

2011-2012 Annual Report



West Virginia Breast and Cervical Cancer Screening Program



*Bureau for Public Health
Office of Maternal, Child and Family Health
350 Capitol Street, Room 427
Charleston, WV 25301*

*Earl Ray Tomblin, Governor
Karen L. Bowling, Cabinet Secretary*

West Virginia Breast and Cervical Cancer Screening Program Annual Report

2011-2012



WEST VIRGINIA
Breast & Cervical
CANCER SCREENING PROGRAM

You're Worth It

You're Worth It...



West Virginia Breast and Cervical Cancer Screening Program Annual Report 2011-2012

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Timeline

- 1991** West Virginia was one of the first four states chosen to screen underserved women as part of the National Breast and Cervical Cancer Early Detection Program.
- 1996** The Breast and Cervical Cancer Diagnostic and Treatment Fund was established.
- 2000** West Virginia was one of the first states to provide coverage of treatment for breast and cervical cancer through Medicaid.
- 2003** The Program began offering HPV testing to clients meeting certain clinical guidelines.
- 2007** The WVBCCSP transitioned from conventional Pap smears to liquid-based Pap tests.
- 2009** The WVBCCSP integrated WISEWOMAN cardiovascular health screenings at selected sites.
- 2011** The WVBCCSP continues to meet all eleven core performance indicators.

Overview of the Program

The West Virginia Breast and Cervical Cancer Screening Program (WVBCCSP) is a comprehensive public health program that helps uninsured/underinsured women gain access to screening services for the early detection of breast and cervical cancer. The Program is directed to low-income, uninsured/underinsured women aged 25-64. The Program provides clinical breast examinations (CBEs), mammograms, and Pap tests for eligible women, as well as diagnostic testing for women whose screening outcome is abnormal. The WVBCCSP is implemented through a network of more than 350 physicians and healthcare providers throughout West Virginia.

West Virginia was one of the first states to begin screening women in April 1991 with funds from a cooperative agreement from the Centers for Disease Control and Prevention (CDC). Since that time, WVBCCSP has enrolled more than 137,800 women. Because of these screening services, 1,090 cases of invasive breast cancer, 412 in situ breast cancers, 12,582 cervical intraepithelial neoplasias (precancers), and 145 cases of invasive cervical cancer were diagnosed.



In 1996, the West Virginia Legislature enacted House Bill 4181, establishing the Breast and Cervical Cancer Diagnostic and Treatment Fund for the purpose of assisting medically indigent patients with certain diagnostic and treatment costs for breast and cervical cancer. The Fund provides resources to offset the cost of diagnostic care not otherwise available to the WVBCCSP by the CDC.

To assist programs in providing treatment to women diagnosed with breast and/or cervical cancer, the 2000 Congress gave the states the option to provide medical assistance for treatment through Medicaid (PL106-354). West Virginia was one of the first states to take advantage of this opportunity. When an uninsured woman under the age of 65 is diagnosed with breast and/or cervical cancer, she may be eligible to have her medical costs paid through Medicaid.

While screening services are key to early detection, their existence alone is insufficient to achieve a reduction in the illness and death associated with these diseases. The WVBCCSP engages in the following activities to implement a comprehensive program:

- Program Management
- Screening and Diagnostic Services
- Education and Outreach (Public Education and Outreach and Professional Education)
- Partnership and Collaboration
- Evaluation (Surveillance, Quality Assurance, and Technical Assistance)

Enrollment and Screening

Since the Program's inception in 1991, the WVBCCSP has enrolled more than 137,800 women and provided in excess of 260,600 Pap tests, 176,600 mammograms, and 270,000 CBEs to low income, uninsured/underinsured women. During this time, 3.2% of all Pap tests provided to WVBCCSP clients were abnormal, 37.7% of hrHPV tests were positive, 9.2% of all mammograms had an abnormal result, and 5.7% of all CBEs were abnormal. Abnormal results are defined by the Program as procedural results that require additional diagnostic work-up.

Breast and Cervical Cancer Detection

To date, the WVBCCSP has detected 1,090 cases of invasive breast cancer, 412 in situ breast cancers, and 145 cases of invasive cervical cancer.

The cost of medical care for treating these patients is strongly related to the clinical stage at diagnosis. Studies have indicated that medical costs are higher for patients diagnosed with stage III and IV (late stage) compared with stages 0 and I (early stage)¹. Screening mammography has also been linked to a significant decrease in the cost of medical care because it helps achieve downstaged results and reduces cancer mortality, which results in a reduction of healthcare resources for treatment.

