



## **CERVICAL CANCER & LATINXS\*: THE FIGHT FOR PREVENTION & HEALTH EQUITY**

Cervical cancer is highly preventable, yet women of color, including Latinxs, remain more likely to suffer and die from this disease than non-Latinx white women. Unfortunately, Latinxs, immigrant women, and women of color face systemic 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 healthcare they need to prevent and treat the disease.

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

### **LATINXS FACE DISPROPORTIONATELY HIGH RATES OF CERVICAL CANCER – A LARGELY PREVENTABLE DISEASE**

- Women of color, including Latinxs, disproportionately suffer and die from cervical cancer – a largely preventable disease.
- According to the latest statistics from the Centers for Disease Control and Prevention (CDC), Latinas have the highest cervical cancer incidence rates and black women experience the highest mortality rates.<sup>1</sup>
- While fewer people are diagnosed with and die from cervical cancer compared to ten years ago, the gap between white women and Black women and Latinas has not closed.<sup>2</sup>
- As many as 80 percent of deaths from cervical cancer could be prevented by regular screening coupled with adequate patient follow up and treatment.<sup>3</sup>
- In 2013, 77 percent of Latinas were current with their cervical cancer screenings in comparison to 83 percent of white women.<sup>4</sup>
- Lesbian Latinxs may disproportionately experience cervical cancer due to health factors associated with overall poor health and lack of information regarding reproductive healthcare.<sup>5</sup> Transgender and gender non-conforming Latinxs with cervixes may disproportionately experience cervical cancer given that Latinas overall experience high rates of cervical cancer incidence.
- Contrary to common myths, Latinxs and women of color do not experience higher rates of cervical cancer due to frequent sexual activity. Latinxs experience persistent systemic barriers to cervical cancer prevention, screening, and treatment.

### **THE AFFORDABLE CARE ACT (ACA) ADVANCES CERVICAL CANCER PREVENTION FOR LATINXS**

#### **Expansions in Coverage**

- Under the ACA, Latinxs now have greater access to public and private insurance due to the expansion of the Medicaid programs, tax credits for insurance offered on the Health Insurance Marketplaces, and expansions in coverage for young people.
- For decades, Latinxs have been the most uninsured racial and ethnic group. Because of the ACA, over 4 million Latinx individuals have gained health insurance, lowering the uninsurance rate of the Latinx community from over 40 percent to about 31 percent.<sup>6</sup>
- 913,000 young Latinxs are insured due to an ACA provision which allows young adults to remain on their parents' insurance plans until the age of 26.<sup>7</sup>

#### **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.<sup>8</sup> In fact, cancer researchers have found that women under the age of 26 have been diagnosed at earlier stages of cervical cancer due to their ability to gain coverage under the ACA,<sup>9</sup> giving these women a better chance to overcome cervical cancer.
- The ACA also dedicates \$11 billion to community health centers (CHC) over five years to expand operations, improve construction, and support new sites. Twenty-four million people receive care at federally qualified health centers— and in 2014, 34 percent of Latinxs received care at these centers.<sup>11</sup>



## Investments in Eliminating Racial and Ethnic Health Disparities

- The ACA also reauthorized the Office of Minority Health (OMH) at the U.S. Department of Health and Human Services (HHS) whose mission is to “improve the health of racial and ethnic minority populations through the development of health policies and programs that will eliminate health disparities.”<sup>12</sup>
- The National Cancer Institute has funded 23 community networks program centers which increase access to and use of preventive screenings, diagnosis, and treatment in racial and ethnic communities and mentor and train researchers from underrepresented backgrounds.<sup>13</sup>
- Section 1557 of the ACA prevents discrimination on the basis of race, color, national origin, sex, including gender identity, age, or disability in health programs or activities supported by the federal government.<sup>14</sup>

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

- The ACA creates and expands 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.<sup>15</sup>
- 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 healthcare fields.<sup>16</sup>
- The ACA requires enhanced data collection on race, ethnicity, sex, primary language, and disability status in national, federal data collection efforts with the explicit goal of reducing health disparities.<sup>17</sup> Additionally, the ACA allows HHS to collect other demographic information such as sexual orientation and gender identity which will improve the health of LGBTQ individuals.<sup>18</sup>

## LATINXS CONTINUE TO FACE BARRIERS TO CERVICAL CANCER SCREENING, TREATMENT & PREVENTION

### Persistent Barriers to Affordable Health Insurance Coverage

- Despite the expansions in coverage for Latinxs under the ACA, the ACA prohibits undocumented immigrants from participating in the new Health Insurance Marketplaces. Undocumented immigrants continue to be barred from most public health coverage programs including Medicaid and the Children’s Health Insurance Program (CHIP).
- The ACA also does not lift existing restrictions on lawfully present immigrants’ eligibility for affordable and public health insurance programs like Medicaid. In 2012, HHS excluded those granted Deferred Action for Childhood Arrivals (DACA) from participation in the Health Insurance Marketplaces in comparison to individuals with other forms of deferred action.<sup>19</sup>
- Immigrant Latinxs are more likely to work in industries that do not offer health coverage and are less likely to afford costly private health insurance.<sup>20</sup> As such, legal barriers to public and affordable health coverage make a bad situation worse for immigrant Latinxs and their families.
- Under the ACA, states can expand their Medicaid programs. If all states expanded their Medicaid programs, 95 percent of eligible, uninsured Latinxs would qualify for coverage through Medicaid, CHIP, or programs to lower the cost of coverage in the Marketplaces.<sup>21</sup> Governors and/or legislatures of states with high Latinx populations, including Texas and Florida, are blocking the implementation of Medicaid expansion, leaving large gaps in coverage for Latinxs.<sup>22</sup>

