



Cervical Cancer Prevention

Legislator Policy Brief

The Healthy States Initiative

A partnership to promote public health



The Healthy States Initiative provides information state policymakers need to make decisions on public health issues. The Council of State Governments' partners in the initiative are the National Black Caucus of State Legislators (NBCSL) and the National Hispanic Caucus of State Legislators (NHCSL). The initiative brings state legislators together with public health experts and officials from the Centers for Disease Control and Prevention (CDC) and state health departments to share information and identify innovative policy solutions.

Healthy States Resources for State Policymakers

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- **Healthy States Forums.** These forums, which bring together state legislators from across the country, feature educational sessions on public health issues, new legislator training and roundtable discussions with public health experts.
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For More Information

Visit <http://www.healthystates.csg.org>

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In 2004, nearly 12,000 new cases of cervical cancer were diagnosed, and nearly 4,000 women died from the disease in the United States.¹ That's despite the fact that cervical cancer is highly preventable with Pap test screening.² Cervical cancer is even curable if detected at an early stage and treated promptly.² A common sexually transmitted virus, the human papillomavirus (HPV), is the key contributing factor in causing cervical cancer.³ A new HPV vaccine called Gardasil® protects against the two types of HPV that cause 70 percent of cervical cancers.⁴ As of early 2008, a second vaccine is in development but not yet federally approved.

What Do State Legislators Need to Know About Cervical Cancer?

- **It's usually preventable and curable if treated early.**² Regular Pap tests decrease a woman's risk of cervical cancer.² Pap tests decreased the incidence of cervical cancer by 74 percent between 1955 and 1992.⁵
- **Pap test screening is one of the most cost-effective clinical preventive services.**⁶ Most women diagnosed with cervical cancer either never had a Pap test or didn't have one in the five years prior to diagnosis.⁷
- **Racial, ethnic, geographic and socioeconomic disparities exist in cervical cancer incidence, survival, screening rates and access to care.**⁸
- **Some types of HPV infection can lead to development of cervical cancer.** A small percentage of women have persistent infection with high-risk types of HPV, which can lead to cervical cancer.⁹
- **In addition to Pap test screening, there are three other important strategies to prevent cervical cancer:**
 - Educating women to avoid exposure to HPV by delaying sexual intercourse, limiting the number of sexual partners and avoiding sex with people who have had many partners.¹⁰
 - Vaccinating against the two types of HPV infection that cause 70 percent of cervical cancers. The vaccine is recommended for girls and women ages 11 to 26 and is approved for girls as young as 9.⁷ Doctors recommend the vaccine for 11- to 12-year-old girls because it is most effective prior to sexual exposure to HPV and because other vaccines are given at this age.⁴
 - Testing for the high-risk types of HPV with an HPV DNA test, which is given with the Pap test in women over age 30 or for follow-up of certain abnormal Pap test results.¹¹
- **States support cervical cancer prevention through:**
 - **Increasing access to screening** supported by the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program.¹²
 - **Increasing access to vaccines** through the federal Vaccines for Children program.¹³
 - **Integrating cervical cancer programs with all cancer prevention activities** through the CDC's National Comprehensive Cancer Control Program's seed money and support to some states and territories.¹⁴

What Can State Legislators Do to Improve Cervical Cancer Prevention?

- Support funding and legislative actions to improve access to prevention services.
- Provide funding for educational and media awareness campaigns on cervical cancer prevention.
- Collaborate with stakeholders on cervical cancer prevention to integrate cervical cancer with other anti-cancer strategies.

Actions for State Legislators

Demonstrate Leadership

- Educate yourself about cervical cancer and prevention strategies. Contact the cervical cancer early detection program in your state to find out about services and strategies to reach the underserved.
- Spread the news to your constituents and colleagues about the importance of prevention and screening and about the HPV vaccine.
- Create and support state task forces to develop statewide comprehensive cervical cancer prevention and elimination strategies. Strong evidence suggests that multi-component programs that incorporate media (including mass media such as television, radio, newspapers, magazines and billboards as well as small media such as brochures, flyers, newsletters, informational letters, posters and videos), education and enhanced access increase screening for cervical cancer.¹⁵
- Build and expand coalitions to support cervical cancer prevention. Work with your women's legislative caucus, state task forces, the state health department, local American Cancer Society chapters and other interested stakeholders.
- Work with your state health department to expand awareness of the Comprehensive Cancer Control and the National Breast and Cervical Cancer Early Detection Programs in your state.

