



WOMEN’S PREVENTIVE SERVICES AT A GLANCE

Gloria, a mother of three, had skipped her annual exam two years running because she could not afford the doctor’s visit co-pay of \$30, which was about a day’s worth of groceries for her family. Luckily, Gloria’s job as an elementary school aide came with health insurance. But even with coverage, Gloria could not afford to see a doctor and will go another year without receiving health services that she desperately needs to stay healthy.

Latinas across the country encounter problems with access to primary and preventive health services due to increasing healthcare costs. The experience of Gloria illustrates the attitude and behaviors faced by many Latinas who juggle family, cost of living and work, before they prioritize their health. Under the new guidelines for women’s preventive services, made by the Department of Health and Human Services (HHS), women like Gloria will no longer have to pay extra for preventive services like annual exams, pap smears, and birth control.

LATINAS WILL BENEFIT FROM NEW GUIDELINES ON WOMEN’S PREVENTIVE SERVICES

Nearly twenty million Latinas living in the United States will benefit from the historic new preventive guidelines that will help women receive the care they vitally need in order to stay healthy. HHS will require all new health insurance plans to fully cover preventive health services for women, including birth control and other services. This is great news for all women, but especially for Latinas, who are the fastest growing segment of the population and suffer disproportionately from economic distress and limited access to health care services and health education.

Preventive health services are an essential component of health care. Still, extra cost prevents many low-income women and women of color from seeking critical preventive care. These women are disproportionately affected by the high cost of preventive health care, creating disparities in mortality rates of diseases that are highly treatable with early diagnosis, such as cervical and breast cancer. Not only is no-cost preventive care the right decision for individual low-income and minority women, but making preventive care possible for everyone is also the best financial decision for our families. Beyond birth control, HHS adopted recommendations that facilitate increased access to screenings for cervical cancer, gestational diabetes, domestic and interpersonal violence, as well as annual well-woman exams and lactation counseling and breastfeeding support services for pregnant women.

WHAT DOES THIS MEAN FOR LATINAS?

Mandatory Preventive Service	Problem	How Latinas will Benefit
Human papillomavirus (HPV) testing as part of cervical cancer screening for women older than 30	The incidence of cervical cancer for Latina women in the United States is almost twice the rate for White women. ⁱ Annually, approximately 4,000 women die of cervical cancer annually with Latina death representing a proportion nearly 40% higher than that of non-Latino women. ⁱⁱ	Cervical cancer is preventable. 85% of women who die from cervical cancer never had a pap smear. ⁱⁱⁱ The new guidelines will help facilitate increased access to screenings for HPV, the leading cause of cervical cancer.
Contraceptive methods and counseling to prevent unintended pregnancies	In 2009, the teen birth rate for Latinas was more than double the teen birth rate of non-Latino Caucasian. ^{iv} However, research shows that disparities in contraceptive use are closely connected to social and economic inequities in communities of color. For example, 50% of women age 18-34, including Latinas, say there has been a time when cost of prescription birth control interfered with their ability to use it consistently. ^v	Latinas are the group that would most benefit from the requirement to provide no-cost birth control to all women because they are among the ones least able to afford it. We know that contraception is a critical component of both public health initiatives and women’s healthcare, and for millions of Latinas, birth control, by definition, is prevention.
Screening for Gestational Diabetes	While gestational diabetes affects 1 in 20 women, the rate for Latina women is higher than for non-Latina Caucasian. ^{vi} Women who develop gestational diabetes during pregnancy have a 40-60% chance of developing diabetes within the next five to ten years. ^{vii} The condition disproportionately affects Latinas because they have a greater genetic	The new recommendation to provide gestational diabetes screening and support is of particular importance to Latinas. Gestational diabetes can become a serious health problem for Latinas who lack access to regular supervision from a doctor. Once under the care of a doctor, the condition in

