



WEST VIRGINIA BREAST & CERVICAL CANCER SCREENING PROGRAM

Fiscal Year 2023

This report has been prepared by the West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Maternal, Child and Family Health to comply with the requirements of West Virginia Code §16-33-6 and §16-33-7(c).

Program Overview

The West Virginia Breast and Cervical Cancer Screening Program (WVBCCSP), within the West Virginia Department of Health and Human Resources' (DHHR) Bureau for Public Health, is a comprehensive public health program that provides breast and cervical cancer screening to low-income, uninsured, and underinsured women who may not otherwise get screened.

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). The program focuses services on low-income, uninsured, and underinsured women aged 21-64 years. At age 21, a woman can enroll in the program and receive cervical screening services and at age 40 or older a woman can enroll and receive breast screening services. Those under 40 years of age can be screened if they have symptoms such as breast mass, nipple discharge, breast pain, etc. and meet all other screening eligibility criteria. Those over the age of 64 who do not have Medicare Part B may also be eligible for screening provided they meet the rest of the eligibility criteria. WVBCCSP provides clinical breast examinations (CBEs), mammograms, Pap tests, and human papillomavirus (HPV) tests for eligible women, as well as diagnostic testing for women whose screening outcomes are abnormal. The WVBCCSP is implemented through a network of approximately 500 physicians and health care providers throughout West Virginia.

Although screening services are key to early detection, they are insufficient alone to achieve reduction in the illness and death associated with breast and cervical cancer. WVBCCSP engages in the following additional program activities to execute a comprehensive program:

- Implementation of Evidence-Based Interventions (EBI);
- Use of Surveillance Systems and Population-Based Surveys;
- Program Monitoring and Evaluation; and
- Support Partnerships for Cancer Control and Intervention.

Enrollment and Screening

WVBCCSP enrolled 1,488 women in the program during FY 2023, screened 834 women for breast cancer, and screened 723 for cervical cancer.

Breast and Cervical Cancer Detection

From inception in 1991 to FY 2023, WVBCSP has assisted in the detection of 1,395 cases of invasive breast cancer and 168 cases of invasive cervical cancer. In FY 2023, one case of invasive breast cancer and one case of invasive cervical cancer were detected through the program.

Definition of the Problem

Breast Cancer

Incidence and Mortality

Breast cancer is the most diagnosed cancer and the second leading cause of cancer related death in West Virginia women. In 2020, the CDC reported 1,438 cases of female breast cancer in West Virginia and 259 deaths. From 2016-2020, the incidence of breast cancer in West Virginia was lower than the US incidence.

Early Detection

The National Breast and Cervical Cancer Early Detection Program through which the WVBCSP is funded recognizes mammography and clinical breast exam (CBE) as the standard for breast cancer screening. Mammography remains the best method for early detection of breast cancer. Studies show that early detection of the disease not only increases a woman's chance of survival, but also increases her treatment options. A core competency of the program is to ensure that women go from screening to diagnosis within 60 days and from diagnosis to treatment within 60 days.

According to the 2020 WV Behavioral Risk Factor Surveillance System (WVBRFSS), 76.5% of West Virginia women aged 50-74 had a routine mammogram in the past two years. Those less likely to have had a mammogram in the past two years included women with less than a high school education and women with an income of less than \$15,000.

Recommendation

Community outreach efforts should be prioritized and adapted for low-income women and women with less than a high school education.

Cervical Cancer

Incidence and Mortality

In 2020, WVBRFSS reported 87 West Virginia women diagnosed with cervical cancer and 29 deaths due to cervical cancer. Risk factors for cervical cancer include obesity, infection with HPV, smoking, using birth control for five years or more, giving birth to three or more children, having several sexual partners, or having human immunodeficiency virus, and exposure to diethylstilbestrol (DES) in the womb. Cervical cancer screening may be more difficult in those with obesity, leading to lower detection of precancers and a higher risk of cancer.

Early Detection

Cervical cancer is a preventable cancer that can be detected early, even as a pre-cancer. 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. The HPV test looks for the virus that can cause precancerous cell changes and cervical cancer.

According to the CDC, in 2020 West Virginia ranks 17th (79%) in the nation for women ages 21-65 who had a cervical cancer screening within the past three years. The incidence of cervical cancer in West Virginia is 8.9 per 100,000, higher than the national rate of 7 per 100,000. The death rate in the state is 2.7 per 100,000, again higher than the national rate of 2 per 100,000.

Recommendation

Community outreach efforts should prioritize education about the importance of HPV vaccination and the importance of early detection and cervical cancer screening.

