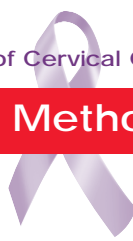


## Report Methodology



The report analyzed each state's performance in cervical cancer prevention efforts based on eight factors split among the following three categories:

- Incidence and Mortality
- Access and Utilization
- Policy Initiatives and Infrastructure

The indicators were chosen to reflect current performance in cervical cancer prevention efforts and included both screening related data and legislative activity relating to cervical cancer prevention in each state. Factors relating to access to HPV testing also were included in the scoring.

The following metrics were used:

### ***Incidence and Mortality***

Incidence rates, or the number of new cases of disease per 100,000 women, were included as a metric, as were mortality rates, or the number of deaths from cervical cancer per 100,000 women. Incidence rates varied from a low of 5.5 per 100,000 women to a high of 14.3 per 100,000. The scores were broken down over this range into even segments.

- Cervical cancer incidence rates (1999/2000/2001)
  - 2 points for rates of 5.0 to 8.3 per 100,000 women
  - 1 point for rates of 8.4 to 11.7 per 100,000 women
  - 0 points for rates of 11.8 to 15.0 per 100,000 women

A target of Healthy People 2010\* is to decrease the mortality rate from cervical cancer to 2 deaths per 100,000 women. This goal was used to determine the breakdown for scoring for mortality.

- Cervical cancer mortality rates (2000/2001)
  - 2 points for rates of 0.0 to 2.0 per 100,000 women
  - 1 point for rates of 2.1 to 4.1 per 100,000 women
  - 0 points for 4.2 to 6.2 per 100,000 women

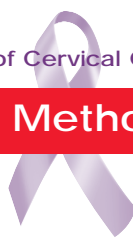
These two factors combine for a maximum of 4 points available in the area of Incidence and Mortality.

Data collected for each indicator were acquired from the following sources:

- Cervical cancer incidence rates (cases per 100,000 women per year) are age-adjusted to the 2000 US standard population by 5-year age groups. Rates are for invasive cancer only. Data are from the State Cancer Registry and the National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS), CDC, January 2003 data submission. Data were used from the most current year available.
- Cervical cancer mortality rates are age-adjusted to the 2000 US standard population by 5-year age groups. Death data are provided by the National Vital Statistics System public use data file. Death rates are calculated by the National Surveillance, Epidemiology and End Results (SEER) statistical software program (SEER\*Stat). Again, data were used from the most current year available.

\*Healthy People 2010 is a comprehensive set of disease prevention and health promotion objectives for the United States to achieve over the first decade of the new century.

## Report Methodology



- A number of states did not have 1999-2001 data available for both incidence rates and mortality rates. Data for these states were for the period of 1993-1997 and were provided by the National Center for Health Statistics and the North American Association of Central Cancer Registries. Rates were age-adjusted to the 1970 US standard population. States using this data include Alaska, Hawaii, Maine, Mississippi, North Dakota, Rhode Island, Tennessee, Utah, Vermont, Virginia, and Wyoming.

All state Medicaid plans cover Pap testing, yet not all cover HPV testing for routine screening. Therefore, only coverage of HPV testing by state Medicaid plans was scored as an indicator.

- % of coverage for unrestricted HPV testing by Medicaid
  - 2 points if coverage was 100% unrestricted
  - 0 points if coverage was restricted

### Access and Utilization

Lack of health insurance is a major barrier to women receiving needed health care services. But even women with health insurance face many barriers to health care, and states can improve women's access to health care by improving access to specific services. Access and utilization indicators measure women's access to healthcare services through the degree to which they receive preventive health care and the coverage of these screening services.

A target of Healthy People 2010 is to increase the proportion of women aged 18 and older who have received a Pap test within the preceding three years to 90%. Therefore, this goal was used as the target for scoring purposes.

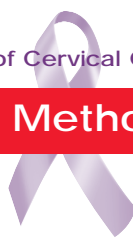
- % of women screened for cervical cancer in past three years
  - 2 points if 85.8 to 90.0% of women were screened
  - 1 point if 81.4 to 85.7% of women were screened
  - 0 points if 77.0 to 81.3% of women were screened

A clinical preventive care target of Healthy People 2010 is to increase the proportion of people with health insurance to 100%, and thus have 0% uninsured in each state. This goal was used as the baseline for scoring health insurance coverage.

- % of women not covered by insurance (2001-2002)
  - 2 points for 0 to 10% uninsured
  - 1 point for 11 to 20% uninsured
  - 0 points for 21 to 30% uninsured

These three factors combine for a maximum of 6 available points in the area of Access and Utilization.

## Report Methodology



Data collected for each indicator were acquired from the following sources:

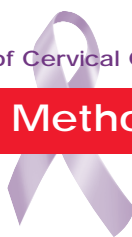
- Percentage of women screened for cervical cancer was collected from the Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2003. BRFSS female respondents were asked the questions, "A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?" and "How long has it been since your last Pap smear?" The proportions shown are based on the respondents who answered "yes" to the first question and "within the past year", "within the past two years" or "within the past three years" to the second question (Women's Health and Mortality Chartbook, DHHS Office on Women's Health, 2004).
- Availability of access to unrestricted HPV testing through state Medicaid programs was provided by Boston Healthcare Associates, a healthcare consulting firm.
- The percentage of women uninsured was based on Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates using pooled March 2002 and 2003 Current Population Surveys (Kaiser Family Foundation, Health Insurance Coverage of Women Ages 18 to 64 by State, 2001-2002, February 2004 Fact Sheet).

### *Policy Initiatives and Infrastructure*

Items measured within the Policy Initiatives and Infrastructure section include measurements of screening coverage requirements, legislation relating to establishing cervical cancer task forces, and legislation in place for additional support of cervical cancer screening programs.

