



Appendix B: Methodology and Data Sources

Partnering for Progress 2007 includes the same eight measurable activities and outcomes regarding cervical cancer prevention included in previous reports and one new addition—a measure of the percent of uninsured women who do not receive cervical cancer screening. Also included are several new breakdowns by racial/ethnic category that are not scored, as well as a measure of the number of uninsured, low-income women in each state that also is not scored.

Scored Categories

Indicators were selected to reflect current performance in cervical cancer prevention, as well as to reflect the strength of states' focus on this issue and ability to incorporate new advances in prevention. The report analyzes each state's performance based on nine factors: incidence, mortality, Pap screening rates, screening rates for uninsured women, Medicaid coverage of HPV testing, the rate of uninsured women, legislation mandating cervical cancer screening coverage, legislation creating cervical cancer task forces/commissions, and miscellaneous legislation.

Each factor was scored from 0 to 2 points for a total of 18 possible points (100%) as follows:

- Grades of 84% to 100%
(15 to 18 points): **Excellent**
- Grades of 67% to 83%
(12 to 14 points): **Very Good**
- Grades of 50 to 66%
(9 to 11 points): **Good**
- Grades below 50%
(less than 9 points): **Fair**

Incidence and Mortality

The most direct indicators of cervical cancer prevention efforts are incidence rates (the number of new cases of invasive cancer each year per 100,000 women) and mortality rates (the number of deaths each year per 100,000 women).

Cervical cancer incidence data are from the January 2005 data submission to the Center for Disease Control and Prevention's (CDC) State Cancer Registry and the National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS).¹⁶ The data are from 2002 or 2003, whichever is the state's most recent submission. Incidence rates were age-adjusted to the 2000 U.S. standard population by five-year age groups. The following states did not meet United States Cancer Statistics data quality standards for one or more years during the period of data collection: Arkansas, Maryland, Mississippi, South Dakota, Tennessee, Virginia and Wyoming. For these states, data were collected from the most current three-year period available from the North American Association of Central Cancer Registries.¹⁷ Stratifications by race were derived from the same sources.

Cervical cancer incidence rates ranged from 4.9 to 11.4 cases per 100,000 women. Because the lowest recorded incidence rate for this report dropped below the bottom scoring range of the previous two reports, the incidence range used for scoring this report was dropped by one point to capture the new range.

Scoring cervical cancer incidence rates

- 2 points for rates of 4.0 to 7.3/100,000
- 1 point for rates of 7.4 to 10.7/100,000
- 0 points for rates of 10.8 to 14.0/100,000



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Cervical cancer mortality rate data are from the National Cancer Institute and CDC State Cancer Profiles website.¹⁸ All data from this source are from 2003. Death rates were calculated by the NCI using its SEER*Stat system and were age-adjusted to the 2000 U.S. standard population by five-year age groups. Some states had fewer than 15 cases in one year and so data were suppressed to ensure confidentiality. For these states, data from the same source were used; however, the collection time period was typically four years rather than one so that cases could be collectively reported and confidentiality preserved. States using these data were: Alaska, Delaware, District of Columbia, Hawaii, Idaho, Maine, Montana, Nebraska, North Dakota, Rhode Island, South Dakota, Vermont, and Wyoming. Stratifications by race were derived from the same sources.

As one goal of the Healthy People 2010 initiative was to decrease the cervical cancer mortality rate to two deaths per 100,000 women, this goal was used to determine scoring increments for cervical cancer mortality.

Scoring cervical cancer mortality rates

- 2 points for rates of 0.0 to 2.0/100,000
- 1 point for rates of 2.1 to 4.1/100,000
- 0 points for rates of 4.2 to 6.2/100,000

Access and Utilization

Last year, three factors were selected to represent and measure access and utilization of cervical cancer preventive health care services. The same measures were used for this year's report: rates of Pap testing, Medicaid coverage of HPV testing, and insurance coverage of women. In addition, a new measure, the rate of uninsured, unscreened women, was added.

Rates of women screened for cervical cancer were collected from the CDC's 2004 Behavioral Risk Factor Surveillance System (BRFSS) Data.¹⁹ All states and the District of Columbia collected this information, with the exception of Hawaii. Stratification by race was derived from the same source. The Pap test rate for Hawaii was collected from the most recent data available from the National Healthcare Quality Report (2000).²⁰ The racial/ethnic breakdown of the percent of women who had a Pap test within the past three years was provided by a Kaiser Family Foundation analysis of the 2000 BRFSS data.²¹

A target of Healthy People 2010 was to increase the proportion of women aged 18 and older who had received a Pap test within the preceding three years to 90%. That goal was used to establish the scoring ranges for cervical cancer screening.

