

ORANGE COUNTY WOMEN'S HEALTH POLICY BRIEF: CERVICAL CANCER

October 2014

Promoting cervical health by reducing screening disparities and improving HPV vaccination utilization/uptake

EXECUTIVE SUMMARY

The Orange County Breast & Cervical Cancer Task Force has determined that medically underserved women in Orange County (including low-income, uninsured, ethnically diverse, and/or undocumented women) are not accessing cervical cancer screenings as recommended, and that the human papillomavirus (HPV) vaccination, which prevents most forms of cervical cancer (and other diseases), is underutilized in Orange County. These disparities contribute to poor health outcomes for local women. Accordingly, the Task Force recommends the following:

1. Promote cervical cancer screening in Orange County
2. Promote HPV vaccine utilization for girls ages 11-26 and boys ages 11-21

INTRODUCTION

In 2011, the Orange County Women's Health Project (OCWHP) convened a coalition of over 30 local women's health stakeholders to begin addressing gaps in women's health needs in Orange County.

The group reviewed approximately 200 data sets from national, state and local sources and assembled a set of 40 Women's Health Indicators for Orange County women. While analyzing the data, the OCWHP and its coalition partners identified three priority health issues affecting women across the county — issues that were affecting a great number of women in Orange County; issues for which local women were not doing as well as their peers or against established benchmarks; and issues that were not otherwise being addressed collaboratively in the county and which had policy potential. These three priority health issues for Orange County women are breast & cervical cancer, health & domestic violence, and teen reproductive health.



The OCWHP presented these findings at the inaugural Orange County Women's Health Policy Summit in 2012, and based on the feedback from the event, decided to launch Task Forces to address each priority women's health issue. In the Spring of 2013, the OCWHP partnered with Susan G. Komen® Orange County (Komen OC) and the Health Promotion Research Institute at California State University, Fullerton to launch the Breast & Cervical Cancer (BCC) Task Force, which now includes over a dozen stakeholder organizations. The purpose of the BCC Task Force is twofold:

- To promote collaboration among a broad network of stakeholders
- To develop policy recommendations that address disparities in breast & cervical cancer affecting ethnically diverse and young women in Orange County, as well as the underutilization of the HPV Vaccine (which prevents many cervical cancers) in Orange County

The BCC Task Force is pleased to present this Policy Brief, which builds upon an analysis of available data, a scan of the literature, and input from local stakeholders; and offers recommendations designed to remove barriers to care, reduce disparities within populations, and promote cervical health.

KEY ISSUES

This Policy Brief is concerned with two issues concerning cervical cancer in Orange County: (1) the lower screening rates for cervical cancer among ethnically diverse women, and (2) the underutilization of the HPV vaccine (which prevents most forms of cervical cancer).

OVERVIEW OF CERVICAL CANCER AND HUMAN PAPILLOMAVIRUS (HPV)

Cervical cancer is a serious health issue for U.S. women; in 2012 it was the second most common cause of cancer death among women ages 20-39.¹ Nearly 70% of all cervical cancers are caused by two types of human papillomavirus (HPV): 16 and 18. HPV is a sexually transmitted disease that is highly prevalent worldwide, affects both women and men, and often presents no symptoms. In addition to causing most cervical cancers in women, HPV can cause genital warts, genital cancers, and throat cancer in women and men; however, most HPV infections cause no disease at all and resolve without treatment. Approximately 79 million people are infected with HPV in the U.S. (with 14 million new cases each year),² and in 2007 the Public Health Institute estimated there were 590,000 new cases of HPV in California costing \$460 million to treat.³

The good news is that cervical cancer can be prevented, detected and often treated early through the combination of Pap and HPV tests. Moreover, HPV types 16 and 18 can be prevented altogether by HPV vaccination.

Cervical Cancer Screening

Screening and early detection can prevent cancer and/or reduce mortality. Healthy People 2020, a federal program which establishes science-based national objectives for improving the health of all Americans, has set national objectives for cervical cancer screening (C-15): (1) a 10% increase (from 84% to 93%) of women who receive a cervical cancer screening based upon current guidelines, and (2) a 10% increase (from 60% to 66%) of women who are counseled by their healthcare providers about Pap tests.⁴

Guidelines governing cervical cancer screening are set by multiple organizations, including the U.S. Preventive Services Task Force (USPSTF), American Cancer Society (ACS), and American College of

Obstetricians and Gynecologists (ACOG). These organizations recommend screening for cervical cancer in average-risk women ages 21 to 65 years with cytology (Pap smear) every three years, or for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology (Pap testing) and human papillomavirus (HPV) testing every five years.⁵



Taken together, the national goal is to increase recommended cervical cancer screening among U.S. women aged 21-65 from 84% to 93%.