Work to Identify and Eliminate Health Disparities

- Create or expand state programs that provide free cervical cancer screenings, immunizations and treatment for the uninsured.
- Seek to educate the public about the availability of programs in your state.
 - The CDC's National Breast and Cervical Cancer Early Detection Program provides free cancer screening tests to low-income, uninsured and underinsured women in every state and four U.S. territories. In 2006 the program screened only 7 percent of all eligible women. Further expansion depends largely on the increased support of federal, state and community funders.¹²
 - The federal Vaccines for Children Program provides vaccines to all states, territories and the District of Columbia for participating providers to give to eligible children younger than 19. All recommended childhood vaccines, including the HPV vaccine, are available through this program.¹³
 - Merck & Co. Inc., the pharmaceutical company that produces the Gardasil® HPV vaccine, provides the vaccine free to females over age 19 who are uninsured or unable to afford it.¹⁶
- Work to ensure that state cervical cancer prevention efforts include outreach to non-English speaking populations and other at-risk groups and that educational materials are culturally sensitive.

Support Outreach and Education Programs

- Create and fund awareness campaigns on cervical cancer and HPV. This can include designating a cervical cancer awareness week or month in your state.
- Work with the state department of health to make information about cervical cancer and HPV available on the department's Web site and through health care providers.
- Provide for education of health professionals about the HPV vaccine, updated cervical cancer screening recommendations for HPV and Pap testing, and the effectiveness of client reminders to encourage preventive screenings.
- Support legislation to include the following in sexual education curricula in schools: information about HPV, its link to cervical cancer, the HPV vaccine and the need to avoid HPV risk behaviors.

Consider Legislation to Increase the Availability of the HPV Vaccine

- Establish task forces to examine the cost, availability and insurance coverage of the HPV vaccine and make recommendations for state plans for distribution of the vaccine.
- Consider making the vaccine available through school programs, family planning programs and health care providers.
- Provide support for immunization and cancer registries to measure the impact of the vaccine.
- Work with insurance providers to cover the vaccine as part of their benefits.
- Examine parental consent laws and legal exemptions to school vaccination requirements in your state to understand how state laws may affect the delivery of the vaccine.

Want to Know More?

We'll help you find experts to talk to about this topic.

If you would like to explore this topic in greater depth, contact us at the Healthy States Initiative and we'll help you connect with:

- an expert on this issue from the CDC;
- fellow state legislators who have worked on this issue; or
- other public health champions or officials who are respected authorities on this issue.

Send your inquiry to healthpolicy@csg.org or call the health policy group at (859) 244-8000 and let us help you find the advice and resources you need.

State Policy Examples

Collaboration and Outreach Move Michigan Ahead

Since 2005, a concerted effort in Michigan has increased the state's cervical cancer screening rate, lowered its incidence rate and lowered its death rate from the disease. Michigan now has one of the lowest mortality rates from cervical cancer in the nation. State lawmakers say the key to success has been collaboration among state agencies and outreach to various stakeholder groups to increase awareness of the issue. Gov. Jennifer Granholm also created the Michigan Task Force on Cervical Cancer Awareness by executive order in February 2006 (Executive Order No. 2006-5).¹⁷ In September 2006, the task force recommended:

- Declaring January Cervical Cancer Awareness Month to develop and promote age-appropriate, culturally sensitive public education messages directed to all women and health care providers about the importance of regular cervical cancer screening, appropriate HPV testing and the HPV vaccine.
- Recognizing the Michigan Cancer Registry's importance as a reliable source of cancer research data and supporting the increase of state funding for the registry.
- Promoting administration of the HPV vaccine as part of "Back to School" messages.
- Endorsing the Michigan Cancer Consortium's call for public education directed at women in high-risk groups such as those who are rarely or never screened, minorities, those with low income, foreign born individuals, and those lacking a usual source of health care. The plan recommends using culturally specific messages and using community leaders as spokespersons.
- Educating Michigan employers about the importance of prevention services in insurance packages they purchase for their employees.¹⁸

http://michigan.gov/mdch/0,1607,7-132-2940_2955-13487--,00.html

Illinois Requires Information on HPV and Cervical Cancer

Illinois' General Assembly passed Senate Bill 937 in 2007 to require the state Department of Public Health to provide written information about the link between HPV and cervical cancer and the availability of the HPV vaccine to all female students entering the sixth grade and their parents or legal guardians. The legislation also requires the department to establish a program no later than 2011 to provide the vaccine to uninsured young women at no cost if they meet yet-to-be-determined eligibility requirements.¹⁹