Annual Report to the Nation on the Status of Cancer

Since 1998, CDC, the American Cancer Society, the North American Association of Central Cancer Registries, and the National Cancer Institute have published an annual report that provides and update on cancer incidence, death rates, and trends in the U.S. The most recent publication from January 2013 showed that death rates from all cancers combined for men, women, and children continued to decline in the U.S. between 2000 and 2009.

A special section of the publication described the burden and trends in human papillomavirus (HPV) associated cancers and HPV vaccination among adolescent girls. Looking closely at HPV-associated cancer rates from 2000 to 2009, the Annual Report noted the trends:

- Oropharyngeal (back of the throat, including base of tongue and tonsils) cancer increased among white men and women.
- Anal cancer increased among white and black men and black and white women.
- Vulvar cancer increased among white women and black women.
- Cervical cancer declined among all women except American Indian/Alaskan Natives, which remained the same.

For more information visit: www.cdc.gov/Features/CancerResearch/ or download the PDF: http://seer.cancer.gov/report_to_nation/.

National Girlfriends Day

- National Girlfriends Day is August 1st and it's a time to celebrate friendships and support one another to stay healthy and safe.
- Encourage your friends to be screened regularly for cervical cancer, breast cancer, and colorectal cancer.
- Remind friends under age 26 to get the HPV vaccinations and remember that tanning (both indoors and outdoors) is dangerous.
- Share these tips: the most reliable way to avoid an STI is to not have sex, whether anal, vaginal, or oral; to avoid pregnancy learn about the numerous safe and highly effective birth control methods, and if you do become pregnant engage in healthy behaviors.
- Encourage friends to quit smoking and drinking and to seek out help if they have a problem.
- Abuse is more common than many people think. If you or someone you know is a victim of intimate partner violence, call 911 or 1-800-799-SAFE.

For more information go to:
www.cdc.gov/Features/GirlfriendsHealth/

Breast Cancer

Did you know?

- There are different kinds of breast cancer. Common types include ductal and lobular carcinoma.
- Men get breast cancer too. An estimated 2,240 men will be diagnosed in the U.S. in 2013 and 410 will die.
- Mammograms are the best method for detecting breast cancer at an early stage.
- More than 3 out of 4 (76.4%) West Virginia women aged 50 and older have had a mammogram within the past two years.
- The WVBCSP has provided over 176,600 mammograms and 260,650 CBEs.

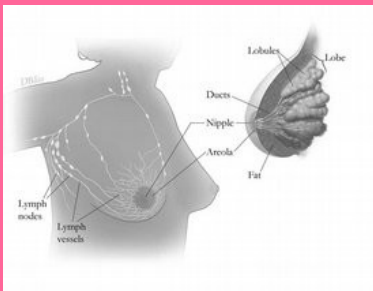


Diagram of the female breast.



Photograph of a woman performing a breast self exam.

Illustration and photo courtesy of the National Cancer Institute.
www.cancer.gov

Definition of the Problem

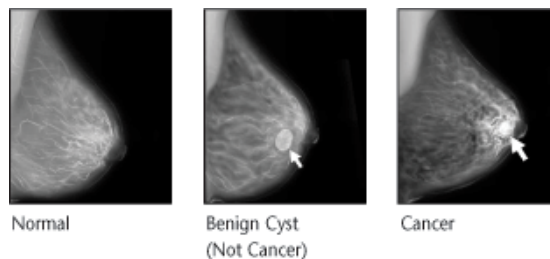
Breast Cancer

Prevalence

In 2013, the American Cancer Society estimates that 232,340 women in the United States will be diagnosed with invasive breast cancer and an additional 64,640 women will be diagnosed with in situ breast cancer². West Virginia Cancer Registry data reports that roughly 1,324 West Virginia women are diagnosed with invasive breast cancer each year. Breast cancer is the most commonly diagnosed cancer (other than skin cancer) among women and accounts for almost 1 in 3 cancers diagnosed among women throughout the United States. It is estimated that the lifetime risk of a woman developing invasive breast cancer is about 1:8 (12%).

