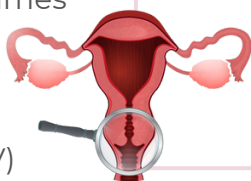


Cervical Cancer Screening Trends in LA County, 2023

What is cervical cancer screening?

Cervical cancer screening involves checking the cervix (the opening or mouth of the uterus or womb) for cancer risk or pre-cancerous change, so that treatment can prevent cervical cancer from occurring. With cervical cancer screening, healthcare providers (or sometimes patients themselves) use a swab or brush to collect material from the cervix. Two screening tests can help identify cervical cancer risk: 1) Human Papillomavirus (HPV) tests and 2) Pap tests (or Pap smears).



Human Papillomavirus (HPV) tests

identify forms of the virus that can cause cancer over time and determine who may need more frequent testing.

Pap tests (or Pap smears) involve examining cells from the cervix to detect pre-cancerous or cancerous cell changes (lesions) caused by HPV.

With HPV and Pap testing and appropriate follow-up care, cervical cancer is preventable.

Nevertheless, in Los Angeles (LA) County in 2021, **397 people were diagnosed with cervical cancer and 141 died.** [1] Routine cervical cancer screenings are critical in the timely detection and treatment of pre-cancerous lesions.

What are current recommendations for cervical cancer screenings?

As of February 2025, the US Preventive Services Task Force (USPSTF) and the American Cancer Society (ACS) provide slightly different guidelines for cervical cancer screening (see Table 1). [2, 3]

Table 1. Comparison of US Preventive Services Task Force (USPSTF) and American Cancer Society (ACS) Cervical Cancer Screening Guidelines

Age	USPSTF 2018-2025	ACS 2020
< 21 years old	No Screening	No screening
21-25 years old	Pap test every 3 years	
25-29 years old		Preferred: HPV testing every 5 years Acceptable: Co-testing every 5 years or Pap every 3 years
30-65 years old	Any of the following: · Pap test every 3 years · Co-testing every 5 years · HPV testing every 5 years	
> 65 years old	No screening necessary after adequate prior screening*	
Prior total hysterectomy	No screening necessary in those without history of concerning abnormalities or cervical cancer	No screening necessary in those without history of concerning abnormalities in the past 25 years or cervical cancer ever
Prior HPV vaccination	Follow age-specific guidelines	

*Adequate prior screening before age 65 = 3 consecutive negative cytology results or 2 consecutive negative co-testing results within 10 years before stopping screening, with the most recent test occurring within 5 years

Cervical Cancer Screening in LA County, 2023

Measuring Cervical Cancer Screening Among Women In LA County

In January 2024, LA County Department of Health Services (DHS) established an “Expected Practice” for cervical cancer screening that aligns with the guidelines established by USPSTF. DHS’s “Expected Practice” was developed by specialist and primary care representatives from across LA County and was guided by:

- real-life practice conditions at LA County facilities
- available clinical evidence
- the principle that equitable care be provided for the entire LA County population.



Resources for free and low-cost cervical cancer screening services are provided at the end of this report.

All findings are based on LA County DHS’s “Expected Practice” using data from the 2023 LA County Health Survey and previous survey cycles. People who reported they were assigned a sex of “female at birth” and were 21-65 years old were asked about cervical cancer screening, so the sample includes some people who do not identify as women (e.g., transmasculine or gender non-conforming individuals). Due to small sample sizes, results for gender diverse individuals could not be provided separately. Throughout this report, people screened are referred to as “women.”

