

Conference Abstracts

Systemic Gaps: A Cross-Year Analysis of Racial Disparities in Cervical Cancer Screening Trend based on NHIS 2019–2023 Data

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Background

The COVID-19 pandemic acted as a stress test for the US healthcare system. We analyzed National Health Interview Survey (NHIS) data to determine how the pandemic altered cervical cancer screening behaviors across racial and ethnic groups, specifically examining if pre-existing disparities for minority women have widened.

Methods

We performed a cross-sectional analysis of women aged 21–65 using data from 2019, 2021, and 2023. Multivariate logistic regression models estimated the independent effect of race/ethnicity on being "up-to-date" with screening, controlling for survey year, insurance coverage, and poverty status.

Results

Race/ethnicity emerged as a decisive determinant of screening status, independent of time. Non-Hispanic Asian women faced the most severe structural barrier, with substantially lower odds of being up-to-date (aOR = 0.47, 95% CI 0.41–0.53) compared to Non-Hispanic White women. This disparity persisted even as universal screening rates declined: compared to the 2019 baseline, the overall odds of screening dropped by 16% in

2021 (aOR = 0.84) and 30% in 2023 (aOR = 0.70). Consequently, Asian women, starting from the lowest pre-pandemic baseline, have been disproportionately impacted by the aggregate decline, pushing their estimated coverage rates to critical lows in 2023.

Conclusions

While the pandemic caused a temporal drop in screening for all women, it did not dismantle the racial hierarchy of access. The persistent, severe deficit among Asian women highlights a failure of "general population" recovery efforts. Targeted, culturally competent interventions are urgently required to bridge this entrenched racial gap.

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