Mortality

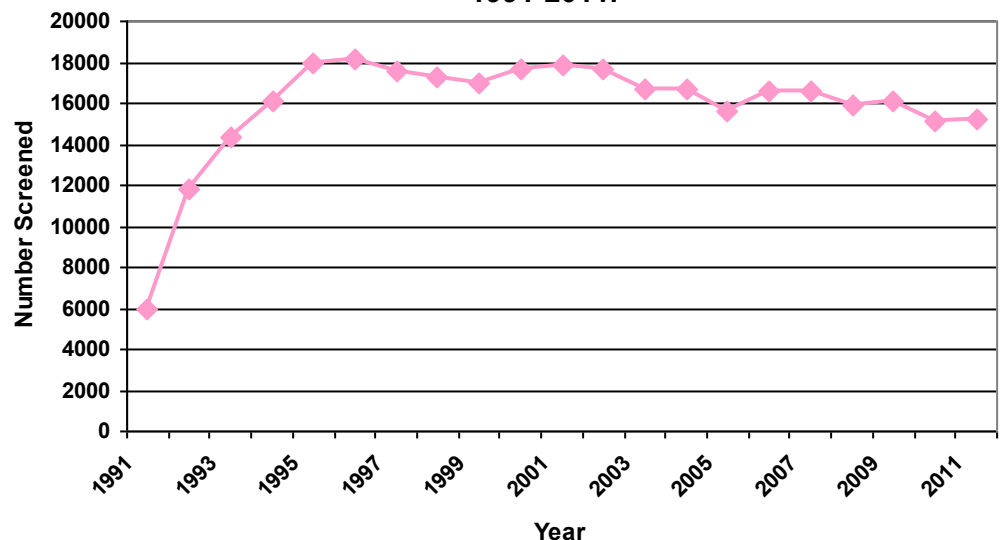
During 2013, a projected 39,620 women will die from breast cancer across the United States. An estimated 282 of those deaths were among West Virginia women. Breast cancer is the second leading cause of cancer related deaths among women. Breast cancer mortality rates have been on the decline, a fact attributed to finding cancers earlier when treatment options are available. Currently, there are more than 2.9 million breast cancer survivors living in the United States. A woman's risk of dying from breast cancer is approximately 1:36.



Early Detection

The CDC defines breast screening as both mammography and CBE for its National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Currently, mammography is the best method

Number of women screened by the WVBCSP per calendar year^a 1991-2011.



^aCalendar year runs from January 1 through December 31.

for early detection of breast cancer. Early detection of the disease not only increases a woman's chance of survival, but also increases treatment options.

On average, a mammogram can detect a breast lump one to three years before the woman can feel the lump³. Clinical breast examinations are useful in detecting lumps that may be missed with mammography⁴. The WVBCSP provides these breast screening procedures to eligible women.

According to the 2012 Behavioral Risk Factor Surveillance System, more than three out of four West Virginia women aged 50 and older have had a mammogram in the past two years⁸. Those least likely to have had a mammogram in the past two years included women with less than a high school education and women with household incomes of less than \$15,000.

Cervical Cancer

Prevalence

The American Cancer Society estimates that in 2013, 12,340 women in the United States will be diagnosed with invasive cervical cancer. Researchers believe that non-invasive cervical cancer is roughly four times as common as invasive cervical cancer⁵. The primary cause of cervical cancer is infection with certain types of the human papillomavirus (HPV), a common virus that can be passed from one person to another during sex. Many people will get an HPV infection at some point during their lives. However, only a few will get cervical cancer because HPV infections usually go away on their own. Cervical cancer tends to develop in women during midlife. While cervical cancer can occur at any age, most cases are detected in women under the age of 50, with women under age 20 rarely developing the disease. About 20% of all cases are diagnosed among women over 65 years of age.

Mortality

Roughly 4,030 women will die from invasive cervical cancer in the United States during 2013. The cervical cancer mortality rate for West Virginia is 2.8 per 100,000 age-adjusted population. Cervical cancer was once among the most common causes of cancer death among American women. Between 1955 and 1992, the number of deaths from invasive

It's your life.

No one can protect it better than you.

