

## DISPARITIES IN CANCER SCREENING

There are disparities in adherence to U.S. Preventive Services Task Force cancer screening recommendations among certain segments of the U.S. population. These disparities, which are a result of complex and interrelated factors (see sidebar **Why Do U.S. Cancer Health Disparities Exist?** p. 15), include the following (153)(154):

SIGNIFICANTLY MORE LIKELY

**70.4%** VERSUS **53.4%**

Whites are significantly more likely to be up to date with colorectal cancer screening than Hispanics, 70.4% versus 53.4%.

**70%** VERSUS **34%**

Adults who have health insurance are significantly more likely to be up to date with colorectal cancer screening than adults who are uninsured, 70.0% versus 34.0%.

**77.3%** VERSUS **64.1%**

Women in the highest income bracket are significantly more likely to be up to date with breast cancer screening than women in the lowest income bracket, 77.3% versus 64.1%.

**77.2%** VERSUS **45.7%**

Women who report having a personal doctor are significantly more likely than women who report having no doctor to be up to date with breast cancer screening, 77.2% versus 45.7%.

**82.5%** VERSUS **69%**

Straight women are significantly more likely to be up to date with cervical cancer screening than lesbian or gay women, 82.5% versus 69.0%.

**76%** VERSUS **58%**

Adults in Massachusetts are significantly more likely to be up to date with cervical cancer screening than those in Wyoming, 76% versus 58%.