

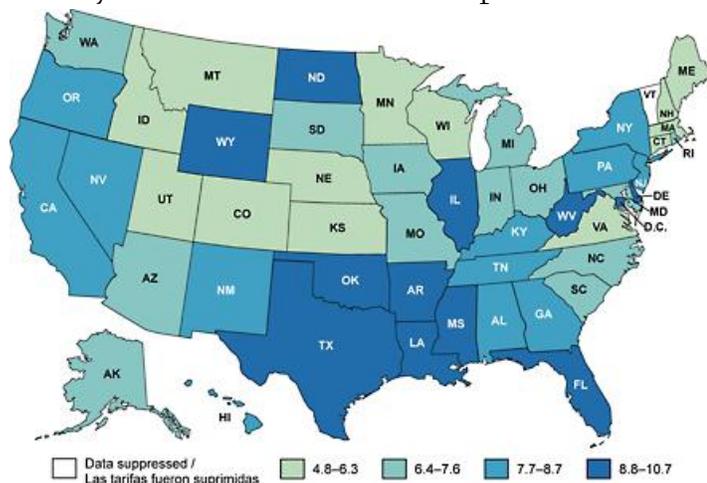


Latinas and Cervical Cancer in Texas: A Public Health Crisis January 2013

Texas Fares Worse than Nation in Cervical Cancer; Latinas Disproportionately Affected

Nationwide, Latinas have the **highest incidence of cervical cancer** among all racial and ethnic groups, and the second highest mortality rates after Black women. Latinas disproportionately suffer from the disease, as they are approximately 1.5 times more likely to be diagnosed with, and 1.4 times more likely to die of, cervical cancer than white women.ⁱ Unfortunately, the situation is worse for all women in Texas, but particularly for Latinas, whose rates of cervical cancer incidence and mortality are higher compared to Latinas nationwide and compared to their non-Latina peers.

- ☀ The incidence of cervical cancer is approximately 19% higher in Texas than the national average. In Texas, Latinas have the highest incidence of cervical cancer and are 1.4 times more likely than white Texans to contract the disease. For Latinas, the rate of cervical cancer incidence in Texas is 11% higher than the national average for Latinas.ⁱⁱ
- ☀ Deaths from cervical cancer are higher in Texas compared to national averages. Every year, 2.4 women per 100,000 die of cervical cancer in the U.S. In Texas, the number is 2.9, representing a nearly 21% increase over the national rates.ⁱⁱⁱ For Latinas in Texas, the rate is even higher 3.8 per 100,000. Latinas in Texas are nearly 36% more likely to die of cervical cancer than white Texans, and 26% more likely to die of cervical cancer compared to Latinas nationally.^{iv}



Cervical Cancer Incidence Rates* by State, 2008†

*Rates are per 100,000 and are age-adjusted to the 2000 U.S. standard population. Rates are suppressed if fewer than 16 cases were reported in a state. †Source: U.S. Cancer Statistics Working Group. [United States Cancer Statistics: 1999–2008 Incidence and Mortality Web-based Report](#). Atlanta (GA): Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute; 2012.

Available at: <http://www.cdc.gov/uscs>.

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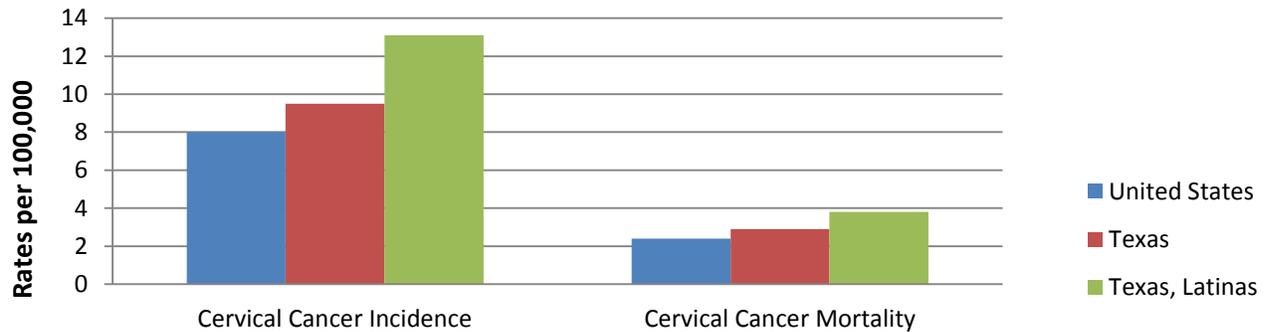
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Latinas Disproportionately Impacted by Cervical Cancer