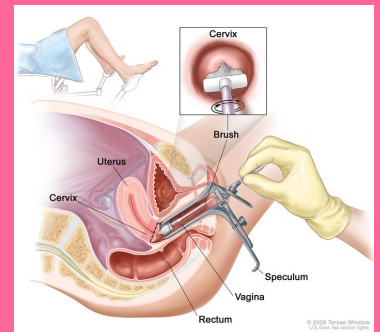
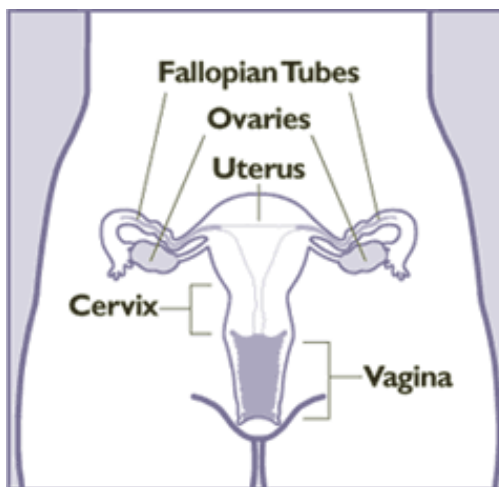
—JUDY, BREAST CANCER SURVIVOR



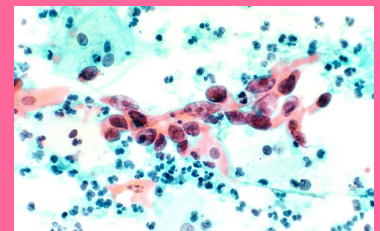
Cervical Cancer

Did you know?

- The primary cause of cervical cancer is infection with certain types of HPV.
- Symptoms of cervical cancer usually do not appear until abnormal cervical cells become cancerous and invade nearby tissue.
- With routine Pap tests, most cases of cervical cancer can be prevented.
- The WVBCSP has provided over 260,600 Pap tests and 4,300 hrHPV tests.



Side view of the female reproductive anatomy during a Pap test.



Microscopic view of a Pap test specimen of cervical cancer.

Photos courtesy of the National Cancer Institute;
www.cancer.gov

Definitions

Pap Test

Procedure in which cells are scraped from the cervix for examination under a microscope. It is used to detect cancer and changes that may lead to cancer, as well as non-cancerous conditions, such as infection or inflammation.

Clinical Breast Exam

Exam of the breast performed by a healthcare provider to check for lumps or other changes.

Mammogram

An x-ray of the breast.



Woman receiving a mammogram.

Biopsy

The removal of cells or tissue for examination by a pathologist.

HPV

Human papillomavirus. A member of a family of viruses that can cause abnormal tissue growth (for example, genital warts) and other changes to cells. Infection with certain types of HPV may increase the risk of developing some types of cancer.

Definitions and photo courtesy of the National Cancer Institute; www.cancer.gov

cervical cancer has declined by nearly 70%. This significant decline is attributed to the increased use of the Pap test during this timeframe. Mortality rates continued to decline until 2003. Since that time, mortality rates have remained relatively stable among white women, while continuing to decline among African Americans.

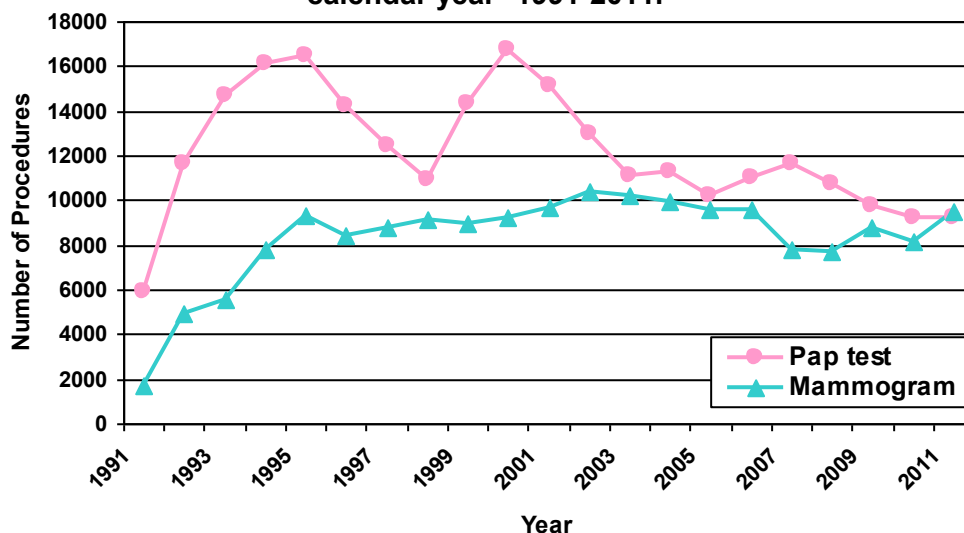
Early Detection

If routine cervical screening is followed, most cases of cervical cancer can be prevented. There are two tests that can help prevent cervical cancer or find it early - the Pap test and the HPV test. The Pap test can detect cervical abnormalities in their earliest stage before the disease progresses and allows the woman to seek appropriate treatment. According to case-control studies, the risk of developing invasive cervical cancer is three to ten times greater in women who have not been screened⁶. The HPV test looks for the virus that can cause precancerous cell changes and cervical cancer. Women should talk with their healthcare provider to see if the Pap test and HPV test are right for them and to their appropriate screening interval.



