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Underinsured Pilot Project

By: GeorgeAnn Grubb

In December and January, the WVBCCSP staff members visited ten provider sites, representing a cross-section of locations and types of clinics, including local health departments and primary care centers. The purpose of the visits was to implement a pilot project aimed at increasing services to underinsured women. A tool kit, posters and flyers were created for the clinics and the project began on February 1, 2016. Results of the pilot project will be used to develop procedures which will be implemented at all provider sites in FY 16-17. The WVBCCSP has always served underinsured women, however, due to the Affordable Care Act and WV's successful enrollment of women into Medicaid and Marketplace insurance, many women find they are unable to afford the high co-pays and deductibles which might prevent them from accessing needed follow-up services. If a woman meets Program eligibility guidelines and is underinsured, WVBCCSP may be able to help cover the cost of additional services that may be needed.



Underinsured Pilot Project meeting at Access Health in Beckley, WV, January 28, 2016. Pictured: (Seated): Pam Postalwait, WVBCCSP Clinical Services Coordinator, Jeanie Moore, Billing, (Back): GeorgeAnn Grubb, WVBCCSP Director, Greg Dunbar, Administrator, Debbie Farley, LPN, Misty Stone, LPN, Lori Basham, Billing, and Thelma Workman, WVBCCSP Health Information Specialist.



Director's Dialog: Be Nimble



By: GeorgeAnn Grubb



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As I write this, the month of February is drawing to a close. For the past several months, the leadership of both the WV Breast and Cervical Cancer Screening Program and the WISEWOMAN Program have worked diligently to prepare and submit our grant applications to CDC for 2016-17. Coincidentally, February is both Cancer Prevention Month and Heart Health Month.

2015 marked the 25th anniversary of CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP). NBCCEDP was established in 1990 to provide women who are low-income, uninsured and underserved access to timely breast and cervical cancer screening and diagnostic services. 2016 marks the 25th anniversary of the WV Breast and Cervical Cancer Screening Program which screened the first woman in Hardy County in 1991. WV WISEWOMAN began screening for heart disease in 2003 as a five-year research project and then was integrated with the WVBCCSP in 2008.

Guidance from CDC for preparation of the grants encouraged both programs to focus on population-based outreach, evidence-based interventions and community-clinical linkages. Another approach recommended by Faye Wong, CDC Branch Chief of Cancer Prevention and Control, was to “**be nimble.**” By this she means that screening programs need to be flexible and adapt to the new reality of the Affordable Care Act and Medicaid Expansion. While more WV women than ever before now have health insurance, we know that many deaths from breast and cervical cancers and heart disease could be avoided if screening increased among women at risk. Deaths from these diseases occur disproportionately among women who are uninsured or underinsured and we know that mammography, Pap tests and heart disease screening are not used as often by women who have no regular doctor or source of health care.

WVBCCSP and WISEWOMAN are fortunate to have a long-standing history of collaboration with our extensive network of healthcare providers, community organizations and volunteers. We are well-positioned to build upon these relationships to encourage the implementation of population-based education and awareness using evidence-based strategies, while continuing to screen populations with the greatest need. Our mission as always is to be an advocate for women's health, to partner with the public health community and to improve the health of individuals and communities.

GeorgeAnn Grubb



***Don't miss the third annual
Vandalia-Con at the
Blennerhassett Hotel in
Parkersburg on May 27-29, 2016***

By: Shelly Dusic

It is that time of year again when the heroes of Vandalia begin to gear up for this year's Vandalia-Con Memorial Day weekend. May 27-29th is not too far around the corner and what better way to kick off your summer than by getting the family together to have some fun and help the women of WV!

We are changing things up a little bit this year, and kicking things off with the Pink Block Party on Friday, May 27th. We will have a health fair from 8am-Noon at the Wood County Meeting Rooms, and Bonnie's Bus will be providing screening mammograms on site as well. The evening will bring free children's activities and entertainment, and a concert at Bicentennial Park. Immediately following the Pink Block Party we will launch Vandalia-Con with a fantastic Masquerade Ball! We will have classes and tea dueling, sword fighting demonstrations and storytelling, a fashion show, a carnival sideshow, comedy performances, great music, and so much more.