Based on LA County’s “Expected Practice,” 73.7% of women between the ages of 21-65 years in LA County, or an estimated 2,049,000 women, reported having met the guidelines for cervical cancer screening in 2023. This is a significant decrease from 85.5% in 2011 and is consistent with national declines in screenings since 2005. [4, 5]

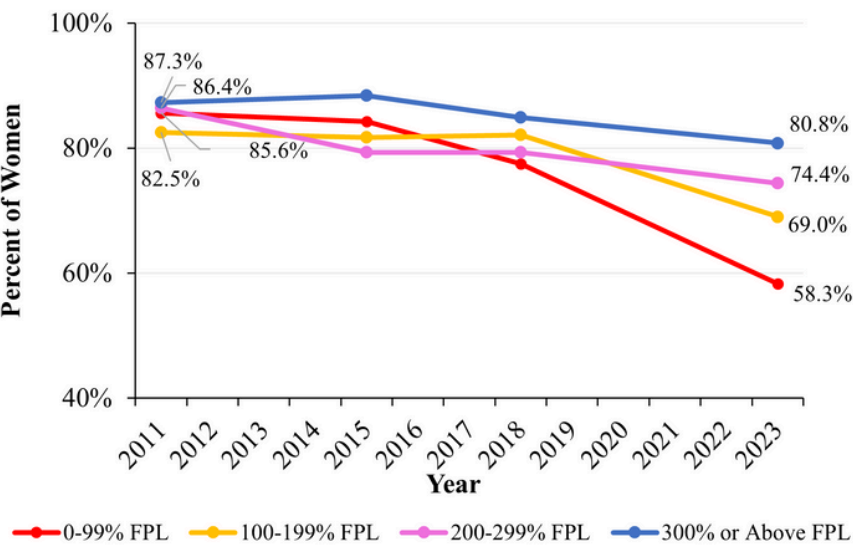
In a national study, the most reported reason women cited for not receiving timely cervical cancer screening was they did not know they needed it. [4] Women also reported they did not get Pap or HPV tests because they did not receive a recommendation from a health care provider to get screened. [5] Primary care and women’s healthcare providers play an important role in educating patients and emphasizing the importance of continued cervical cancer screening, even if tests are less frequent than in the past.

In this data brief, we explore cervical cancer screening rates among women in LA County by various sociodemographic factors, including household income level, health insurance status, education, race and ethnicity, nativity, age group, sexual orientation, and disability status. Although these factors are presented separately, we recognize they intersect with each other and with other social and cultural factors to impact people’s ability and desire to undergo cervical cancer screening.

Cervical Cancer Screening in LA County, 2023

Screening by Household Income Level

Figure 1. Percent of Women in LA County Who Met Cervical Cancer Screening Guidelines by Household Income, LACHS 2011-2023



+ Based on USPSTF cervical cancer screening guidelines for each year. Federal Poverty Level (FPL) is based on U.S. Census 2022 thresholds at the time of the survey interview, which for a family of four (2 adults, 2 dependents) corresponded to annual incomes of \$27,750 (100% FPL), \$55,500 (200% FPL), and \$83,250 (300% FPL).

Decreases in screening were observed among women across all economic circumstances in LA County, with the greatest decreases among women living in households with incomes below the federal poverty level (FPL; see Figure 1).

Women living in households experiencing poverty reported a decrease in cervical cancer screening from 85.6% in 2011 to 58.3% in 2023, with the greatest decrease occurring from 2018 to 2023.

Women with low incomes can face barriers in obtaining preventive screenings, including inability to take time away from caring for children and the elderly, lack of transportation options, lack of health insurance coverage, and jobs that don't provide paid time off. [6] Further, the economy has recovered slowly from the COVID-19 pandemic in California and LA County, leaving many women and families struggling with housing affordability, food insecurity, unemployment and underemployment, and challenges securing childcare, all of which detract from women's self-care measures like seeking preventive health services. [7, 8]

Lack of awareness about programs for low-income, uninsured, and underinsured women, which are widely available in LA County, may also play a role.

After decades of decline, cervical cancer mortality is increasing in the U.S. among women who reside in low-income counties, and for non-Hispanic White women in particular. [9] Significant increases in death from distant-spread cervical cancer have occurred in both non-Hispanic White and non-Hispanic Black women. While LA County is high-income, the County encompasses millions of low-income residents in under-resourced neighborhoods and must take action to ensure that people in these communities are able to access life-saving preventive services.