Colorado Requires Health Insurance Coverage for HPV Vaccine

Colorado in 2007 passed House Bill 1301 that requires health insurance policies and Medicaid to provide coverage for the HPV vaccine. The bill also encourages federally qualified health centers to contract with county or district health departments or agencies providing public health nursing services to administer the vaccine. Finally, it creates a cervical cancer immunization public awareness campaign on the benefits and possible side effects of the vaccine. The Colorado Department of Public Health and Environment will seek grants and donations from public and private sources to fund the campaign. It would receive additional financing from the Colorado Immunization Fund if the campaign meets certain fundraising benchmarks.²⁰

Expanding Early Detection & Requiring HPV Immunization in Virginia

A task force in Virginia also enhanced cervical cancer prevention efforts. In January 2005, then-Gov. Mark Warner created a task force (Executive Directive 5), which completed a preliminary report in November 2005 that recommended:

- Providing additional funding to develop and/or enhance programs to provide screening, diagnostic testing and management services for patients with precancerous conditions.
- Enhancing the Virginia Breast and Cervical Cancer Early Detection Program through increased funding and raising the income eligibility level.
- Allowing an income tax checkoff for cervical cancer to support screening and management services for uninsured and underinsured women in high-incidence areas.
- Improving awareness and knowledge of cervical cancer and HPV through a public health education campaign that provides linguistically and culturally appropriate information and intensifies outreach to women who have rarely or never been screened.
- Modifying the Family Life Education Program in schools to specifically address HPV.
- Encouraging medical professionals to offer cervical cancer screening and provide education on HPV and cervical cancer to women admitted to the hospital, since many women only access the health care system during episodes of acute illness.²¹

In 2006, the Virginia General Assembly approved House Bill 5002 to expand the federally funded breast and cervical cancer early detection program, which targets minority and geographically isolated women. The additional funding allows more women over age 18 to be screened for cervical cancer, as recommended by the task force.¹⁷ In April 2007 Virginia passed House Bill 2035, and became the first state to require by statute that girls be vaccinated against HPV.²² Virginia lawmakers in early 2008 were considering legislation to delay the requirement one year to fall 2010 to allow more time to study the vaccine's effects on young girls and for competing vaccines to reach the market.

<http://www.vahealth.org/taskforce.asp>

New Mexico Legislature Shows Support for Addressing Disparities

New Mexico's state legislature passed House Joint Memorial 39 in 2007, a resolution supporting the health department's improvements in statewide delivery of Pap tests, HPV screening tests and the HPV vaccine. The resolution expressed support for:

- Tracking patients diagnosed with cervical precancers and collaboration between the surveillance program and New Mexico's immunization program.
- Forming an HPV-Pap advisory panel composed of experts in screening, immunization and school-based health, representatives of the breast and cervical cancer early detection program, the department of health's public health division, statewide school-based health programs and key health care advocacy groups in the state.
- Creation of a research agenda by the HPV-Pap advisory panel and the New Mexico Health Policy Commission to study and identify cervical cancer disparities and cost-effective delivery of primary and secondary cervical cancer strategies. The resolution points out that mortality rates remain higher among Hispanic and Native American women compared to white women in the state.²³

Advice from a State Legislator



Rosalyn Baker
Hawaii Senate

Sen. Rosalyn Baker, a cervical cancer survivor, served in the state legislature from 1988 to 1998 and was elected again in 2002. She's a former chair of the Senate Committee on Health and now chairs the Ways and Means Committee. She's an active volunteer with the American Cancer Society and the incoming chair of the state's Comprehensive Cancer Control Coalition.