This will be the third year for our event, hosted by the Blennerhassett Hotel in Parkersburg, WV. In just two years, we raised over \$10,000 for patient care for the women of WV. We have over 300 people come to visit during our convention and they are from as far away as Florida and Rhode Island! We reach out through social media and last year in just the six weeks following our event we had reached 582,092 people through news coverage and online sharing. Most importantly- we know of one cancer found early, and one life saved.

Vandalia-Con has now received international recognition, through the Pollination Project. We were featured in an article in the Huffington Post in December and were included in the Pollination Project's "Blessings for the New Year" video on YouTube. The word is spreading that we are here and we are saving lives.

The only thing we need is you! Visit our website at www.Vandalia-Con.org to purchase tickets. As always 100% of proceeds from this event are donated. This year, we are donating to help get a 3-D mammography machine for Bonnie's Bus. Join us, bring the family, and be a Hero of Vandalia!



James Lovelock from
the Pirate Crew of
the Dead Rabbit
(left)



Professor Bubblemaker taught a class for kids.



Cervical Health Awareness Month (CHAM)



By: Vickie Burke

Cervical Health Awareness Month (CHAM), designated as the month for educating the public about cervical cancer prevention and screening, was observed in January 2016. Approximately 12,900 women were diagnosed with invasive cervical cancer in 2015. Of those diagnosed, 102 were WV women. The WVBCCSP encourages women to take control of their health by having a routine Pap test. In addition to routine screening, knowing and understanding your risk factors for getting cervical cancer are important. Women are encouraged to talk with their health care providers to find out more about their individual risk for getting cervical cancer and to determine what screening schedule they should follow.

The WVBCCSP Health Information Specialists (HISs) organized CHAM activities that took place throughout the state, reaching over 3,000 women. Some of the activities included:

- Distribution of CHAM flyers by the HISs and community partners
- Proclamation signings
- Celebration of the Third Annual Wear Teal Day on Friday, January 8th
- Free screening clinics with an emphasis on displaying cervical health awareness materials
- Many community partners and provider facilities decorated offices with teal, participated in Wear Teal Day and displayed CHAM information throughout January
- The incredibly powerful movie “Someone You Love: The HPV Epidemic,” was shown in Huntington, Lewisburg and Morgantown.
- CHAM information and messages were also seen across the state through many newspaper articles, radio PSAs, TV news reports and postings on Facebook. The HISs had 33 Facebook posts that reached approximately 30,000 people in January.

(more CHAM pictures on page 6)



Berkeley County Health Department staff with the CHAM display board



Deanna Summerfield, Carroll Precht and Kimberly Ledden recognize Wear Teal Day at the Tucker County Health Department.



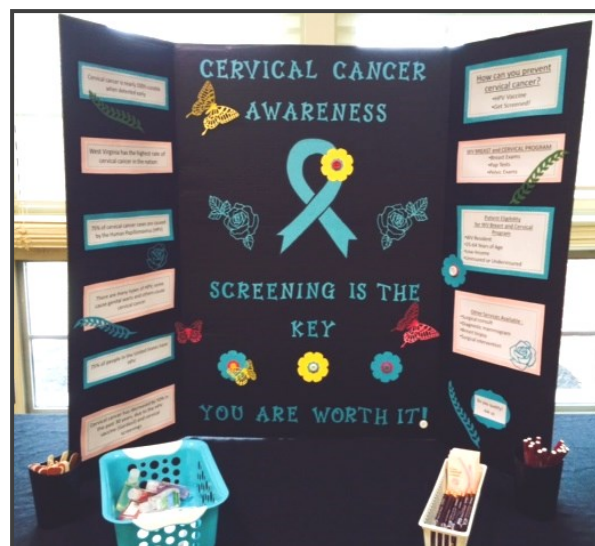
Glenville State College Financial Aid Office wearing Teal and Teal Ribbons



CHAM and Wear Teal Day Pictures



Berkeley County Health Department
Prevention Tree on display



Berkeley County Health
Department CHAM display board



Calhoun County Family Resource
Network (FRN) celebrate Wear
Teal Day



Community Care of WV Tri-County
Health Clinic supported Wear Teal Day



CHAM display board at the Calhoun
County FRN office



Mineral County Health Department
staff with the CHAM display board



Someone You Love: The HPV Epidemic



By: Shelly Dusic

The Human Papilloma Virus (HPV) may be the most widespread, misunderstood and potentially dangerous virus that most people know little about. According to the CDC, HPV will infect 4 out of 5 women before age 50. West Virginia has the highest cervical cancer mortality rates in the United States. Cervical cancer is almost exclusively caused by HPV and is preventable through vaccination and pap test screening.