### Lack of Culturally- and Linguistically-Competent Health Systems

- Latinxs may face discrimination and bias from providers and health systems due to their race and ethnicity, immigration status, primary language, sexual orientation and/or gender identity. Transgender Latinxs who fear discrimination and bias may be less likely to seek the routine care necessary to prevent and treat cervical cancer.<sup>23</sup>
- Latinxs are markedly underrepresented in the healthcare workforce, with Latinxs composing approximately 17 percent of the U.S. population but only 8 percent of healthcare practitioners and 16 percent fulfilling healthcare support roles in 2014.<sup>24</sup>
- Latinxs represent many cultures and speak many languages. Our current health systems do not adequately provide services and information in the languages Latinxs speak and in ways that resonate with their cultures.



## Discriminatory Immigration Policies

- In addition to the barriers imposed on immigrants' access to affordable healthcare, detention and deportation policies and practices impose barriers by instilling fear in immigrant communities and deterring immigrant women from seeking safety-net healthcare services at CHCs and emergency rooms.<sup>25</sup>
- A patchwork of current immigration policies penalize the use of certain public services, including healthcare, and discourage immigrant women from seeking healthcare services for which they are eligible.<sup>26</sup>

## Cuts to Federal and State Safety-Net Programs

- Several states have cut their healthcare safety-net programs in recent years, a phenomenon which is devastating for Latinxs and immigrant women and families who rely on these programs for healthcare and cervical cancer prevention. For example, in 2011, the state of Texas defunded its Women's Health Program, decimating the reproductive health safety net and leaving thousands of Latinxs and immigrant women without an affordable primary source of care.<sup>27</sup>
- Title X, the only federally-funded family planning program, has experienced cuts over the past several years, with no indication of some patients receiving care from other providers. For example, in fiscal year (FY) 2013, the Title X program experienced a cut of \$14.9 million.<sup>29</sup> Recently, the House of Representatives Subcommittee on Labor, Health and Human Services, Education, and Related Agencies proposed completely eliminating the Title X program.<sup>30</sup>
- While the ACA increases funding for CHCs, the law also cuts funding for Disproportionate Share Hospitals, which provide services to low-income and uninsured patients.<sup>31</sup> These cuts will disproportionately impact the remaining uninsured – including immigrant Latinxs who are statutorily excluded from the expanded health coverage options under the ACA.

## NLIRH POLICY RECOMMENDATIONS FOR CERVICAL CANCER PREVENTION

- **NLIRH urges state governments to expand Medicaid.** Nineteen states have not expanded their Medicaid programs, leaving critical gaps in coverage for Latinxs living in those states.<sup>32</sup> Eighty percent of Latinx registered voters in Florida and 81 percent of those in Texas support

Medicaid expansion.<sup>33</sup> Additionally, we urge Congress to fully fund CHCs, which provide vital care for Latinxs, particularly immigrant and LGBTQ Latinxs, who are more likely to be uninsured for healthcare.

## NLIRH Urges Congress & the Administration to:

- **Keep the ACA and build upon its successes.** Congress plans to repeal much of the ACA even though only 26 percent of individuals in the U.S. support repeal.<sup>34</sup> Congressional members who oppose the ACA do not have a plan that would ensure the protections and benefits that many in our community need to be healthy. In fact, 71 percent of Latinx registered voters say the ACA is working well and should remain as it is or that it is working well and can be improved by decreasing out of pocket costs.<sup>35</sup> The ACA is the first step in ensuring all communities have meaningful access to affordable, quality, culturally competent health coverage and care, including reproductive healthcare.
- **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 healthcare, improving data collection, and providing additional resources to reduce the negative impact of cancer in underserved communities.
- **Support legislation that lifts all citizenship and immigration status requirements on public and affordable health coverage programs, including CHIP,**
- **Medicaid, and the ACA.** Federal and state policies which bar immigrants from participating in public health coverage programs on the sole basis of their immigration status contribute to high uninsurance rates and poor health outcomes among immigrant women and families.
- **Support robust funding for Title X Family Planning Programs in the appropriations process.** 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 2015, Title X-supported health clinics performed over 769,000 Pap tests and served over 4 million low-income patients, 32 percent of whom identify as Latinx.<sup>36</sup>
- **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.
- **Ensure robust enforcement of Section 1557, the nondiscrimination provision, of the ACA.**



## REFERENCES

\*Note: NLIHR, conscious of the importance of gender equity in the production of educational materials utilizes gender-neutral terms throughout this document. "Latinx" is a term that challenges the gender binary in the Spanish language and embraces the diversity of genders that often are actively erased from spaces. Due to the limitations of data collection, we use "Latina(s)" or "women" where research only shows findings for cisgender women, including Latinas.

\*\*Note: "LGBTQ" and similar terms stand for lesbian, gay, bisexual, transgender, and queer.

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