



Prevention Connection

On the Cutting Edge of Cervical Cancer Policy

Prevention Connection

Quarterly Volume 3: Issue 4 December 2006

WOMEN IN GOVERNMENT SECOND ANNUAL HPV & CERVICAL CANCER SUMMIT A SUCCESS

On November 16-18, Women In Government held the Second Annual HPV & Cervical Cancer Summit in Washington, DC, successfully convening together state lawmakers, medical experts, advocates and public health officials in the nation's largest cervical cancer gathering to develop national strategies for eliminating cervical cancer in the United States. The participants expressed the need for widespread access to the HPV vaccine, as well as continued education about screening using the HPV test. During the Summit, Women In Government also honored 11 individuals and organizations for their efforts in cervical cancer elimination worldwide. Those honored were: Christine Baze, founder, Popsmeat.org; Tamika Felder, founder, Tamika & Friends; Pernessa Seele, president and CEO, The Balm In Gilead; Dr. Juan Felix, professor of Obstetrics & Gynecology, Keck School of Medicine, University of Southern California; Sen. Gloria Lawlah, Maryland State Legislature; Sen. Beverly Hammerstrom, Michigan State Legislature; Sen. Liz Figueroa, California State Legislature; Dr. Marie Savard, internist and nationally known women's health expert; The National Breast and Cervical Cancer Early Detection Program; the Bill & Melinda Gates Foundation; and The Pan American Health Organization (PAHO).

First ever Women In Government Presidential Leadership Award Winners



Front Row (Left to Right): Women In Government President, Susan Crosby, The Balm In Gilead President and CEO, Pernessa Steele, Beverly Hammerstrom (Sen – MI), Tamika & Friends founder, Tamika Felder, Popsmeat.org founder, Christine Baze, Dr. Donnica Moore, and the Pan American Health Organization, Merle Lewis and John Andrus. Back Row: Gloria Lawlah (Sen - MD), Comprehensive Cancer Control Branch Centers for Disease Control and Prevention Chief, Carol Friedman, and Dr. Marie Savard at the Women In Government Second Annual HPV and Cervical Cancer Summit. Not Pictured: Dr Juan Felix, Liz Figueroa (Sen – CA), and the Bill & Melinda Gates Foundation.

For more information about the Summit's proceedings and to read our press releases, please contact the HPV & Cervical Cancer Policy Resource Center by emailing resourcecenter@womeningovernment.org or visiting www.womeningovernment.org/prevention.

Summaries of this conference will be available in 2007.

CERVICAL CANCER PREVENTION AND SCREENING IN FOREIGN-BORN WOMEN

Ellen Schleicher, Graduate Policy Fellow, Women In Government

The United States has always been a magnet for immigration. Foreign-born residents often face different health problems and unique challenges in accessing healthcare compared with US-born citizens. Oftentimes, immigrants will experience incidence of diseases in between those of their country of origin and the US as they become acculturated. For cervical cancer, this discrepancy is certainly true. While cervical cancer rates are low and screening rates are high in the general US population, immigrant women frequently come from countries where the opposite is true. For these women, immigration to the US can open opportunities for access to care, however many women are not adequately informed about cervical cancer and are unable to navigate the healthcare system.

DEMOGRAPHICS

The United States is experiencing rapid growth in foreign born populations. In the decade between 1990 and 2000, the foreign-born population increased by 50 percent. In 2000, 11.1 percent (31 million) of the United States population was foreign-born, up from 7.9 percent (19 million) in 1990.¹ Every region of the world contributed to these immigration increases.

While every state attracts immigrants, the majority of this population lives in six states. Sixty-seven percent of the US foreign-born population is concentrated in California (29 percent), New York (11), Texas (9), Florida (9), New Jersey (5), and Illinois (4).² The remainder of the immigrant population is spread out across the United States. Increasingly, the foreign-born population is seeking to locate in areas that previously did not attract immigrants. Nineteen states, none of which were among the aforementioned six, experienced increases of over 100 percent.¹ North Carolina, Nevada, and Georgia saw a 200 percent or more increase in their foreign-born populations during this timeframe.¹ Due to these large increases, areas new to the migration boom are pressed to quickly adapt to the new population demographics.

CERVICAL CANCER

Cervical cancer is rare among US-born women. The American Cancer Society estimates in 2006 there will be 10,370 new cases of cervical cancer, and 3,710 deaths.³ The incidence of and mortality associated with cervical cancer are on the decline for women born in this country, indicating success

Percent Change in Foreign-Born Population for States with >100 percent change, for years 1990 and 2000¹

North Carolina	273.7
Georgia	233.4
Nevada	202.6
Arkansas	196.3
Utah	170.8
Tennessee	169.0
Nebraska	164.7
Colorado	159.7
Arizona	135.9
Kentucky	135.3
South Carolina	132.1
Minnesota	130.4
Idaho	121.7
Kansas	114.4
Iowa	110.3
Oregon	108.0
Alabama	101.6
Delaware	101.6
Oklahoma	101.2

Common Barriers to Care

- Acculturation
- English proficiency
- Citizenship status
- Health insurance status
- Income
- Lack of cervical cancer knowledge
- Lack of symptoms
- Fatalistic views about cancer and disease

in both prevention and screening efforts. However, the opposite is true for women born outside of the US.