The movie, *Someone You Love: The HPV Epidemic*, is a powerful learning tool available for private and public viewing. The movie follows the lives of five unforgettable women, and their families, who were changed forever by this deadly virus.

The movie was shown publicly at the West Virginia University Life Sciences Building, the Lewisburg Cinema and the Marshall University Memorial Student Center. At each showing there were display tables with information about the WVBCCSP, HPV, the HPV vaccine, where to find local cervical cancer screening services and other health issues. There were also guest speakers sharing information about the HPV virus, the HPV vaccine, cervical cancer and the importance of cervical cancer screening. These events proved just how powerful collaboration and partnership can be!



Dr. Yoost shares educational information with attendees at the “Someone You Love” screening at Marshall University.



Student volunteers at the “Someone You Love” screening at WVU



Student attendees of “Someone You Love” screening at WVU



United Nations, New York City



February 4th was World Cancer Day. This year Shelly Dusic, a WVBCCSP Health Information Specialist and cervical cancer advocate, was invited to join public health leaders from around the world as the Every Woman Every Child initiative hosted the event, “Towards a Cervical Cancer Free World,” at the United Nations in New York.

This event was a global call to action for healthcare providers, advocates, delegates, policy makers and public health officials to help conquer cervical cancer. Representatives from all over the world gathered for this historic event. The night began with a screening of the short film Lady Ganga: Nilza's Story. This film follows the story of Michele Baldwin, a woman diagnosed with terminal cervical cancer, who decided to break a world record to bring attention to this preventable disease. The film follows Michele through her journey and shows not only her amazing story, but how her journey has touched and changed the lives of others. You can watch Lady Ganga here:

<https://youtu.be/u5yMCzx0ctU>.



Shelly Dusic, Health Information Specialist, cervical cancer survivor

Inspired by Michele's bravery, and in the presence of her family, experts from around the globe presented information about how we can work together to eliminate cervical cancer by the year 2030. First, attendees heard from Nana Kuo, of the Office of the Secretary-General; Dr. Mwaba Kasese-Bota, Permanent Representative of the Republic of Zambia; and Mr. Cary Adams, CEO for the Union for International Cancer Control. They set the stage by sharing that through early detection, via screening in conjunction with the HPV vaccine, the technology exists to eliminate cervical cancer by the year 2030.



Panel discussion

Next was a panel discussion with Sarah Goltz, Principal, Sage Innovation Cervical Cancer Action Secretariat; Ann McMikel, Executive Director World Health Organization Office at the United Nations; Sinead Andersen, Senior Manager, Advocacy and Public Policy Gavi, The Vaccine Alliance; Dr. Carmen Barroso, Director International Planned Parenthood Federation Western Hemisphere Region; and Curtis Peterson, Vice President of Global Health, Mobile Optical Detection Technologies. This panel focused on the problems of global gender inequality and lack of

services available to women around the world. Barriers to screening such as lack of health coverage, transportation issues, provider shortage and stigma were identified. Participants were urged to embrace a cooperative and innovative approach to overcoming these barriers. The panel also urged people to think outside the box to find new and inventive ways to forge partnerships and create a social demand for action that will eventually lead to policy change.

(continued on page 8)



United Nations, New York City (continued)



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Lastly, attendees heard from Ms. Tsipi Taube, advocate, Ms. Laura Londen, Deputy Executive Director, United Nations Population Fund and Minister-Counselor Stefanie Amadeo, Permanent Mission of the US to the United Nations, as they sent out a call to action. The barriers of stigma and access must be conquered by training providers about the HPV virus and how preventable cervical cancer can be. The goal should be that every woman has access to screening, regardless of income, race, religion or geographic location. Fortunately for WV, Medicaid expansion and the West Virginia Breast and Cervical Cancer Screening Program go a long way toward reaching screening goals. Sadly, the area of prevention lags behind. Cervical cancer kills more women in WV than any other state in the US. A social demand for protection for the next generation through immunization is needed.