Her Advice to State Legislators:

- **Raise awareness:** "One of the issues we found is the need ... to raise awareness to make sure that women at all ages get their Pap smears. I'm a 31-year cancer survivor. My cancer was detected with a Pap smear. It was found early and easily treated and the issue really is that early detection. So the more that legislators can assist health groups ... that are really geared toward raising awareness about early detection, prevention and early treatment, that's the very most important thing that we can do."
- **Make the HPV vaccine available and continue the dialogue about it:** "I think it's important that doctors and vulnerable populations know about the opportunity for using the vaccine on young girls. I think that's an option that needs to be out there. We discussed this with our department of health. We talked with our third-party payers and in Hawaii all of our health plans will reimburse for those shots. We think it's probably too early to mandate that because we don't know what the long-term effects are going to be. But it is one of the tools to help prevent cancer."
- **Don't focus solely on the vaccine:** "For me, it's a matter of resources. Where are we going to get the biggest bang for the buck and where are we going to spend scarce public health resources? It's a three-shot series, it's an expensive series and we don't know how long the shot's going to be effective. We also know you have to inoculate someone before they're exposed to the HPV virus because it's not effective if you're already infected. I'm concerned that if the only focus is on the HPV vaccination, that we're going to miss generations of women who are going to let their guard down and not continue to get their Pap smears. So I think we need to make [the HPV vaccine] available. We need to talk about it. I think we need to look at ways to stem the tide of the transmission of all sexually transmitted diseases. And so that means better sex education, engaging in safe sex practices."
- **Reach out for support on cervical cancer prevention efforts:** "I would [tell legislators to] start with their women's legislative caucus. I would also reach out to groups like the American Cancer Society. There are local groups in virtually all of the counties and cities across the country and they're a very good resource. Partner with your federally qualified health centers if you have those in your state. Look for cancer control groups and partner with them because it's not something that an individual legislator or even a group of legislators can do by themselves. But there are a lot of public health organizations out there that are interested in working on this issue I believe. And so it's important to create those networks, be a part of those networks and continue to broaden and build coalitions. There may be cancer research centers in some of the cities that would have good information. There's a lot of good activity going on. We just need to make sure that it's coordinated and it's getting out to the target groups. In the rural areas, we can use the Internet. We can use the media. We can use a variety of ways to get the message out and those messages need to be culturally sensitive and appropriate for the target audience that you're trying to reach."

Concerns About HPV Vaccine Mandates

Social and Political Concerns About HPV Vaccine Mandates

A number of states that have considered whether to mandate the HPV vaccine for adolescent girls have faced opposition from various groups. The social and political concerns include the following:

- The three-dose regimen vaccine is costly at about \$360 and vaccine-related disparities may arise. Poorer women are at greater risk for HPV infections and cervical cancer and less likely to have health insurance or the ability to pay for the vaccine.⁴
- The vaccine might give teens a false sense of security.⁴
- The vaccine might undermine abstinence-only education.⁴
- Some parents believe mandating the vaccine undermines parental autonomy.⁴
- Some have been uncomfortable with the lobbying efforts of the manufacturer of the first licensed vaccine. The company was initially pushing states to mandate the vaccine,²⁴ but they've since backed off.²⁵
- Some wonder whether adolescent girls should have a say in the matter of whether to receive the vaccine.²⁶
- Others wonder whether early administration of the vaccine might affect the future emotional and sexual development of young girls and whether those who receive the vaccine will be more likely to engage in promiscuous or unsafe sex.⁴
- For some, there is a stigma associated with HPV as a sexually transmitted disease.⁴
- If young girls were compelled to submit to a new vaccine as a condition of receiving publicly funded education and boys were not, questions of fairness could come into play, some contend.²⁶
- School immunization laws are intended to control outbreaks of contagious diseases that can spread easily to other school children. HPV is spread only by sexual contact.⁴
- Some parents have concerns about the safety of vaccinations in general.²⁷
- Some believe that public health authorities, pediatricians and infectious disease specialists, rather than politicians, should drive mandatory vaccination decisions and policies.²⁶

Key Facts & Terms

How Many Women Are Impacted by Cervical Cancer and HPV?