An estimated 24.0% of West Virginia women ages 18 and older have not had a Pap test in the past three years. Data from the 2012 Behavioral Risk Factor Surveillance System found that women aged 25 to 34 years were most likely to have had a Pap test in the past three years. Additionally, women with less than a high school education and women in households with incomes at or below \$15,000 were less likely to have had a Pap test in the preceding three years. The likelihood of screening improved with increased income and educational levels⁷.

Number of Pap tests and mammograms paid for by the WVBCSP per calendar year^a 1991-2011.



^aCalendar year runs from January 1 through December 31.

Screening and Diagnostic Services

Screening and diagnostic services are the core of the WVBCCSP. These services include: screening/rescreening, tracking, follow-up, and case management. The WVBCCSP contracts with a variety of healthcare practitioners to provide CBEs, mammograms, pelvic exams, Pap tests, and diagnostic procedures.

Once a woman is enrolled into WVBCCSP, the Program is committed to ensuring that each woman receives timely results for screening and diagnostic procedures and appropriate follow-up. Each contracted healthcare provider agrees to work in coordination with the Program to notify women of their results and arrange for timely follow-up. In addition, the WVBCCSP database is monitored on a weekly basis to identify women with incomplete records. Once these records are identified, Tracking and Follow-Up Nurses contact the client's healthcare provider to identify and resolve any problems.

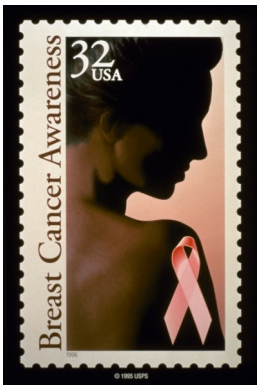
Healthcare providers are required to monitor women enrolled in the Program and contact them by mail or telephone to schedule their routine screening examinations and follow-up visits. When a woman refuses follow-up services or treatment, providers and WVBCCSP staff work together to help the woman overcome identified barriers and return for medical care.

When a woman is diagnosed with breast cancer, cervical cancer, or certain precancerous cervical conditions she may be eligible to have her medical costs paid for through Medicaid. Once eligibility is assessed and granted, the woman is enrolled in the WV Medicaid Treatment Act (MTA). As part of the MTA, enrolled women receive case management services through a network of four regional Nurse Case Managers who are responsible for assessing their needs, developing a care plan, monitoring them throughout their treatment, and assisting them in resolving barriers, such as transportation, that may interfere with their receipt of treatment. Once the woman has completed active treatment, the Case Manager disenrolls her from the MTA. The woman is then referred back to the WVBCCSP for screening services pending eligibility.

Education and Outreach

Public Education and Outreach

The purpose of public education is to increase the number of women receiving screening services by raising awareness, addressing barriers, and motivating women to use these services. This is accomplished through the systematic design and delivery of clear and concise messages about breast and cervical cancer and the importance of early detection.



Economic Impact of Cancer in WV

- Over 10,000 West Virginians were diagnosed with cancer in 2008; resulting in an economic impact total of \$4.4 billion. Economic impacts are expected to increase to \$5.8 billion for newly diagnosed patients by 2015.
- Because WV has such high cancer rates, medical care costs are 2.3 times higher than the national average.
- Families of West Virginians diagnosed with cancer in 2008 were financially impacted at a cost of \$1 billion in lost wages.
- It is estimated that each year, 20% of West Virginians newly diagnosed with cancer leave the state for care. If these patients received care in West Virginia, it would result in increased economic activity of \$500 million.
- A unique opportunity exists for the medical community and policy makers to work together to improve the lives of West Virginians and increase the economic impact through cancer policy.

