

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Cervical Cancer Screening Differences Between Black and White Women: An Examination of HPV and Pap Test Utilization.

Priority 1 (Research Category)

Screening, prevention, and health promotion

Presenters

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Abstract

Context: The introduction of the Human Papillomavirus (HPV) test and the 2012 Cervical Cancer Screening (CCS) guidelines expanded the way providers offer and interpret screening for their patients. However, higher cervical cancer mortality is well-documented for Black women, creating a health disparity. Objective: To observe CCS differences between Black and White women and the reported use of the HPV and Pap tests separately or as co-testing. Study Design and Analysis: This was an observational retrospective study examining Black and White women as the predictive variable and CCS outcomes. Chi-square and odds ratios were used to detect racial differences by screening type. Setting or Dataset: We utilized the 2019 and 2021 National Health Interview Survey data (NHIS), which collects information about health, healthcare access, and health behaviors, including CCS. Population Studied: Black and White women of a civilian, non-institutionalized U.S. population. Intervention/Instrument: The NHIS survey is a large-scale structured interview conducted by the National Center for Health Statistics via the CDC. Outcome Measures: Responses to questions about 1) receiving an HPV test, 2) receiving a Pap test, 3) receiving co-testing (both HPV and Pap test), and 4) being told by the clinic what kind of screening test was administered. Results: The rate of Pap tests between Black and White women was 95.2% and 94.9%, respectively, with no significant difference. For the HPV test, Black women (48.3%) reported higher rates than White women (40.2%) with $p < 0.001$ significance. Relatedly, more Black women (50.1%) reported a higher rate of co-testing than White women (41.6%), $p < 0.001$. More Black women (63.9%) reported they were told what type of test they received than White women (58.2%), $p < 0.001$. Conclusion: Higher rates of HPV testing and co-testing among Black women may reflect differences in demographics like insurance type, education level, and geographic location. These factors will be discussed in the presentation. Also, more Black women reported being informed about the type of CCS they received. These results are compelling because previous research suggests that Black women have higher rates of CCS, yet higher cervical cancer mortality rates. Further research is needed to understand

the factors behind these differences and ensure equitable access to CCS for all women. Targeted public health communication is also necessary to inform patients about various CCS types.

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