Cervical Cancer Incidence and Mortality, 2005-2009

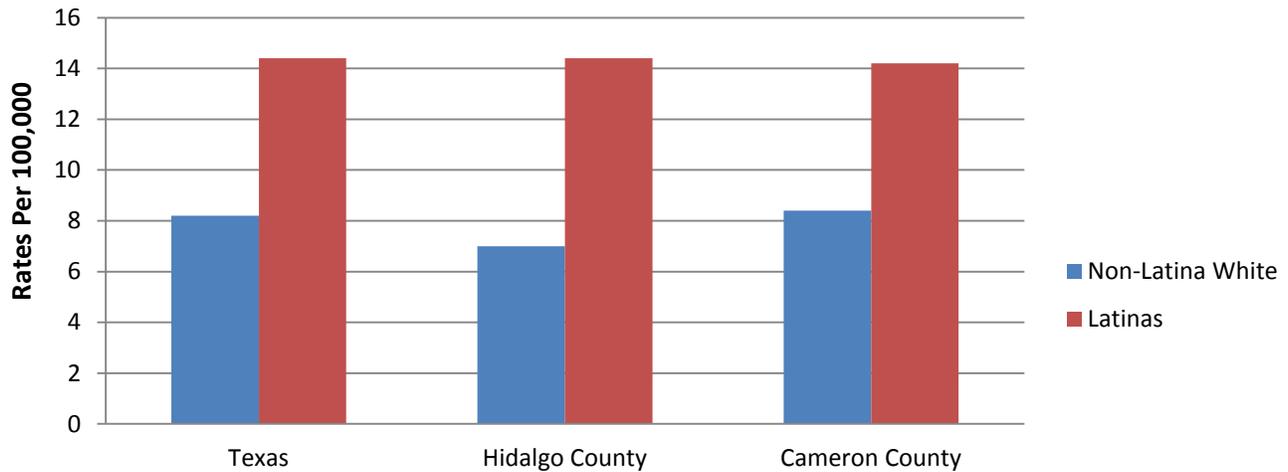
Data from the U.S. Centers for Disease Control and Prevention (CDC) for the years 2005-2009. Data is age-adjusted to the 2000 U.S. Standard Population. "Latina" is not mutually exclusive from other races.

Cervical Cancer Disparities Wide Along the Border and Rural Counties

- ❁ Women living in counties bordering the Texas-Mexico border, counties which also have high Latina populations, are 31% more likely to die of cervical cancer compared to women living in non-border counties.^v
- ❁ From 1997-2006 the incidence and mortality rates of cervical cancer were higher in rural counties compared to urban counties.^{vi}
- ❁ In Hidalgo County, one of the four counties comprising the Lower Rio Grande Valley where 90% of residents are Latino,^{vii} the incidence of *invasive* cervical cancer (or cancer that starts in the cervix and spreads) for Latinas is more than double the rate for non-Latina whites women (14.4 per 100,000 versus 7.0 per 100,000).^{viii}
- ❁ In Cameron County, the rate of cervical cancer deaths for Latinas is 4.8 per 100,000 or twice the state-wide rate for non-Latina white women (2.4 per 100,000).^{ix}