Source: *The Economic Impact of Cancer in West Virginia*,
[www.be.wvu.edu/bber/pdfs/
Economic_Impact_of_Cancer_in_WV.pdf](http://www.be.wvu.edu/bber/pdfs/Economic_Impact_of_Cancer_in_WV.pdf)

WVBCCSP Successes

- West Virginia has enrolled more than 129,300 women.
- A total of 1,003 cases of invasive breast cancer, 393 in situ breast cancers, and 142 cases of invasive cervical cancer have been diagnosed through the Program.
- All Program eligible women began receiving liquid-based Pap tests on July 1, 2007.
- WISEWOMAN cardiovascular screening services are being offered to eligible WVBCCSP women in more than twenty provider locations.
- During FY 11-12, the WVBCCSP screened over 15,200 women for breast and/or cervical cancer.
- The WVBCCSP continues to meet all eleven core performance indicators developed by CDC.



Each year WVBCCSP conducts numerous outreach activities designed to educate the general public and recruit Program eligible women for screening. Some of the most successful campaigns include:

- **Walk for Women...Take a Step Against Breast Cancer**
Walks are conducted every October to raise awareness, honor survivors, and remember those who have lost their battle with the disease. Volunteers raise funds to support the West Virginia Breast and Cervical Cancer Diagnostic and Treatment Fund. Each year, more than 1,000 people Walk for Women. In 2011, twenty-one walks were conducted.
- **Breast Cancer Awareness Day**
Awareness events are held in all fifty-five counties throughout the month of October, with each county choosing a day. Activities include wreath hangings, proclamation readings, and luncheons. More than 120 events were held in October 2011.
- **Quilts of Hope**
Every two years quilters from around the state create beautiful masterpieces that serve as symbols of hope to women in their fight against cancer. The project increases awareness and raises funds to support the West Virginia Breast and Cervical Cancer Diagnostic and Treatment Fund.
- **Free Screening Clinics**
One way to reach women and ensure that they receive screening is through the use of free screening clinics. Each year, WVBCCSP partners with healthcare providers, laboratories, and community volunteers to screen women. During FY 2011-2012, eighty-nine free clinics were conducted.

These broad-based campaigns are enhanced by one-on-one outreach conducted at the community level, which involves talking with women face-to-face about their healthcare concerns and educating them about available screening services. This work is completed by regional Health Information Specialists (HISs) and community volunteers at health fairs, community events, local businesses, and churches. During FY 2011-2012, Program staff completed one-on-one outreach with approximately 2,200 West Virginia women.

Professional Education

Professional education activities aim to improve the ability of healthcare providers to screen for and diagnose breast and cervical cancer so that women receive appropriate and high-quality screening and diagnostic services. The WVBCCSP provides a number of professional education

training sessions including:

- **Women's Health Conference**

In partnership with other statewide women's health programs, the WVBCCSP conducts a 1.5 day conference for healthcare professionals who specialize in women's health. The conference focuses on improving the health of women across the lifespan and provides continuing education credits for medical and social work attendees. This conference is conducted every two years (odd-numbered years).

- **Women's Health Information Programs (WHIPs)**

Formally known as Breast and Cervical Cancer Information Programs (BCCIPs), the WVBCCSP provides regional workshops and seminars on a variety of topics related to women's health and Program policy. These continuing education sessions are offered to WVBCCSP and WISEWOMAN contracted screening providers and are offered every two years (even-numbered years).

- **Professional Education Newsletter**

The WVBCCSP publishes an online newsletter, the *Provider Press*, for screening and referral providers. The newsletter includes Program updates, educational information, and announcements.

- **Public Health Nurses Physical Assessment Training (PHNPAT)**

The WVBCCSP partners with the Robert C. Byrd Health Sciences Center at West Virginia University to offer this three-day training course to public health nurses. This innovative course trains nurses in anatomy and physiology of the female breast and reproductive organs, pelvic examinations, Pap test collection, and clinical and self breast examinations. For those nurses seeking certification, they apply their training in a six-month supervised preceptorship.

Partnership and Collaboration

Partnerships are critical to the WVBCCSP's cancer control efforts. Success depends on the involvement of a variety of committed partners at the local, state, and national levels. These partners help strengthen the Program through their expertise, connections, resources and enthusiasm. The WVBCCSP is proud to have a strong, committed group of partners that provide the following resources:

After the Diagnosis: WV Medicaid Treatment Act (MTA)

- Eligible West Virginians may receive full benefit coverage if diagnosed with breast and/or cervical cancer, including certain precancerous conditions.
- Eligibility requirements include being under the age of 65, uninsured or lacking credible coverage, and in need of breast/cervical cancer treatment.
- More than 3,633 women have received services through the MTA since its inception in 2001. Roughly 1,863 had an eligible breast diagnosis and 1,770 had an eligible cervical diagnosis.
- Approximately 497 women are actively enrolled in the MTA who were receiving treatment for eligible diagnoses.
- Four Nurse Case Managers monitor the treatment status of patients and assist them in navigating the healthcare system.