When asked about what she took away from the experience Shelly said, “I was so grateful to be included at this historic gathering. I was able to talk with folks after the event and I walked out of the UN that night being told by the world leaders in this fight that the world needs more of what we are doing in WV. So often all we see are the statistics that show WV in a health care crisis. It isn’t very often that we get to see how what we are doing about it compares on a global level. Usually all I get to tell people that help at our events is thank you, and while I know that my gratitude is appreciated, I often wonder if our partners realize the type of impact they really have. Now I can tell them. Our partners, providers and volunteers are already doing some of what the United Nations lit the Empire State building for on Feb 4th. We are working together, across the continuum to provide education, access, screening and prevention. Yes, there are barriers and yes, we have a long way to go, but we are not alone. Together we can defeat cervical cancer in the Mountain State. Moments like this are how miracles happen - when we forget the things that make us different and we push up our sleeves, take our neighbor’s hand and work together toward a common goal.”



Inside the United Nations Chamber

Common Myths About Heart Disease

By: the Go Red For Women Editors

“It’s a man’s disease.” “But I’m too young.” “Breast cancer is the real threat.” If you’ve heard or said any of this before, you’re not alone.

The real fact is, relying on these false assumptions can cost you your life. And for 19-year-old Regan Judd, it nearly did. “I kept thinking of my grandpa. But he was so much older than me that I just couldn’t grasp it.”

Who could blame her? The last thing a young, energetic college athlete has on her mind is contemplating open-heart surgery. But, a combination of family history and a heart murmur since birth meant a diagnosis of heart disease, despite her youth and active lifestyle.

It’s time to set the record straight and start thinking of this as a disease that doesn’t spare women and children. Your health is non-negotiable. We need to separate fact from fiction so that together, we can stop this killer once and for all.

Myth: Heart disease is for men, and cancer is the real threat for women

Fact: Heart disease is a killer that strikes more women than men, and is more deadly than all forms of cancer combined. While one in 31 American women dies from breast cancer each year, heart disease claims the lives of one in three. That’s roughly one death each minute.

Myth: Heart disease is for old people

Fact: Heart disease affects women of all ages. For younger women, the combination of birth control pills and smoking boosts heart disease risks by 20 percent. And while the risks do increase with age, things like overeating and a sedentary lifestyle can cause plaque to accumulate and lead to clogged arteries later in life. But even if you lead a completely healthy lifestyle, being born with an underlying heart condition can be a risk factor.

Myth: Heart disease doesn’t affect women who are fit

Fact: Even if you’re a yoga-loving, marathon-running workout fiend, your risk for heart disease isn’t completely eliminated. Factors like cholesterol, poor eating habits and smoking can counterbalance your other healthy habits. You can be thin and have high cholesterol. The American Heart Association recommends you start getting your cholesterol checked at age 20, or earlier, if your family has a history of heart disease. And while you’re at it, be sure to keep an eye on your blood pressure at your next check-up.



(continued on page 10)



Common Myths About Heart Disease (continued)



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Myth: I don't have any symptoms

Fact: Sixty-four percent of women who die suddenly of coronary heart disease had no previous symptoms. Because these symptoms vary greatly between men and women, they're often misunderstood. Media has conditioned us to believe that the telltale sign of a heart attack is extreme chest pain. But in reality, women are somewhat more likely to experience shortness of breath, nausea/vomiting and back or jaw pain. Other symptoms women should look out for are dizziness, lightheadedness or fainting, pain in the lower chest or upper abdomen and extreme fatigue.

Myth: Heart disease runs in my family, so there's nothing I can do about it

Fact: Although women with a family history of heart disease are at higher risk, there's plenty you can do to dramatically reduce it. Simply create an action plan to keep your heart healthy. Because of healthy choices and knowing the signs, more than 627,000 women have been saved from heart disease, and 330 fewer are dying per day. **What's stopping you from taking action?**

Partners and Clinics recognized February as Heart Health Month and February 5th as Wear Red Day



Wheeling Health Right
(above)



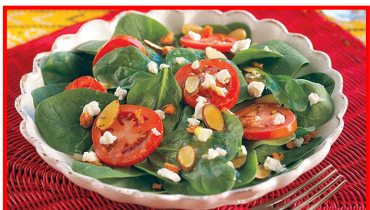
Wayne County Extension
Office (above)

Ripley Family Medicine
(right)



