

POINTS OF INTEREST



CERVICAL CANCER SCREENING

Invasive cervical cancer is almost completely preventable because the Papanicolaou (Pap) test can detect abnormalities before they become malignant. Nonetheless, about 1,600 women are diagnosed with this disease each year in California, and women of color are at especially high risk. Women ages 18 and older and younger women who have become sexually active should have this test performed at least every three years. The California Behavioral Risk Factor Survey (BRFS) asks women when they had their last Pap test. The responses provide a profile of cervical cancer screening among California women who have not had a hysterectomy and are 18 and older.

85 Percent of California Women Reported Having a Pap Test in the Last Three Years



About 85 percent of California women reported having a Pap test in the last three years, 10 percent had one less recently, and 5 percent had never had one. Although the Pap test is one of the most commonly used cancer screening tests, 800,000 California women 18 years and older who need to be routinely screened have never had a Pap test.

Cervical cancer screening may be slowly increasing among poor women. In 1999, 84 percent of women with annual household incomes less than \$15,000 reported having a Pap test in the last three years, compared to 76 percent in 1992.

However, among most race/ethnic groups, women living at or below 200 percent of the Federal Poverty Level are still less likely to be screened than higher income women. The exception is African American women, among whom 90 percent

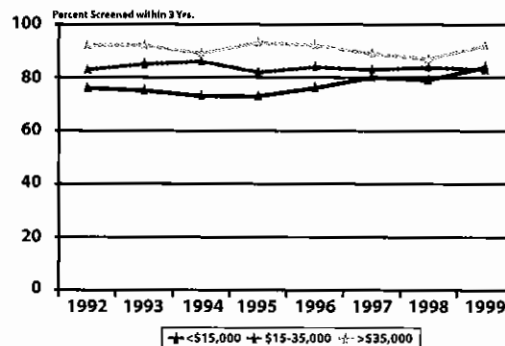
reported having a Pap test in the last three years, regardless of poverty status. Among other race/ethnic groups, Pap test usage was about 10 percentage points lower among women in poverty. Asian/Pacific Islander women were the least likely to report having been recently screened, whether in poverty or not. In fact, higher income Asian/Pacific Islander women had Pap screening rates at or below those of lower income women of other race/ethnic groups.

Women without public or private health insurance were much less likely to have been screened for cervical cancer. Only 69 percent of uninsured women 18 years of age and

older had a Pap test within the past three years, compared to 88 percent of women with health insurance. Approximately one out of every six uninsured women had never had a Pap test, compared to only one out of every seventeen women with health insurance.

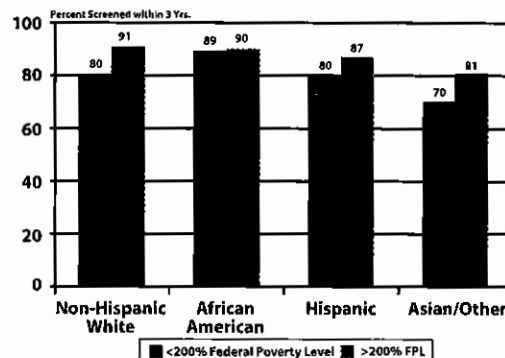
Technical Notes: The BRFS interviews approximately 2,000 adult women each year. A total of 9,201 women ages 18 and older without hysterectomies were surveyed between 1995 and 1999; 5,562 non-Hispanic white, 511 African American, 2,418 Hispanic, and 710 Asian/Pacific Islander. Thirty-three percent of the women in this study who reported their income were living at or below 200 percent of the Federal Poverty Level. Sixteen percent of the women in this survey did not have public or private health insurance. Data were weighted to the age-, race-, and sex distribution of the 1990 California population, and race-specific rates were age-adjusted to the 1990 California age distribution.

Pap Test Use by Income Level and Year, California, 1992-1999



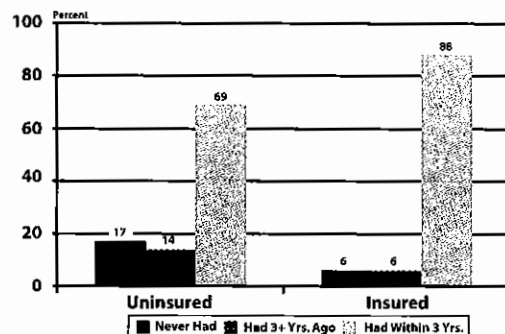
Source: California Department of Health Services, Cancer Surveillance Section, SRG

Pap Test Use by Poverty Status and Race/Ethnicity, California, 1995-1999



Source: California Department of Health Services, Cancer Surveillance Section, SRG

Pap Test Use by Insurance Status, California, 1995-1999



Source: California Department of Health Services, Cancer Surveillance Section, SRG

For Information on FREE Cervical Cancer Screening for Low Income Women, Call 1-800-511-2300

Submitted by:

David Harris, MPH and Carin Perkins, MS, Cancer Surveillance Section; Holly Hoegh, Survey Research Group; Gene Takahashi, PhD, Cancer Detection Section

The California Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing effort by the California Department of Health Services (CDHS) in conjunction with the U.S. Centers for Disease Control and Prevention (CDC) and the Public Health Institute to assess the prevalence of and trends in health-related behaviors in the California population aged 18 years and older. It is supported in part by funds from Cooperative Agreement No. U58/CCU910655-06 from CDC, the U.S. Public Health Service (Prevention 2000 Block Grant Funding), and in part by funds from the CDHS, Tobacco Control Section, and other programs and state departments. Data are collected monthly from a random sample of California adults living in households with telephones. The BRFSS database contains information on Californians from 1984 through the present.

The BRFSS questionnaire is developed each year by the CDC in collaboration with participating state agencies. Whenever possible, questions have been selected from previously conducted national surveys for comparability. The questionnaire has three components. The first component consists of a core set of questions that are administered by all states participating in the BRFSS collection effort.

The second component of the questionnaire consists of a series of topical modules developed by the CDC. States have the option of adding as many modules as they wish to the core questionnaire each year. California has used several of the CDC modules, although the same modules have not been used consistently across all years of the survey.

The final component of the questionnaire consists of questions designed and administered by individual states to address issues of local concern. These have been revised annually in California to address the needs of as many programs as possible. However, the time constraints of a telephone interview have limited the number of questions that can be placed on the survey in any one year.

Participants in the California BRFSS are asked about a wide variety of behaviors such as seat belt use, exercise, weight control, diet, tobacco and alcohol consumption, utilization of cancer screening procedures, and other preventive measures. They also are asked for basic demographic information such as age, race/ethnicity, marital and employment status, household income, and education. Participation in the BRFSS is completely voluntary and anonymous.

The age, race/ethnicity, and sex characteristics of the BRFSS sample differ to some extent from the age, race/ethnicity, and sex characteristics of the California population. Weighting adjustments are used to compensate for these differences. Prior to analyzing the BRFSS data, the sample is weighted so that age, race/ethnicity, and gender composition match that of the California population. This allows the findings to be generalized to the California population.

For more information on the BRFSS, contact Bonnie Davis, CDHS, Cancer Surveillance Section, SRG (916) 779-0331, bonnie@ccr.ca.gov.