

4417.0, "HPV and Public Health": Reducing Pap Smears Among Young Women in Title X Family Planning Clinics

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Cardea Services

APHA Conference

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Presenter Disclosures

Sarah Goldenkranz Salomon

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

NONE



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Improve organizations' abilities to deliver accessible, high quality, culturally proficient, and compassionate services to their clients.

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AND RESEARCH



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Background

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- Federal Title X family planning program is a major provider of cervical cancer screening
 - Reproductive health services at public and private clinics throughout U.S.

Learning Objectives

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- Explore adherence to new guidelines in Region X Title X Family Planning clinics, and patient characteristics associated with Pap smears.

Cervical Cancer Incidence

- **530,000 New Cases Worldwide** (WHO, 2008)
 - A Leading cause of cancer-related death in developing countries
- **United States** (ACS, 2011)
 - ~12,710 new cases & 4,290 deaths

Why did recommendations change?

Goal:

Maximize screening benefits and minimize harms

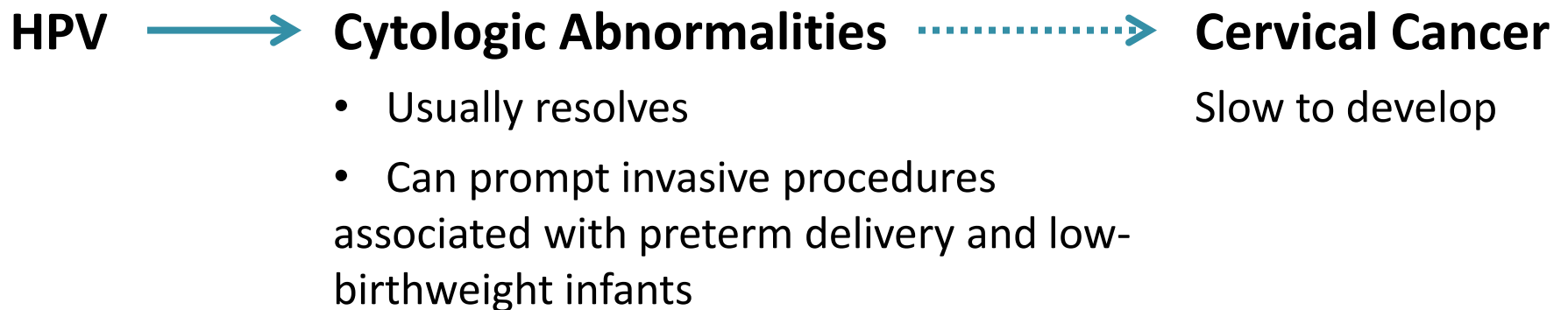
Why did recommendations change?

- Pap smears detect abnormalities and prevent cervical cancer
- Historically, annual pap smear recommended for all sexually active women

HPV → **Cytologic Abnormalities** → **Cervical Cancer**

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Cervical Screening Recommendations

Variable	ACS-ASCCP-ASCP 2011 Draft	ACOG 2009	USPSTF 2011 Draft
Age to Start	21	21	21
Pap Frequency, Age 21-29	Every 3 years	Every 2 years	Every 3 years
Pap Frequency, Age \geq 30	Every 3 years	Every 3 years	Every 3 years
Pap & HPV co-testing, Age \geq 30**	Recommended every 3 yrs	Allowed every 3 yrs	Insufficient data
Age to Stop	65 yrs after 3 consecutive neg paps or 2 neg HPV tests in past 3 years	65-70 yrs after 3 negative paps in preceding 10 years	65 yrs after adequate screening
After Hysterectomy	Discontinue if no dysplasia or cancer	Discontinue if no dysplasia or cancer	Discontinue if no dysplasia or cancer
Screening after HPV vaccine	Same as unvaccinated	Same as unvaccinated	Not addressed

ACOG-American College of Obstetricians and Gynecologists; ACS-American Cancer Society; ASCCP-American Society for Colposcopy & Cervical Pathology, ASCP-American Society for Clinical Pathology; USPSTF-US Preventive Services Task Force

****controversial: cost-effectiveness unclear**

Source: Michelle Berlin, OHSU Center for Women's Health – Title X Region X Reproductive Health Conference 2011
 Feldman S. Making sense of the new cervical-cancer screening guidelines. *N Engl J Med.* 2011;365:2145–2147.

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CONSENSUS

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Federal Title X Program

- Directed by DHHS/Office of Population Affairs
- Supports reproductive health services for low income women and men at family planning clinics throughout the US
- Sliding fee scale

Title X Program - Region X

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 - 285 Title X FP clinics in Region X
 - Provide FP services to 250,000 women annually and collect data at all clinic visits

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REGION X CLINIC VISIT RECORD

NAME _____
(Last)

_____/_____/_____
Date of Visit

Address _____

(DETACH THIS PORTION AND RETAIN AT SERVICE SITE)

1. SERVICE SITE NUMBER

2. CLIENT NUMBER

3. DATE OF VISIT

MO.	DAY	YR.
		200

4. DATE OF BIRTH

MO.	DAY	YR.
		19

5. GENDER 1 - Female 2 - Male

6. ETHNICITY

6 - Hispanic or Latino 8 - Not Hispanic or Latino

6a. RACE (Mark All That Apply)

1 - White 4 - Alaska Native 8 - Native Hawaiian
 2 - Black/Afr. Amer. 5 - Asian Pacific Islander
 3 - American Indian 7 - Unknown/Not Reported 6 - Other

7. ADDITIONAL DEMOGRAPHIC (Check all Applicable)

4 - Person with Disabilities 6 - Homeless
 5 - Limited English Proficiency

8. ZIP CODE

9. ASSIGNED SOURCE OF PAYMENT (Check One)

1 - No Charge 5 - Full Fee
 2 - Title XIX (Medicaid) 6 - Partial Fee
 3 - Take Charge Project 7 - Other
 4 - Private Insurance 9 - Not Reported (Idaho)

18. CLIENT INSURANCE STATUS (Check One)

1 - Public Health Insurance
 2 - Private Health Insurance
 3 - Uninsured
 4 - Unknown

10. INCOME AND FAMILY SIZE

	AMOUNT
a. What is your monthly family income?	
b. How many people are in your family, that is, the number supported by this income?	NUMBER

11. PREGNANCY HISTORY (Females Only)

a. How many times have you been pregnant?

