposed new data standards on sexual orientation and gender identity to better understand the challenges and opportunities for improving the health of lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals.

Latin@s Continue to Face Barriers to Cervical Cancer Screening, Treatment & Prevention

Persistent Barriers to Affordable Health Insurance Coverage

- ❁ Despite the expansions in coverage for Latin@s under the ACA, the health reform law prohibits undocumented immigrants from participating in the new health insurance marketplaces. Undocumented immigrants continue to be barred from most federal health coverage programs.
- ❁ The ACA also does not lift existing restrictions on lawfully present immigrants' eligibility for affordable and public health insurance programs like Medicaid. And in a 2012 decision by the U.S. Department of Health and Human Services (HHS), those granted Deferred Action for Childhood Arrivals (DACA) are barred from most federal health coverage programs.^{xvi}
- ❁ These federal and state policies compound barriers to affordable health coverage and care, since immigrant Latin@s face limited access to employer-sponsored and private health insurance.^{xvii}
- ❁ The ACA requires states to expand their Medicaid programs to enable low-income adults to participate in this cost-effective health coverage program, a provisions which would provide health coverage for 3.1 million Latin@s.^{xviii} However, a 2012 Supreme Court decision made this provision optional for states. And states with high Latin@ populations, including Texas and Florida, have not yet expanded their Medicaid programs, leaving large gaps in coverage for Latin@s.^{xix}

Lack of Culturally- and Linguistically-Competent Health Systems

- ❁ Latin@s may face discrimination and bias from providers and health systems due to their race and ethnicity, immigration status, primary language, citizenship status, sexual orientation and/or gender identity. Latin@s who fear discrimination and bias may be less likely to seek the routine care necessary to prevent and treat cervical cancer.^{xx}
- ❁ Latin@s are underrepresented in medical professions. While Latinas are part of one of the fastest-growing demographics, they represented only 3.8% of medical school graduates in 2011.^{xxi}
- ❁ Latin@s represent many cultures and speak many languages. Our current health systems do not adequately provide services and information in the languages Latin@s speak and in ways that resonate with their culture.
- ❁ Despite the tremendous gains of the ACA to enhance culturally and linguistically-competent care and to expand and diversify the healthcare workforce, additional policies, investments, and resources are needed to address remaining gaps.

NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH

50 Broad Street, Suite 1937
New York, NY 10004

1411 K Street NW, Suite 602
Washington, DC 20005

Phone: 212-422-2553 | Fax: 212-422-2556 Phone: 202-621-1435 | Fax: 202-621-1427

www.latinainstitute.org

Discriminatory Immigration Policies

- ☀ In addition to the barriers imposed on immigrants' access to affordable health care, detention and deportation policies and practices impose barriers by instilling fear in immigrant communities and deterring immigrant women from seeking safety-net health care services at community health centers and emergency rooms.^{xxii}
- ☀ A patchwork of current immigration policies penalize the use of certain public services, including health care, and discourage immigrant women from seeking health care services for which they are eligible.^{xxiii}

Cuts to Federal and State Safety-Net Programs

- ☀ Several states have cut safety-net programs in recent years, a phenomenon which is devastating for Latin@s and immigrant women and families who rely on these programs for health care and cervical cancer prevention. For example, in 2011 and 2012 the state of Texas defunded its Women's Health Program, decimating the reproductive health safety net and leaving thousands of Latin@s and immigrant women without an affordable primary source of care.^{xxiv}
- ☀ Title X, the only federally-funded family planning program, has experienced cuts over the past several years, despite an increase in demand.^{xxv} For example, in fiscal year (FY) 2013, the Title X program experienced a cut of \$14.9 million.^{xxvi}
- ☀ While the ACA increases funding for community health centers, the law also cuts funding for Disproportionate Share Hospitals, which provide services to low-income and uninsured patients.^{xxvii} These cuts will impact immigrant Latin@s, who were largely excluded from many of the expanded health coverage options under the ACA.