Published national studies point to the importance of three major factors for increasing cervical cancer screening: increasing community demand (e.g., knowledge, motivation, access, and decision making), reducing barriers to access (e.g., cost and other structural barriers), and increasing screening by providers (e.g., by increasing provider knowledge and attitudes, communication with clients, and screening recommendation).⁶⁻⁸

Fortunately, women over age 21 throughout the state of California are currently able to access low or no-cost Pap testing. For example, the Affordable Care Act treats Pap testing as a covered preventive women's health benefit; accordingly, private, non-grandfathered insurance plans must cover Pap testing with no cost sharing to the patient.⁹ MediCal covers Pap testing for female patients between 21 and 65 and younger/older women with specific histories or risk factors. Women whose family incomes are at or under 200% of the federal poverty line who do not qualify for MediCal may receive Pap testing through the California Breast and Cervical Cancer Early Detection Program, Every

HPV VACCINATION

Woman Counts (EWC). Uninsured women may receive Pap testing as part of a family planning visit through the California Family Planning, Access, Care and Treatment (Family PACT) program or Title X of the federal Public Health Services Act (Title X).

California Family Planning, Access, Care and Treatment (Family PACT) provides access to family planning services (including Pap testing and HPV testing in certain circumstances) for California residents whose family incomes are at or under 200% of the federal poverty line and who have no other source of health care coverage for family planning.¹⁰

Title X of the Public Health Services Act (Title X) is a federal program that provides access to family planning services (including Pap testing) for California residents whose family incomes are at or under 250% of the federal poverty line.¹¹

California Breast and Cervical Cancer Early Detection Program, Every Woman Counts (EWC) provides access to cervical cancer screening services (including Pap testing) for California residents age 21 and older whose family incomes are at or under 200% of the federal poverty line.¹²

HPV Vaccination

There are two FDA-approved HPV vaccines available in the U.S. Gardasil was approved in 2006 for girls and subsequently for boys, and Cervarix was approved in 2009 for girls only. According to the National Cancer Institute, HPV vaccines have been shown to be effective at preventing HPV types 16 and 18 for up to eight years, which is the longest research has followed up with patients to date.¹³ Vaccines have been found to prevent nearly 100% of abnormal cervical cell changes caused by types 16 and 18.¹⁴ However, all three doses are required for the vaccine to be most effective.

The Centers for Disease Control and Prevention (CDC) recommends vaccination for girls age 11-12 years old, and those 13-26 years old who did not get any or all of the recommended doses when they were younger. The CDC also recommends vaccination for boys age 11-12 years old, and

those 13-21 years old who did not get any or all of the three recommended doses when they were younger.¹⁵

Healthy People 2020 (STD 9.2) sets forth a national “developmental” objective: to reduce the proportion of females with HPV types 16 and 18.¹⁶ One way to accomplish this goal is to increase HPV vaccination initiation and compliance with 3-dose protocol for young females and males. However, in 2013, only 37.6% of girls and only 13.9% of boys in the U.S. received all three doses of HPV vaccine.¹⁷

There are many reasons why patients do not receive the HPV vaccination. A national review of 55 studies published between 2009 and 2012 found that the most common barriers to parents not getting their children vaccinated were lack of healthcare professional recommendation, lack of knowledge about the vaccine, belief that their child is too young, safety concerns, cost, and lack of access.¹⁸ An earlier study in California found similar reasons for parents to decline vaccination for their daughters - concerns about vaccine side effects, belief that it would increase sexual behavior, and denial of need.¹⁹

Notably, the 2014 national review concluded that **the single most predictive factor for parental acceptance is whether the healthcare professional recommends HPV vaccination.** Healthcare professionals are uniquely positioned to influence their patients’ behavior; they can therefore recommend the HPV vaccine, educate their patients or their patients’ parents about its safety and efficacy, and promote access. In addition, support is growing for HPV vaccination in School Based Health Centers.²⁰

Under the Affordable Care Act, children and adult women who have private, non-grandfathered insurance plans may receive the HPV vaccine as a preventive health service, with no cost-sharing.^{21,22} Uninsured, underinsured, and Medi-Cal eligible children (as well as Native American or Alaskan Native children) ages 9 through 18 may receive free HPV vaccination through the national Vaccines for Children (VFC) program.²³ In addition, low-income adults over age 18 may be eligible for free vaccines through the Merck Vaccine Patient Assistance Program (for Gardasil),²⁴ and Glaxo Smith Kline Vaccines Access Program (for Cervarix).²⁵

THE NEED IN ORANGE COUNTY

MORTALITY RATES IN ORANGE COUNTY



Although cervical cancer rates are decreasing overall, Hispanic women in Orange County are dying at a higher rate than their peers. The Orange County Hispanic mortality rate (3.47 per 100,000) is higher than the national mortality rate (2.3 per 100,000), the Healthy People 2020 Objective C-4 (2.2 per 100,000), and the Orange County

overall average (2.13 per 100,000).^{26,27} The high cervical cancer mortality rate in Orange County is likely due in part to the fact that Orange County has a high number of immigrant women from regions (e.g., Central America) where HPV is of higher prevalence, and which have lower rates of screening, compared to the U.S.²⁸

SCREENING RATES IN ORANGE COUNTY

Screening disparities also exist among local ethnic women. In Orange County, while 84.4% of all women had a Pap test within the last 3 years, this was true for only 82.6% of Hispanics, 82.1% of African Americans, and 74.1% of Asians.²⁹ Due to data limitations, stable Pap testing statistics for American Indians and disaggregated data for Pacific Islanders cannot be obtained, which are common challenges for these populations.