12. PURPOSE OF VISIT

1 - Initial Medical Exam 4 - Counseling Only
 2 - Annual Medical Exam 5 - Pregnancy Test
 3 - Other Medical

13A. MEDICAL SERVICES (Check all Applicable)

01 - Procedures 2 through 9 and check appropriate lab services

Exam & Lab Services

02 - Blood Pressure
 03 - Height/Weight
 04 - Thyroid Exam
 05 - Heart/Lung Auscultation
 06 - Breast Exam
 07 - Abdominal Exam
 08 - Extremities
 09 - Bimanual/Speculum Pelvic Exam

20 - Hgb / Hct
 24 - Urine dipstick / Urinalysis
 25 - Pap Smear
 26 - Repeat Abnormal Pap Smear
 27 - Colposcopy
 34 - Immunization
 42 - Male Genitalia Exam
 49 - Colo-Rectal Cancer Screening
 36 - Other Lab or Exam
 37 - No Lab or Exam

13A. CONT. MEDICAL SERVICES (Check all Applicable)

Contraceptive Related Services

17 - Diaphragm / Cap Fit
 19 - IUD/IUS Insert
 20 - Sterilization Procedure
 38 - Hormone Implant In
 39 - Hormone Implant Out
 40 - Hormonal Injection
 48 - EC-Immediate Need
 46 - EC-Future Need
 22 - IUD/IUS Removal

Pregnancy Related Services

21 - Post Pregnancy Exam
 31 - Serum Pregnancy Test
 32 - Negative Pregnancy Test
 33 - Positive Pregnancy Test
 35 - Infertility Screening

STD Related Services

11 - Vaginitis/STD/Eval/Dx
 12 - Vaginitis/STD/Eval/RX
 29 - Chlamydia Test
 13 - Chlamydia Treatment
 14 - Chlamydia Presumptive
 15 - Wart Treatment

16 - Herpes Test
 28 - Gonorrhea Test
 30 - Wet Mount / Gram Stain
 43 - HIV Test
 47 - VDRL/RPR
 50 - HPV Test

14A. COUNSELING EDUCATION PROVIDED (Check all Applicable)

01 - Contraceptive Method
 02 - Fertility Awareness Method
 03 - Sterilization
 04 - Infertility
 08 - Preconception
 13 - Abstinence
 07 - Pregnancy

09 - STD/HIV Prevention
 10 - HIV Pre & Post
 16 - Abnormal Pap
 19 - BSE
 20 - TSE
 15 - Crisis
 17 - Encou

13B.14B. PROVIDER OF MEDICAL SERVICES AND COUNSELING/EDUCATION SERVICES (Mark all that apply)

1 - Physicians
 2 - Physician Assistant, Nurses, Certified Nurse Midwives
 3 - RNs, LPNs
 4 - Other service providers: health educators, social workers, clinic aids and lab techs

15A. PRIMARY CONTRACEPTIVE METHOD

(Complete before and after blocks)

01 - Sterilization
 02 - Contraceptives
 03 - IUD
 04 - Diaphragm/Cap
 11 - Hormone Implant
 15 - IUS
 16 - Hormonal Injection - 3 month
 17 - Hormonal Patch
 18 - Vaginal Ring

09 - Other Method
 19 - Female Condom
 06 - Male Condom
 07 - Spermicide
 08 - Fertility Awareness Method
 13 - Abstinence
 14 - Male Sterilization
 20 - Withdrawal
 21 - Contraceptive Sponge
 10 - None

BEFORE VISIT AFTER VISIT

15B. IF NONE AT THE END OF THIS VISIT, GIVE REASON.

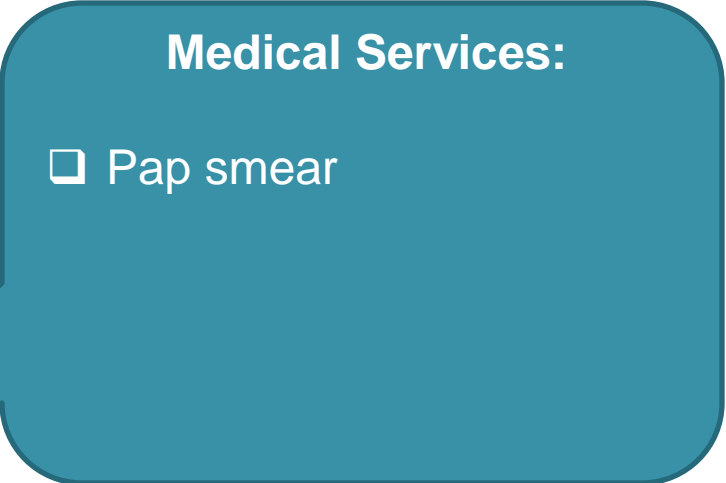
Pregnant 1 - Planned 8 - Unplanned 3 - Seeking Pregnancy 6 - Not Sexually Active 7 - Other

16. REFERRAL INFORMATION (Check all Applicable)

02 - High Risk Pregnancy
 15 - Adoption
 03 - Abortion
 01 - Prenatal
 16 - Breast Evaluation
 12 - Mammography or U.S.
 05 - Sterilization

06 - Infertility
 07 - Fertility Awareness Method
 04 - STD
 08 - Other Medical

10 - Social Services
 09 - Nutrition
 13 - Substance Abuse
 14 - Abuse/Violence
 11 - None



Title X Program - Region X

- AK, ID, OR, WA
 - 285 Title X FP clinics in Region X
 - Provide FP services to 250,000 women annually and collect data at all clinic visits
- *Clinic Visit Record* used in Region X to collect demographic and service data from all patients
- Hosts annual Reproductive Health conference for Title X providers

Objectives

In Region X Title X clinics,

1. Describe efforts to promote awareness of new recommendations
2. Examine trends in Pap Smears among women < age 21 between 2008-2011
3. Explore factors associated with Pap Smears among women < age 21

Methods

1. Reviewed RH conference programs for sessions related to Pap guidelines
2. Compiled demographic and service data for all female patients under age 21 during 2008-2011 (n=305,655 patients)
3. Calculated the percentage of women receiving a Pap Smear by age and year
4. Multivariate analyses to assess associations between Pap Smear and client characteristics

Results

Region X promotion of new guidelines

Region X Reproductive Health Conference

- **3/25/2009 – *Pap Recommendations & Follow Up***
Beth Epstein, MD/MPH
- **4/9/2010 plenary session – *Pap Screening Update: The NEW Guidelines*** Michelle Berlin MD/MPH
- **3/23/2011 plenary session – *Clinical Practice Using National Clinical Standards (Rx)*** Michael Policar MD/MPH
- **3/21/2012 – *Cervical Cancer Screening workshop***
Michelle Berlin MD/MPH