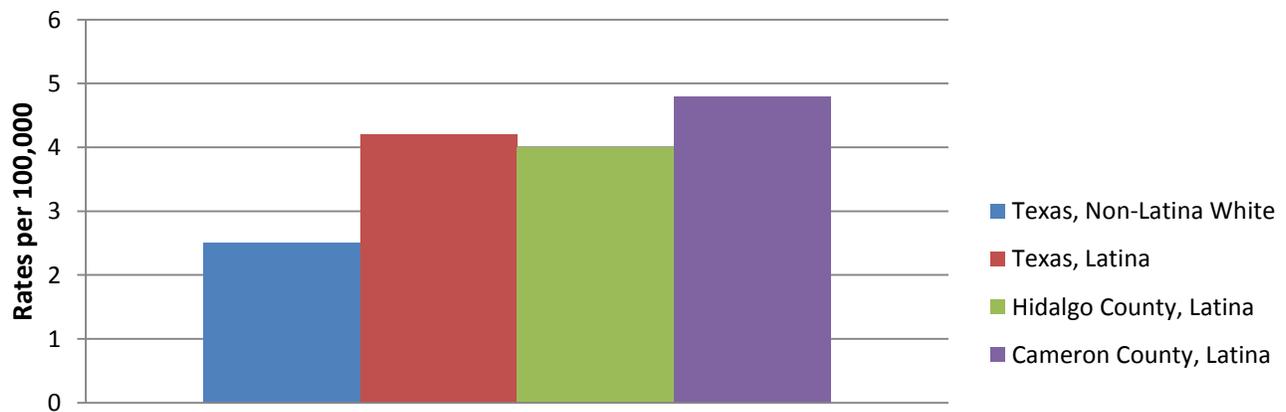
Wide Disparities in Invasive Cervical Cancer Incidence in Texas, Lower Rio Grande Valley Counties



Invasive Cervical Cancer Incidence 2000-2009

Data from the Texas Cancer Registry. Rates are age-adjusted to the 2000 U.S. Standard Population. Veterans Health Administration and military hospital reporting is incomplete for 2008-2009 Texas Cancer Registry

Wide Disparities in Invasive Cervical Cancer Deaths in Texas, Lower Rio Grande Valley Counties



Invasive Cervical Cancer Mortality Rates, 2000-2009

Data from the Texas Cancer Registry. Rates are age-adjusted to the 2000 U.S. Standard Population. Veterans Health Administration and military hospital reporting is incomplete for 2008-2009 Texas Cancer Registry (TCR) cancer cases. Data available at <http://>



Access to Coverage

- ☀ While Latinos made up 36.9% of the population in Texas in 2009, they represented 58.1% of the uninsured population.^x
- ☀ Latinas are less likely than other groups to have access to employer-sponsored health coverage or private plans. This is particularly true for immigrant Latinas, of whom 66% do not have access to employer-sponsored coverage.^{xi}
- ☀ Additionally, barriers to public health insurance, like the five-year bar on access to Medicaid for immigrants, put cervical cancer prevention out of reach for many Latinas.

Culturally- and Linguistically-Competent Health Care

- ☀ Latinas 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. Latinas who fear discrimination and bias may be less likely to seek care.
- ☀ Latinas are underrepresented in the medical professions. While Latinas are part of the fastest-growing demographic, they represented only 3.7% of medical school graduates in 2011.^{xii}
- ☀ Latinas represent many cultures and speak many languages. Our current health systems do not adequately provide services and information in the languages Latinas speak and in ways that resonate with their culture.

Immigration Status and Policies

- ☀ In 2011, 45% of all immigrant Latina in the U.S. were uninsured for health care.^{xiii}
- ☀ Detention and deportation policies and practices instill fear in immigrant communities and deter immigrant women from seeking health care services.
- ☀ 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 they are eligible for.^{xiv}

Latinas in the Lower Rio Grande Valley (LRGV) & the Texas Women's Health Program

Latinas in the Rio Grande Valley experience face additional barriers to care, including lack of transportation infrastructure^{xv} and fewer health care providers in rural areas. Yet in 2011, Governor Rick Perry signed into law a bill that excludes Planned Parenthood from the Texas Women's Health Program (WHP), funded by both state and federal funds, in violation of federal law. As a result, the U.S. Department of Health and Human Services, which provided 90% of the funding for the program,^{xvi} announced they could no longer support the WHP, representing a \$35 million loss of funds.^{xvii} And while Texas argues that the state will be able to make up for lost federal funding, thousands of Latinas are at risk of losing their regular source of care, which is critical to preventing cervical cancer.