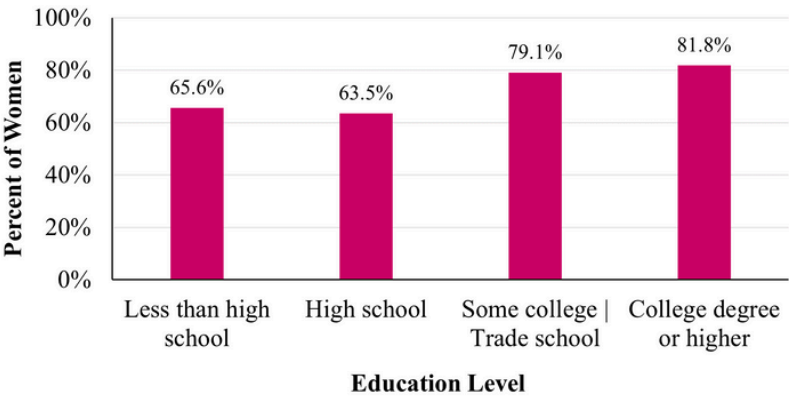
Cervical Cancer Screening in LA County, 2023

Women with private health insurance showed significantly higher rates of meeting cervical cancer screening guidelines compared to women with public health insurance (e.g., Medi-Cal) or no health insurance. Women with public health insurance also showed significantly higher rates of meeting cervical cancer screening guidelines compared to women with no health insurance (see Figure 2).

Although health insurance coverage, or lack thereof, plays a large role in whether women met current guidelines for cervical cancer screening, only a small percentage of women in LA County between the ages 18 and 64 were uninsured in 2023 (6.6%). Therefore, addressing other, more common risk factors that are likely associated with health insurance status, such as not knowing about current guidelines and not receiving a provider recommendation for a screening, may be more critical in improving cervical cancer screening rates among women in LA County.

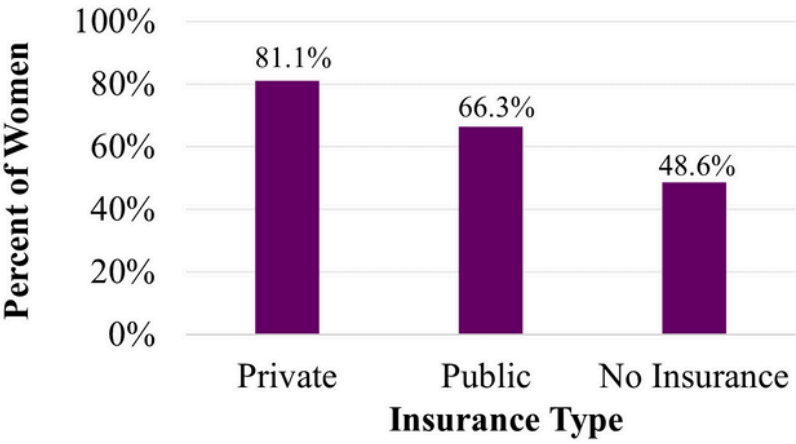
Screening by Education Level

Figure 3. Percent of Women in LA County Who Met Cervical Cancer Screening Guidelines by Education Level, LACHS 2023



literacy, making it harder for them to understand the importance of cervical cancer screening or to ask questions of healthcare providers. Primary care providers and women’s health physicians play a critical role in highlighting the importance of cervical cancer screenings. Face-to-face educational programs, the organization of mass screening programs, and activation of social support have also been proposed as ways to improve screening rates for individuals with lower levels of education. [11]

Figure 2. Percent of Women in LA County Who Met Cervical Cancer Screening Guidelines by Insurance Coverage, LACHS 2023



Women with a high school education or less showed significantly lower rates of cervical cancer screening compared to women with at least some college or trade school education or higher (see Figure 3).