- In 2004, 11,892 new cases of cervical cancer were reported and 3,850 women died from the disease in the United States.¹
- The incidence of cervical cancer declined by 74 percent between 1955 and 1992, primarily because of the widespread use of Pap tests to detect precancerous lesions and cervical cancer.⁵ At an estimated annual medical cost of \$40 per person, the Pap test has been shown to be 66 percent effective in reducing cervical cancer deaths.⁶
- HPV is the most common sexually transmitted infection in the U.S. An estimated 20 million people across the country are currently infected and another 6.2 million people are newly infected every year.²⁸ By comparison, an estimated 2.8 million Americans are infected annually with Chlamydia, the most commonly reported bacterial STD.²⁹ Women have an 80 percent chance of getting HPV by the time they are 50, and in most cases, the infection goes away on its own and does not cause health problems. However, persistent HPV infection with high-risk types of HPV can cause cervical cancer. Sixteen of the 100 known types of HPV are considered high risk and can cause cervical cancer in women.²⁸
- Direct medical costs associated with cervical cancer are estimated at \$300 million to \$400 million annually. Estimated costs associated with precancers range from \$700 million to \$2.3 billion.³⁰

What Health Disparities Are Associated With Cervical Cancer?

- Low-income and minority women tend to be diagnosed at later stages and have higher mortality rates. Late-stage diagnosis, which is a major cause of illness and death from the disease, can result from disparities in screening, diagnosis and treatment.⁸
- Cervical cancer occurs most frequently in Hispanic women. The rate is more than twice that in white women.³¹
- African-American women develop cervical cancer about 50 percent more often than white women.³¹ They are also more than twice as likely to die from cervical cancer as white women.³² Cervical cancer accounts for an estimated 25 percent of cancer deaths in African-American women from certain urban populations.³³
- African-Americans, Hispanics and certain Asian-American groups have higher cervical cancer mortality rates than whites.³¹
- Preventable cancers, including cervical cancer, are among the leading causes of death among Vietnamese-Americans.³⁴
- Non-English speaking immigrant women face language and cultural barriers to Pap test screening. For example, some cultures prohibit pelvic examination by male practitioners. The lack of culturally sensitive screening and treatment facilities can be barriers to early cancer detection.⁸
- Cultural factors can contribute to mistrust of medical providers and lower screening rates.⁸
- Uninsured women have lower cancer screening rates and often don't receive diagnosis and care until the later stages of disease.³⁵

What Scientific Research Says

What is the Impact of Cervical Cancer Prevention?

- If women receive regular screenings with Pap tests, cervical cancer can usually be prevented and most deaths avoided.³⁶
- Thirteen percent of women age 18 and older report they have not had a Pap test within the last three years.³⁷
- When it is found early and treated, cervical cancer is highly curable.³⁵

What Works to Increase the Use of Cervical Cancer Screening?

- Increased access to screening services is needed to reduce cancer mortality and related health disparities among underserved populations.³⁸
- The Centers for Disease Control and Prevention-appointed Task Force on Community Preventive Services reports there is strong evidence that the following are effective in increasing use of cervical cancer screening:
 - Patient reminders targeted toward specific populations taking into account their languages and cultures; and
 - Programs incorporating media campaigns, education and enhanced access.³⁹

How Safe and Effective is the HPV Vaccine in Preventing Cervical Cancer?

- The Gardasil® vaccine was highly effective in clinical trials in preventing diseases caused by the four types of HPV covered by the vaccine among women not previously exposed to these HPV types. The diseases prevented include cancers and precancers of the cervix, vulva and vagina, and genital warts.²⁸
- The vaccine only protects against two types of HPV that cause 70 percent of cervical cancers, so it is important that women continue to have regular Pap tests to screen for types not prevented by the vaccine.⁴ There are more than 100 types of HPV.
- The HPV vaccine was licensed as safe and effective by the Food and Drug Administration in 2006. It was tested in more than 11,000 females between the ages of 9 and 26. The most common side effect in tests was soreness in the arm where the shot was given.²⁸
- The vaccine is routinely recommended by doctors for 11- to 12-year-old girls as part of the regular schedule of adolescent checkups and vaccinations. It can be given to girls as young as 9. It's also recommended for 13- to 26-year-old women who haven't yet received or completed the vaccine series. The justification for the young age recommendation is to ensure that females receive the vaccine before their first sexual contact when they could be exposed to HPV. The vaccine does not work as well for those who were exposed to the virus before getting the vaccine.²⁸
- The length of protection or immunity offered by the vaccine is not yet known. So far, studies have shown women are protected for up to five years. More research is being done to determine if booster vaccines will be needed beyond five years.⁷

Resources

Centers for Disease Control & Prevention (CDC)