	disposition to diabetes, which is a major risk factor in developing gestational diabetes. Latinas have a 52.5% risk of developing diabetes in their lifetime; the risk for Caucasian women is slightly higher than 31 percent. ^{viii}	highly manageable. Expanding access to screenings and counseling will only help Latinas manage their diagnosis and stabilize their health and the health of their child.
Counseling and screening for HIV	In 2009, Latinas accounted for 18% for new HIV infections and their HIV incidence rate was more than 4 times the rate for Caucasian, but one third the rate of Black women. ^{ix} The Kaiser Family Foundation found that many women with HIV/AIDS, including Latinas, are low-income and most have important family responsibilities, potentially complicating the management of their illness.	Latinas will have increased access to medical care, counseling and information, making them and their families less vulnerable. This will also help to receive accurate prognosis and treatment of HIV.
Counseling on sexually transmitted infections	According to CDC, 1 in 106 Latinas in their lifetime will be diagnosed with HIV. ^x	This could be Latinas only source of critical preventive care to avoid the onset of an STI.
Lactation counseling and equipment to promote breast-feeding	Studies have shown that Latinas tend to choose breast-feeding more than other women, and that reduced breastfeeding is correlated with lower incomes. ^{xi} For many Latina moms who are employed, breastfeeding becomes a luxury rather than a choice.	Keeping our babies healthy is a top priority for Latinas. The benefits of breastfeeding for women and infants are critical to public health and their families. Breast milk provides nutrients and antibodies that protect babies from disease. Infant formula has not been able to fully replicate these protections. In addition, breastfeeding has been shown to reduce the risk of obesity, cancer, and postpartum depression in moms.
Screening and counseling to detect and prevent interpersonal and domestic violence	Information about the realities of Latinas who experience interpersonal and domestic violence is limited. However, available information shows that socioeconomic status, unfavorable partner characteristics, and social/traditional cultural dynamics could impact their decision about disclosing information. Additionally, some women and lesbians may not report domestic violence or interpersonal violence and may not seek medical attention for fear of harassment or racism. ^{xii}	Screening and counseling for all women and adolescent girls for interpersonal and domestic violence in a culturally sensitive and supportive manner is also very important. These set of recommendations will have increased access to counseling and information. Patient care is not one-size-fits-all and has to incorporate the diverse needs of our community.
Yearly well-woman preventive care visits to obtain recommended preventive services	Research shows that many women delay care for fear of medical bills or poor economy.	Well woman visits are the foundation for wellness and disease prevention. For Latinas, this is a life saving-screening service.

COMMUNITY HEALTH CENTERS DELIVER IMPORTANT PREVENTIVE SERVICES

CHCs provide an essential first line of defense to safeguard Latina health and are often the only source of care for reproductive health and preventive services such as pelvic exams, immunizations, cervical cancer and mammogram screenings, and family planning services. Beyond offering primary healthcare services, CHCs also provide services that facilitate access to care, such as translation and transportation services, dental health, mental health, substance abuse counseling, pharmaceutical and case management.

ONGOING CHALLENGES

While the new guidelines are a huge step forward, we know that barriers to care appear to be some of the constant health barriers for this population. If these are not addressed in a timely manner, Latinas will suffer from disproportionate and inefficient health services, making it increasingly difficult to obtain optimal care even under the new HHS guidelines.

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- ⁱ Our Issues: Cervical Cancer: Cuidate.Armate.Educate (2008). National Latina Institute for Reproductive Health. <http://latinainstitute.org/issues/cervical-cancer>
- ⁱⁱ National Breast and Cervical Cancer Early Detection Program (2007). Centers for Disease Control and Prevention. Retrieved October 14, 2011 from: http://screening.iarc.fr/doc/0607_nbccedp_fs.pdf
- ⁱⁱⁱ Our Issues: Cervical Cancer: Cuidate.Armate.Educate (2008). National Latina Institute for Reproductive Health. <http://latinainstitute.org/issues/cervical-cancer>
- ^{iv} Teen Pregnancy and Childbearing Among Latino Teens (2011). The National Campaign to Prevent Teen and Unplanned Pregnancy (2011). http://www.thenationalcampaign.org/resources/pdf/FastFacts_TPChildbearing_Latinos.pdf
- ^v Our Issues: Birth Control: Nuestra salud, Nuestra prevención Campaign. (2008) National Latina Institute for Reproductive Health. <http://latinainstitute.org/Latinas4BirthControl>
- ^{vi} Maternidad Latina: Promoting Child and Maternal Health (2010). North Carolina Health Start Foundation. Retrieved October 17, 2011. <http://www.nchealthystart.org/aboutus/maternidad/vol4no2.htm>
- ^{vii} The Science: Diabetes Control (2001). The National Diabetes Education Program: ndep.nih.gov/media/the_science_diabetes_control.ppt
- ^{viii} Hispanic Women and Pregnancy: Gestational Diabetes (2010). Baby Center: http://www.babycenter.com/0_hispanic-women-and-pregnancy-gestational-diabetes_10346415.bc
- ^{ix} Women and HIV/AIDS in the United States (2011). The Kaiser Family Foundation. <http://www.kff.org/hivaids/upload/6092-09.pdf>
- ^x HIV/AIDS Among Women (2009). Centers for Disease Control and Prevention. <http://www.cdc.gov/hiv/topics/women/>
- ^{xi} Is WIC Shooting the CDC in the foot when it comes to breastfeeding rates? PhD in Parenting: <http://www.phdinparenting.com/2010/04/06/is-wic-shooting-the-cdc-in-the-foot-when-it-comes-to-breastfeeding-rates/>
- ^{xii} Critical Disparities in Latino Mental Health (2005). National Council of La Raza: http://depressionisreal.org/pdfs/file_WP_Latino_Mental_Health_FNL.pdf