List of 10 Heart Healthy Foods for Everyone

By: Julia Rodack for Go Red for Women



10 Foods You Should Buy for Quick, Heart-Healthy Meals

Weeknight cooking can quickly start to feel like a chore after a long day of family errands and work. Keeping the right staples on hand makes whipping up a heart-healthy meal for you and your family simple and painless. To be sure you're never left wondering what's for dinner, nutritionist and American Heart Association volunteer Maribet Rivera-Brut suggests having on hand these 10 healthy foods:

1. Leafy Greens

Kale, spinach, and watercress are tasty dark greens that are easy to find and can be used in different ways for different recipes. Maribet explains that leafy greens are also a great source of fiber, antioxidants, vitamins and minerals, which contribute to heart health.

2. Whole-Wheat Products

For pasta, breads and crackers, consider making the switch to whole wheat, which provides more fiber than white flour and is more filling. "Make sure it's 100 percent whole wheat, so you can enjoy the full benefits of the fiber and antioxidants," Maribet says.

3. Extra-Virgin Olive Oil

A tasty and heart-healthy alternative to butter, this oil is a common, healthy-fat used around the world, Maribet explains. "[Olive oil] promotes healthy cholesterol levels, protecting you from a heart attack or stroke."

4. Tomatoes

This versatile vegetable — some also consider it a fruit — is a great addition to any shopping list. Not only can you add them to most dishes (think salads, pastas, eggs and sandwiches), tomatoes are high in antioxidants.

5. Fish

Heart-healthy fish, like salmon and tuna, are high in Omega-3s, which have consistently been proven to benefit the heart, Maribet said. When you can, choose wild caught fish over farmed or frozen to be sure you are getting the most health benefits.

(continued on page 12)

List of 10 Heart Healthy Foods for Everyone (continued)

(continued from page 12)



10 Foods You Should Buy for Quick, Heart-Healthy Meals

6. Nuts

Great for snacking and eating on-the-go, salads, and a host of other things, heart-healthy nuts, like almonds and walnuts are a must-have staple for your kitchen cabinet. “Almonds and walnuts have been proven to lower the levels of total cholesterol and increase good cholesterol,” Maribet says. She recommends being mindful of your portion size when snacking on these savory treats — stick to one-fourth of a cup, which is about 180 calories.

7. Grapes

This tiny fruit packs big benefits. High in antioxidants, grapes also have phytochemicals, which provide anti-inflammatory effects that help the cardiovascular system, explains Maribet. Serve them fresh on salads, by themselves or with low-fat cottage cheese or yogurt.

8. Berries

Appealing to the whole family, berries are rich in fiber and antioxidants. Plan to buy them seasonally to ensure they are at peak flavor.

9. Beans

Canned or dried, beans are high in fiber, fat free, and rich in calcium, iron and protein, Maribet explains. Use this great, versatile ingredient to make everything from hummus to chili.

10. Quinoa

This super food is a great source of protein, which is also rich in fiber. This grain is perfect on top of salads, mixed with bean and tofu, or mixed with vegetables.

Learn more ways to live healthy on the Go Red website.

Healthy Recipe: Veggie-Loaded Pasta

From the Mayo Clinic Diet 2015



Nutritional Information

Amount per serving

Calories: 260

Total fat: 6 g

Saturated fat: 1 g

Sodium: 300 mg

Total carbohydrate: 33 g

Dietary fiber: 8 g

Protein: 17 g

Ingredients

- | | |
|--|------------------------------------|
| 1 tablespoon canola oil | 1/2 cup onions, chopped |
| 1 cup mushrooms, sliced | 1 clove garlic, minced |
| 12 ounces soy crumbles, ground | 1 teaspoon dried Italian seasoning |
| 1/2 teaspoon black pepper, ground | 6 ounces whole wheat bow-tie pasta |
| 2 cups small zucchini, cut into 1/4-inch slices | |
| 2 cans tomatoes, diced, no salt added (14.5 ounces each) | |
| 3 tablespoon basil, fresh (or 3 teaspoons dried basil) | |

Instructions

- Place a large saucepan over medium to high heat.
- Add the oil, onion, mushrooms and garlic. Cook until the onion is tender.
- Add soy crumbles, tomatoes, zucchini, Italian seasoning and pepper. Bring mixture to a boil; reduce heat and simmer for 20 to 30 minutes or until the sauce thickens.
- While the mixture is simmering, cook the pasta according to the package directions.
- When the pasta is finished cooking, drain well and gently mix into the vegetable sauce. Garnish with basil.

