



Report Findings

Compared to the data presented last year, data collected for this year's report indicate a decrease in overall cervical cancer incidence and mortality rates and an increase in screening rates. A great deal of legislative activity occurred across the nation, with many states introducing or enacting bills and resolutions. Measures were designed to ensure that women are educated about HPV and cervical cancer and know about screening and prevention strategies. Also, measures were adopted to ensure that the latest data, expertise and technologies are included in the fight against this preventable disease.

Overall, most states significantly improved their total scores from the 2005 edition and 20 states and the District of Columbia improved their rating (e.g., from "Fair" to "Good" or from "Good" to "Very Good"). While cervical cancer prevention efforts are strong, women still die needlessly from this disease. Thus, there is still much work to be done. In some groups of women (e.g., foreign-born), cervical cancer incidence and mortality rates have risen, along with rates of uninsured. More action is needed to ensure that all women have access to the most advanced and appropriate screening and preventive technologies available.

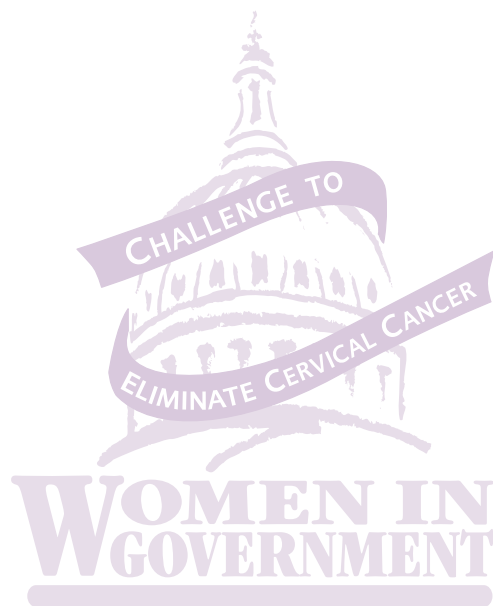
compared with only one state in 2005. Common traits among these five states were more insured women, Medicaid coverage for HPV testing in screening, and a strong legislative focus on this issue. Last year, 28 states were in the "Good" category, and this year there were 34 states and the District of Columbia in this grouping. Last year, more than one third of the states (18) and the District of Columbia were in the lowest grade category of "Fair," and this year only six were in the lowest category.

Fourteen (14) states and the District of Columbia raised their grade from "Fair" to "Good:" Arizona, Arkansas, Michigan, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, Pennsylvania, Texas, Utah, Vermont, and Wyoming. More than half (28) of the states retained the same grade. Only two states lowered their grades. West Virginia was graded "Good" last year, and "Fair" this year, due to increased rates of both cervical cancer and uninsured women in the state. California was graded "Good" last year, and "Fair" this year, due to increased rates of cervical cancer and erroneous information in the 2005 report regarding coverage of unrestricted HPV testing.

State Scores and Grades for 2006

Scores ranged from a high of 12 out of 16 possible points, or 75% (Very Good), to a low of 6 out of 16 points, or 38% (Fair). Most states received grades of "Very Good" (10 states) or "Good" (34 states and the District of Columbia). Only six states were graded "Fair."

In 2006, as in 2005, no state scored enough points to receive a grade of "Excellent;" however, there is good news. Whereas last year there were only four states in the "Very Good" category, this year there were 10. Five of these states received the highest score of 75% (Illinois, Maryland, Minnesota, North Carolina and Rhode Island),





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State Grades 2005 and 2006

[Y axis] Number of states
[X axis] Grade



Grade	States
Excellent	
Very Good	Alabama, Colorado, Illinois, Maryland, Massachusetts, Minnesota, New York, North Carolina, Rhode Island, Virginia
Good	Alaska, Arizona, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Indiana, Iowa, Kansas, Louisiana, Maine, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Texas, Utah, Vermont, Washington, Wisconsin, Wyoming
Fair	California, Idaho, Kentucky, South Dakota, Tennessee, West Virginia

Notes: See Appendix A for individual state profiles. See Appendix B for a state comparison chart.

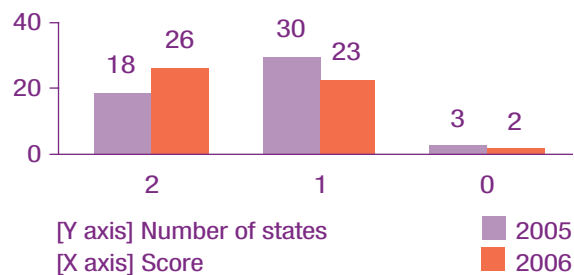
Bold text indicates an improved rating, regular text denotes no change in rating from last year's report, and **Red text** signals a decline.

