POLICY brief

Cancer Screening in California: Racial and Ethnic Disparities Persist

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When it comes to receiving potentially life-saving cancer screening, there are dramatic racial and ethnic differences among California adults. These differences persist even when comparing racial and ethnic groups with the same level of income or the same type of (or lack of) health insurance.

Screening saves lives by detecting cancers or pre-malignancies at a time when treatment is most likely to be successful. Five-year relative survival rates for breast, prostate, colorectal and cervical cancer are above 90% if the tumor is discovered before it spreads to other parts of the body; once the tumor has metastasized, survival rates drop to 34% for prostate cancer, 23% for breast cancer, 15% for cervical cancer and 9% for colorectal cancer.

In California, Asians report lower rates of screening than whites for all four of these cancers. Latinos report lower screening rates than whites for breast cancer, colorectal cancer, and prostate cancer. Native Hawaiians and other Pacific Islanders (NHOPIs) consistently report some of the lowest screening rates in the state, and American Indians and Alaska Natives (AI/ANs) are less likely to have been recently screened for breast or prostate cancer than whites.

This Policy Brief examines cancer screening in California based on data from the 2001 California Health Interview Survey (CHIS 2001), the largest state-level health survey in the nation. We focus on the use of cancer screening tests among adults who have not been diagnosed with the site-specific cancer: Pap test for cervical cancer; mammography for breast cancer; fecal occult blood test (FOBT), colonoscopy, or sigmoidoscopy for colorectal cancer; and the prostate specific antigen (PSA) test for prostate cancer. We use the U.S. Preventive Services Task Force recommendations to determine the appropriate ages and intervals for cervical, breast and colorectal cancer screening tests.[1] For prostate cancer screening, we use the American Cancer Society guidelines.

Asians, Latinos Show Consistently Lower Screening Rates

In California, three-fourths of women age 40 and older who have not been diagnosed with breast cancer report that they have had a mammogram in the past two years. Nearly 1.6 million women in California (25%) who should be getting regular mammograms report that they have not received them at recommended intervals, including 686,000 who have never had a mammogram (11%). Rates among Asians, AI/ANs, and Latinas are lower than among whites and African Americans (Exhibit 1).

Although cervical cancer is almost entirely preventable due to the effectiveness of screening with the Pap test, certain segments of California's population still experience delayed screening and treatment, putting them at

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1 The U.S. Preventive Services Task Force (USPSTF), a group of health experts that reviews published research and makes recommendations about preventive health care, recommends Pap tests for women beginning within three years of onset of sexual activity or at age 21 (whichever comes first), and screening at least every three years until age 64 (for age 65 and older, screening is advised only among symptomatic women and for those who have had recent abnormal results); a mammogram every 1-2 years for women age 40 and older; and colorectal cancer screening for men and women age 50 and older. Although the USPSTF does not currently make a recommendation regarding PSA testing, the American Cancer Society recommends that it be offered annually to all men starting at the age of 50, along with providing information on the potential risks and benefits of PSA testing.

Exhibit 1: Percent with Recent Cancer Screening Test by Race/Ethnicity, California, 2001

Source: 2001 California Health Interview Survey

	PAP TEST	MAMMOGRAM	CRC SCREENING	PSA TEST
RACE/ETHNICITY	**%**	**%**	**%**	**%**
WHITE	89.0	78.1	56.4	47.7
LATINO	86.4	69.9	37.0	28.4
ASIAN	71.5	67.2	45.9	27.1
AFRICAN AMERICAN	90.8	78.5	55.1	41.7
AI/AN	92.1	68.8	49.6	31.7
NHOPI	69.1	63.4	39.1	*
OTHER/MULTIRACIAL	85.7	69.6	53.9	42.7
ALL	**86.2**	**75.5**	**53.2**	**43.0**

Note: Percents reported are for Pap test within the past three years among women age 18 and older not diagnosed with cervical cancer and no hysterectomy; mammogram within the past two years among women age 40 and older not diagnosed with breast cancer; fecal occult blood test (FOBT) in the past year or sigmoidoscopy/colonoscopy in the past five years among men and women age 50 and older not diagnosed with colon or rectum cancer; and PSA test within the past year among men age 50 and older not diagnosed with prostate cancer. Colorectal cancer is abbreviated CRC. American Indian/Alaska Native is abbreviated AI/AN and Native Hawaiian and other Pacific Islander is abbreviated NHOPI.

