NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH
Salud | Dignidad | Justicia

FACT SHEET
January 2016

CERVICAL CANCER & LATIN@S*: THE FIGHT FOR PREVENTION & HEALTH EQUITY

Cervical cancer is highly preventable, yet women of color, including Latin@s*, remain more likely to suffer and die from this disease than non-Latin@ white women. Unfortunately, Latin@s, 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 Latin@s' 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 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 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.[1]
- Latinas experience the highest cervical cancer incidence rates in every region of the country of any racial/ethnic group.[2]
- 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.[3]
- As many as 80 percent of deaths from cervical cancer could be prevented by regular screening coupled with adequate patient follow up and treatment.[4]
- While Latinas are screened for cervical cancer at a rate comparable to white women,[5] Latinas' higher incidence and death rates suggest that Latin@s face additional barriers to early detection and treatment.
- Lesbian Latin@s may disproportionately experience cervical cancer due to health factors associated with overall poor health and lack of information regarding reproductive healthcare.[6] Transgender and gender non-conforming Latin@s with intact cervixes may disproportionately experience cervical cancer given that Latinas overall experience high rates of cervical cancer incidence.
- Contrary to commons myths, Latin@s and women of color do not experience higher rates of cervical cancer due to frequent sexual activity. Latin@s experience persistent systemic barriers to cervical cancer prevention, screening, and treatment.

THE AFFORDABLE CARE ACT (ACA) ADVANCES CERVICAL CANCER PREVENTION FOR LATIN@S

Expansions in Coverage

- Under the ACA, Latin@s 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, Latin@s have been the most uninsured racial and ethnic group. Within months after the first open enrollment period ended, the percentage of Latin@s uninsured for healthcare dropped dramatically – from 36% down to 23%.[7] Because of the ACA, about four million Latin@s now have access to health insurance.[8]
- 913,000 young Latin@s are insured due to an ACA provision which allows young adults to remain on their parents' insurance plans until the age of 26.[9]

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.[10] 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,[11] 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.[12] In 2013, over 21 million people received care at federally funded health centers— and nearly 30% of Latin@s were CHC patients.[13]

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."[14]
- 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.[15]
- 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.[16]

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.[17]
- 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.[18]
- 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.[19] 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. [20]

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 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 affordable and public health coverage options available to individuals with other forms of deferred action.[21] Unfortunately, the administration has signaled that they will similarly exclude those who will benefit from Deferred Action for Parental Accountability (DAPA) – an expansion of administrative relief to parents of U.S. citizens and legal permanent residents – from affordable healthcare options.[22]
- Immigrant Latin@s are more likely to work in industries that do not offer health coverage and are less likely to afford costly private health insurance.[23] As such, legal barriers to public and affordable health coverage make a bad situation worse for immigrant Latin@s and their families.
- The ACA requires states to expand their Medicaid programs to enable low-income adults to participate in this cost-effective health coverage program, a provision which may provide health coverage for 95 percent of eligible, uninsured Latin@s.[24] However, a 2012 Supreme Court decision made this provision optional for states.[25] Governors and/or legislatures of states with high Latin@ populations, including Texas and Florida, are blocking the implementation of Medicaid expansion, leaving large gaps in coverage for Latin@s.[26]
- Although the ACA has been successful in reducing the uninsured rates of many communities, LGBTQ people and communities of color continue to lack health insurance.[27]

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, sexual orientation and/or gender identity. Transgender Latin@s who fear discrimination and bias may be less likely to seek the routine care necessary to prevent and treat cervical cancer.[28]
- Latin@s are markedly underrepresented in the healthcare workforce, with Latin@s 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.[29]
- 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 cultures.
- 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.

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.[30]
- 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.[31]

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 Latin@s, 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 Latin@s and immigrant women without an affordable primary source of care.[32]
- 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.[33] For example, in fiscal year (FY) 2013, the Title X program experienced a cut of $14.9 million.[34]
- 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.[35] These cuts will disproportionately impact the remaining uninsured – including immigrant Latin@s who are statutorily excluded from 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 ACA, including Medicaid expansion in the states.** Twenty states have not expanded their Medicaid programs, leaving critical gaps in coverage for Latin@s living in those states.[36] Additionally, we urge Congress to fully fund CHCs, which provide vital care for Latin@s, particularly immigrant and LGBTQ Latin@s, who are more likely to be uninsured for healthcare.
- **Remove arbitrary transgender-specific exclusions from all health plans, including state Medicaid programs.** As the ACA stands now, many states have chosen benchmark health plans containing transgender-specific exclusions. These exclusions often deny a wide range of services to transgender individuals, including needed care for cervical cancer.

NLIRH Urges Congress & the Administration to:

- **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 the Health Equity & Access under the Law (HEAL) for Immigrant Women and Families Act of 2015 (H.R. 1974).** Federal and state policies which bar immigrants from participating in public and affordable health coverage programs on the sole basis of their immigration status contribute to very high uninsurance rates among immigrant women and families. Congress must advance immigrant equity in health by lifting all citizenship and immigration status requirements on public and affordable health coverage programs including CHIP, Medicaid, and the ACA. As a first step, Congress should pass the HEAL for Immigrant Women and Families Act of 2015 (H.R. 1974), which lifts legal barriers to healthcare for immigrants authorized to live and work in the United States, including those granted DACA and those that would be granted relief under President Obama's proposed DAPA program. Additionally, President Obama and HHS can and should rescind barriers to healthcare for those with DACA, and those who will be eligible for DAPA.
- **Support the Exchange Inclusion for a Healthy America Act of 2015 (H.R. 3659**) which would allow undocumented women and families, including those who have DACA status and those eligible for DAPA, to purchase insurance plans through the marketplaces with tax subsidies, providing them an opportunity to access affordable, quality insurance plans.
- **Increase funding for Title X Family Planning Programs to $327 million for FY 2017.** 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 percent of whom identify as Latin@.[37]
- **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.

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*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. 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 denote lesbian, gay, bisexual, transgender, and queer.

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