Region X promotion of new guidelines

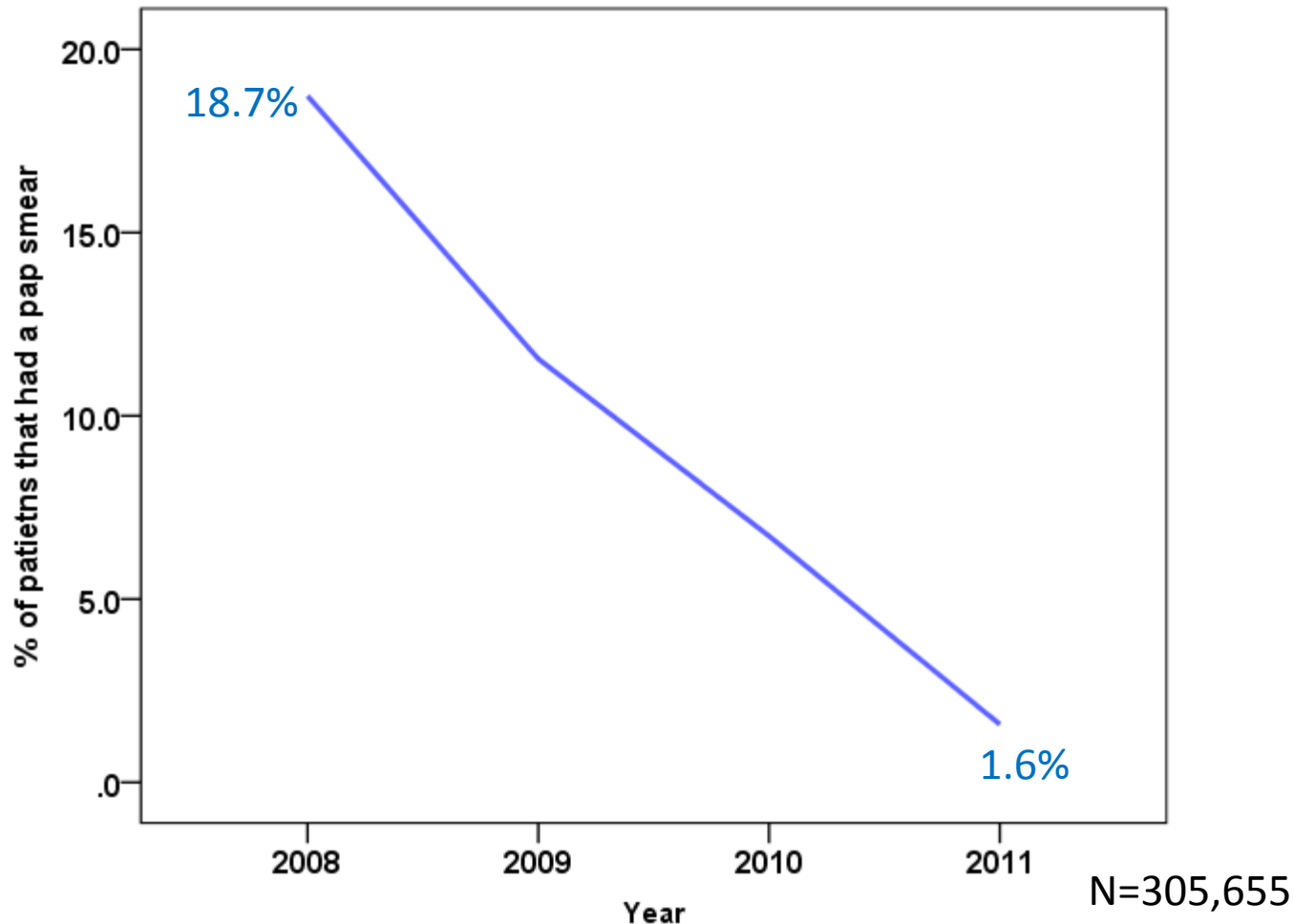
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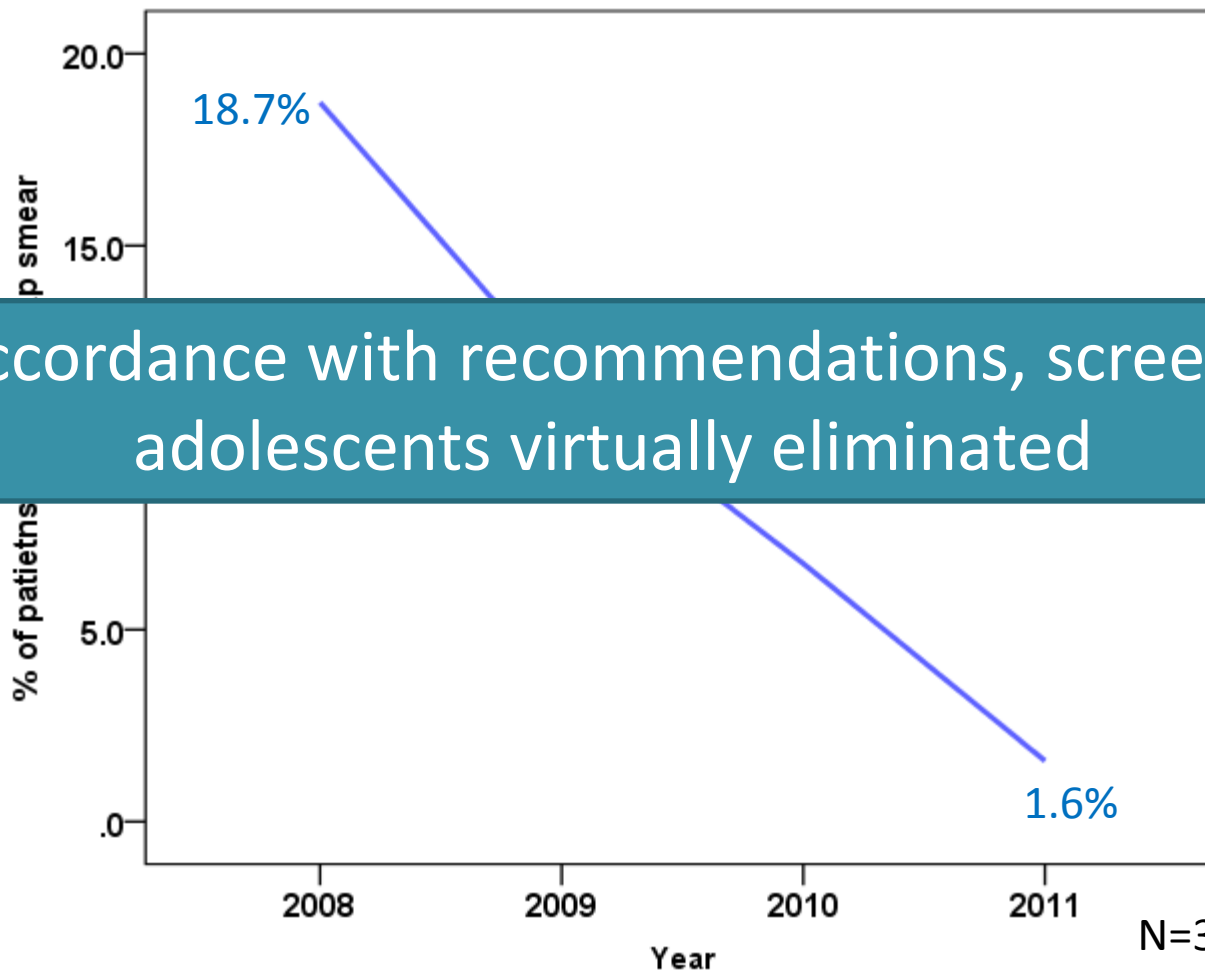
✓ New guidelines highlighted at all conferences,
including 2 plenary sessions

- **3/23/2011 plenary session – *Clinical Practice Using National Clinical Standards (Rx)*** Michael Policar MD/MPH
- **3/21/2012 – *Cervical Cancer Screening workshop***
Michelle Berlin MD/MPH

Percentage of female clients age < 21 years that had a pap smear 2008-2011



Percentage of female clients age < 21 years that had a pap smear 2008-2011



Client characteristics associated with pap smears

In other words...