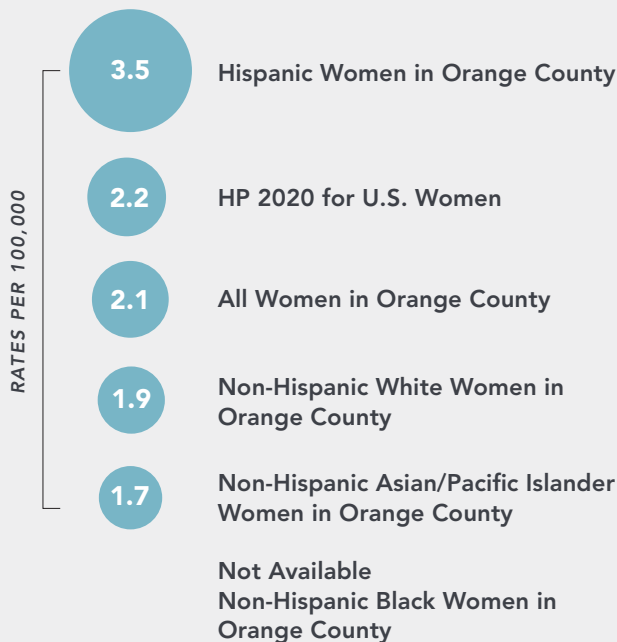
Studies of Latina and Asian Pacific Islander women in Orange County indicate that barriers to Pap testing include lack of education about cervical cancer (particularly what is cervical cancer and the myths vs. facts about its cause) and the need for low/no-cost Pap tests.^{30,31} In addition, studies of women in California have shown income, having a usual source of care, English language proficiency, and having U.S. citizenship to be predictors of Pap testing.^{32,33}

HPV VACCINATION IN ORANGE COUNTY

Although there are no formal data available on the HPV vaccination rates in Orange County, local research demonstrates the need to raise awareness about the HPV vaccination in Orange County. A survey of 275 Orange County high school students found less than one-third discussed HPV with their physician, with only 15.2% reporting receipt of at least one vaccine dosage.³⁴ Anecdotal information underscores the lack of information specifically among Hispanics. One study of Hispanic women who attended health fairs in Los Angeles, Riverside and Orange Counties between January and May 2013 found that while knowledge of Pap testing was high, fewer than half of Hispanic women surveyed had any knowledge of HPV vaccination (B. Brown, personal communication, August 15, 2013). Another study of Latino women and men age 18 to 26 attending a low cost clinic in Santa Ana, California found that 64% had never heard of the HPV vaccination (L.Teran, personal communication, May 6, 2013).

Table 1.

AGE-ADJUSTED CERVICAL CANCER MORTALITY RATES BY RACE/ETHNICITY (2006-2010)



SOURCE: *California Cancer Registry*

RECOMMENDATIONS

Orange County should increase its cervical cancer screening rate consistent with Healthy People 2020, from 84% to 93%. Particular attention must be paid to women of different races/ethnicities in Orange County, who are screened at lower rates to begin with and face additional barriers. Orange County should therefore invest in culturally competent outreach and education to providers and the public about the importance of cervical cancer screening and availability of low or no-cost screening. Orange County should also invest in education and awareness campaigns about the HPV Vaccine for both the healthcare community and the public. Physicians and nurses should be trained how to explain the existence, efficacy, and safety of the vaccine, and how to help their patients access free HPV vaccines.

Based on the above, the OCWHP BCC Task Force makes the following recommendations.

RECOMMENDATION 1

Promote Cervical Cancer Screening in Orange County

Sample Activities/Strategies:

- Educate providers about screening disparities among women of different races/ethnicities, culturally appropriate resources available in Orange County, and low and no-cost screening programs
 - Increase culturally appropriate outreach and education to patients about the importance of screening, new screening benefits under the Affordable Care Act, and low and no-cost screening programs in Orange County
 - Preserve funding for safety net programs that deliver low or no-cost screening to medically underserved populations, such as Family Planning Access, Care and Treatment (Family PACT) and Every Woman Counts (EWC)
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RECOMMENDATION 2

Promote HPV Vaccine Utilization for Girls Ages 11-26 and Boys Ages 11-21

Sample Activities/Strategies:

- Educate providers about the efficacy, safety and accessibility of the HPV vaccination, as well as the importance of provider recommendations to parents and patients eligible for the vaccine
- Increase culturally appropriate outreach and education to parents and patients about the efficacy, safety and accessibility of the HPV vaccination, such as through school based health centers
- Preserve funding for safety net programs that deliver low or no-cost vaccinations, like Vaccines for Children (VFC)

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