Screening and Diagnostic Services

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

The WVBCCS is committed to ensuring that each woman receives timely results for screening and diagnostic procedures and appropriate follow-up. Each contracted health care provider agrees to work in coordination with WVBCCS to notify women of their results and arrange for timely follow-up. In addition, the WVBCCS database is monitored monthly to identify women with incomplete records. If an incomplete record is identified, tracking and follow-up nurses contact the health care provider to identify and resolve any issues underlying the incomplete record.

Health care 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 is unable to keep her appointment for follow-up services or treatment, providers and the WVBCCS 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 pre-cancerous cervical conditions, she may be eligible to have her medical costs paid through Medicaid. Once eligibility is assessed and granted, the woman is enrolled in the West Virginia Medicaid Treatment Act (MTA) program. As part of the MTA, enrolled women receive patient navigation/case management services via 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 to treatment. Once a woman has completed active

treatment, the Case Manager disenrolls her from the MTA, and depending upon eligibility, may refer her to the WVCCSP for a continuation of screening services.

Health Disparities

WVCCSP has taken an active role in working to reduce health disparities in breast and cervical cancer in West Virginia through a multi-faceted approach, which includes targeting specific populations in West Virginia, educating the community and health care professionals on health disparities related to breast and cervical cancer, identifying social determinants of health through surveys, and forming collaborative partnerships with shared goals.

Health disparities are seen between White and Black women. According to the National Cancer Institute, while White women have a higher incidence of breast cancer, Black women are more likely to die of breast cancer compared to White women (Cancer Disparities, 2022). The program seeks to improve this disparity by working with healthcare and other partners to ensure that Black women receive breast and cervical cancer screening, timely follow-up, and quality treatment through outreach, education, and patient navigation. The program has partnered with Medicaid Managed Care Organizations to provide patient navigation services to increase breast and cervical cancer screenings in the African American population.

Health disparities also exist in the disabled population. According to the CDC Disability and Health Data System (DHDS), in 2020, West Virginia had the third highest disability prevalence rates in the United States for women ages 18 and older who report having any disability (36%). People with disabilities are less likely to be up to date on their breast and cervical cancer screenings. West Virginia ranks 20th in the country in the prevalence of females ages 50-74 with disabilities who have not completed a mammogram in the last two years (27.8%). More specifically, there is a 9.2% disparity in breast cancer screening rates for West Virginia women with disability compared to their able-bodied counterparts. West Virginia also has the 15th highest rate of women between 21-65 years with disabilities who are not up to date on their cervical cancer screenings (20.1%). More specifically, there is a 6.1% disparity in cervical cancer screening rates for West Virginia women with disability compared to their able-bodied counterparts. While people with disabilities are more likely to be diagnosed with cancer at some point in their life compared to those without disability (Hughes, Robinson-Whelen, & Knudson, 2022), West Virginia has the 14th lowest rate of women with disability who have ever been diagnosed with cancer (8.2%) (DHDS, 2020).

WVCCSP has formed a collaborative partnership with the Developmental Disabilities Council to better understand the challenges associated with breast and cervical cancer screening and to gain insight into how to improve screening rates in this population.

Social Determinants of Health

WVCCSP identified 11 counties with a high density of African American women, uninsured women, high incidence of late-stage breast and cervical cancer, and low breast cancer screening rates. These counties included

Berkeley, Gilmer, Jefferson, Kanawha, Lewis, McDowell, Mercer, Mingo, Raleigh, Tucker, and Wayne. To better understand the social determinants of health in these counties and improve access to breast and cervical cancer screenings, the program surveyed residents using the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) tool. The program received 501 completed surveys and the results are being used to develop strategies that may help to reduce breast and cervical screening disparities in the state.

Results of the PRAPARE survey highlighted some social determinants of health factors which may impact health and be a focal point for the program. Nearly one in five respondents were worried about losing their housing. Respondents in the Southern region were more likely not to have housing. In fact, one in 10 (10%) respondents in the Southern region reported staying with others, in a hotel, in a shelter, living outside on the street, or in a car.

Respondents reported factors which influence ability to attend medical appointments. One in five respondents say the lack of transportation has kept them from appointments. One in four respondents reported having a disability, and of those with a disability, 56% indicated that the disability sometimes prevents them from keeping medical appointments.

Respondents also reported not having been able to obtain the following for themselves or a family member when it was really needed:

- 29% have been unable to get medicine or any health care
- 28% have been unable to get utilities
- 24% have been unable to get food
- 21% have been unable to get clothing
- 18% have been unable to get a phone
- 9% have been unable to get child care

These survey results highlight the importance of continuing to focus on factors which may negatively impact access to breast and cervical cancer screenings.