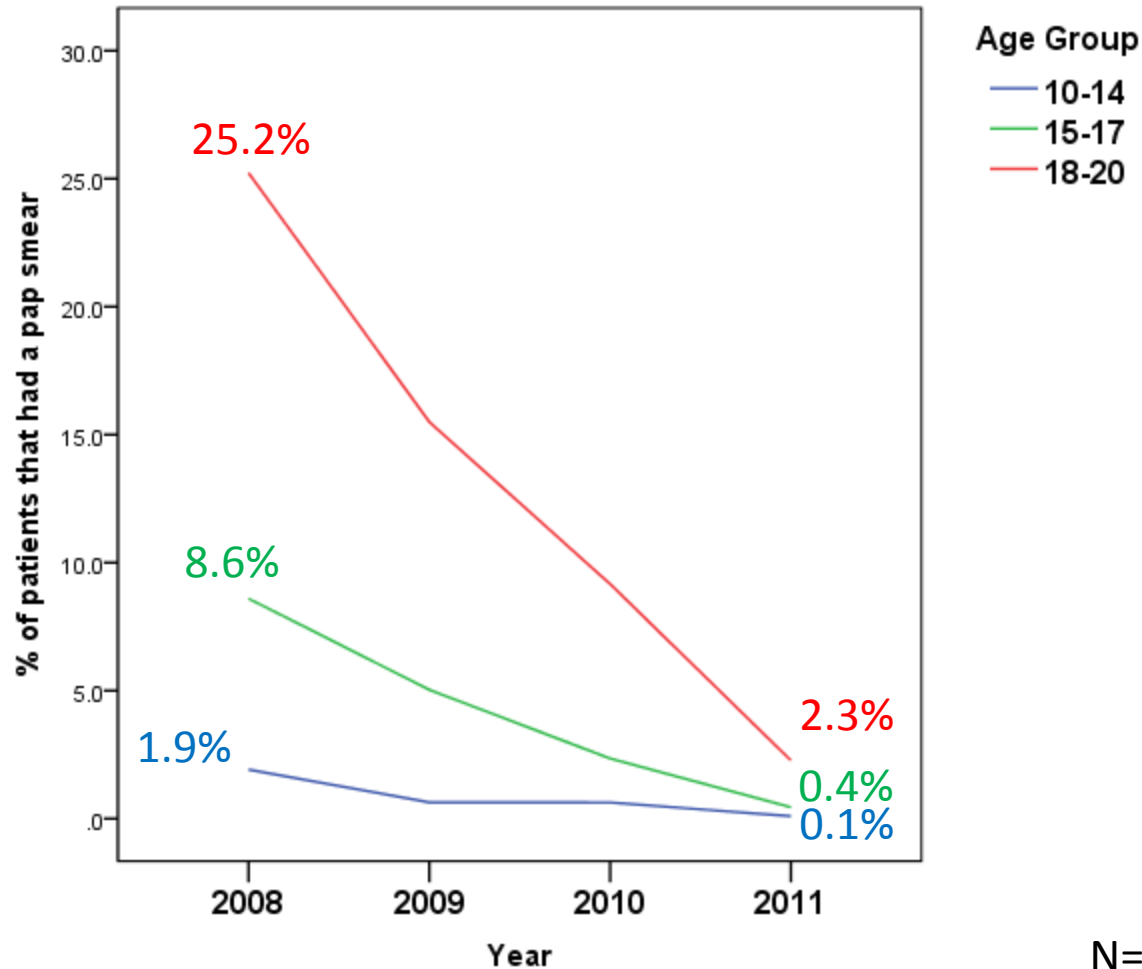
Are some clients more likely to be screened than others?

Age

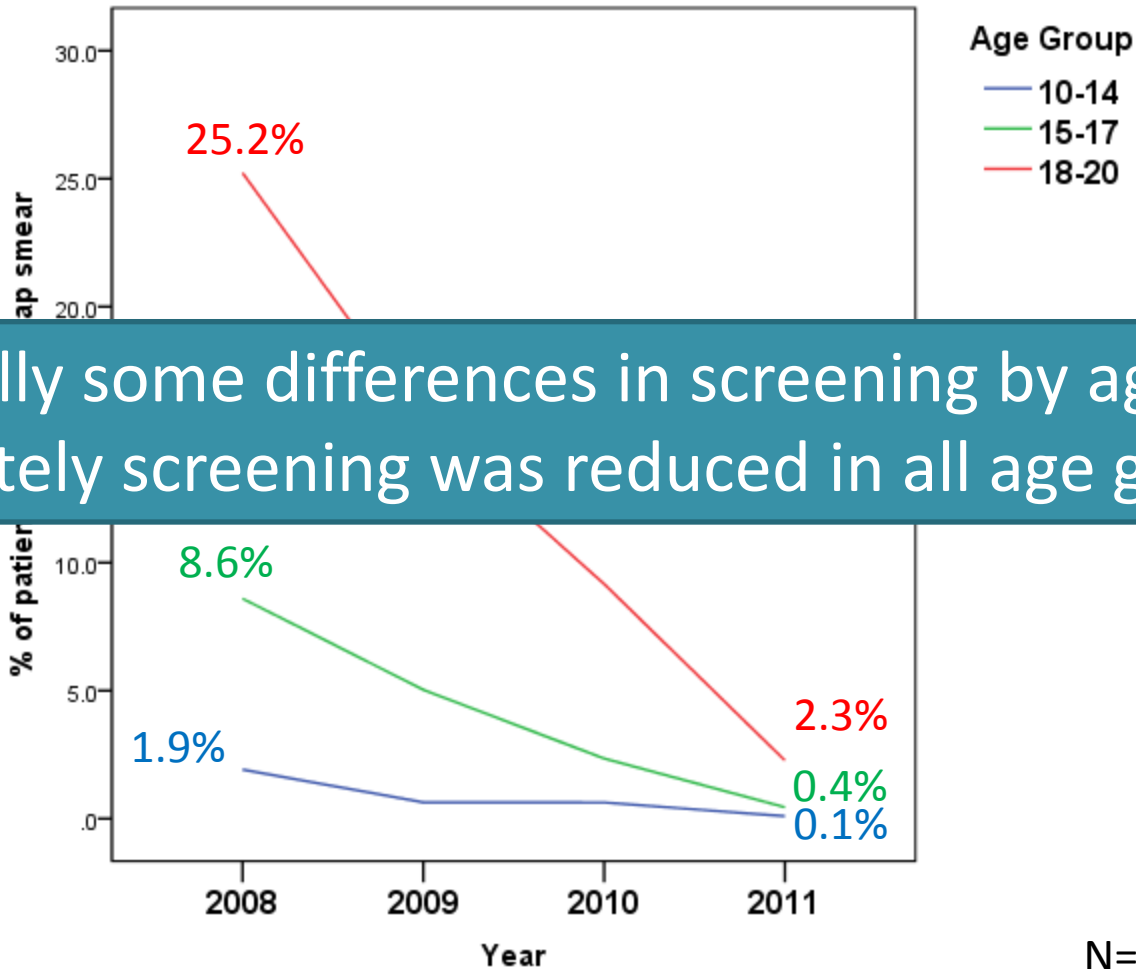
Age Group	Total N	% had Pap Smear, 2008-2011 combined	Adjusted OR*, 2011 only
10-14	9297	0.8%	.05 (.01-.19)
15-17	101,476	4.4%	NS
18-20	305,655	13.7%	REF

