

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, include the following:

72% vs 57%

White women are significantly more likely to be up to date with breast cancer screening than American Indian/Alaska Native women, 72% versus 57%.

77% vs 58%

Adults in Massachusetts are significantly more likely to be up to date with colorectal cancer screening than those in Wyoming, 77% versus 58%.

83% vs 75%

Straight women are significantly more likely to be up to date with cervical cancer screening than lesbian or gay women, 83% versus 75%.

79% vs 59%

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, 79% versus 59%.

71% vs 40%

Adults who have health insurance are significantly more likely to be up to date with colorectal cancer screening than adults who are uninsured, 71% versus 40%.

85% vs 67%

Women who were born in the United States are significantly more likely than women who have lived in the United States for less than 10 years to be up to date with cervical cancer screening, 85% versus 67%.