*Estimate was not statistically reliable.

increased risk of dying unnecessarily from this *preventable* disease that, if detected early, is a *curable* cancer. Among California's adult female population, 8% report never having had a Pap test. This rate is alarmingly high for Asian women (23% vs. 5% for white women). The proportion of Latinas who have never had a Pap test, 10%, is more than double that of whites. Asian and NHOPI women are the least likely to have received a Pap test within the previous three years, with rates (72% and 69%, respectively) significantly lower than among whites (89%) and African Americans (91%).

...even among higher-income women, three-year Pap test rates for Asian and NHOPI women lag well behind other groups.

Colorectal cancer (CRC) screening is also a major concern, given the demonstrated benefits of early detection and the low overall screening rates. Three in ten adults age 50 and older (30%) report never having been screened for this cancer, and only slightly more than half (53%) have been recently screened. Only 37% of Latinos, 39% of NHOPIs, and 46% of Asians have been screened recently, compared with 56% of whites. Latina women are at particular risk – only one in three (33%) reports having a recent CRC screening test.

Two in five California men age 50 and older (44%) have never been screened for prostate cancer with the PSA test. This ranges from approximately 40% of whites and African Americans to more than 50% of AI/ANs and more than 60% of Latinos and Asians.

Disparities Found in Both Lower-Income, Higher-Income Groups

Cancer screening rates are lower among California adults with family incomes below 200% of the Federal Poverty Level (FPL) than among those with family incomes higher than 200% FPL. This is true even for Pap tests and mammograms, tests that are provided free of charge to low-income women through *Cancer Detection Programs: Every Woman Counts*, a program funded by a federal grant and through state tobacco tax revenue. But even among adults in the low-income category, racial and ethnic disparities persist (Exhibit 2).

Among women with family incomes below 200% FPL, more than two-thirds (69%) of those older than the age of 40 have had a mammogram in the last two years, vs. 79% of women in the higher-income category. Within the lower-income group, Asians (63%) and Latinas (67%) have lower rates than African Americans (73%) or whites (72%). A significantly greater proportion of higher-income Asian women (77%) report having a Pap test within the last three years compared to lower-income Asian women (59%). Yet, even among higher-income women, three-year Pap test rates for Asian (77%) and NHOPI women (78%) lag well behind other groups.

Adults with incomes below 200% FPL are less likely than adults with higher incomes to have had a recent colorectal cancer (CRC) screening

	PAP TEST	MAMMOGRAM	CRC SCREENING	PSA TEST
BELOW 200% FEDERAL POVERTY LEVEL (FPL)	**%**	**%**	**%**	**%**
WHITE	81.6	71.6	51.7	37.6
LATINO	84.9	66.5	32.5	24.8
ASIAN	58.7	63.2	42.9	21.0
AFRICAN AMERICAN	88.3	72.8	52.2	35.7
AI/AN	85.4	61.0	48.3	29.0
NHOPI	57.3	58.7	49.5	*
OTHER/MULTIRACIAL	85.8	61.5	47.8	35.2
ALL BELOW 200% FPL	**81.3**	**69.0**	**46.4**	**31.4**
200% FPL AND ABOVE	**%**	**%**	**%**	**%**
WHITE	91.1	80.1	57.8	49.7
LATINO	89.6	75.7	44.1	33.2
ASIAN	77.4	69.5	48.2	31.0
AFRICAN AMERICAN	92.8	83.1	57.2	44.8
AI/AN	97.2	74.3	50.4	32.8
NHOPI	78.2	66.4	35.5	*
OTHER/MULTIRACIAL	85.6	74.7	57.2	45.6
ALL 200% FPL AND ABOVE	**89.1**	**78.8**	**56.2**	**46.7**