Studies show that more educated individuals also show higher rates of other preventive healthcare usage (e.g., breast cancer screenings and flu shot). [10, 11] Education is associated with health literacy, which is the ability to find, understand, and use health information to make beneficial health decisions. People with less education may have lower health

Cervical Cancer Screening in LA County, 2023

Screening by Race / Ethnicity

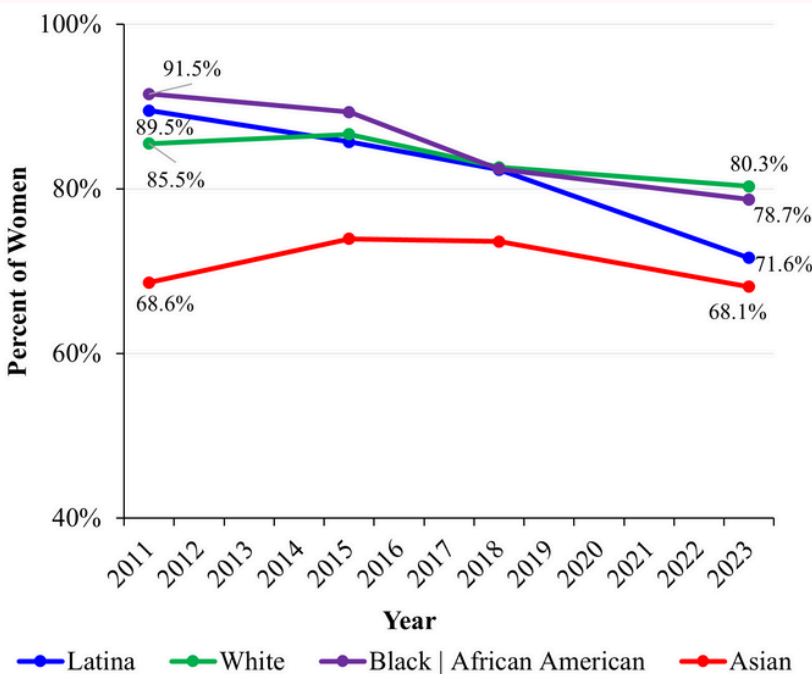
The percent of Black/African American, Latina, and White women who met screening guidelines significantly decreased from 2011 to 2023 in LA County. Although Asian women in LA County did not show significant decreases from 2011 to 2023, they consistently reported the lowest rates of cervical cancer screening. (see Figure 4).

Nationally, the greatest declines in screenings from 2005 -2019 were observed among Latinas, who also demonstrated a steep decline locally (89.5% reported meeting guidelines in 2011 compared to 71.6% in 2023). [12]

Nativity

Within racial and ethnic groups, migration and immigration status are often associated with barriers to receiving quality healthcare. [13]

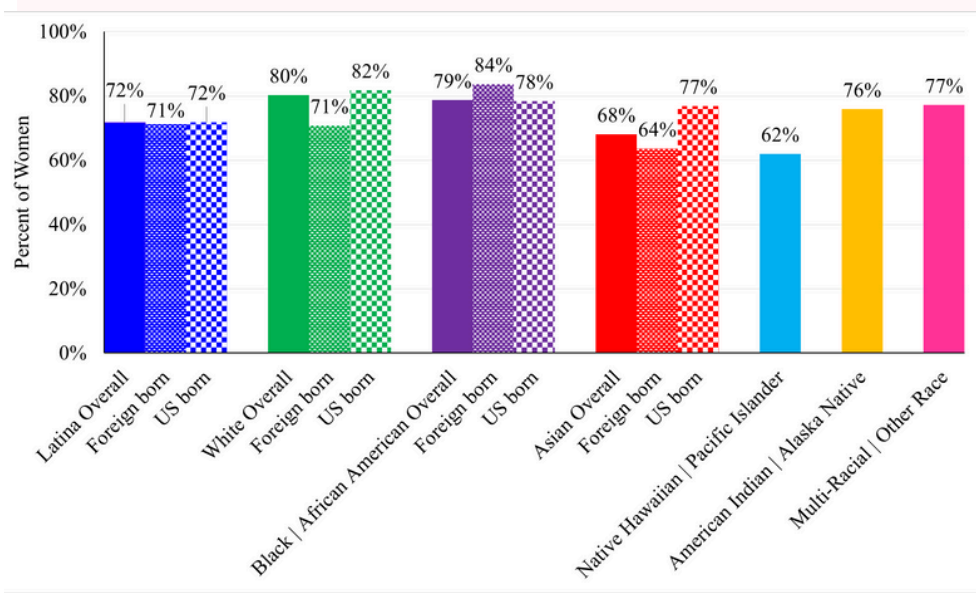
Figure 4. Percent of Women in LA County Who Met Cervical Cancer Screening Guidelines+ by Race/Ethnicity*, LACHS 2011-2023