Scoring percent of women screened for cervical cancer

- 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



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Because women who lack health insurance are at risk of going without routine cervical cancer prevention services, this year's report tracks the percent of uninsured women who have not had a Pap test within the past three years. This data is drawn from an analysis of 2004 Behavioral Risk Factor Surveillance System data conducted by the State Health Access Data Assistance Center for the Robert Wood Johnson Foundation.²² No data were available for Arizona or Hawaii; 2002 American Cancer Society data were used for these states.

The percentage of uninsured women who had not received a Pap test ranged from 16.1% to 35.8%. The lowest rate was used as the top score, and the range was divided into three equal increments.

Scoring percent of uninsured women with no Pap test

- **2 points if 16.1% to 22.6% of women were unscreened**
- **1 point if 22.7% to 29.2% of women were unscreened**
- **0 points if 29.3% to 35.8% of women were unscreened**

HPV testing is now included as an option in the screening guidelines of leading medical groups as an adjunct to the Pap test for routine cervical cancer screening for women age 30 and over or to follow up an ASC-US (inconclusive) Pap test result. Each state Medicaid program makes the individual decision as to whether it will cover HPV testing for women who receive Medicaid. Unrestricted coverage means that Medicaid reimburses health care providers when they use the HPV test for primary (routine) screening when deemed medically necessary. Restricted coverage

indicates reimbursement is provided only when an HPV test is used as a follow-up test to resolve an ASCUS Pap test result. Data for this measure were based on the Medicaid Coverage Survey 2004-2005, Boston Healthcare Associates.

Scoring Medicaid coverage of HPV tests

- **2 points if coverage is unrestricted**
- **0 points if coverage is restricted**

Insurance coverage is a strong predictor of obtaining recommended screening and preventive services. Insurance coverage data for women ages 18 to 64 by state were based on Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates derived from data pooled from the March 2003 and 2004 Current Population Surveys; U.S. figures were based on March 2004 Survey data. Numbers were rounded.²³

A target of Healthy People 2010 was to increase the proportion of people with health insurance to 100%. This was used as the goal for scoring health insurance coverage.

Scoring percent of women not covered by health insurance

- **2 points for 0 to 10% uninsured**
- **1 point for 11 to 20% uninsured**
- **0 points for 21 to 30% uninsured**



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Policy Initiatives and Infrastructure

Three items measure policy initiatives and infrastructure dedicated to eliminating cervical cancer: cervical cancer screening mandates, the creation of central accountable entities to fight cervical cancer, and miscellaneous cervical cancer prevention and awareness initiatives.

For these measures, a LexisNexis® State Capital search was conducted using the keywords “cervical cancer” and “HPV” as search criteria. All states were searched and legislation was collected for the time period January 1, 2006, to October 1, 2006. The cumulative score represents the highest score achieved in either year under observation, up to a maximum of 2 points for each measure. It should be noted that the maximum number of points a state could achieve for introducing, but not passing, an initiative was 1 point (i.e., states that introduced, but did not pass initiatives in both 2005 and 2006 could only achieve 1 point total). Scores in this category are cumulative and cannot exceed 2 points for any of the three scored categories.

Legislation mandating cervical cancer screening coverage by public payers and private insurance companies is important to prevention efforts.

Scoring legislation mandating coverage of cervical cancer screening

- 2 points for enacted legislation mandating coverage of HPV and Pap testing
- 1 point for legislation introduced (not enacted) covering Pap and HPV tests OR covering Pap tests alone
- 0 points for no legislation

Legislation or resolutions creating a central accountable entity (e.g., task force, commission, study committee or council) to address cervical cancer prevention is also tracked as an important marker of prevention efforts. This indicator tracks legislation or resolutions creating a task force, commission, study committee, or council to evaluate new opportunities to eliminate cervical cancer.

Scoring legislation or resolutions to create a central accountable entity to address cervical cancer prevention

- 2 points for enacted legislation
- 1 point for enacted resolutions or legislation introduced but not enacted
- 0 points for no legislation

Legislation or resolutions for additional support of cervical cancer prevention initiatives are also tracked. For examples of additional prevention initiatives, refer to individual State Profiles.

Scoring miscellaneous cervical cancer prevention legislation or resolutions

- 2 points for enacted legislation
- 1 point for resolutions introduced or passed OR legislation introduced but not enacted
- 0 points for no legislation