*adjusted for age, race/ethnicity, insurance, and state

Percentage of females that had a pap smear by age 2008-2011



Percentage of females that had a pap smear by age 2008-2011



✓ Initially some differences in screening by age, but ultimately screening was reduced in all age groups

Insurance

Insurance Type	Total N	% had Pap Smear, 2008-2011 combined	Adjusted OR*, 2011 only
Public	64,085	7.3%	REF
Private	35,030	8.7%	.75 (.59-.96)
Uninsured	156,425	10.8%	NS
Unknown	36,148	10.9%	NS

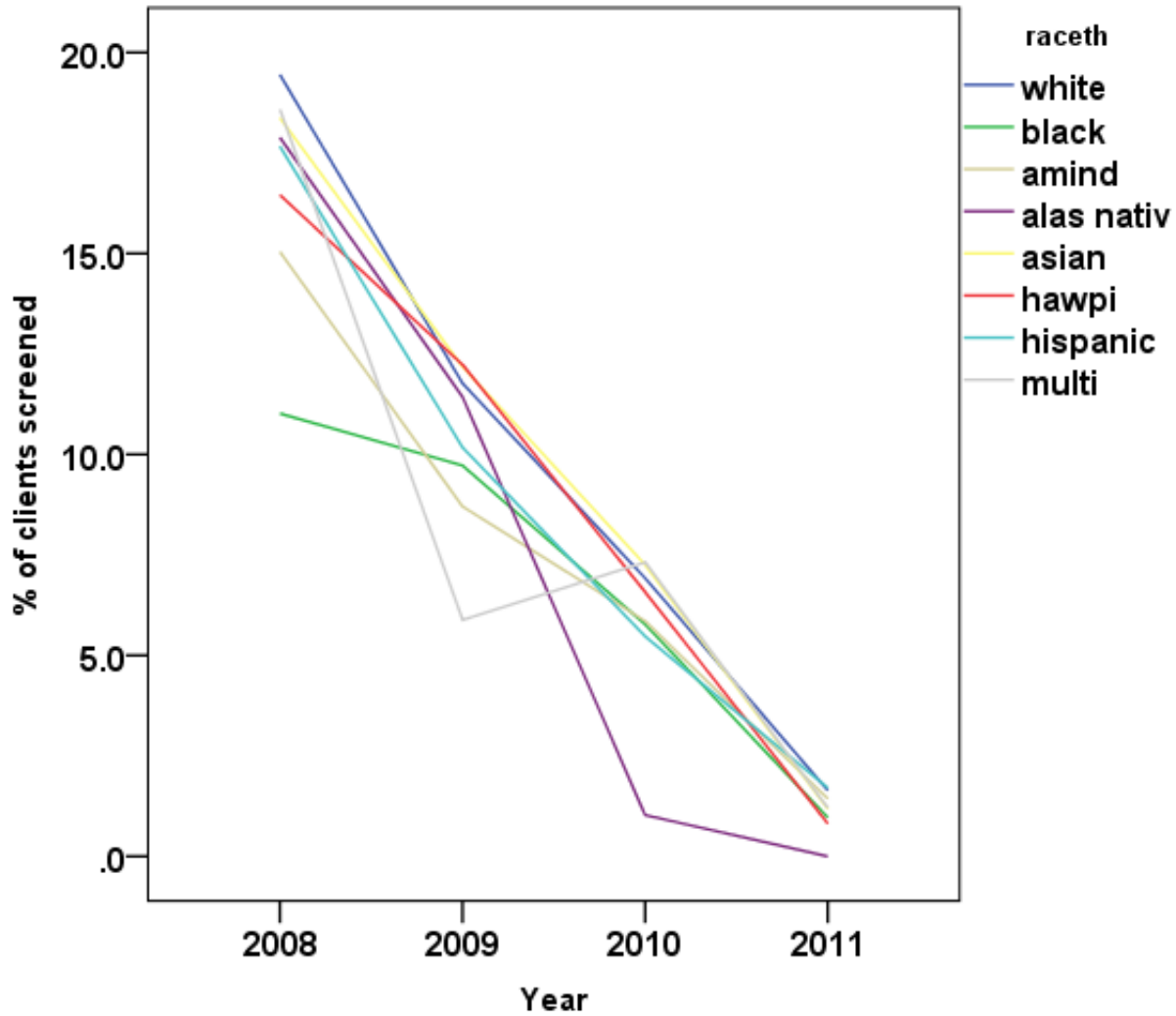
*adjusted for age, race/ethnicity, insurance, and state