- Behavioral Risk Factor Surveillance System
2006 Pap Screening Rate—Map: http://apps.nccd.cdc.gov/gisbrfss/select_question.aspx
- Guide to Community Preventive Services
<http://www.thecommunityguide.org/cancer/screening/ca-screening.pdf>
- HPV Information Page <http://www.cdc.gov/std/hpv/default.htm>
- HPV Vaccine—Questions & Answers for the Public
<http://www.cdc.gov/vaccines/vpd-vac/hpv/hpv-vacsafe-effic.htm>
- National Breast & Cervical Cancer Early Detection Program
<http://www.cdc.gov/cancer/nbccedp/>
- Recommendations of the Advisory Committee on Immunization Practices
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr56e312a1.htm>
- Vaccines for Children Program <http://www.cdc.gov/vaccines/programs/vfc/default.htm>

CSG and Healthy States Initiative

- Cancer Page: <http://www.healthystates.csg.org/Public+Health+Issues/Cancer/>
- Immunizations Tool Kit: <http://www.healthystates.csg.org/NR/rdonlyres/F45DEB77-88C2-4B78-B0AC-4E5145CC8F04/0/ImmunizationsToolkit.pdf>
- CSG Policy Resolution on Cervical Cancer: <http://www.csg.org/policy/documents/Cervical-CancerPreventionResolution.pdf>
- State News Article: <http://www.healthystates.csg.org/NR/rdonlyres/E9AAF544-27CE-400D-86FA-F28ED27B5819/0/SNCervicalCancerVaccineAvailable.pdf>

American Cancer Society

http://www.cancer.org/docroot/lrn/lrn_0.asp

Cancer Control P.L.A.N.E.T. (Plan, Link, Act Network with Evidence-Based Tools)

<http://cancercontrolplanet.cancer.gov/>

CancerPlan.org—share resources and tools to develop, implement, and evaluate Comprehensive Cancer Control Plans

http://www.cancerplan.org/portal/server.pt?space=CommunityPage&cached=true&parentname=CommunityPage&parentid=0&in_hi_userid=2&control=SetCommunity&CommunityID=201&PageID=0

Merck & Co., Inc.

- Vaccine Patient Assistance Program: <http://www.merck.com/merckhelps/vaccines/home.html>

National Cancer Institute

<http://www.cancer.gov/cancertopics/factsheet/Risk/HPV>

State Cancer Profiles: <http://statecancerprofiles.cancer.gov/>

National Cervical Cancer Coalition

<http://www.nccc-online.org/>

National Lieutenant Governors Association

http://www.nlga.us/web-content/Projects/cervcanc_State_by_State.htm

National Network for Immunization Information

- <http://www.immunizationinfo.org/>
- http://www.immunizationinfo.org/vaccineInfo/vaccine_detail.cfv?id=53

Women in Government

Challenge to Eliminate Cervical Cancer Campaign

<http://www.womeningovernment.org/prevention/>

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Preventing Diseases: What Works

Policies That Work Based on the Research Evidence

1. Promote healthy eating.

Policies that give kids healthier food choices at school can help curb rising rates of youth obesity. Providing access to healthful foods and nutrition information in every community makes it easier for people to make healthy food choices.

2. Get people moving.

Community information campaigns and easy access to safe places for physical activity help people become more physically active and lower their risk of chronic diseases.

3. Help smokers to quit and youth to never start smoking.

Policies that support comprehensive tobacco control programs—those which combine school-based, community-based and media interventions—effectively curb smoking and reduce the incidence of cancer and heart disease.

4. Encourage prevention coverage.

Policies that encourage health insurers to cover the costs of recommended preventive screenings, tests and vaccinations are proven strategies to increase the rates of people taking preventive action.

5. Promote health screenings.

Policies that promote—through workplace health programs and media campaigns—the importance of health screenings in primary care settings are proven ways to help reduce rates of chronic disease.

6. Protect kids' smiles.

Policies that promote the use of dental sealants for kids in schools and community water fluoridation are proven methods to dramatically reduce tooth decay.

7. Require childhood immunizations.

Requiring immunizations for school and child care settings reduces illness and prevents further transmission of those diseases among children. Scientific, economic and social concerns should be addressed when policies to mandate immunizations are considered.