+ USPSTF cervical cancer screening guidelines for that year.
* Data for 1) American Indian or Alaska Native, 2) Native Hawaiian or Pacific Islander, or 3) Multi-racial or other Race are not shown in Figures 4 because small population and sample sizes resulted in unstable estimates for many years.

- **Migration** refers to a temporary move away from one’s home country to another country
- **Immigration** involves a permanent move from one’s home country to another country

Figure 5. Percent of Women in LA County Who Met Cervical Cancer Screening Guidelines by Race/Ethnicity & Nativity, LACHS 2023



In LA County, foreign-born White and Asian women showed lower screening rates compared to White and Asian U.S.-born women. Latina women who were born inside versus outside of the U.S., however, did not show a significant difference in screening rates. Reliable comparisons across foreign-born and U.S.-born African American/Black women, Native Hawaiian or Pacific Islander, and American Indian or Alaska Native women are not possible due to small population and sample sizes (see Figure 5).

Cervical Cancer Screening in LA County, 2023

Screening by Race / Ethnicity

Nativity Continued

Although Spanish is one of the most under-represented languages for healthcare providers across LA County [15] and foreign-born Latina women report more difficulty accessing healthcare than their U.S. -born counterparts (39.6% vs. 25.5%), **U.S. and foreign-born Latina women showed similar cervical cancer screening rates.** This lack of difference may reflect the success of programs such as Every Woman Counts, which provides outreach, education, screening assistance, patient navigation, and clinical services in LA County, through hundreds of cultural and community events each year that target monolingual Spanish speakers [16].

Immigrant and migrant populations and their clinicians cite language, cultural knowledge, and time constraints as key barriers to care. [14] Economic constraints and lack of trust in the healthcare system are highlighted as central barriers to care for women migrants and immigrants, in particular. Given changes at the federal level, and research demonstrating that perceived fear of deportation, retaliation, and harassment by authorities are associated with decreased access to health services, utilization of cancer prevention and other health services may decrease among migrant and immigrant populations in LA County in the coming months and years. [17]

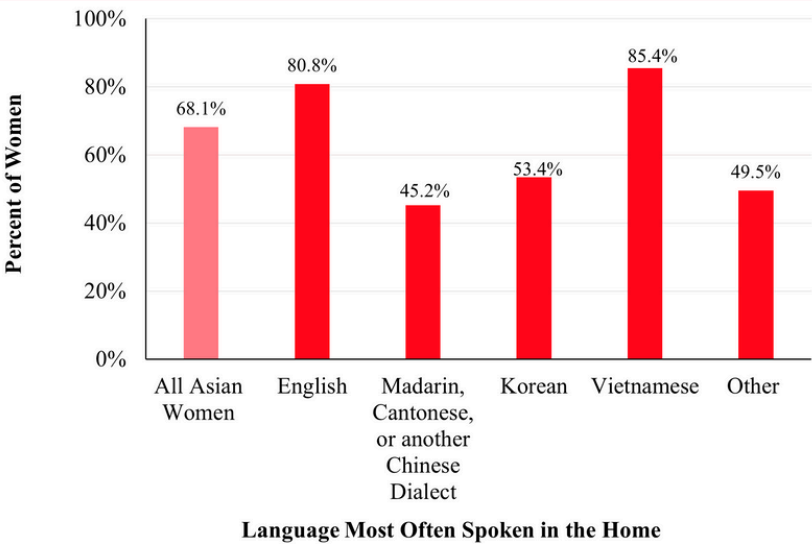
Importantly, California is a “sanctuary state” that has provided Medicaid coverage for immigrant populations since 2018. Despite challenges at the federal level, LA County remains committed to equitably serving our migrant and immigrant communities. [18]