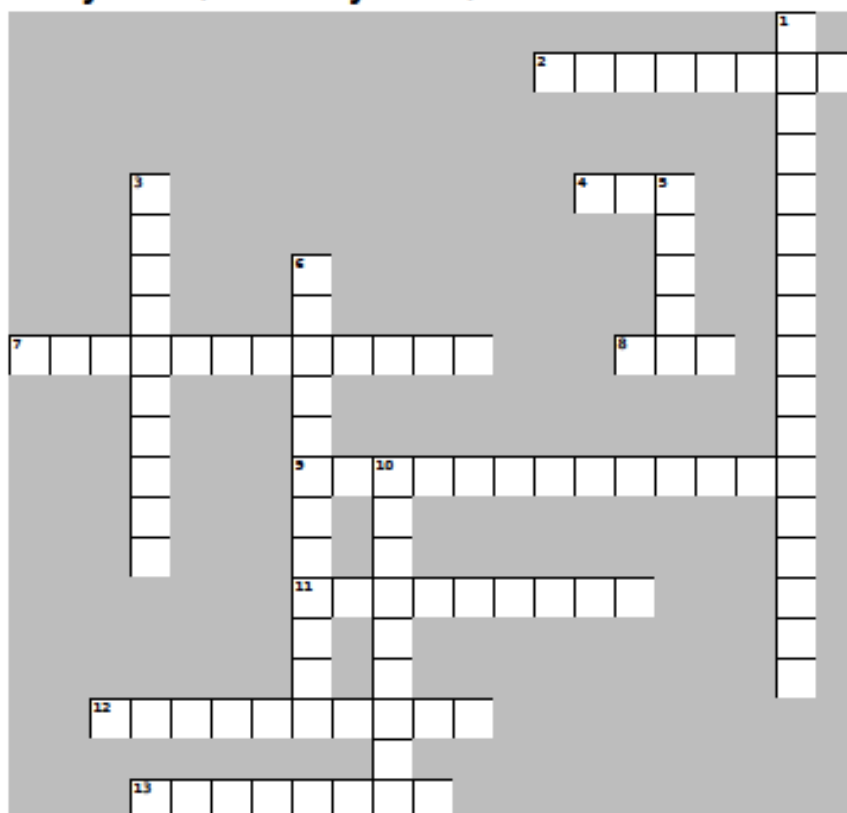
Serving size: 1 1/2 cups; Serves 6.

PROVIDER PUZZLE

By: Pam Postalwait

Word Bank

ACA, ASCCP, HPV, annually, clinical judgement, co-testing, five years, high risk, hysterectomy, reflex testing, three years, twenty one, underinsured



Across

- 2 No longer the recommended frequency for cervical screening
- 4 Affordable Care Act acronym
- 7 Having health insurance with high deductible, co-pay or limitations in coverage
- 8 Persistent infection with this virus is associated with cervical cancer
- 9 Ordering an HPV test after Pap test results are known (2 Words)
- 11 The recommended age to begin cervical screening (2 Words)
- 12 The recommended frequency for Pap testing only (no HPV) (2 Words)
- 13 A type of HPV (2 Words)

Down

- 1 ASCCP Guidelines are not a substitute for this (2 Words)
- 3 Ordering Pap test and HPV at the time of sampling
- 5 Acronym for American Society for Colposcopy and Cervical Pathology
- 6 Preferred treatment for cervical adenocarcinoma
- 10 The recommended frequency of co-testing (2 Words)

Colorectal Cancer Screening Challenges in West Virginia

By: Michelle Chappell

The National Colorectal Cancer Roundtable Initiative, comprised of numerous organizations across the country, is committed to eliminating colorectal cancer as a major public health threat by working together to achieve “80% by 2018” – that’s 80% of adults age 50 and older screened for colorectal cancer by the year 2018.

Michelle Chappell, M.S., the American Cancer Society’s Health Systems Manager for West Virginia, says the state is one of many that rallied to sign the *80% by 2018* pledge. “The pledge has been endorsed by a total of 34 state partners, including 10 medical facilities and Governor Tomblin,” Chappell shares. “With that strong endorsement, coupled with the state’s decision to expand Medicaid, West Virginia is well-positioned to successfully develop and implement a plan to move toward the 80% goal.” A move that is needed since the West Virginia Cancer Registry lists colon and rectal cancer as the third most commonly diagnosed cancer among state residents.

