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

Anna Patterson BSN, RN, MPHc
University of Pittsburgh Graduate School of Public Health

Background

• Insurance coverage impacts access to care, including preventive cancer care
• The ACA expanded Medicaid for low-income adults
• Racial/ethnic disparities in cervical and breast cancer can be partly traced through disparities in access to preventive cancer care
• It remains unknown if reductions in insurance coverage disparities, has impacted preventive cancer care disparities through Medicaid expansions

Methods

• Analyzed BRFSS data from 2011-2018 using an event-study design
• Our main outcomes:
  • insurance status, probability having usual source of care, and use of preventive cancer services
• The study population included:
  • Women aged 18 – 64
  • Household income less than 138% of the FPL
  • Eligible for screening based on age

Results

Fig 1. Racial/Ethnic Differences in Insurance Coverage in Medicaid Expansion States in 2012 and 2018

Changes in Insurance Coverage in Medicaid Expansion States

Fig 2. Racial/Ethnic Difference in Pap Smear Screening in Medicaid Expansion States in 2012 and 2018

Discussion

• Medicaid expansion increased insurance coverage
• No evidence demonstrating a reduction in disparities in cancer screenings or probability in usual source of care
• There may be other mediating factors aside from insurance status that contribute to these findings

Recommendations

• Further investigations into factors related to low levels of screening is needed
• Things to consider are:
  • The built environment
  • Urban vs. rural settings
  • Availability of transportation
  • Local supply of health care providers
  • Health literacy