Asian Sub-Groups

Low rates of cervical cancer screening among Asian women are often attributed to cultural beliefs about modesty [19], yet there are important ethnic differences across Asian populations that suggest more complex dynamics impact screening behavior. Indeed, Asian Americans show similar screening disparities for other cancers and diabetes due to fewer provider recommendations compared to other racial-ethnic groups. [20]

In LA County, Asian women showed significant differences in cervical cancer screening not only based on whether they were born in the United States or not, but also based on the primary language spoken in their home (see Figure 6). **Asian women who regularly speak either English or Vietnamese in their home were more likely to have met screening guidelines in 2023 compared to Asian women who regularly speak Chinese languages or dialects, Korean, or another language (i.e., Tagalog, Japanese, or other).**

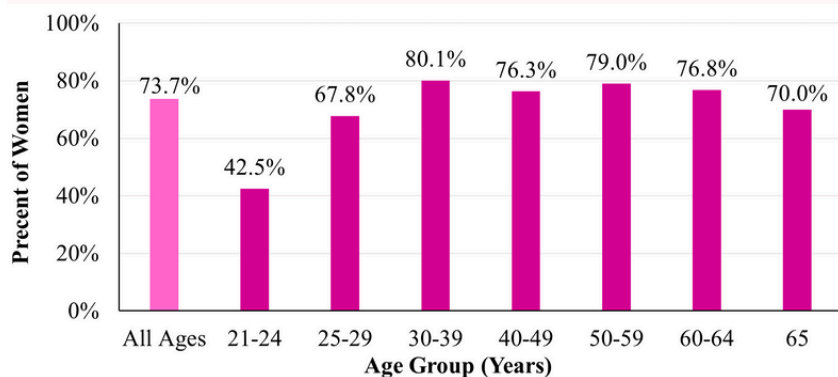
Figure 6. Percent of Asian Women in LA County Who Met Cervical Cancer Screening Guidelines by Language Most Often Spoken in the Home, LACHS 2023



Cervical Cancer Screening in LA County, 2023

Screening by Age Group

Figure 7. Percent of Women in LA County Who Met Cervical Cancer Screening Guidelines by Age Group, LACHS 2023



Women ages 21-24 years in LA County reported significantly lower rates of cervical cancer screening compared to women of all other age groups (see Figure 7). Given that the ACS changed its screening guidelines in 2020 to recommend screening begin at age 25, this low screening rate may reflect young women adhering to new guidelines. [3] However, women ages 25-29 years reported a screening prevalence of 67.8% in 2023, a stark decline from 82.8% of 25-29-year-olds receiving appropriate screening in 2018 (data not shown).

Other studies of cervical cancer screening have similarly found declining rates of screenings among women ages 21-29 years. [12, 21] Among young women who were not up to date on their screening, most reported receiving the HPV vaccine as their main reason for not having a cervical cancer screening. [10] However, because current vaccines do not protect against all HPV types that cause cervical cancer, people who are vaccinated against HPV still should be screened for cervical cancer.

Another factor contributing to lower cervical cancer screening among women in their 20's is lack of access to healthcare. Nationally, young adults ages 19-34 show the highest rates of uninsurance and are less likely to have a regular source of care. [21, 22] In LA County, younger women show significantly higher rates of being uninsured (7.9% of women ages 18-39 compared to 5.4% ages 40-64) and are more likely to lack a regular source of care (32.1% of women 18-39 years versus 16.6% ages 40-64). These barriers, alongside lack of education and provider recommendations, may explain lower rates of Pap tests among women in their 20's.

