

Cervical Cancer Screening

Impact of Cervical Cancer in Rural Northern California

- Overall, women in rural areas have significantly higher cervical cancer incidence¹ and mortality² than those in urban areas.
- Women who are uninsured or have no routine/consistent source of care are less likely to be up-to-date on their cervical cancer screening.³
- These disparities may be due to a range of factors including variations in cervical cancer screening rates, health insurance coverage, income level, or access to a routine/consistent source of health care.
- HPV causes almost all cases of cervical cancers⁴. Encouragingly, within just 6 years of vaccine introduction in
- 2006, there was a 64% decrease in vaccine type HPV prevalence among females aged 14 to 19 years and a 34% decrease among those aged 20 to 24 years⁵.

How Health Centers Provide the Necessary Care

Clinical Interventions

- Remind patients through postcards, text messages, or phone calls that it is time for their cervical cancer screening.
- Collect and report data within the health center on provider performance in offering cervical cancer screening to patients.
- Offer women's health fairs or days and provide free cervical cancer screenings and educational materials.
- Provide transportation support to assist women in getting to their screening appointments.
- Provide adolescent girls and young adults with the HPV vaccine to reduce their risk of developing cervical cancer.
- Access the Partnership HealthPlan of California [Cervical Cancer Screening Driver Diagram online](#).

¹ Benard, V. B., Coughlin, S. S., Thompson, T., & Richardson, L. C. (2007). Cervical cancer incidence in the United States by area of residence, 1998-2001. *Obste Gynecol*, 110(3), 681-686.

² Singh GK. (2012). Rural-Urban Trends and Patterns in Cervical Cancer Mortality, Incidence, Stage, and Survival in the United States, 1950-2008. *J Community Health*, 37(1), 217-223.

³Klabunde, PhD, Carrie N. et. al. (2012). *CDC Morbidity and Mortality Weekly Report (MMWR)*, vol.61; no.3 January 27, 2012.

⁴ Ibid. (Table 3)

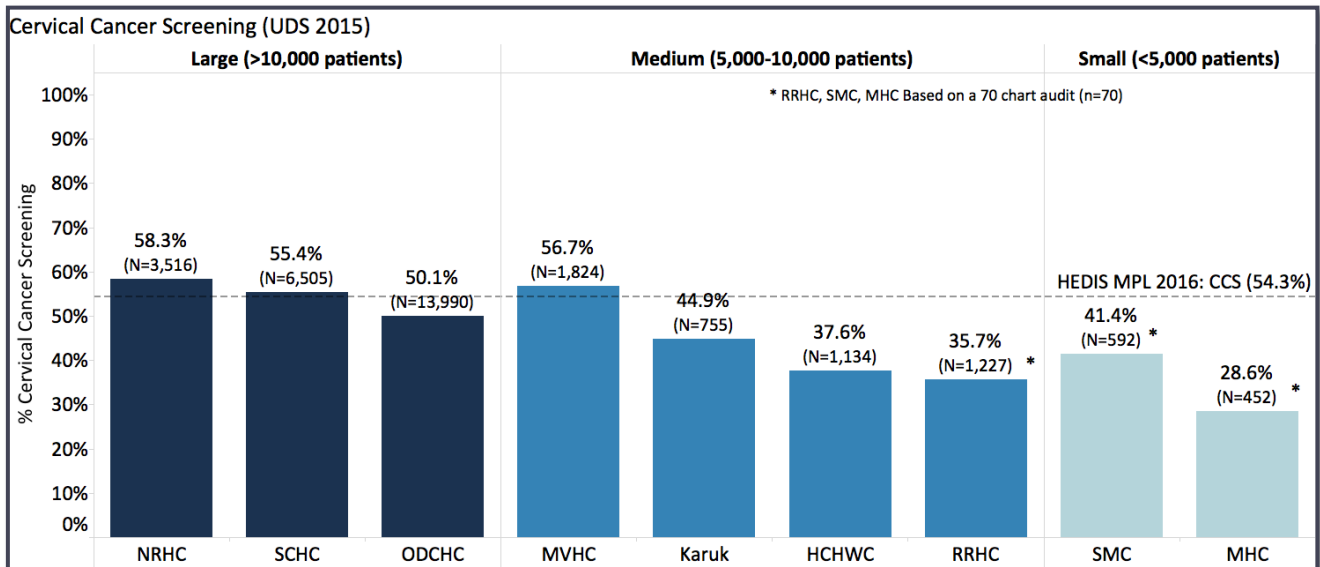
⁵ Markowitz LE, Liu G, Hariri S, et al. (2016). Prevalence of HPV After Introduction of the Vaccination Program in the United States. *Pediatrics*. 2016;137(2):e20151968.

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Rural Northern California Health Center Data

Key Points

- Clinical screening guidelines have lengthened the interval between screenings. Because of this, women may not remember when their Pap tests are due. This heightens the importance of patient reminders.
- Some women in rural Northern California receive cervical cancer screenings through their local Planned Parenthood or other women’s health clinic. Challenges with data sharing may lead to incomplete patient health records at the health center.
- Some women with a hysterectomy no longer require regular Pap tests. Medical records must be updated to reflect medical history.



* SMC and MHC data based on 70 chart audit (N=70).

Quality Measure Definitions (UDS)

The percentage of women aged 21-64 who received one or more Pap tests to screen for cervical cancer within the past three years.

- Routine cervical cancer screening with the Pap test can identify precancerous lesions or cancer in the early stages when treatment is most effective.
- Between 60% and 80% of women with advanced cervical cancer have not had a Pap test in the past five years (ACS, 2011. Cancer Prevention & Early Detection Facts & Figures).

National Quality Goals and Benchmarks

HEDIS 25th (MPL): HEDIS is a national data set that measures the performance of health plans on quality of care. The Minimum Performance Level (MPL), or 25th percentile, for Cervical Cancer Screening is 54.5%.