Race/Ethnicity

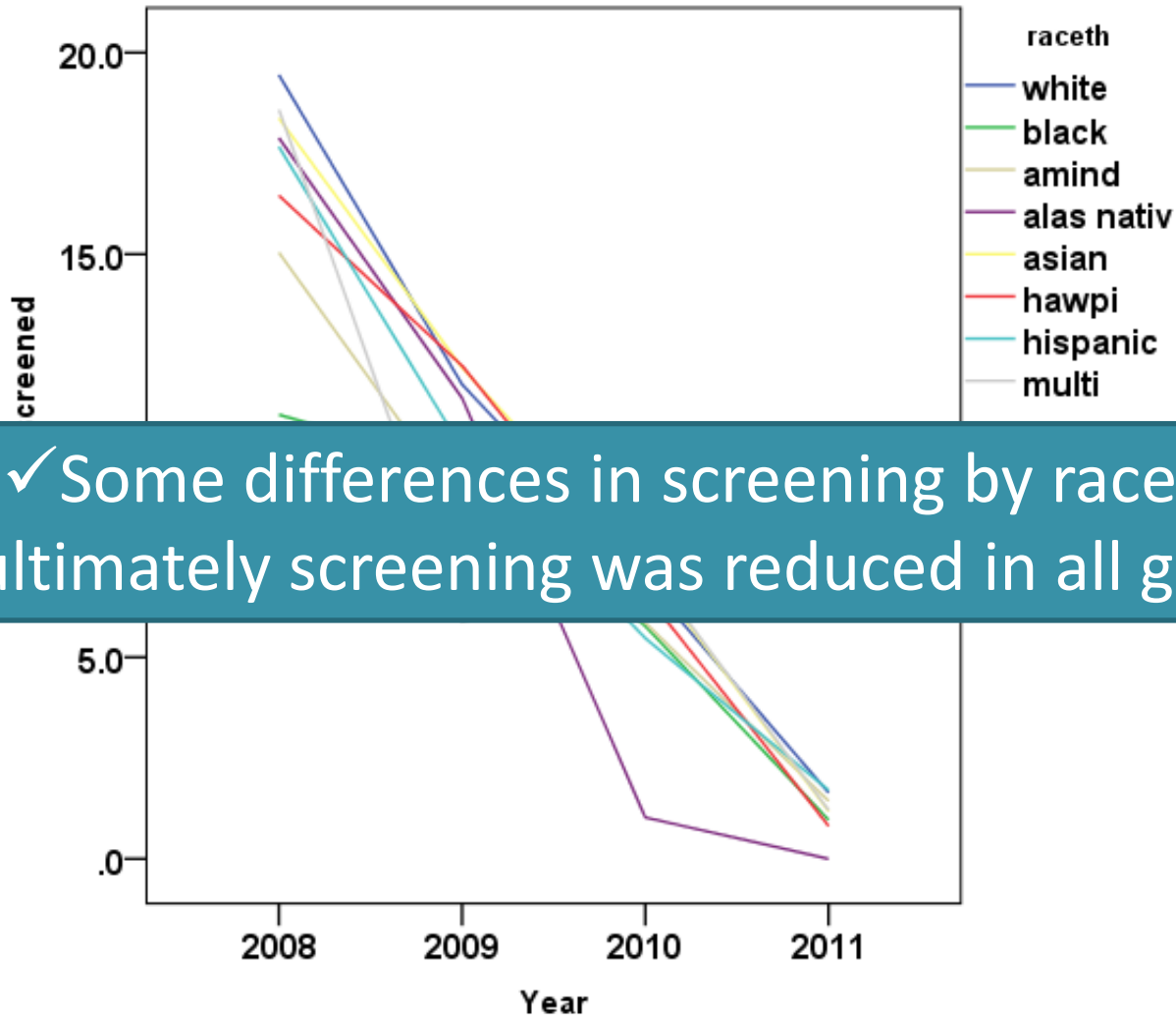
Race/Ethnicity	Total N	% had Pap Smear, 2008-2011 combined	Adjusted OR*, 2011 only
white	218,932	10.6	REF
black	9111	7.3	NS
American Indian	4305	8.3	NS
Alaska Native	840	8.3	
Asian	8105	10.1	NS
Hawaiian/Pacific Islander	2285	9.7	NS
Hispanic	45,438	9.0	NS
Multiple Race/Eth	363	9.1	-

*adjusted for age, race/ethnicity, insurance, and state

Race/Ethnicity



Race/Ethnicity



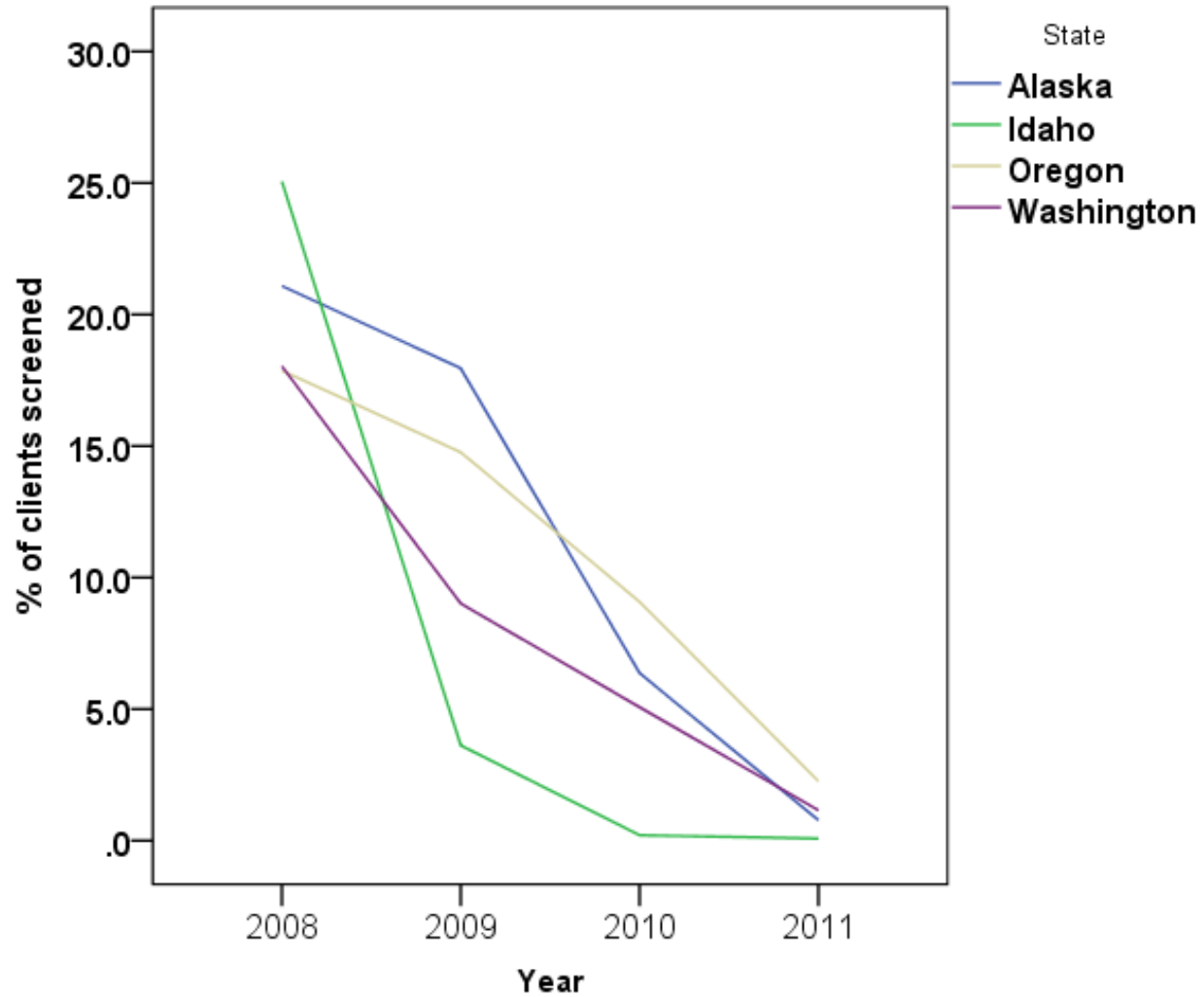
✓ Some differences in screening by race, but ultimately screening was reduced in all groups