In LA County, 76.8% of women ages 60-64 and 70% of 65-year-old women reported meeting cervical cancer screening guidelines. Lack of adequate screening among older women is concerning, given that the recommendation to stop screening at 65 depends upon having achieved negative results



with consistent screening over the previous decade. Premature discontinuation of routine screening can contribute to preventable cases of invasive cervical cancer and death. [23, 24] In fact, from 2018-2022, 37.8% of cervical cancer deaths in the U.S. occurred in women ages 65+. Another 23.5% occurred in women 55-64 years of age. [25] As with younger women, confusion about recommended screening intervals may play a role. It is important to improve knowledge of cervical cancer screening among women of all ages.

Cervical Cancer Screening in LA County, 2023

Screening by Sexual Orientation

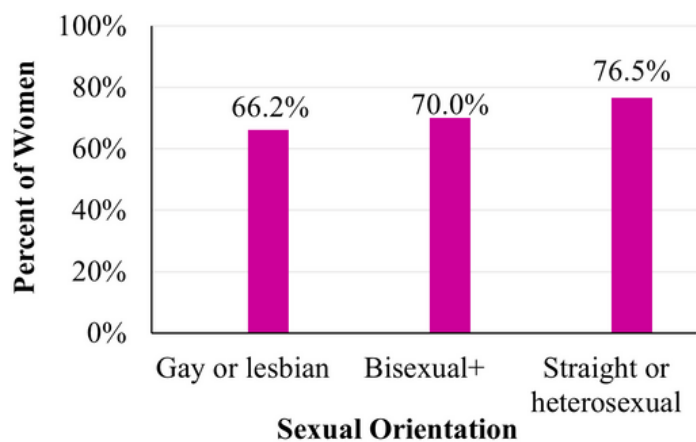
Lesbian or gay identifying women in LA County showed lower rates of cervical cancer screenings compared to bisexual and straight or heterosexual women in 2023 (see Figure 8). While the differences among these groups are not statistically significant, this may be due to the relatively small sample size of people identifying as lesbian, gay, or bisexual in the survey. National data consistently show that sexual and gender minority women are less likely to receive cervical cancer screenings, with lesbian and gay women twice as likely to report never having a cervical cancer screening. [26, 27] Studies demonstrate that women who have sex with women commonly report negative interactions with health care providers that lead them to delay or avoid healthcare. [27, 28] Importantly, individuals who are part of multiple marginalized communities experience greater barriers to care; recent work highlights the importance of looking at the intersection of race and ethnicity with sexual and gender identities to understand inequities in cervical cancer screening rates among sexual and gender minorities. [29]

Screening by Disability

Women who reported a disability, compared to those who did not report a disability, showed significantly lower screening rates (see Figure 9).

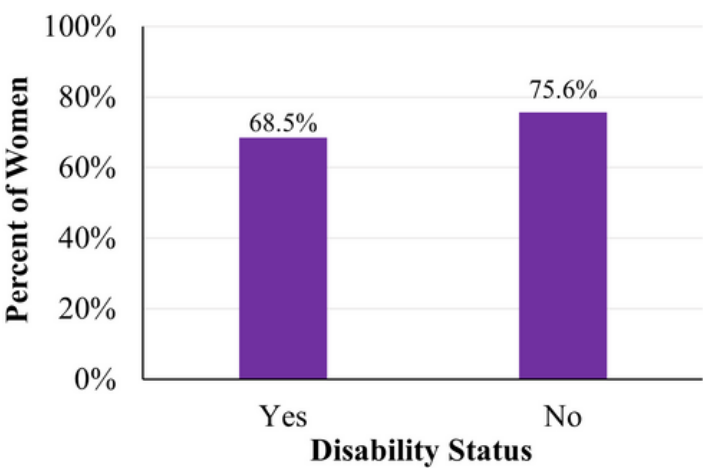
Studies show that women with disabilities experience disparities in accessing reproductive healthcare and report a variety of reasons for not participating in preventive health screenings [30, 31]. Top reasons include health insurance issues, healthcare workers, and physical barriers. [31] While evidence suggests there are differences in screening rates across disability subtypes, studies vary regarding which disability types experience the lowest screening rates. [32] Nevertheless, there is a need to alleviate barriers to care and develop tailored approaches to address lower screening rates for women with disabilities.