Diagnostic and Treatment Fund

- The Diagnostic and Treatment Fund was established in 1996 by the West Virginia Legislature.
- Annual appropriations for the Fund have ranged from \$200,000 to \$400,000.
- Approximately 17,316 West Virginia women have benefited from the Fund.
- Since 1996, the Fund has provided over 49,300 potentially life saving procedures.
- On average, \$479 per woman (or \$168 per procedure) was spent on diagnostic and treatment services from the Fund.
- Funds raised by volunteers through Quilts of Hope and Walks for Women are donated to the Diagnostic and Treatment Fund.



- **Healthcare Professionals**

Healthcare professionals are the backbone of the WVBCCSP. Physicians, nurses, nurse practitioners, and physician assistants provide high-quality life-saving screening and diagnostic services to West Virginia women. The WVBCCSP has a statewide network of screening and referral providers that includes more than 350 professionals. Since the Program's inception, this number has tripled, resulting in easier access and timely provision of services. These dedicated professionals not only provide compensated care to women, but also volunteer to participate in free screening clinics, serve as preceptors, and train/teach other healthcare providers.

- **Volunteers**

Each year more than 450 volunteers assist in outreach activities for the WVBCCSP. These activities include Walks for Women, Breast Cancer Awareness Day activities, Quilts of Hope, health fairs, free screening clinics, awareness luncheons, and survivor events. Volunteers help distribute Program literature and also talk with community members, family, and friends about the importance of early detection and the services available through WVBCCSP. Volunteers donated nearly 14,500 hours of services completing these activities.

- **Organizations**

The WVBCCSP partners with groups and organizations that share the Program's goals and vision. Collaboration on this level allows resources to be combined without duplicating efforts. Partnering with groups such as the American Cancer Society, Appalachian Community Cancer Network, Mountains of Hope, the West Virginia affiliate of Komen for the Cure, the West Virginia Cancer Control Program, and numerous community and faith-based groups allows all parties to work together on prevention, early detection, patient navigation, survivorship, and end-of-life care issues affecting West Virginia residents.

Evaluation

Surveillance

Surveillance is the continuous, proactive, timely and systematic collection, analysis, interpretation, and dissemination of health data. The purpose of surveillance is to use relevant data to plan, monitor, and evaluate Program activities. The WVBCCSP uses data to help make sound Program decisions, such as determining where to implement pilot studies in order to use limited resources effectively. Evidence-based practices are utilized when applicable. Data is also used to determine the types of activities that will increase enrollment and impact hard to reach women, design studies to understand the targeted population, and plan marketing

and advertising strategies. Data is monitored and analyzed using several databases that collect a variety of information.

The WVBCCSP has been closely tracking outreach activities and evaluating their effectiveness. The Program also continues to calculate penetration rates annually to determine gaps in screening. Once gaps are identified, outreach staff are instructed to focus outreach strategies in these areas to help improve screening rates within the eligible population. It is important to note that the WVBCCSP screening rates are higher than the national average.



The WVBCCSP has an evaluation team that meets quarterly to review work plans submitted to CDC and determine if proposed activities and objectives have been completed within the specified time period. Any activity or objective that has not been completed is reviewed and a deadline for completion is established. The goal of the evaluation team is to make sure that all activities and objectives outlined in the work plans are completed within the specified timeframes given to CDC.

Quality Assurance

Quality assurance is defined as the use of established standards, systems, policies and procedures to monitor, assess, and identify practical methods for improvement. The purpose of this component is to ensure the quality of services delivered to women through the WVBCCSP and to ensure provider compliance with Program guidelines.

The WVBCCSP has an active Medical Advisory Committee (MAC) comprised of medical experts in the field of women's health and oncology. The MAC ensures that clinical practice guidelines set forth by the WVBCCSP are performed in accordance with best practices.

Quality assurance monitoring is conducted at WVBCCSP provider sites who screen a minimum of twenty Program-enrolled women each year. Monitoring may include, but is not limited to, meetings with consumers, review of medical records, review of service policies and procedures, review of staffing ratios and job descriptions, and meetings with any staff directly or indirectly involved in the provision of services. On-site reviews may also be incorporated into a quality assurance monitoring visit. During an on-site review, the Office of Maternal, Child and Family Health (OMCFH), Quality Assurance Monitoring Team is given access to all necessary information and is allowed to observe WVBCCSP examinations to ensure patient care standards are met and services are provided in accordance with WVBCCSP policy. All quality assurance monitoring reports are submitted to OMCFH and are carefully reviewed. Areas of provider deficiency are noted and a corrective course of action is put into place. The Clinical Services Coordinator contacts the provider to discuss the deficiency and work with them to ensure the deficiency is successfully corrected.