In West Virginia, the average yearly incidence rate for invasive colorectal cancer for the years 2007-2011 was 49.2 versus the median for U.S. of 43.3. The screening rates remain low, only 63.5% of people 50 and over had a sigmoidoscopy or colonoscopy versus the U.S. median of 66.8%

The state of West Virginia also faces many other challenges:

- A large proportion of adults 50 and older did not have a fecal occult blood test during the past year (87.1%), ranking West Virginia as the sixth lowest in the nation.
- Among adults age 50 and older, 40% have not had a sigmoidoscopy or colonoscopy in the past ten years.
- West Virginia residents are less likely to participate in leisure time physical activity -- 67% versus the U.S. median of 76%.
- More than one fourth of adults (28.2%) currently smoke cigarettes every day, making West Virginia the second highest in the country; the prevalence of cigarette smoking was significantly higher among multiracial, non-Hispanics than among white, non-Hispanics. The state also has the lowest quit rates in the country and the highest consumption of smokeless tobacco use.
- Under the affordable care act, screening colonoscopies are covered for adults beginning at age 50 and until age 75. However, if a pre-cancerous polyp is found during the procedure, the test is reclassified from a “screening” to a therapeutic procedure, burdening the patient with a significant and unexpected high co-payment.



(continued on page 17)



Colorectal Cancer Screening Challenges in West Virginia (continued)

(continued from page 16)

A lack of staff and funding are also challenges the state faces when trying to fully implement a comprehensive cancer strategy. The National Colorectal Cancer Roundtable Initiative anticipates some challenges to the colorectal screening system change stemming from:

1. A lack of provider office personnel and office funding
2. Competitive priorities within the cancer and chronic disease fields including other cancer screening recommendations, clinical trials information, pre-diabetes and hypertension screenings, and more
3. Lack of individual physician interest and buy-in
4. The lack of a state-wide, funded screening program and/or other related screening resources in West Virginia

The state's rugged topography and the long distances to travel in order to get medical care, paired with a decreased number of specialists makes it difficult for a majority of residents to get proper medical care. Mingo County, like many other remote counties, faces this problem -- limited access to specialized care. Combine that with the fact that many physicians don't accept either Medicaid or Medicare makes the problem worse.

In his article *Map to Prosperity: WV's Dilemma – Are we Rural or Urban?*, published in the State Journal, Senator Brooks McCabe, D-Kanawha, reports that almost three quarters of the state's population lives outside a city, town, or village. "West Virginia is a rural state. Many people chose to live in unincorporated areas for lifestyle reasons or to avoid taxes and service fees," writes McCabe.

Despite all these challenges, there are many partners uniting to help the state achieve 80% by 2018. One partner is the West Virginia Comprehensive Cancer Program (CCP), a five-year cooperative agreement between the state's Department of Health and the CDC. The program ensures that all government and non-government organizations, including non-profit organizations, work jointly to fight cancer in all communities. Its scope extends from early detection to treatment, rehabilitation, and end of life care; and ensures that all local, state, and national resources are maximized. It also facilitates coordination efforts between cancer control organizations and works to increase access to cancer information and resources.

Another partner is the Mountains of Hope (MOH) Cancer Coalition. It is a joint coalition founded by the American Cancer Society, the West Virginia Breast and Cervical Cancer Screening Program and the West Virginia Comprehensive Cancer Program. MOH is comprised of more than 200 health care professionals, volunteers and community advocates whose task is to implement the goals and objectives of the state's comprehensive cancer plan.

Helping to promote the mission of the MOH are Agents of Hope, a dedicated group of community volunteers who promote cancer awareness in the local rural, and sometimes isolated, communities. The Coalition and Grammy Award-winning country music artist Kathy Mattea, who lost her father to colorectal cancer, are working together to promote colorectal cancer screening in West Virginia through a public service announcement that is being aired throughout the state on both radio and television.