Cervical Cancer Incidence

Compared to data reported last year, 33 states had lower rates of cervical cancer, 16 states had higher rates, and two were the same. Yearly fluctuations may not indicate as much information as rate period changes (several years combined); trends are more useful to detect true rising or falling rates of cervical cancer incidence. Of potentially more concern were the eight states whose incidence rates were unavailable or of unacceptable quality: Delaware, Georgia, Maryland, Mississippi, North Dakota, South Dakota, Tennessee, and Virginia. For these states, data from prior years were used.

Incidence rates ranged from a low of 5.9/100,000 (Connecticut) to a high of 12.2/100,000 women (West Virginia). Twenty-six states earned the highest score of "2" for reporting the lowest incidence of cervical cancer, (5 - 8.3/100,000 women); 23 earned a "1" (8.4 - 11.7/100,000); and two states received the lowest score of "0" (11.8 - 15 /100,000).

Incidence Scores



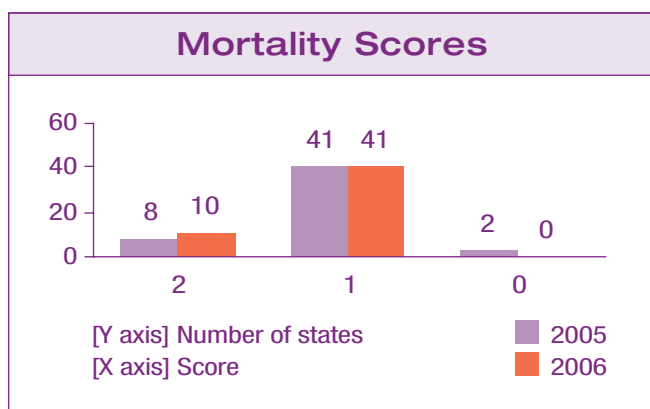
With the majority of states reporting lower rates of new cervical cancer cases, of concern are those states with rising rates. It is imperative to collect high quality data (stratified by race, ethnicity, income and country of origin); understand why rates are rising in certain states; and address the infrastructure and patient barriers that are preventing appropriate screening, treatment, and follow-up.



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Mortality

Compared to mortality data reported in the first edition last year, over half of the states and the District of Columbia had lower rates of mortality. Death rates ranged from a low of 1.3/100,000 women (Minnesota) to a high of 4.1/100,000 (Arizona, District of Columbia, and Mississippi). Ten states earned the highest score of “2” for reporting the lowest rates of cervical cancer mortality (0-2/100,000 women); the rest earned a “1” (2.1-4.1/100,000). No state received the lowest score of “0” (4.2-6.2/100,000), which is an improvement over the 2005 report, when two states received a “0.” Eight states and the District of Columbia had data of insufficient quality — Alaska, District of Columbia, Hawaii, Montana, North Dakota, South Dakota, Utah, Vermont and Wyoming — and so data from prior years were used.



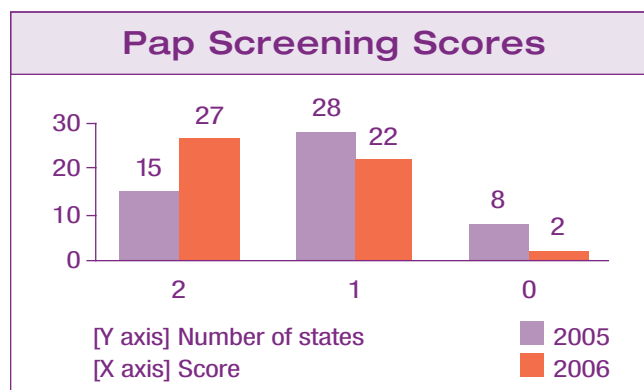
It is important to note that looking at data from multiple years can be a better indicator of trends. When recent trend periods (typically 1978-2002) were compared with the 2002 data, death rates were falling in the U.S. overall, and in 40 states, in both long-term trends and short-term (one year) changes.

Pap Screening Rates

Compared to Pap screening rates reported last year, nearly all states increased screening rates with three exceptions: Delaware, Hawaii and Pennsylvania. Many states increased their scores: five states improved from 0 to 1; 12 increased from 1 to 2; one state jumped from 0 to 2 (Wyoming); and 31 states and the District of Columbia maintained their score from last year's report. Hawaii's score dropped from 2 to 1.

