



CWHS

Data Points

RESULTS FROM THE CALIFORNIA WOMEN'S HEALTH SURVEY

Chlamydia *trachomatis*, a sexually transmitted infection, is the most commonly reported communicable disease in California.¹ Untreated infections in women are associated with adverse health outcomes such as pelvic inflammatory disease, ectopic pregnancy, tubal factor infertility, and chronic pelvic pain.²

In 1999, the California Chlamydia Action Coalition (CCAC) began working with public and private sector health care provider partners to increase screening among young women. In 2002, CCAC developed and disseminated a toolkit to promote best practices in chlamydia screening and treatment consistent with the Centers for Disease Control and Prevention (CDC) *2002 Sexually Transmitted Diseases Treatment Guidelines*, which recommended annual chlamydia testing for all sexually active girls and women ages 25 and younger.³

Because most women with chlamydia have no symptoms or noticeable signs of infection, screening tests are necessary to identify cases for timely treatment and prevention of further transmission. A better understanding of the sociodemographic characteristics of young women who are not receiving routine screening is needed.

Annually from 2002 to 2007 (with the exception of 2006), California Women's Health Survey participants were asked: "Have you been tested for chlamydia during the past 12 months?"⁴ Survey participants were also asked: "About how long has it been since you last visited a doctor for a routine medical checkup?"⁵

Those women who lived at or below 200 percent of the federal poverty level (FPL), which is an annual gross household income of \$42,408 for a family of four, were considered lower-income, and women who lived above 200 percent of the FPL were considered higher income.

Data were aggregated across years and all analyses were restricted to women ages 18 to 24⁶ who had had sex with a male partner in the previous 12 months. Analysis of chlamydia testing was further restricted to women who had had a routine medical checkup in the previous 12 months, in order to assess their opportunity for being screened for chlamydia. There were 584 total respondents in this group. Results were weighted in these analyses by age and race/ethnicity to reflect the 2000 California adult female population.

Highlights of the Results

- Women who had had an annual checkup were more likely to have been tested for chlamydia (59.5 percent) than those who had not had an annual checkup (35.2 percent; $p < .001$).
- Among women who had had a checkup, no statistically significant differences in rates of reported chlamydia testing were found between women above 200 percent of the federal poverty level (57.8 percent) and those below (61.0 percent), or between those with health insurance (60.7 percent) and those without (53.4 percent).

Differences in Rates of Chlamydia Screening Among Young California Women, by Race/Ethnicity and Sociodemographic Factors, 2002-2007

California Department of Public Health
Sexually Transmitted Disease Control Branch
Division of Communicable Disease Control
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Public Health Message:
Rates of chlamydia screening among young California women vary across several indicators of socioeconomic status and access to care. Analyses reveal significant racial and ethnic disparities in access to care and rates of chlamydia testing. Additional efforts to increase patient awareness of chlamydia and the need for routine screening, particularly among Spanish speakers, are needed. Barriers to chlamydia testing among women with private insurance need to be explored.