- Legislation mandating cervical cancer screening coverage by public payers and private insurance companies
  - 2 points for coverage of HPV testing and Pap testing
  - 1 point for limited or full coverage of Pap testing only
  - 0 points for no coverage of Pap testing
- Legislation or resolutions creating a task force or commission to evaluate new opportunities to eliminate cervical cancer
  - 2 points for enacted legislation
  - 1 point for passed resolutions/introduced legislation since 2002
  - 0 points for no legislation

## Report Methodology



- Legislation or resolutions for additional support of cervical cancer prevention initiatives (see Appendix B for examples of additional prevention initiatives)

- 2 points for enacted legislation
- 1 point for passed resolutions/introduced legislation
- 0 points for no legislation

These three factors combine for a maximum of 6 available points in the area of Policy Initiatives and Infrastructure.

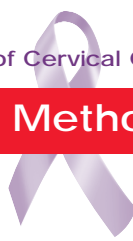
Data collected for each indicator were acquired from the following sources:

- Data relating to legislation were obtained from a *LexisNexis® StateCapital* search using the following search criteria:
  - Searches were conducted using the keywords 'Cervical Cancer,' 'Cervical Screening,' 'HPV' and 'Pap.'
  - All states were searched and legislation was reviewed from 1990 to the current session.
  - The information was current as of November 5, 2004.
- Legislative data were also gathered through Women In Government's HPV & Cervical Cancer Policy Resource Center.
- Information for states with laws mandating coverage of Pap testing were derived from the American Cancer Society<sup>xxxvi</sup> and the National Conference of State Legislatures,<sup>xxxvii</sup> with more recent data verified by Women In Government's HPV & Cervical Cancer Policy Resource Center.

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The overall grade resulted from summing the total points from each of the three categories for a combined total score. The maximum possible state score was 16 points.

# Report Methodology



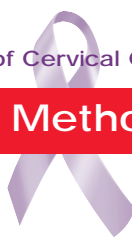
Out of the 16 available points, the results ranged from 4 to 12 points (25 to 75%). This range of results was then divided into four value-ordered groups, with each group given a grade based on percentage breakdowns:

Grades of 84 - 100% — Excellent  
 Grades of 67 - 83% — Very Good  
 Grades of 50 - 66% — Good  
 Grades below 50% — Fair

State	Access & Utilization	Incidence & Mortality	Infrastructure & Legislation	Score	Score as % of 16 (perfect score)	Grade
AL	4	2	3	9	56%	Good
AK	5	4	1	10	63%	Good
AZ	4	3	0	7	44%	Fair
AR	2	2	2	6	38%	Fair
CA	3	3	4	10	63%	Good
CO	4	3	2	9	56%	Good
CT	5	4	0	9	56%	Good
DE	6	1	1	8	50%	Good
DC	5	0	1	6	38%	Fair
FL	3	2	2	7	44%	Fair
GA	5	2	2	9	56%	Good
HI	3	2	2	7	44%	Fair
ID	3	3	0	6	38%	Fair
IL	4	2	5	11	69%	Very Good
IN	4	2	2	8	50%	Good
IA	4	4	0	8	50%	Good
KS	4	2	2	8	50%	Good
KY	4	2	1	7	44%	Fair
LA	3	2	3	8	50%	Good
ME	5	2	1	8	50%	Good
MD	5	3	3	11	69%	Very Good
MA	6	4	2	12	75%	Very Good
MI	4	2	1	7	44%	Fair
MN	5	4	1	10	63%	Good
MS	3	3	3	9	56%	Good
MO	4	2	2	8	50%	Good
MT	4	2	0	6	38%	Fair
NE	4	2	0	6	38%	Fair
NV	3	1	1	5	31%	Fair
NH	5	2	1	8	50%	Good
NJ	4	2	2	8	50%	Good
NM	3	2	2	7	44%	Fair
NY	4	2	4	10	63%	Good
NC	5	2	4	11	69%	Very Good
ND	4	3	2	9	56%	Good
OH	4	2	0	6	38%	Fair
OK	2	2	4	8	50%	Good
OR	3	3	1	7	44%	Fair
PA	2	2	3	7	44%	Fair
RI	3	3	4	10	63%	Good
SC	5	2	2	9	56%	Good
SD	3	3	0	6	38%	Fair
TN	2	1	1	4	25%	Fair
TX	2	2	0	4	25%	Fair
UT	3	4	0	7	44%	Fair
VT	5	2	0	7	44%	Fair
VA	4	3	1	8	50%	Good
WA	4	4	1	9	56%	Good
WV	4	2	3	9	56%	Good
WI	5	3	0	8	50%	Good
WY	2	2	1	5	31%	Fair

\* See Appendix A for a breakdown of scoring by indicator

## Report Methodology



Most states received grades of 'Fair' or 'Good'. It should be noted that the most frequently occurring score of 8, which received a grade of 'Good', represents a percentage score of 50% of total available points.

Number of States Scoring Each Grade



### Data Limitations and Future Changes to Methodology

Key determinants of disparity, such as race, were not included in this report. These factors were not included because the data were incomplete and therefore valid comparisons could not be analyzed. Qualitative data were included in the state breakdowns in order to provide states with useful information as they move forward in building their statewide infrastructure.

Incidence and mortality data used for the report were based on nationally available government datasets provided by the CDC. The CDC is currently updating its cervical cancer information and should have race-based breakdowns of some of the data points available in time for the next update to this report. Additionally, as new prevention-oriented technologies, such as HPV vaccines, become available, indicators representing access to them will be included in future reports.