Pap screening rates ranged from the highest rate of 89.7% (New Hampshire) to the lowest rate of 78.2% (Utah). Twenty-six states and the District of Columbia earned a score of “2” for reporting the highest rates of Pap screening (85.8% to 90%); 22 scored a “1” (81.4% to 85.7%); and, two states received the lowest score of “0” (77.0% to 81.3%).

Of note, another study found that Pap test rates were declining slightly. The 2004 Kaiser Women's Health Survey reported that Pap testing rates among women ages 18 to 64 fell from 81% to 76% between 2001 and 2004. Guidelines and recommendations for screening tests have been altered in recent years calling for less frequent but more specific action. While an overall reduction in the rates of Pap smears could simply be a function of increased adherence to screening guidelines (e.g., extending intervals by combining a Pap and an HPV test), it is worthy of further monitoring and research.⁵⁴ Thus, while Pap screening rates are good indicators of screening women in the U.S., it would also be useful to know how many women age 30 and older are receiving HPV tests in conjunction with Pap tests.

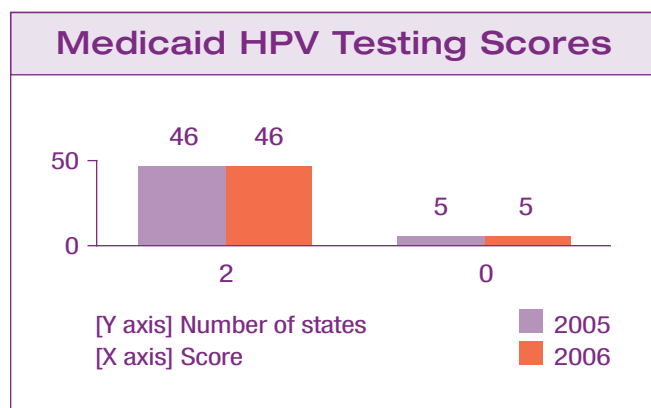




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Medicaid Coverage of HPV Tests

Last year, 45 states and the District of Columbia had Medicaid coverage of HPV testing, and five states did not (California, Hawaii, Pennsylvania, South Dakota and Tennessee); Rhode Island was unable to confirm Medicaid coverage. Again this year, the same five states do not have “unrestricted” Medicaid coverage for HPV tests. Since most large private insurers cover HPV testing in conjunction with a Pap test for primary screening of women 30 and older, providing similar Medicaid coverage will help ensure that all women have access to the most advanced and appropriate screening technologies.

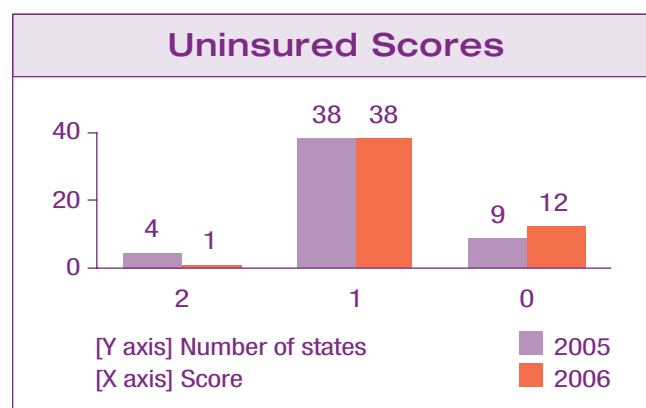


Health Insurance Coverage

While other measures are improving (e.g., incidence and mortality rates), this indicator appears to be getting worse. Compared to uninsured rates reported last year, only one state improved (Missouri reduced its uninsured rate from 15% to 14%); 18 stayed the same; 16 worsened by 1%; 14 declined by 2%; and two decreased by 3%. This year, only one state (Minnesota) earned a “2” for reporting the lowest rates of uninsured women (0%-10%); 38 scored a “1” (11% to 20%); and, 12 states received the lowest score of “0” (21% to 30%).

The average rate of uninsured women in the U.S., ages 18 to 64, is 18%. Uninsured rates for individual states ranged from the lowest rate of 8.4% (Minnesota) to the highest rate of 30% (Texas). For low-income women, the range was 22% (Vermont) to 52% (Texas).