While cervical cancer is easily prevented in most cases through regular screening, screening among foreign-born populations is less common than with US-born. Among foreign-born women who have been in the US less than 10 years, only 61 percent received a Pap smear in the last three years, compared to 83 percent of US-born women.⁴ Foreign-born women who have been in the US more than 10 years fared significantly better, but still lower than US-born

women.⁴ Additionally, differences lie between naturalized foreign-born and non-citizen women. Nationwide, 84 percent of naturalized Latinas received Pap smears in the last two years, while only 70 percent of Latina non-citizens received the same.⁵

Differences in screening rates also differ by country of origin. A study of Los Angeles immigrants found that Laotians, Cambodians, Vietnamese, Asian Indian, and Chinese immigrants had low screening rates within the last two years (52 to 56 percent) compared to Korean, Filipino, and Japanese women (65 to 75 percent).⁶ A similar study in the same area found that for foreign-born women over 50, Filipino immigrants were more likely to have been screened (48 percent) in the last three years than Korean immigrants (40 percent).⁷ These results are comparable to other areas of the country; for example, Maryland Korean-born women over the age of 40 showed low levels of testing with Pap smears, with up to 62 percent having never being screened.⁸

Lack of regular screening has led to heightened incidence and mortality from cervical cancer in these groups. Overall, US-born women's cervical cancer mortality declined 17 percent between 1985 and 1996, while foreign-born mortality increased by 22 percent.⁹ Increases in cervical cancer mortality in foreign-born populations are partially due to these women failing to receive Pap smears until they have advanced, and hard to treat, cervical cancer.

SUMMARY

While cervical cancer screening, incidence, and mortality in foreign-born women is closer to the US than it is that of their home country, the gap between US-born women and foreign-born women remains the same. Targeting intervention efforts before an HPV infection changes into cervical cancer is vital. Unfortunately, many foreign-born women face barriers to access cervical cancer prevention services whether it is caused by cultural norms, lack of insurance, limited screening knowledge, or lack of acculturation. Economic barriers, such as socioeconomic and insurance status, can be lessened through general education about funding sources, free or sliding scale clinics, and information related to state programs for naturalized citizens, non-citizens and undocumented foreign-born women.

cont'd on page 3

THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO) HPV WORKGROUP: PARTNERSHIPS AND DIALOGUE

JR Ransom, MPH, Senior Analyst, National Association of County and City Health Officials

Earlier this year, NACCHO welcomed the news of the licensure and inclusion of HPV vaccine into the recommended immunization schedule of a vaccine against cervical cancer. These were important milestones for public health practice. But we found ourselves at a new point in the process. The first step was to focus on the “message” and ensure that various public and private stakeholders communicated agreed-upon points effectively and consistently – about the vaccines, the morbidity they would prevent, and the cancer they could assist in eliminating. Now we are faced with implementation – not only do we have to continue our communications efforts and our outreach and education efforts to providers, patients, parents, the general public, as well as our members – we have to make sure the vaccines are available when sought at public sites, which frequently serve higher-risk girls and women in STD clinics, correctional facilities, and other high-priority settings. From the public health perspective, it is important to find an effective way to reach adolescents and young adults when addressing these key issues – cost of the vaccines, as well as public and private financing to make the vaccines available to those who cannot afford vaccination.

NACCHO held two partners meetings this year – one in March and a follow-up meeting in September 2006. These meetings helped bring together a diverse set of stakeholders – manufacturers, schools, faith-based organizations, and governmental public health agencies. These meetings helped public and private entities come together to discuss relevant issues and stay focused on a goal we all share – using these new tools for health promotion and disease

prevention. Although other organizations have held similar meetings, NACCHO’s meetings focused on ensuring the public health voice is not lost in this dialogue.

The need for public health, particularly local public health, to inform and help lead implementation efforts and champion

these and other interventions so that they reach those who need them most. These efforts should also challenge us to make sure that our advances actually help provide what most of the most vulnerable needs. This requires an aggressive, ambitious, coordinated, and coherent program of policy efforts.

We need a much better understanding of how new technical knowledge and tools such as HPV vaccines translate into good programs and interventions. These issues are the domain of public health – which also needs increased federal and state support. And we need to make sure that any increases in public funding for these vaccines do not jeopardize existing programs that deliver routinely recommended vaccinations and services.

The successful application of new knowledge and breakthrough technologies like HPV vaccines, which are likely to occur with ever-increasing frequency, will require interdisciplinary approaches

to policy-making – especially those that operate in an agile, collaborative problem-solving environment and work effectively at the intersection where policy, science, and healthcare practice meet. It must be rooted in a much better and improved understanding of people, organizations, and cultures and be implemented by innovative strategies and new methods of communication. All of this can occur only by engaging the most diverse cross-section of stakeholders that we can gather.