State of Residence

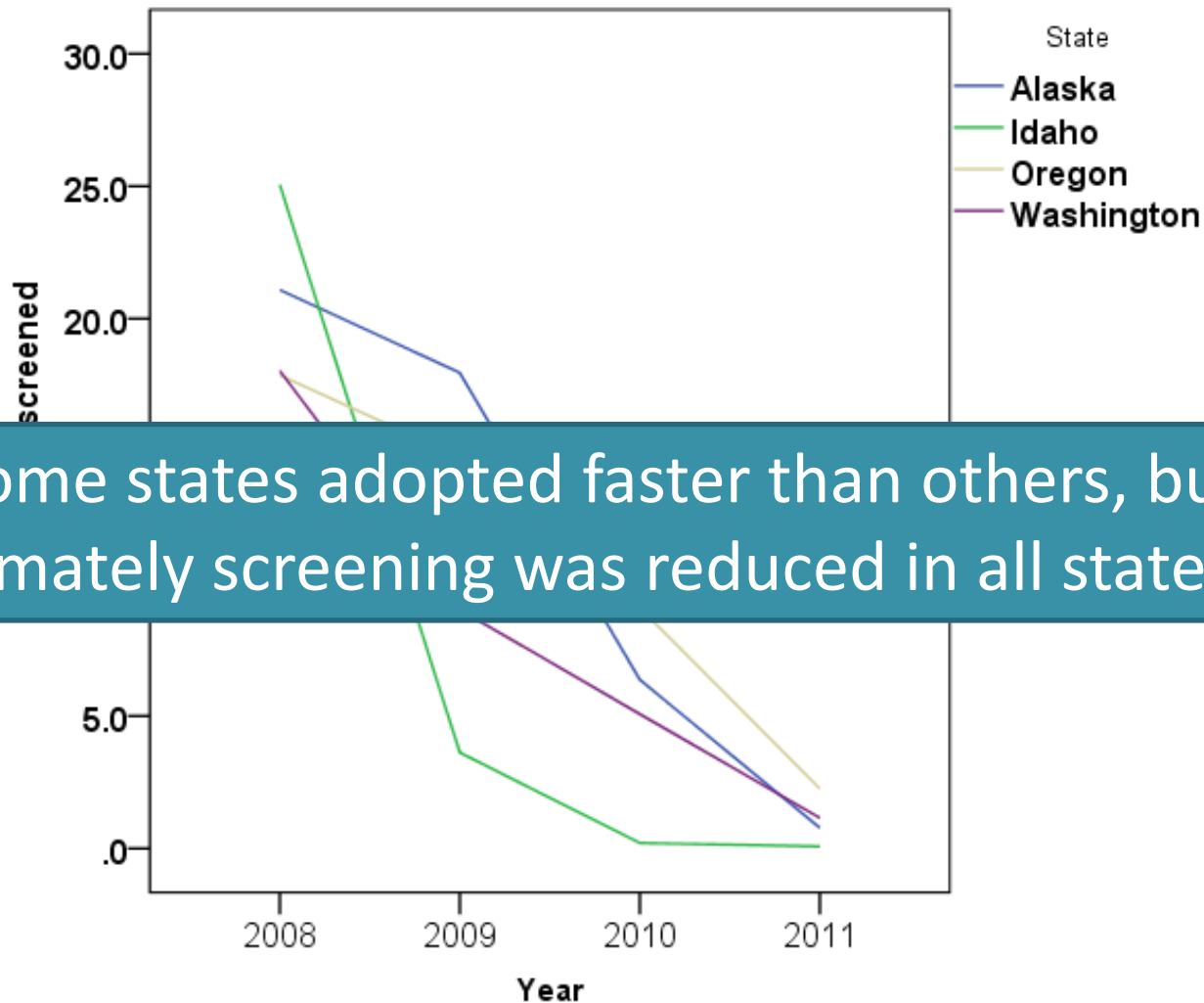
State	Total N	% had Pap Smear, 2008-2011 combined	Adjusted OR*, 2011 only
Alaska	10,087	11.7	NS
Idaho	28,765	8.0	NS
Oregon	148,643	11.3	NS
Washington	119,781	9.2	REF