Policy Recommendations for Reducing Cervical Cancer Disparities in Texas

No woman should suffer from cervical cancer, let alone die of the disease. Cervical cancer is almost entirely preventable with regular Pap tests, the HPV test, and a provider's monitoring and treatment of precancerous changes to the cells of a cervix. The HPV vaccines for women and men (both Gardasil® and Cervarix®) are also effective tools in the prevention of cervical cancer. Even when the disease is not prevented, it progresses very slowly and is highly treatable when detected early. Unfortunately, access to these highly-effective health care tools and technologies is out of reach for too many Latinas, including Latinas in Texas and particularly those living in the Lower Rio Grande Valley and rural areas.

Studies show that cervical cancer screening for Latinas is facilitated by information and education, low-cost or free tests, and supportive physicians and friends.^{xviii} Below are policy recommendations that states, in conjunction with federal policies and programs, can implement to reduce cervical cancer incidence, mortality, and disparities:

- ☀ Expand access to meaningful health insurance coverage through private health insurance, Medicaid, Medicare and the Children's Health Insurance Program (CHIP), and implementation of the Affordable Care Act (ACA) including establishment of the Affordable Insurance Exchanges.
- ☀ Remove barriers to health insurance and health care services for all immigrants, including the imposed five-year bar on access to mean-tested benefits under Medicaid.
- ☀ Invest in quality improvement of health care by establishing a pipeline for Latina health care professionals by: enhancing data collection on health disparities in cervical cancer and on the health care needs of medically-underserved populations, including Latinas and LGBTQ Latinas; enhancing culturally- and linguistically-appropriate service (CLAS) standards with a particular attention towards enhancing providers' competency on immigrant, Latino, and LGBTQ populations; and investing in health information technology (HIT).
- ☀ Expand the availability of community health centers, rural health centers, and primary and preventive health clinics in medically-underserved counties and where Latinas live.
- ☀ Restore federal funding for the Texas Women's Health Program.

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ⁱ Data was generated using statistics from the U.S. Centers for Disease Control and Prevention's U.S. Cancer Statistics for the years 2005-2009. Data can be accessed at http://apps.nccd.cdc.gov/DCPC_INCA/DCPC_INCA.aspx. Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population (19 age groups – Census P25–1130). Data are from selected statewide and metropolitan area cancer registries that meet the data quality criteria for all invasive cancer sites combined. [See registry-specific data quality information](#). Rates cover approximately 100% of the U.S. population. Invasive cancers only. Hispanic origin is not mutually exclusive from race categories (white, black, Asian/Pacific Islander, American Indian/Alaska Native).

ⁱⁱ Ibid.

ⁱⁱⁱ Ibid.



^{iv} Ibid.

^v Cancer Prevention and Research Institute of Texas. Cervical Cancer in Texas: A Closer Look. Revised January 4, 2010. Available at http://www.cprit.state.tx.us/images/uploads/report_cervical_a_closer_look.pdf. Accessed on June 12, 2012.

^{vi} Ibid.

^{vii} U.S. Census Bureau. Hidalgo County, Texas. Available at <http://quickfacts.census.gov/qfd/states/48/48215.html>. Accessed on June 12, 2012.

^{viii} Data was generated for the years 2000-2009 from the Texas Cancer Registry. Note that Veterans Health Administration and military hospital reporting is incomplete for 2008-2009 Texas Cancer Registry (TCR) cancer cases. Therefore, case counts and incidence rates in 2008-2009 are underestimated and should be interpreted with caution. Data is age adjusted to the 2000 U.S. Standard Population. Available at www.cancer-rates.info. Accessed on June 12, 2012.

^{ix} Ibid.

^x National Council of La Raza. Where We Stand: The State of Hispanic Health Coverage. Available at <http://www.familiesusa.org/conference/health-action-2011/speaker-materials/Fact-Sheet-on-Uninsurance-by-State-2009-ngandu.pdf>. Accessed on June 12, 2012.

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^{xii} Association of American Medical Colleges. Table 29: Total U.S. Medical School Graduates by Race and Ethnicity within Sex, 2002-2011 Available online at <https://www.aamc.org/download/147312/data/table29-gradsraceeth0211.pdf>. Accessed on January 16, 2013.

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^{xviii} Ibid.