Uninsured women are less likely than those with health insurance to receive timely cervical cancer screening services at the recommended frequencies. This gap presents an opportunity for policymakers and other public health advocates to identify corrective actions, both legislative and programmatic, to provide all women with access to basic health care, including cost-effective preventive services.





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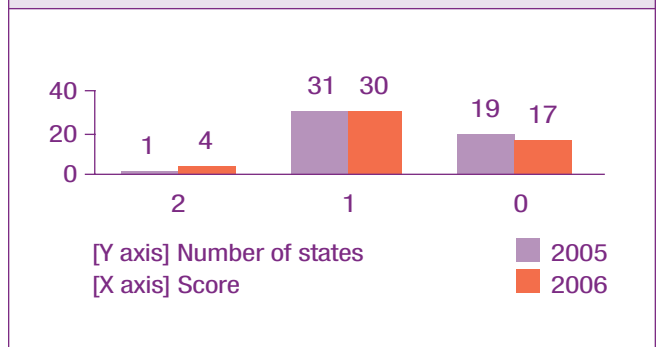
Cumulative scores for the next three measures represents the highest score achieved in either year under observation, up to a maximum of 2 points for each measure.

In terms of scoring, 4 states have earned the highest score possible for this measure (“2”); 29 states and the District of Columbia have a two-year cumulative score of “1”; and 17 still have a score of “0.” This indicates enormous opportunity for these states to create initiatives toward the elimination of cervical cancer.

Legislation Mandating Cervical Cancer Screening Coverage

Prior to this year’s report, one state had introduced two or more bills targeting cervical cancer screening coverage, 30 states and the District of Columbia had introduced one bill, and 19 states introduced no legislation. Since last year’s report, three states introduced or passed two or more bills mandating cervical cancer screening coverage and seven states introduced or passed one bill. For example, Maryland, New Mexico and Texas all enacted legislation requiring private and public insurers to cover HPV testing in accordance with current medical guidelines. Forty states and the District of Columbia had no new legislation introduced or passed.

Screening Legislation Scores





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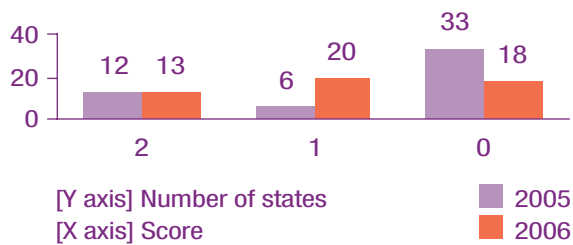
Legislation Creating a Cervical Cancer Task Force/Commission

In 2006, 13 states already earned the highest score possible for this measure (“2”), and 20 states have a two-year cumulative score of “1.” Seventeen states and the District of Columbia have not introduced any legislation to create a cervical cancer elimination entity. Again, this provides an enormous opportunity for these states to draft legislation toward the elimination of cervical cancer.

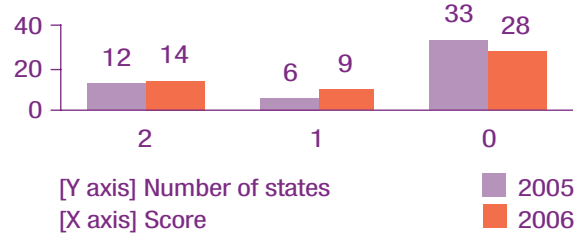
Additional Legislation to Support Cervical Cancer Prevention

Fourteen states have earned the highest score possible for this measure (“2”) and nine states have a two-year cumulative score of “1.” About half (27) of the states and the District of Columbia have not introduced any legislation to support cervical cancer elimination initiatives.