NACCHO is the national voice of local public health. It is a nonprofit membership organization serving the ~3,000 city, county, district, and tribal public health agencies. Its focus is on providing education, research, information, and technical assistance to its members. ■

OTHER NACCHO TOOLS

- Developed a webpage within our website to pull together the universe of information that’s out there so that our members can have a single site to access it all – the scientific articles, updates from FDA and CDC, and tools developed by public health agencies (<http://www.naccho.org/topics/hpdp/HPVNACCHO.cfm>).
- The summer 2006 issue of Exchange, NACCHO’s quarterly thematic publication, was dedicated to HPV vaccines and cervical cancer and is available for order on our website (many of the organizations that participated in our meetings contributed articles to this issue).
- We also sponsored an intern from C-CHANGE this summer to work on bridging the gaps within our NACCHO-specific practice areas such as immunization, infectious disease, sexually transmitted diseases, and cancer control and prevention, as they relate to HPV.
- We will host a webinar, in conjunction with the San Diego Immunization Partnership and the California Department of Health Services, during Pre-Teen Vaccine Week (Jan. 21-27, 2007). We are still working out the dates, speakers, and CME information for the 1-hour event that targets physicians and nurses. The topics include an update on new (and old) vaccines for adolescents and adolescent vaccination in the context of other preventative care.

adolescent health issues in general has never been greater. Especially when we know that policymakers are still worried about issues around vaccinating young children, abstinence, and reproductive health being associated with HPV vaccines. Discussions such as these can have a much greater impact on policy if they occur at these kinds of fora, in groups that include a cross-section of stakeholders. We want to work toward disentangling the politics from the science and focus on what we need to do to develop a viable adolescent health platform to deliver these and other critical vaccines and interventions.

The meetings helped all stakeholders convene and refocus on the difficulties faced in financing the vaccine, bolstering immunization programs, and implementing

COMING SOON: PARTNERING FOR PROGRESS 2007: THE “STATE” OF CERVICAL CANCER IN AMERICA

Progress Report 2006: The “State” of Cervical Cancer Prevention in America detailed how states have improved since Women In Government’s inaugural report in 2005 which highlighted areas for future policy work. *Partnering for Progress 2007: The “State” of Cervical Cancer Prevention in America* builds on previous findings, and continues to compare individual and aggregate level data for every state plus the District of Columbia; assessing progress since 2005.

Partnering for Progress 2007: The “State” of Cervical Cancer Prevention in America will be available in print and on the web in January 16th, 2007.



END NOTES

1. Nolan Malone et al, "The Foreign-Born Population: 2000," 2003, US Census Bureau, 15 August 2006.
2. Migration Policy. A New Century: Immigration and the US. 2005, MPI. Available from: <http://www.migrationinformation.org/Profiles/display.cfm?ID=283>.
3. American Cancer Society. Estimated New Cancer Cases and Deaths for all Sites, US, 2005. 2005, American Cancer Society, Inc. Available from: http://www.cancer.org/downloads/stt/Estimated_New_Cancer_Cases_and_Deaths_by_Sex_for_All_Sites_US_2005.pdf
4. Swan J, Breen N, Coates RJ, Rimer BK, Lee NC. Progress in Cancer Screening Practices in the United States: Results from the 2000 National Health Interview Study. Cancer. 2003 March 15; 97 (6): 1528-1540.
5. Echeverria SE, Carrasquillo O. The Roles of Citizenship Status, Acculturation, and Health Insurance in Breast and Cervical Cancer Screening Among Immigrant Women. Med Care. 2006 Aug;44(8):788-92
6. Chen JY, Diamant AL, Kawaga-Singer M, Pourat M, Wold, C. Disaggregating Data on Asian and Pacific Islander Women to Access Cancer Screening. American Journal of Preventive Medicine. 2004; 27 (2): 139-145.
7. Maxwell AE, Song H, Cancer Screening of Korean Americans in Los Angeles County: Adding Pieces to the Puzzle. Korean Am Stud Bull. 2003; 13 (1/2): 59-70.
8. Juon HS, Seung-Lee C, Klassen AC. Predictors of Regular Pap Smears among Korean-American Women. Preventive Medicine. 2003; 37: 585-592.
9. Seeff LC, McKenna MT. Cervical Cancer Mortality Among Foreign-born Women Living in the United States, 1985 to 1996. Cancer Detection and Prevention. 2003; 27: 203-208. ■

CERVICAL CANCER AWARENESS CAN BEGIN WITH YOU!

Discovery Health has launched an HPV and Cervical Cancer awareness E-card. A choice of three fun, personalizable cards helps educate others about cervical cancer screening. To send an E-card or visit the Discovery Health cervical cancer site, please visit <http://health.discovery.com/interactives/ecards/cervicalcancer/ecards.html>

Happy Holidays from Women In Government!



Women In Government staff at the Second Annual HPV & Cervical Cancer Summit

WIG is a national 501(c)(3), non-profit, bi-partisan organization of women state legislators providing leadership opportunities, networking, expert forums, and educational resources to address and resolve complex public policy issues.

PRSTD FIRST CLASS
U.S. POSTAGE
PAID
SPRINGFIELD, VA
PERMIT NO. 6127

Women In Government
2600 Virginia Avenue, NW
Suite 709
Washington, DC 20037