Professional Education

Professional education activities aim to improve the ability of health care providers to screen for and diagnose breast and cervical cancer to ensure women receive appropriate and high-quality screening and diagnostic services. WVBCCSPP provides professional education training through annual training and information updates.

The First Annual WVBCCSPP Training Collaborative was held on April 25, 2023, at the WV Training and Conference Center in Julian, West Virginia. Presentations included “WVBCCSPP Insight,” “Breast and Cervical Cancer Disparities: Implications for Achieving Health Equity Among the Medically Underserved in West Virginia,” and “Addressing Psychosocial Barriers to Breast and Cervical Cancer Screening: A Patient Navigation Framework.” Participants also received training on patient navigation, form completion, billing, and an integrated WVBCCSPP/WISEWOMAN office visit. Clinics shared best practices for breast and cervical cancer screening and the 166 attendees were able to network and learn from each other.

The program also provides ongoing technical assistance to WVBCCSPP providers and staff.

Partnership and Collaboration

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

- **Health Care Professionals**

Health care professionals are the backbone of WVBCCSPP. Physicians, nurses, nurse practitioners, and physician assistants provide high-quality, life-saving screening and diagnostic services to West Virginia women. WVBCCSPP has a statewide network of screening and referral providers that includes approximately 500 professionals. Since the program’s inception, this number has more than quadrupled, 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 health care providers.

- **Volunteers**

Each year hundreds of volunteers assist in outreach activities for the WVBCCSPP, including Breast Cancer Awareness Month activities, Cervical Cancer Awareness Month activities, and cancer walks. Volunteers help distribute WVBCCSPP literature and talk with community members, family, and friends about the importance of early detection and the services available through the WVBCCSPP. Volunteers have donated thousands of hours of service completing these activities. These and other activities have been diminished greatly by the pandemic.

- **Organizations**

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 Cancer Coalition through the West Virginia Cancer Control Program, West Virginia Breast Health Initiative, 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 WVBCCSP activities. Data is used to help make sound program decisions, such as determining where to implement pilot studies to utilize limited resources effectively. Evidence-based practices are utilized when applicable. Data is also used to determine the types of activities that will increase WVBCCSP 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.

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 ensure provider compliance with program guidelines.

Quality assurance monitoring is conducted at contracted WVBCCSP provider sites that screen a minimum of 10 enrolled women each year. Monitoring may include, but is not limited to, 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.

During an on-site review, the OMCFH Quality Assurance Monitoring Team is given access to all necessary information and is allowed to observe the WVBCCSP examinations to ensure patient care standards are met and services are provided in accordance with the WVBCCSP policy. All quality assurance monitoring reports are submitted to the WVBCCSP and OMCFH and are carefully reviewed. Areas of provider deficiency are noted and a corrective course of action is put into place. Staff nurses contact providers to discuss deficiencies and work with them to ensure that these deficiencies are addressed appropriately.

An epidemiologist reviews data on a routine basis to identify and report potential service problems to the Program Director. Problem areas are reviewed and discussed with nursing staff

so a resolution can be determined. Any identified problems continue to be monitored by the epidemiologist to ensure the situation is resolved effectively and efficiently.

Technical Assistance

All technical assistance needs are performed by WVBC CSP staff. Technical assistance is commonly requested for proper completion of WVBC CSP forms, billing, and policies. Training on policies and procedures is provided by WVBC CSP to newly contracted provider staff and to refresh existing staff. In addition, WVBC CSP works with contracted providers to utilize evidence-based interventions to increase breast and cervical cancer screening rates. Medicaid Treatment Act (MTA)

The Medicaid Treatment Act (MTA), Public Law 106-354, was passed in 2000, and permits states the option to provide medical assistance for breast and cervical cancer diagnosis and treatment through Medicaid. West Virginia was one of the first states to include the costs of breast and cervical cancer treatment for women younger than age 65 through Medicaid. To receive services through MTA, women must be uninsured and enrolled in WVBC CSP. The program also supports medically indigent patients with certain diagnostic and treatment costs for breast and cervical cancer through the Diagnostic and Treatment Fund.

Beginning July 2022, the program enrolled 329 women in the MTA. At the end of the program year, June 2023, 308 women were enrolled. Cancer treatment services to women were approximately 90% for breast cancer and 10% for cervical cancer throughout the program year. Between 26 and 30 women were disenrolled during the program year for various reasons such as over the age limit, residency status, insurance status, or death.

For additional information regarding this program, please visit <http://www.wvdhhr.org/WVBC CSP/>.

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