

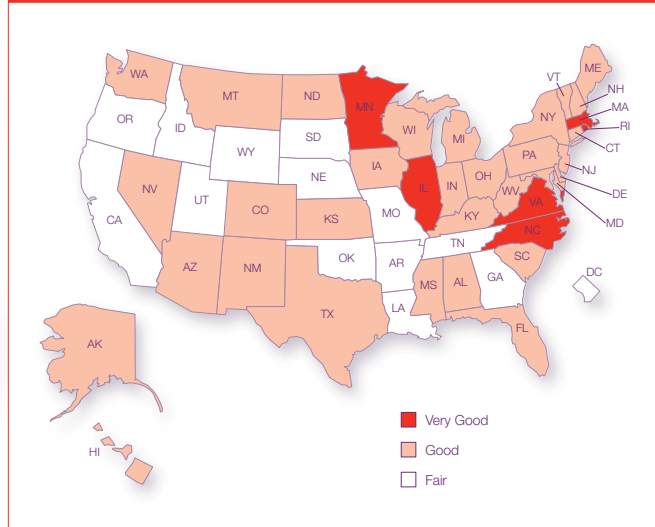
## Report Findings

States are continuing to make progress in the battle against cervical cancer in terms of reducing incidence and mortality, but the availability of the HPV vaccine and test have raised the bar significantly as far as what states can do to maximize success. States that do not incorporate these new technologies—and education about their availability and importance to women’s health—into their cervical cancer prevention programs may not see sustained progress in the fight against cervical cancer.

To ensure continued improvement, states must find appropriate ways to ensure access to the HPV vaccine for the recommended populations. States also must ensure that screening remains a priority focus and that public or private insurance coverage is available for the HPV test. As always, state must work to ensure that low income or lack of health insurance is not a barrier to women receiving the most appropriate and advanced cervical cancer prevention technologies. Monitoring will be required to assess access to the HPV vaccine and HPV test, particularly by historically underserved populations.

The following are the key findings of “Turning Challenges Into Opportunities: The ‘State’ of Cervical Cancer Prevention in America 2008.” (Please refer to the state pages for more detail on individual state accomplishments and to Appendix B for a detailed description of the report methodology.)

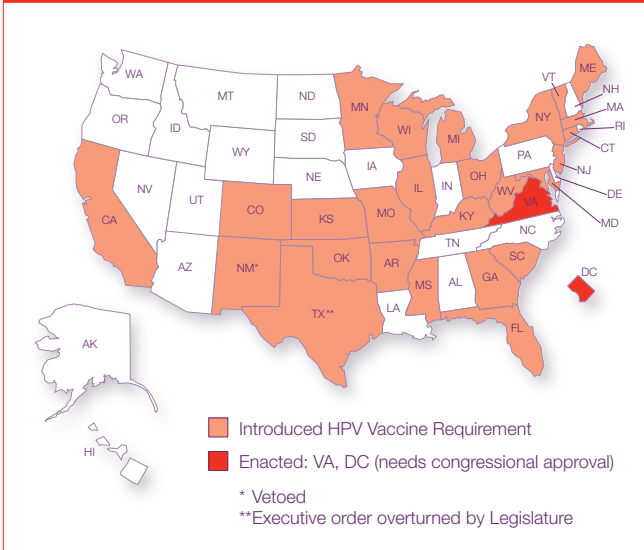
### Women In Government 2007 State Grade Map



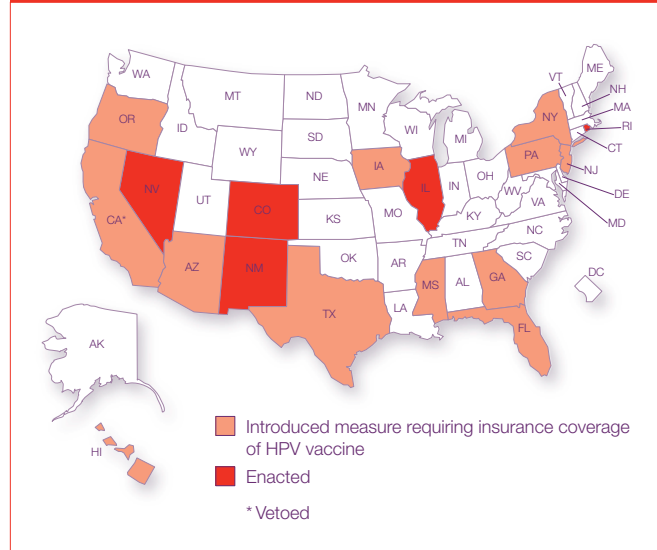
- **The majority of states received a grade of Good or Very Good in their efforts to prevent cervical cancer.** Six states were rated Very Good and 31 states were rated Good; 13 states and DC received a grade of Fair. An noted, this edition of the report significantly raised the bar in terms of actions that states need to take to receive a top score by adding indicators for access to the HPV vaccine and vaccine education programs, raising the number of possible points from 18 to 22. Even states with relatively good incidence and mortality rates may find themselves challenged to maintain their scores without new initiatives. As a result, overall grades are slightly lower in this report than in the last report, reflecting not lost ground but the challenges that states face in making the most of the opportunities to incorporate new screening and prevention modalities into their cervical cancer prevention efforts.
- **States continue to make progress in the battle against cervical cancer in terms of reducing incidence and mortality.** A total of 31 states saw a decline in their incidence rate, while 5 held steady; 26 states and DC saw a decline in their mortality rate, while 7 held steady.

## Report Findings

### 2007 HPV Vaccine School Requirement Legislation



### 2007 HPV Vaccine Insurance Requirement Legislation



- **More than half the states and DC took action to require HPV vaccination for school entry.** Of the 27 states and DC that considered such measures, only Virginia and DC ultimately passed a vaccine requirement (the DC measure requires final approval by Congress). However, stalled HPV vaccine requirements in many states were replaced with HPV education initiatives designed to inform girls and their parents about the relationship between HPV and cervical cancer and the availability of the HPV vaccine, greatly increasing HPV public education efforts.
- **A total of 17 states introduced legislation requiring insurance coverage of the HPV vaccine and 5 states saw the measures become law.** There was less emphasis this year on insurance coverage for the HPV test; it is important to maintain efforts to increase access to advanced screening technologies as well as the HPV vaccine to ensure a comprehensive approach to cervical cancer prevention.
- **There has been an overall decline in the percentage of women receiving Pap tests as screening for cervical cancer;** 44 states saw a drop in the number of women over the age of 18 who had a Pap test in the last three years. However, it is unclear if the decline is due to fewer women getting Pap tests or more women taking advantage of longer screening intervals made possible by the HPV test and new screening recommendations for women over age 30. Cervical cancer screening measures will have to incorporate the HPV test in order to provide a more accurate picture of screening rates.
- **Health insurance coverage for women continues to decline.** The number of states receiving a score of zero in this category for having more than 20 percent of their female population age 18–64 uninsured increased from 11 to 14. Only one state, Minnesota, had a rate of uninsured women below 10 percent. Relatively speaking, however, fewer states saw an increase in the number of uninsured women than in last year's report, in which half of states experienced an increase.