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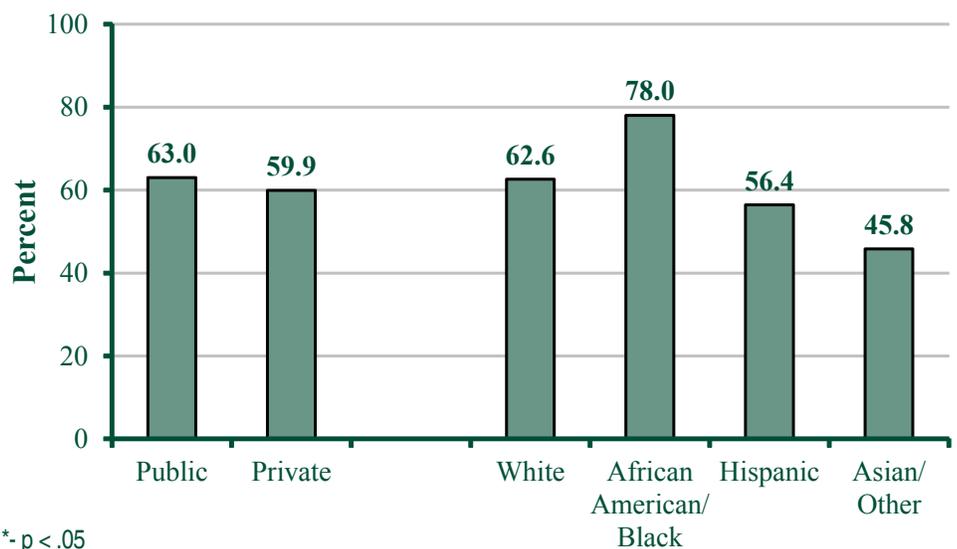
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- While no significant differences were observed in rates of chlamydia testing in the aggregate data between women with public insurance (63.0 percent) and those with private insurance (59.9 percent; see Figure 1), in more recent years (2005 and 2007), a significantly higher proportion of women with public insurance were tested (67.0 percent), than those with private insurance (52.0 percent; $p < .05$).
- Among those who had had a checkup, African American/Black women⁸ were significantly more likely to have been tested for chlamydia (78.0 percent) than White women (62.6 percent), Hispanic women (56.4 percent), and Asian/Other women (45.8 percent) (see figure; $p < .05$ for all comparisons).
- Individuals interviewed in Spanish were significantly less likely to report having been tested for chlamydia (44.5 percent) than English-speaking respondents (61.4; $p < .05$).
- Some women were unfamiliar with the term “chlamydia” and were therefore unable to answer whether they had been tested in the previous 12 months (12.7 percent).
- Furthermore, significantly more Spanish-speaking, Hispanic women were unfamiliar with chlamydia (43.4 percent) than English-speaking Hispanics (7.4 percent) and all other racial groups combined (5.5 percent; $p < .0001$).
- Racial disparities in awareness of chlamydia might lead to significant racial/ethnic bias in estimating screening rates because of both reduced self-advocacy for chlamydia testing and correct knowledge of one’s chlamydia testing history.

Figure 1

Proportion of Women Ages 18-24 Tested for Chlamydia in the Previous 12 Months, by Insurance Type* and Race/Ethnicity*



*- $p < .05$

Source: California Women’s Health Survey, 2002, 2003, 2004, 2005, and 2007

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- 1 Sexually Transmitted Disease (STD) Control Branch, Division of Communicable Disease Control, Center for Infectious Diseases, California Department of Public Health. *Sexually Transmitted Diseases in California 2006*; November 2007. <http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-2006-Report.pdf>. Published November 2007. Accessed June 2009.
- 2 Centers for Disease Control and Prevention (CDC). CDC Fact Sheet - Chlamydia; December 2007. <http://www.cdc.gov/std/Chlamydia/Chlamydia-Fact-Sheet.pdf>. Published December 2007. Accessed June 2009.
- 3 Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines 2002. *MMWR*. 2002; 51(No. RR-6):32. Note: Earlier guidelines recommended screening for sexually active females under the age of 20, and for women ages 20 to 24 years who had had a new partner or multiple partners in the previous 12 months.
- 4 In 2002, 2003, and 2005, being unfamiliar with the term “Chlamydia” was included as a response option in the Chlamydia testing question. In 2004 and 2007, respondents were asked if they had ever heard of Chlamydia; a response of “No” resulted in the Chlamydia testing question being automatically skipped.
- 5 Analyses exclude data from 2006, the year in which this question was not asked.
- 6 Although screening are recommended for women ages 25, they were unable to be included in these analyses, due to the weights available for analysis.
- 7 This subanalysis was not restricted to women who had reported having had a checkup in the previous 12 months, in order to include the 2005 data.
- 8 African American/Black women were designated as the comparison group for all statistical tests assessing differences among racial/ethnic groups.

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