Note: Percents reported are for Pap test within the past three years among women age 18 and older not diagnosed with cervical cancer and no hysterectomy; mammogram within the past two years among women age 40 and older not diagnosed with breast cancer; fecal occult blood test (FOBT) in the past year or sigmoidoscopy/colonoscopy in the past five years among men and women age 50 and older not diagnosed with colon or rectum cancer; and PSA test within the past year among men age 50 and older not diagnosed with prostate cancer. Colorectal cancer is abbreviated CRC. American Indian/Alaska Native is abbreviated AI/AN and Native Hawaiian and other Pacific Islander is abbreviated NHOPI. Federal Poverty Level is abbreviated FPL.

*Estimate was not statistically reliable.

Exhibit 2:
Percent with Recent Cancer Screening Test by Income and Race/Ethnicity, California, 2001

Source: 2001 California Health Interview Survey

test (46% vs. 56%). But within the lower-income group, Latinos (33%) and Asians (43%) are far less likely than whites or African Americans (52% each) to have been recently screened. Similarly, among adults with family incomes above 200% FPL, NHOPIs (36%), Latinos (44%), and Asians (48%) are less likely than whites (58%) or African Americans (57%) to have had recent CRC screening.

While the proportion of men getting recommended PSA screening for prostate cancer is relatively low overall, men with family incomes below 200% FPL have rates that are one-third lower than men above that income level. Asians stand out as the group with lower rates of screening than other groups in both income brackets (21% for the low-income category vs. 38% of whites; 31% for the higher-income category vs. 50% of whites).

Public Insurance Doesn't Eliminate Racial/Ethnic Differences

Among nonelderly Californians, adults who are uninsured are much less likely to report recent cancer screening than those with any type of insurance. But some forms of insurance facilitate higher screening rates than others, and even when comparing nonelderly adults with the same form of insurance, there are racial and ethnic disparities. In particular, adults covered by Medi-Cal (California's Medicaid program, which covers low-income adults who are parents of minor children, or are aged, blind or disabled) tend to be screened at lower rates than those with employment-based insurance.

Among women with Medi-Cal coverage, 86% have received a Pap test within the last three years. But this ranges by racial and ethnic group from a high of 92% among Latinas with Medi-Cal (vs. 80% for uninsured Latinas) to a low of only 54% among Asian women with Medi-Cal – an abysmal proportion that is barely higher than the alarmingly low rate for uninsured Asian women (49%). Similarly, nonelderly adults covered by Medi-Cal are considerably more likely to get CRC screening than uninsured adults (46% vs. 20%). But within the Medi-Cal population, there are also significant variations by racial and ethnic group, with Latinos (36%) lagging considerably behind (Exhibit 3).

Californians covered by Medi-Cal are much more likely to receive recent cancer screening than uninsured Californians, yet having Medi-Cal does not eliminate racial and ethnic differences.

	PAP TEST	MAMMOGRAM	CRC SCREENING	PSA TEST
RACE/ETHNICITY	**%**	**%**	**%**	**%**
WHITE	85.8	72.0	51.1	31.5
LATINO	92.2	70.4	35.8	30.1
ASIAN	54.3	70.4	49.1	*
AFRICAN AMERICAN	90.3	74.8	44.2	45.3
AI/AN	91.4	71.1	58.7	*
NHOPI	76.0	*	*	*
OTHER/MULTIRACIAL	87.3	72.1	53.3	*
ALL WITH MEDI-CAL	**86.2**	**71.6**	**46.2**	**28.8**

Note: Percents reported are for Pap test within the past three years among women age 18-64 not diagnosed with cervical cancer and no hysterectomy; mammogram within the past two years among women age 40-64 not diagnosed with breast cancer; fecal occult blood test (FOBT) in the past year or sigmoidoscopy/colonoscopy in the past five years among men and women age 50-64 not diagnosed with colon or rectum cancer; and PSA test within the past year among men age 50-64 not diagnosed with prostate cancer. Colorectal cancer is abbreviated CRC. American Indian/Alaska Native is abbreviated AI/AN and Native Hawaiian and other Pacific Islander is abbreviated NHOPI.