8. Encourage immunizations for adults.

Policies that support and encourage immunizations of adults—including college students and health care workers—reduce illness, hospitalizations and deaths.

9. Make chlamydia screenings routine.

Screening and treating chlamydia, the most common sexually transmitted bacterial infection, will help protect sexually active young women against infertility and other complications of pelvic inflammatory disease (PID) that are caused by chlamydia.

10. Promote routine HIV testing.

Making HIV testing part of routine medical care for those ages 13 to 64 can foster earlier detection of HIV infection among the quarter of a million Americans who do not know they are infected.

Learn more about these and other proven prevention strategies at <http://www.ahrq.gov/clinic/uspst-fix.htm>, <http://www.thecommunityguide.org/policymakers.html> and http://www.prevent.org/images/stories/health_policy.pdf.

What the CDC Does for States

The Centers for Disease Control and Prevention (CDC) is part of the United States Department of Health and Human Services, which is the main federal agency for protecting the health and safety of all Americans. Since it was founded in 1946 to help control malaria, CDC has remained at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities and environmental health threats.

Helping state governments enhance their own public health efforts is a key part of CDC's mission. Every year, CDC provides millions in grants to state and local health departments. Some funds are in the form of categorical grants directed at specific statutorily-determined health concerns or activities. Other funds are distributed as general purpose block grants, which the CDC has more flexibility in deciding how to direct and distribute.

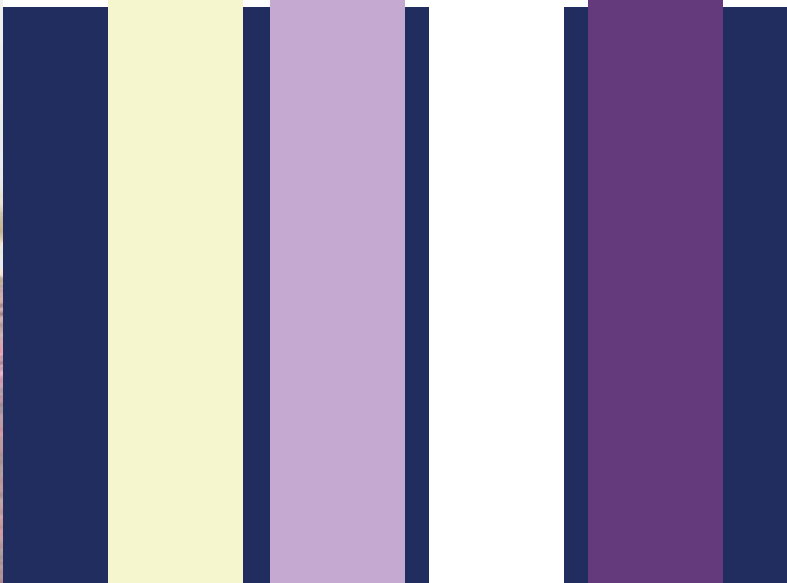
The CDC does not regulate public health in the states. Rather, it provides states with scientific advice in fields ranging from disease prevention to emergency management. It also monitors state and local health experiences in solving public health problems, studies what works, provides scientific assistance with investigations and reports the best practices back to public agencies and health care practitioners.

For state legislators who are interested in improving their state's public health, the CDC offers a wealth of resources, including:

- Recommendations for proven prevention strategies;
- Examples of effective state programs;
- Access to top public health experts at the CDC;
- Meetings specifically aimed at state legislative audiences;
- Fact sheets on policies that prevent diseases; and
- State-specific statistics on the incidence and costs of disease.

This publication from the Healthy States Initiative is also an example of CDC's efforts to help states. The Healthy States Initiative is funded by a cooperative agreement with the CDC.

The CDC has developed partnerships with numerous public and private entities—among them medical professionals, schools, nonprofit organizations, business groups and international health organizations—but its cooperative work with state and local health departments and the legislative and executive branches of state government remains central to its mission.



The Council of State Governments' (CSG) Healthy States Initiative is designed to help state leaders make informed decisions on public health issues. The enterprise brings together state legislators, officials from the Centers for Disease Control and Prevention, state health department officials, and public health experts to share information, analyze trends, identify innovative responses, and provide expert advice on public health issues. CSG's partners in the initiative are the National Black Caucus of State Legislators and the National Hispanic Caucus of State Legislators.

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