

Changes in Racial and Ethnic Disparities in Preventive Cancer Screenings Among Low-Income Women Associated with Medicaid Expansion

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Background: We examined changes in racial/ethnic disparities in pap smear and mammography use among low-income women before and after ACA Medicaid expansions. Because the relationship between insurance status and use of preventive services is likely mediated by access to primary care, we also examined changes by race/ethnicity in the probability of having a usual source of care.

Methods: We analyzed national data from the BRFSS from years 2012-2018, using an event-study design to estimate changes by racial/ethnic groups over time in the following outcomes: insurance status, having a usual source of care, and use of preventive cancer screenings. Trends were estimated separately for both Medicaid expansion and non-expansion states. Our study population included 216,484 women aged 18 – 64 years, had an income at less than 138% of the Federal Poverty Level, and met eligibility criteria for screenings.

Results: In Medicaid expansion states, insurance coverage increased substantially across all race/ethnicity groups from 2012-2018; by 2018, there were no coverage disparities between NHB and NHW women, but Hispanic women remained 20.9% less likely to have coverage than NHW women ($p<0.001$). In expansion states, there was a small non-significant narrowing of the disparity in usual source of care between NHW and Hispanic women; in non-expansion states, the disparity in usual source of care widened by 4.8% between Hispanic and NHW women ($p<0.10$). In both expansion and non-expansion states, pap smear utilization decreased across all three

racial/ethnic groups from 2012-2018, with little change in disparities between NHB or Hispanic vs. NHW women. In expansion states, use of mammography screenings remained higher among NHB women compared to NHW women, a decrease of 4.3% ($p<0.05$) in screenings between these two groups was noted.

Conclusion: State Medicaid expansions have increased insurance coverage but have not narrowed disparities in cancer screenings or the probability of having a usual source of care. Further research to understand the overall decrease in pap smear use is vital. These results suggest additional barriers exist aside from insurance coverage affect the receipt of preventive cancer services. Therefore, additional social and health policies should be considered to remediate disparities in the use of preventive cancer care services.