* Estimate was not statistically reliable.

Exhibit 3:
Percent with Recent Cancer Screening Test by Race/Ethnicity, Adults Under Age 65 Covered by Medi-Cal, California, 2001

Source: 2001 California Health Interview Survey

POLICY RECOMMENDATIONS

Although there is an important government role in focusing resources on lower-income Californians, the findings presented in this Policy Brief underscore the reality that racial and ethnic disparities in cancer screening and other important health services can be found even *within* socio-economically disadvantaged groups, such as low-income families and Medi-Cal beneficiaries. Clearly, targeting investments wisely toward the specific racial and ethnic groups most at risk remains a necessary step to save lives in California and reduce the burden of late-stage cancer care on the state's health care system.

Targeted efforts should include:

Educating people of the appropriate age and gender regarding the importance of cancer screening, with a particular focus on the fact that screening should be done in the absence of any symptoms. One of the most common reasons reported for not having received a recent Pap test, a recent mammogram, or recent colorectal cancer screening is "haven't had any problems." This misconception is particularly prevalent among the ethnic and racial groups least likely to get recommended screenings. In addition, educational materials and programs that raise general awareness of, and provide information about, the PSA test should be developed. In California, nearly 25% of men age 50 and older report never having heard of a PSA test.

Promoting screening among immigrant communities, with a particular focus on Asians, NHOPIs, Latinos, and those who face English-language barriers by providing culturally sensitive and language-appropriate materials and interventions.

Supporting programs that raise provider awareness regarding disparities in cancer screening and current recommendations for appropriate screening. The role of providers in ensuring appropriate screening is critical. A provider recommendation is one of the major predictors influencing receipt of cancer screening.

Monitoring the progress of California in reducing disparities in cancer screening by race, ethnicity, income, health insurance and other important factors. Publicly funded and conducted surveys, such as the California Health Interview Survey, and other information resources are needed to monitor racial and ethnic disparities in cancer screening. This information is needed to promote potentially life-saving benefits for all Californians and to provide cost-savings for our over-burdened health care system by reducing the burden of late-stage cancer care.

...targeting investments wisely toward the specific racial and ethnic groups most at risk remains a necessary step to save lives in California…

Data Source

This policy brief is based on a report titled Cancer Screening in California: Findings from the 2001 California Health Interview Survey. *The full report is available at* www.healthpolicy.ucla.edu.

All comparative statements in this brief reflect statistically significant differences ($p < 0.05$) unless otherwise noted. The findings in this brief are based on data from the 2001 California Health Interview Survey (CHIS 2001). CHIS 2001 covers a broad range of public health concerns including health status and conditions, health-related behaviors, health insurance coverage, and access to health-care services. CHIS 2001 interviewed 55,428 households randomly drawn from every county in California for its random-digit dial (RDD) telephone survey, providing a sample that is representative of the state's non-institutionalized population living in households. Data were weighted to the 2000 Census. CHIS 2001 interviewed one sample adult in each household. In households with children, CHIS interviewed one adolescent ages 12-17 (a total of 5,801), and obtained information for one child under age 12 by interviewing the adult who was most knowledgeable about the child (a total of 12,592). The interviews, available in six languages, were conducted between November 2000 and September 2001.

The California Health Interview Survey (CHIS) is a collaboration of the UCLA Center for Health Policy Research, the California Department of Health Services, and the Public Health Institute. Funding for CHIS 2001 was provided by the California Department of Health Services, The California Endowment, the National Cancer Institute, the California Children and Families Commission, the Centers for Disease Control and Prevention (CDC), and the Indian Health Service. For more information on CHIS, visit *www.chis.ucla.edu.*

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