Poster #9 | An urban pilot project to increase cervical cancer screening: are we helping the people who need it?

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Topic: Financial Toxicity and Disparities

Objectives
Hispanic women have a higher incidence of cervical cancer than any other ethnic group in the United States. This is largely driven by low screening rates secondary to socioeconomic barriers, such as poor access to medical care. We established a pilot program in 2018 to provide free cervical cancer screening to a predominantly Hispanic population in urban Houston. We aimed to evaluate the socioeconomic neighborhood factors which affect our patients in order to better assist them.

Methods
This was a retrospective cohort study of patients who presented to our free pilot program between 2019 - 2021. Our goal was to be in the areas of the city most in need in order to minimize the need for women to travel or take significant time away from family or jobs. Patient addresses were assigned a census tract, and the CDC/ATSDR Social Vulnerability Index (SVI) was used to measure the stress on the community in four primary disciplines: socioeconomic, household and disability, minority and language, housing and transportation. SVI disciplines are measured in percentiles from 0 to 1, with the higher value indicating greater vulnerability.

Results
Over 2 years, 512 women were screened for cervical cancer through our program; 472 had demographic data to include in the analysis. Median age was 47; 92% identified as Hispanic; 92% reported Spanish as their only or primary language; 96% had no insurance. Only 14 participants had received the HPV vaccine. 11% of women reported a prior procedure to evaluate an abnormal pap or to treat cervical dysplasia. On SVI analysis, the median percentiles for socioeconomic, household and disability, minority and language, and housing and transportation were 0.66, 0.46, 0.77 and 0.57, respectively. Despite the intention to provide care in the home community of patients, the average distance from home to the attended clinic was 15.8 miles.

Conclusions
This program is a necessary intervention to increase cervical cancer screening in this vulnerable population. Our data has helped us identify additional areas in closer geographic proximity to the women using our service and design efforts to aid the communities’ social vulnerabilities.