*adjusted for age, race/ethnicity, insurance, and state

State of Residence

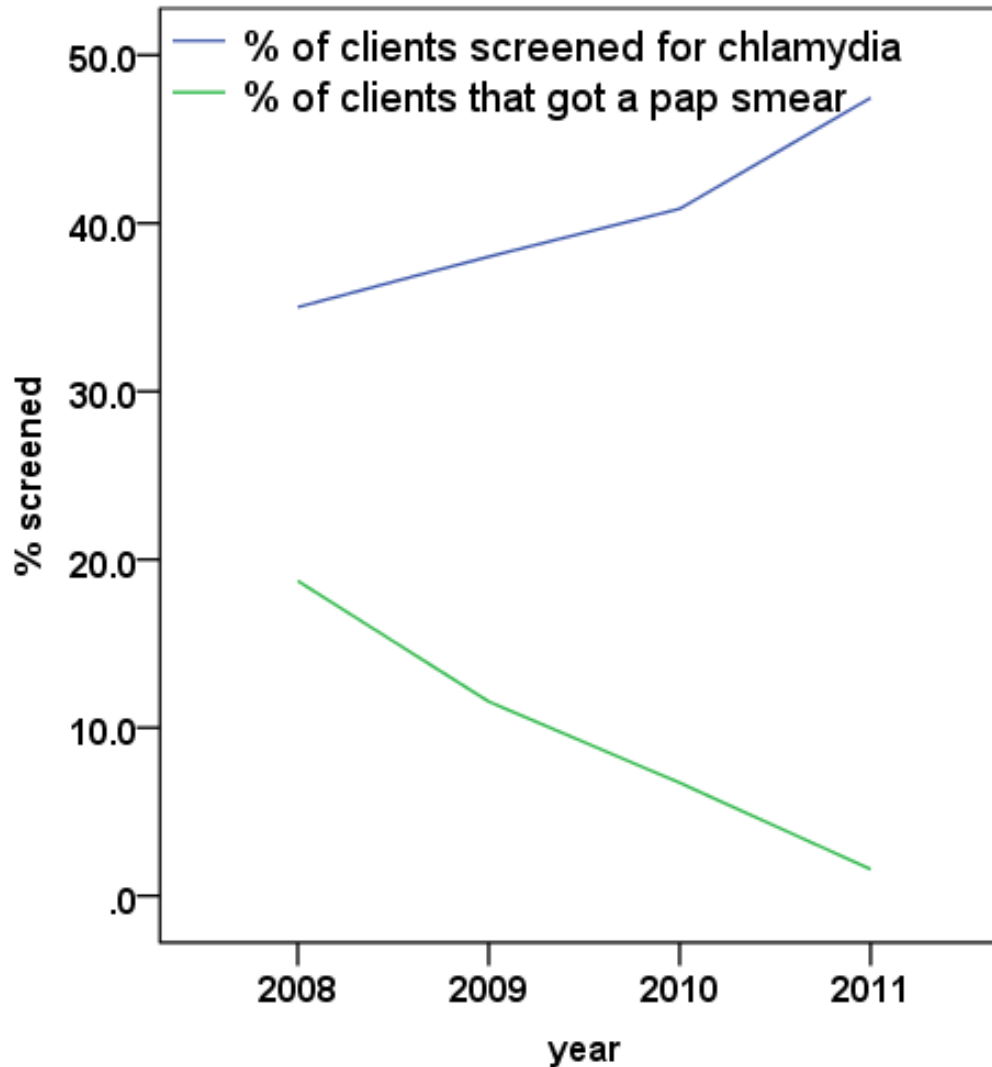


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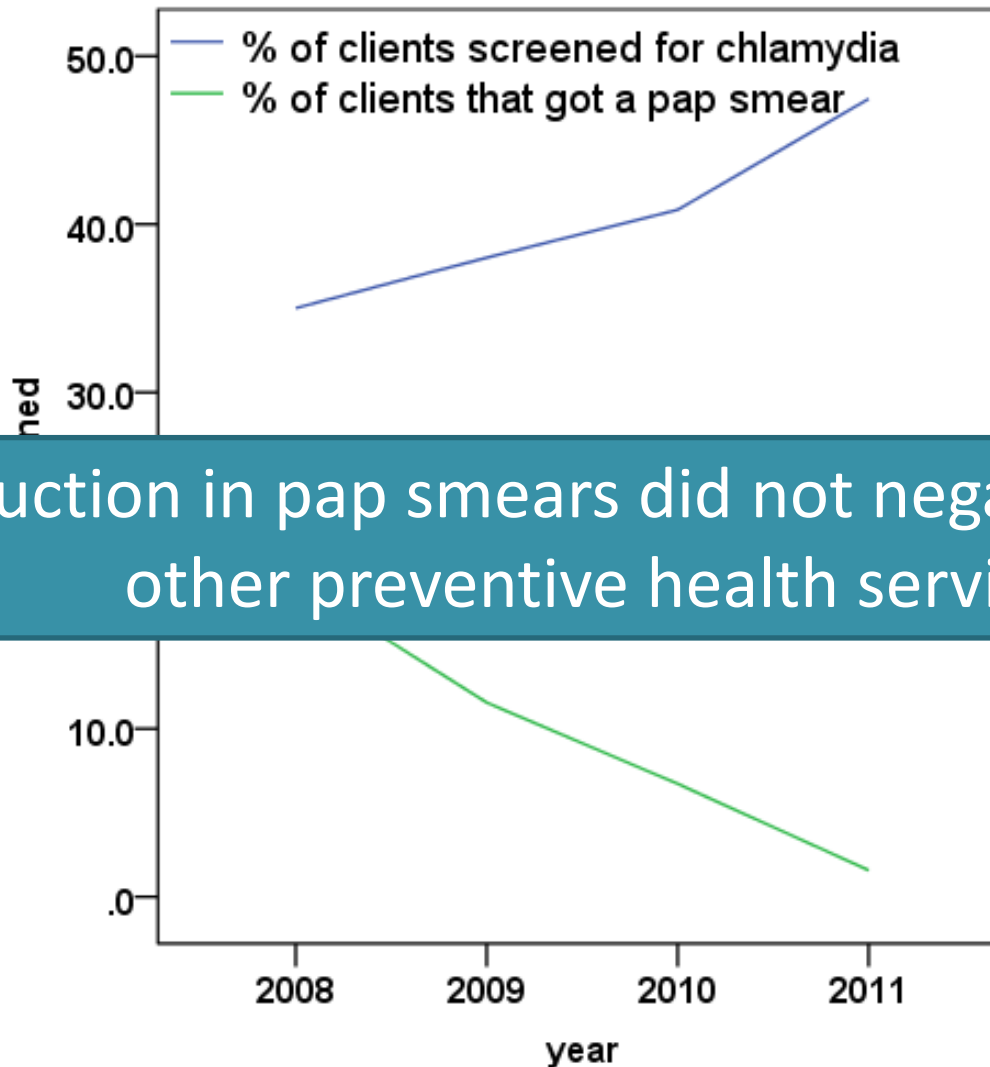


✓ Some states adopted faster than others, but ultimately screening was reduced in all states

Other preventive health services



Other preventive health services



✓ Reduction in pap smears did not negatively impact other preventive health services

Results Summary

- **Pap smears among females < age 21 were virtually eliminated in 3 years**
 - odds of screening were 15X higher in 2008 than 2011
 - (controlling for screening differences by age, race/ethnicity, insurance status, and state)

Results Summary

- **Client characteristics initially associated with pap smears among female FP clients age < 21 years:**
 - Older age
 - Privately insured or uninsured
 - Race/ethnicity (white most likely, black least likely to be screened)
 - Received services in Alaska or Oregon

Results Summary

- **Screening differences were virtually eliminated by 2011**
- Older clients and clients with private insurance still slightly more likely to be screened

Results Summary

- **Reduction in Pap Smears among young patients does not appear to have negatively impacted STD screening**

Conclusions

Title X FP clinics

- ✓ Quickly learned about and adopted new recommendations

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Conclusions

Title X FP clinics

- ✓ Quickly learned about and adopted new recommendations
- ✓ Successfully **decreased** Pap smears among women under age 21
- ✓ Have reduced screening disparities among women under age 21
- ✓ Have continued to provide other preventive health services

Limitations

- Did not explore adoption and adherence to recommendations for screening women over age 21

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 - Many Title X clients do not visit the clinic annually
 - pap smear is recommended if client is “unlikely” to return

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- Did not explore adoption and adherence to recommendations for screening women over age 21
 - Many Title X clients do not visit the clinic annually
 - pap smear is recommended if client is “unlikely” to return
- **But... screening disparities may persist among older women?**

Thank You

Contact Information:

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