Task Force Legislation Scores



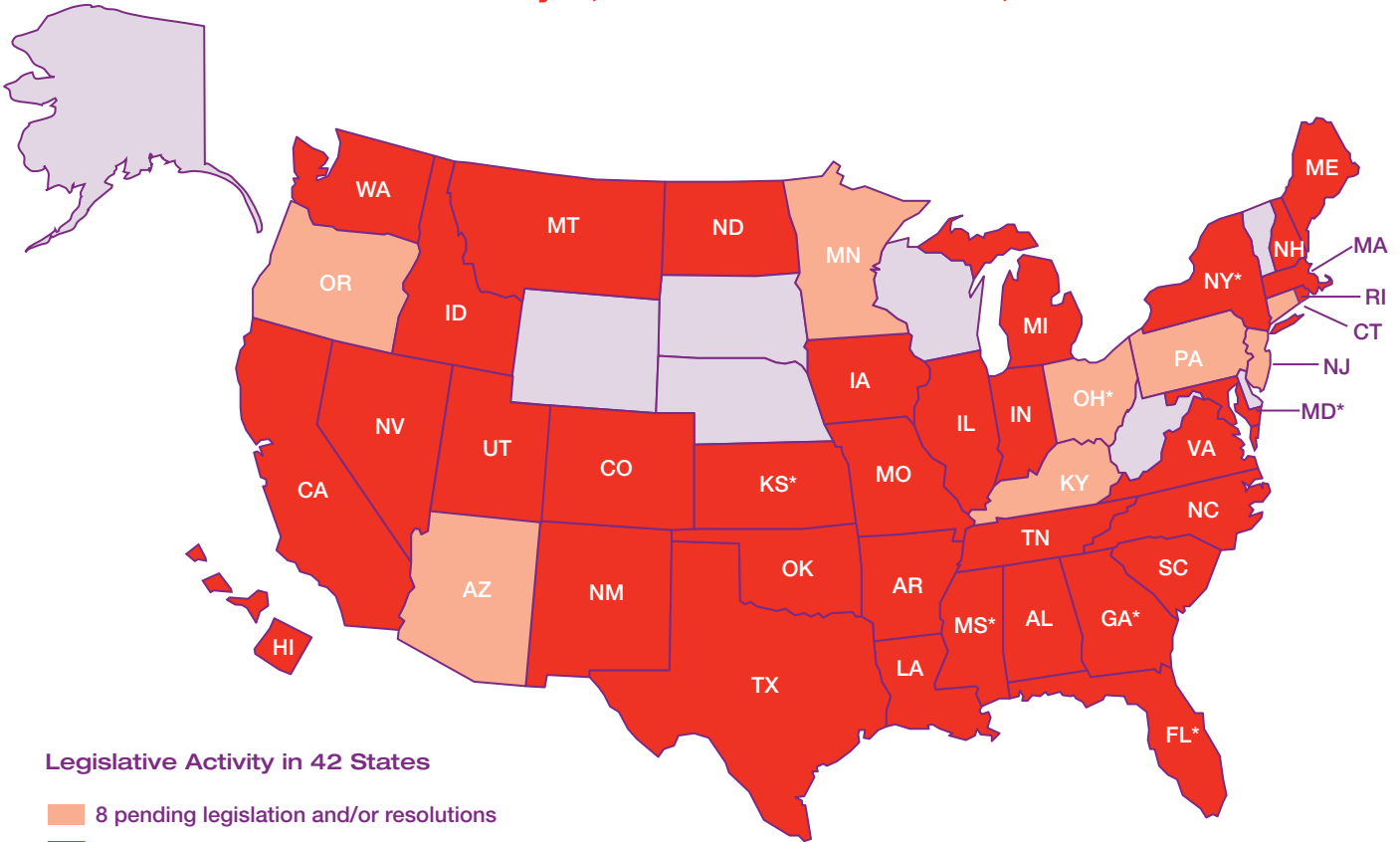
Additional Legislation Scores





Report Findings

Women In Government's Challenge to Eliminate Cervical Cancer Campaign Legislative Progress from January 1, 2004 to October 31, 2005



Legislative Activity in 42 States

- 8 pending legislation and/or resolutions
- 34 enacted legislation and/or resolutions

*State has introduced new legislation in 2005

Activity as of October 2005

Summary

Progress has been made toward the elimination of cervical cancer. Data from the most current sources available indicate reductions in both cervical cancer incidence and mortality rates, overall. Further, according to one national survey, rates of Pap screening have increased. Many states have introduced and/or enacted cervical cancer prevention legislation, and the movement toward elimination continues to gather support across agencies and advocates. There is still more work to be done, however. Among certain groups of women, cervical cancer incidence and mortality rates are rising. Rates of uninsured women have also

risen, and rates of unrestricted Medicaid coverage for HPV testing have remained steady. In terms of demographics, the total U.S. population is increasing, and the percentage of women in the 18 to 64 year old category, is rising. Both the number of people in poverty and the poverty rate increased between 2003 and 2004.⁵⁵ These trends indicate an increase in the number of women who will be at risk for cervical cancer. Women In Government's ultimate goal is to eliminate cervical cancer. This will require renewed efforts by state legislators, public health officials, clinicians, advocates and others to coordinate strategies for effectively bringing the most advanced data, expertise and technologies to the fight against cervical cancer.