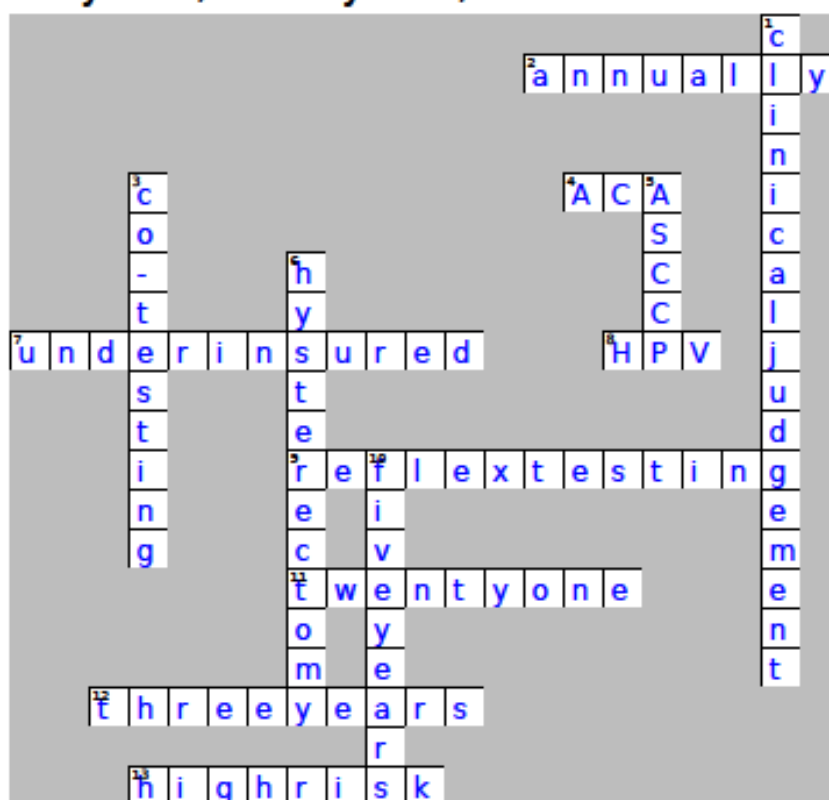
PROVIDER PUZZLE

ANSWER KEY

By: Pam Postalwait

Word Bank

ACA, ASCCP, HPV, annually, clinical judgement, co-testing, five years, high risk, hysterectomy, reflex testing, three years, twenty one, underinsured



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 - 6 Preferred treatment for cervical adenocarcinoma
 - 10 The recommended frequency of co-testing (2 Words)

West Virginia Breast and Cervical Cancer Screening Program/WISEWOMAN

If you have new staff employed in your clinic who work with the West Virginia Breast and Cervical Cancer Screening or WISEWOMAN Programs, have they attended the one day monthly training held in Charleston? Check out the training schedule in every edition of Provider Press.

Pam Postalwait, the WVBCCSP Quality Assurance Coordinator, offers monthly trainings open to any WVBCCSP/WISEWOMAN providers that need to learn the basics of the Programs or just want a refresher to make sure their clients are receiving the services for which they qualify. The training focuses on clinical screenings, diagnostic testing and the initiation of treatment. Attendees learn how to assess client eligibility, complete required forms, understand recommended follow-up for abnormal screening tests and funding options to assist with treatment.

Providers who have attended these trainings list several things they learned during the training. In order to assess the educational impact of the training, Pam has participants take pre and post-tests. In one recent class, an attendee only got one question correct on the pre-test. On the post test, she only missed one question! The class has limited seating, so if you or a member of your staff needs training on how to improve your delivery of the WVBCCSP services, contact Pam at 304-356-4401 or Pam.A.Postalwait@wv.gov to schedule a training. The training is appropriate for clinician as well as billing and registration staff.



2016 SCREENING PROVIDER TRAINING 9:00 am-3:00 pm		
May		No Class
June	16	Thursday
July	21	Thursday
August	18	Thursday
September	15	Thursday
October	20	Thursday
November	17	Thursday
December	15	Thursday





WEST VIRGINIA
Breast & Cervical
CANCER SCREENING PROGRAM

You're Worth It

This newsletter is for providers participating
in the WVBCCSP and WISEWOMAN
programs. If you would like to contribute
information or article ideas for the next edition
of the Provider Press, please contact:

Editor

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WV OFFICE OF
**Maternal, Child
& Family Health**

West Virginia Department of Health and Human Resources



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