Breast Cancer Disparities

- African American women have the highest rate of breast cancer death of all racial and ethnic groups. They are 40% more likely to die of breast cancer than white women.
- Factors contributing to this disparity include African American women having cancers that tend to grow faster and are harder to treat, fewer social and economic resources, decreased likelihood of getting prompt follow-up care after an abnormal mammogram, and the decreased likelihood of getting high-quality treatment if they have cancer.
- Healthcare providers are encouraged to remind patients of their appointments, talk with patients about their breast cancer risk and benefits of screening, and are encouraged to get test results quickly and talk with patients right away.



Source: www.cdc.gov/features/vitalsigns/breastcancer/

West Virginia Tobacco Quitline

- The leading cause of death and disease among West Virginians is tobacco use (both smoking and spit tobacco).
- Roughly 4,000 residents die each year due to tobacco use and secondhand smoke exposure.
- Ready to quit using tobacco? Read below to find out how the Quitline can help.
- The West Virginia Tobacco Quitline provides highly trained, certified phone coaches to help participants quit smoking.
- In addition to individual phone coaching, the Quitline also provides information and materials on quitting tobacco. There are even specialized programs available.
- The Quitline has enrolled more than 70,000 West Virginians.
- For more information call: 1-800-QUIT-NOW.



The Epidemiologist reviews Program data on a routine basis and identifies and reports potential problems to the Program Director and Clinical Services Coordinator. Problems are reviewed and the method for resolving the situation is determined. The identified problem area will continue to be monitored by the Epidemiologist to ensure that the situation is resolved effectively and efficiently.

Technical Assistance

All technical assistance needs are performed by WVBCCSP staff. The Clinical Services Coordinator works with WVBCCSP providers to offer training in CDC approved CBE/BSE methods, which are clinically approved to be the most thorough, systematic, and efficient method of examining breast tissue. Training on WVBCCSP forms, billing, policies and procedures, and provider outreach is performed by the Clinical Services Coordinator and the four regional HIS. Providers seeking technical assistance should contact their local HIS or the Clinical Services Coordinator to set up an appointment.

Future Directions

As healthcare reform unfolds over the next several years, WVBCCSP will gradually move away from the need to reimburse for screening services, while expanding its efforts to promote population-based prevention. The Program remains committed to making sure individual women have access to screening and early detection services for breast and cervical cancer, and will also work in concert with national, state and local initiatives to promote optimal health and well-being across the lifespan. WVBCCSP will expand its focus on public health education and outreach by utilizing proven traditional methods such as free screening clinics, awareness events, and in-person education, while developing innovative social media campaigns and population-based messages. Partnerships with healthcare providers, state level chronic disease programs, and community health organizations are essential to assure that women receive access to high quality screening and prevention services, timely diagnosis, treatment and support. Enhanced collaboration among public health, healthcare providers, and community sectors is essential to reducing the disease burden, as well as shifting health outcomes for whole communities.

For over two decades WVBCCSP has demonstrated leadership for policies and practices that support women in making informed health decisions and providing access to the healthcare delivery system. The Program will continue to build on the established foundation of its community partners, extensive statewide provider network, and the community-based outreach and awareness activities of the Health Information Specialists to follow the lead of the NBCCEDP/CDC to

support high quality breast and cervical cancer screening promotion and provision activities through policy development, systems change and outreach strategies to educate the broader population and promote optimal health and well-being for all WV women.

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HPV Facts

- Human papillomavirus (HPV) is the most common sexually transmitted infection (STI).
- More than 40 types of HPV can infect the genital area, mouth, and throat of men and women.
- HPV can cause serious health problems including genital warts and certain cancers.
- Most people who become infected with HPV never know it because in most cases the virus goes away on its own.
- Anyone who has ever had sex can get HPV.
- HPV is so common that nearly all sexually active men and women will get it at some point in their lives.
- If you are between the ages of 11 and 26, talk with your doctor about the HPV vaccine. It's safe and effective and can protect you from genital warts and certain types of cancer. The vaccine is recommended for both females and males.