Figure 8. Percent of Women in LA County Met Cervical Cancer Screening Guidelines by Sexual Orientation*, LACHS 2023



*Bisexual+ category includes respondents who self-identified as bisexual, pansexual, sexually fluid, heteroflexible, homoflexible, or queer. Sample sizes for “prefer not to state, do not understand the question, not sure, or something else” are too small to present.

Figure 9. Percent of Women in LA County Who Met Cervical Cancer Screening Guidelines by Disability Status, LACHS 2023



Cervical Cancer Screening in LA County, 2023

Improving Rates of Cervical Cancer Screening In LA County

Cervical cancer screening is a critical public health intervention for preventing cervical cancer and reducing mortality.

Despite effective screening methods like HPV and Pap tests, widespread health insurance coverage across LA County, and availability of low cost and free screening, cervical cancer screening rates have declined significantly over the past decade in LA County, which is consistent with national trends. Recent research shows that after decades of decline, cervical cancer mortality is also increasing, especially among low-income and non-Hispanic White women populations.

Sociodemographic disparities further underscore the importance of equitable access to cervical cancer screening services for underserved groups, in particular. Key barriers, including lack of awareness about updated screening guidelines and the absence of provider recommendations, highlight the need for enhanced, culturally tailored communication and education efforts.

To reverse the decline in screening rates, healthcare providers, public health agencies, and community organizations must work collaboratively to:

- Increase awareness of the importance of regular cervical cancer screening.
- Provide clear, consistent information about updated guidelines.
- Ensure culturally and linguistically tailored outreach efforts reach diverse populations.

By addressing these challenges, LA County can improve cervical cancer screening rates, reduce disparities, and move closer to eliminating cervical cancer as a public health concern. Continued monitoring and targeted interventions will be essential to achieving these goals.

Resources

The 2010 Affordable Care Act requires health insurance to cover cervical cancer screening for women ages 21-65, at no cost to the patient, regardless of annual deductible.

Find low or no cost cervical cancer screening services near you:

- **Los Angeles County Health Services & Department of Public Health Sexual Health Clinics** offer cervical cancer screening at multiple sites throughout LA County. <https://dhs.lacounty.gov/womens-health/our-services/womens-health/find-a-clinic/> <http://publichealth.lacounty.gov/chs/sexualhealthclinics/>
- **Every Woman Counts** provides free comprehensive cervical cancer early detection services for age- & income-eligible underinsured Californians. <https://healthcollaborative.org/program/every-woman-counts-ewc/>
- **The Family Planning, Access, Care and Treatment (Family PACT)** offers free cervical cancer screening for low income Californians who have no other source of coverage. <https://familypact.org/provider-search/>

HPV vaccines offer safe, effective, and long-lasting protection against many cancers and are routinely recommended starting at age 9. HPV vaccines may be considered up to age 45, if not adequately vaccinated when younger. [33]

Find low or no cost HPV vaccination services near you:

- **The Department of Public Health** offers no or low-cost vaccines for children & underinsured adults. <http://publichealth.lacounty.gov/ip/clinics/index.htm>
- **The Department of Health Services** offers HPV vaccination for children & adults ages 9-45. <https://dhs.lacounty.gov/womens-health/>
- **Immunize Los Angeles** offers a wide range of vaccines at their Mid-City LA location. <https://www.immunize-la.com/vaccine/hpv/>
- **Family PACT** covers HPV vaccination to adults ages 19-45. <https://familypact.org/provider-search/>

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