

Cervical Cancer Screening

Impact of Cervical Cancer in Rural Northern California

- Overall, women in rural areas have significantly higher cervical cancer incidence and mortality¹ than those in urban areas.
- These disparities may be due to a range of factors including variations in cervical cancer screening rates, health insurance coverage, income level, or access to health care.
- Screening rates vary by race/ethnicity in California. Hispanic/Latino women have the highest screening rate (62.3%) and American Indian women the lowest (45.4%).²
- Routine cervical cancer screening with the Pap test can identify precancerous lesions or cancer in the early stages when treatment is most effective. Over half (51.4%) of cervical cancer cases in California are diagnosed in an advanced stage, with most (56%) occurring in women who have not had a Pap test in the past three years.^{3,4}
- HPV causes almost all cases of cervical cancers.⁵ In 2019, 68% of girls and 65% of boys initiated (at least one dose) the HPV vaccine and 49% and 42%, respectively, received both doses before their 13th birthday.⁶

How Health Centers Provide the Necessary Care

Clinical Interventions

- Remind patients through postcards, text messages, or phone calls that it is time for their cervical cancer screening.
- Collect and report data within the health center on provider performance in offering cervical cancer screening to patients.
- Offer women's health fairs or days and provide free cervical cancer screenings and educational materials.
- Provide transportation support to assist women in getting to their screening appointment.
- Provide adolescents and young adults with the HPV vaccine to reduce their risk of HPV infection or for females reducing their risk of developing cervical cancer.
- Run community-sponsored media campaign to highlight the importance of cervical cancer screening and educate women on the current clinical guidelines.

¹ Yu L, Sabatino SA, White MC. Rural-Urban and Racial/Ethnic Disparities in Invasive Cervical Cancer Incidence in the United States, 2010-2014. *Prev Chronic Dis* 2019;16:180447. DOI: <http://dx.doi.org/10.5888/pcd16.180447>

² 2020 Health Disparities Report, <https://www.dhcs.ca.gov/Documents/MCQMD/CA2020-21-Health-Disparities-Report.pdf>

³ CA Cancer Registry. <https://www.ccrca.org/retrieve-data/data-for-the-public/cancer-fact-sheets/>

⁴ Leyden WA, Manos MM, Geiger AM, et al. Cervical cancer in women with comprehensive health care access: attributable factors in the screening process. *J Natl Cancer Inst.* 2005;97: 675-683.

⁵ Klabunde, PhD, Carrie N. et. al. (2012). CDC Morbidity and Mortality Weekly Report (MMWR), vol.61; no.3 January 27, 2012. (Table 3)

⁶ Elam-Evans LD, Yankey D, Singleton JA, et al. National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13-17 Years — United States, 2019. *MMWR Morb Mortal Wkly Rep* 2020;69:1109-1116.

DOI: <http://dx.doi.org/10.15585/mmwr.mm6933a1>

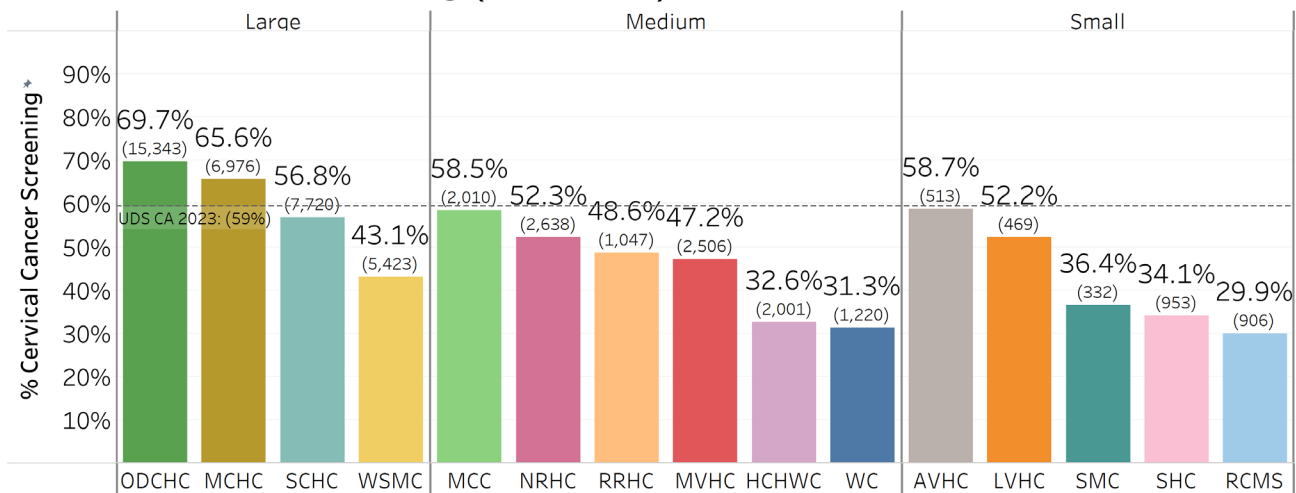
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Rural Northern California Health Center Data

Key Points

- Clinical screening guidelines have changed the interval between screenings. Because of this, women may not know when their Pap tests are due. This heightens the importance of patient reminders.
- Some women in rural Northern California receive cervical cancer screenings through their local Planned Parenthood or other women's health clinic. Challenges with data sharing may lead to incomplete patient health records at the health center.
- Most women with a hysterectomy no longer require regular Pap tests. Thorough review of medical records is important to ensure they reflect medical history.

Cervical Cancer Screening (UDS 2024) - HANC NCCN CHC Regional Performance



Quality Measure Definitions (UDS)

Percentage of women 21*–64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21*–64 who had cervical cytology performed every 3 years
- Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years

*Data collected for women with initial age of 23 given 2 year look back period.

National and State Quality Benchmarks

Partial Points Threshold for QIP Measurement Year 2024: represents the 75th percentile nationally for Medicaid Health Plans, as reported by NCQA HEDIS in the year prior to the QIP MY.

UDS 2023 CA Average: The average performance among health centers in California was 59.4%.

UDS 2022 US Average: The average performance among health centers across the U.S. was 55.0%.

Health Center Quality Measurement Systems Toolkit

AVHC – Anderson Valley Health Center; HCHWC – Hill Country Health and Wellness Center; LVHC – Long Valley Health Center; MCC – Mendocino Coast Clinics; MCHC – MCHC Health Centers; MVHC – Mountain Valley Health Center; NRHC – Northeastern Rural Health Clinics; ODCHC – Open Door Community Health Centers; RCMS – Redwood Coast Medical Services; RRHC – Redwoods Rural Health Center; SCHC – Shasta Community Health Center; SHC – Shasta Cascade Health Centers; SMC – Shingletown Medical Center; WC – WeCare; WSMC – Western Sierra Medical Clinic.