NLIRH Policy Recommendations for Cervical Cancer Prevention

NLIRH Urges Congress & State Governments to:

- ☀ Fully fund and implement the Affordable Care Act (ACA), including Medicaid expansion in the states. Approximately half of all states have not yet decided to expand their Medicaid programs. Failure to expand Medicaid will leave critical gaps in coverage for Latin@s. Additionally, we urge Congress to fully fund Community Health Centers (CHCs), which provide vital care for Latin@s, particularly immigrant and LGBTQ Latin@s, who are more likely to be uninsured for health care;
- ☀ Remove arbitrary condition-based exclusions from states' essential health benefits standards, which will undermine cervical cancer prevention for LGBTQ Latin@s. As the ACA stands now, most states that have publicly-reported benchmark selections have chosen health plans containing transgender-specific exclusions. These exclusions often deny a wide range of services to trans individuals, including preventive care.

NLIRH Urges Congress & the Administration to:

NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH
50 Broad Street, Suite 1937 1411 K Street NW, Suite 602
New York, NY 10004 Washington, DC 20005
Phone: 212-422-2553 | Fax: 212-422-2556 Phone: 202-621-1435 | Fax: 202-621-1427

www.latinainstitute.org

- ☀ **Support the Health Equity and Accountability Act**, which builds upon the foundation established in the ACA to further reduce racial and ethnic health disparities by removing remaining gaps in coverage, expanding culturally- and linguistically-competent health care, improving data collection, and providing additional resources to fight high-impact minority diseases like cancer;
- ☀ **Increase funding for Title X Family Planning Programs to \$337 million for Fiscal Year (FY) 2015.** Title X, the only federally-funded family planning program, provides cervical cancer screenings and STI counseling and education for millions of men and women every year. In 2009, Title X-supported health clinics performed 2.2 million Pap tests and served 5.2 million low-income patients, 28% of whom identify as Latin@;^{xxviii}
- ☀ **Enact just and humane reforms to immigration policies that advance the health of immigrant communities.** Immigration policies place barriers to affordable health care for immigrant Latin@s, who already face high rates of uninsurance and other barriers to care. Congress must advance immigrant equity in health by lifting the five-year bar on lawfully present immigrants' eligibility for federal means-tested programs (including the Medicaid program) and expanding immigrant access to health plans offered on the exchanges created under the ACA;
- ☀ **Ensure *all* transgender persons can access the preventive health services made available under the Women's Health Amendment to the ACA.** These services include: contraception, mammograms, cervical cancer screenings, prenatal care, and others.

** Note: The authors of this fact sheet, conscious of the importance of gender equality in the production of educational materials in the English language, have incorporated neutral terms throughout this document. Specifically, we have used the "@" sign to represent the diversity of our community and to include persons who do not conform to traditional gender identities.*

REFERENCES

-
- ⁱ Centers for Disease Control and Prevention. Cervical Cancer Rates by Race and Ethnicity. August 12, 2013. Available at <http://www.cdc.gov/cancer/cervical/statistics/race.htm> / Accessed on January 6, 2014.
- ⁱⁱ National Latina Institute for Reproductive Health. Latinas and Cervical Cancer in Texas: A Public Health Crisis. January 2013. Available at <http://latinainstitute.org/sites/default/files/publications/fact-sheets/Latinas-and-Cervical-Cancer-in-Texas-NLIRH-Fact-Sheet-January-2013.pdf> / Accessed on January 7, 2014.
- ⁱⁱⁱ Ibid.
- ^{iv} Centers for Disease Control and Prevention. Cervical Cancer Screening Rates. September 17, 2012. Available at <http://www.cdc.gov/cancer/cervical/statistics/screening.htm> / Accessed on January 6, 2014.
- ^v DeNavas-Walt C, Proctor B, Smith J. U.S. Census Bureau, Current Population Reports, P60-245, Income, Poverty, and Health Insurance Coverage in the United States: 2012, U.S. Government Printing Office, Washington, DC, 2013. Available at <http://www.census.gov/prod/2013pubs/p60-245.pdf> / Accessed on January 16, 2014.

NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH

50 Broad Street, Suite 1937 1411 K Street NW, Suite 602
 New York, NY 10004 Washington, DC 20005
 Phone: 212-422-2553 | Fax: 212-422-2556 Phone: 202-621-1435 | Fax: 202-621-1427

www.latinainstitute.org

- ^{vi} Ryan KD. Health Care Reform 2012: A Profile of Latino Health Insurance Gains under the Affordable Care Act. Washington, D.C.: National Council of La Raza; 2012: 1. Available at: <http://www.nclr.org/images/uploads/publications/profilelatinoinurancegains.pdf> / Accessed on August 19, 2013.
- ^{vii} U.S. Department of Health and Human Services. Health Resources and Services Administration. Women's Preventive Services Guidelines. Available at <http://www.hrsa.gov/womensguidelines/> Accessed on January 6, 2014.
- ^{viii} Health Resources and Services Administration. The Affordable Care Act and Health Centers. Available at <http://bphc.hrsa.gov/about/healthcenterfactsheet.pdf> . Accessed on December 6, 2013.
- ^{ix} U.S. Department of Health and Human Services. The Affordable Care Act and Latinos. <http://www.hhs.gov/healthcare/facts/factsheets/2012/04/aca-and-latinos04102012a.html> / Accessed on August 19, 2013.
- ^x U.S. Department of Health and Human Services, Office of Minority Health. Offices of Minority Health. September 10, 2012. Available at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=1&lvlID=45> / Accessed on January 8, 2014.
- ^{xi} U.S. Department of Health and Human Services. 'Reducing Cancer Among Women of Color' App Challenge. October 3, 2012. Available at <http://www.hhs.gov/digitalstrategy/blog/2012/10/reducing-cancer-among-women-color-app-challenge.html> / Accessed on January 8, 2014.
- ^{xii} U.S. Department of Health and Human Services, Office of Civil Rights. Section 1557 of the Patient Protection and Affordable Care Act. Available at <http://www.hhs.gov/ocr/civilrights/understanding/section1557/index.html> / Accessed on January 9, 2014.
- ^{xiii} Robert Wood Johnson Foundation. Issue Brief: How will the Affordable Care Act help diversify the healthcare workforce? December 2011. Available at http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf71998 / Accessed on January 9, 2014.
- ^{xiv} American Cancer Society, Cancer Action Network. Affordable Care Act: Cultural Competency. September 2010. Available at <http://acscan.org/pdf/healthcare/implementation/factsheets/hcr-cultural-compentency.pdf> / Accessed on January 9, 2014.
- ^{xv} The U.S. Department of Health and Human Services. News Release: Affordable Care Act to improve data collection, reduce health disparities. June 29, 2011. Available at <http://www.hhs.gov/news/press/2011pres/06/20110629a.html> / Accessed on January 8, 2014.
- ^{xvi} National Latina Institute for Reproductive Health. Deferred Action for Childhood Arrivals and Reproductive Justice. October 2012. Available at <http://latinainstitute.org/publications/Deferred-Action-for-Childhood-Arrivals-DACA-and-Reproductive-Justice> / Accessed on January 9, 2014.
- ^{xvii} For example, 66% of non-citizen Latinas do not have access to employer-sponsored coverage and in 2011, 45% of all immigrant Latina (and 55% of non-citizen Latinas) in the U.S. were uninsured for health care. Labor Council for Latin American Advancement (LCLAA). Trabajadoras: Challenges and Conditions of Latina Workers in the United States. March 2012. Available at <http://www.lclaa.org/index.php/campaigns/trabajadoras> / Accessed on October 8, 2012.
- ^{xviii} Ryan KD. Health Care Reform 2012: A Profile of Latino Health Insurance Gains under the Affordable Care Act. Washington, D.C.: National Council of La Raza; 2012: 1. Available at: <http://www.nclr.org/images/uploads/publications/profilelatinoinurancegains.pdf> / Accessed on August 19, 2013.
- ^{xix} The Henry J. Kaiser Family Foundation. Status of State Action on the Medicaid Expansion Decision, as of December 11, 2013. Available at <http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/> Accessed on January 9, 2014.
- ^{xx} For example, in a national survey of the transgender community, 23% of Latin@ respondents reported they were refused care and 36% of Latin@ respondents indicated they postponed medical care when they were sick or injured due to fear of discrimination or bias. League of United Latin American Citizens, National Center for Transgender Equality, National Gay and Lesbian Task Force. Injustice at Every Turn: A Report of the National Transgender Discrimination Survey, A Look at Latino/Latina Respondent. April 18, 2012. Available at http://www.thetaskforce.org/reports_and_research/ntds_latino_a_respondents / Accessed on January 6, 2014.
- ^{xxi} Association of American Medical Colleges. Table 29: Total U.S. Medical School Graduates by Race and Ethnicity within Sex, 2002-2011. Available at <https://www.aamc.org/download/147312/data/table29-gradsraceeth0211.pdf> / Accessed on January 16, 2013.

NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH

50 Broad Street, Suite 1937
New York, NY 10004

1411 K Street NW, Suite 602
Washington, DC 20005

Phone: 212-422-2553 | Fax: 212-422-2556 Phone: 202-621-1435 | Fax: 202-621-1427

www.latinainstitute.org

^{xxii} In the Rio Grande Valley in Texas, recent cuts in services, combined with increased immigration enforcement, have dramatically limited Latinas' and immigrant women's access to reproductive health care. Center for Reproductive Rights, National Latina Institute for Reproductive Health. *Nuestra Voz, Nuestra Salud, Nuestro Texas: The Fight for Women's Reproductive Health in the Rio Grande Valley*. November 2013. Available at <http://www.nuestrotexas.org/resources/> Accessed on January 6, 2014.

^{xxiii} Huang P. Anchor Babies, Over-Breeders, and the Population Bomb: The Reemergence of Nativism and Population Control in Anti-Immigration Policies. *Harvard Law Review*. Vol 2: 2008. Available at: http://www.hlpronline.com/Huang_HLPR.pdf / Accessed on January 10, 2013.

^{xxiv} Center for Reproductive Rights, National Latina Institute for Reproductive Health. *Nuestra Voz, Nuestra Salud, Nuestro Texas: The Fight for Women's Reproductive Health in the Rio Grande Valley*. November 2013. Available at <http://www.nuestrotexas.org/resources/> Accessed on January 6, 2014.

^{xxv} National Family Planning and Reproductive Health Association. *Title X Fact Sheet: Protecting Access to Family Planning for Poor and Low-Income Americans*. April 2013. Available at <http://www.nationalfamilyplanning.org/document.doc?id=499> / Accessed on January 6, 2014.

^{xxvi} National Family Planning and Reproductive Health Association. *Title X: Budget and Appropriations*. Available at <http://www.nationalfamilyplanning.org/page.aspx?pid=479> / Accessed on January 6, 2014.

^{xxvii} National Association of Public Hospitals and Health Systems. *NAPH Members Urge Congress to Reconsider Medicaid DSH Cuts*. March 2013. Available at <http://www.naph.org/Homepage-Sections/Advocate/Disproportionate-Share-Hospital-%28DSH%29-Payments/Safety-Net-Hospitals-Urge-Congress-to-Reconsider-Medicaid-DSH-Cuts.aspx?FT=.pdf> . Accessed on December 8, 2013.

^{xxviii} Coleman C. *The Role of Family Planning Providers/Networks in STD Prevention and Treatment. Sexually Transmitted Diseases: Strengthening the Federal Response to a National Epidemic*. The National Family Planning and Reproductive Health Association. April 28, 2011. Available at <http://www.nationalfamilyplanning.org/document.doc?id=198> / Accessed on January 6, 2014.

NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH

50 Broad Street, Suite 1937
New York, NY 10004

1411 K Street NW, Suite 602
Washington, DC 20005

Phone: 212-422-2553 | Fax: 212-422-2556 | Phone: 202-621-1435 | Fax: 202-621-1427

www.latinainstitute.org