

Provider Press

A Biannual Publication for the West Virginia Breast and Cervical Cancer Screening Program and WV WISEWOMAN Providers



Director's Dialogue A Look Back and Going Forward

Over the last five years, the West Virginia Breast and Cervical Cancer Screening Program has served approximately 6,002 patients, providing breast and cervical services to approximately 5,578 and 3,299 patients respectively. The program has also consistently met or exceeded at least 8 out of 9 federal core performance indicators over the last five years. This was made possible through the hard work and dedication of our providers, partners, volunteers, and staff across the state.

The Program is embarking upon another five-year iteration of grant funding from the US Centers for Disease Control and Prevention (CDC) to provide screening and diagnostic services to low-income, uninsured, and underinsured females, as well as transgender males and females who meet all the eligibility requirements. The focus of the next five years is on health equity, and one way the program plans to achieve this is to focus on population groups that are impacted most by health inequities caused by social determinants of health (SDOH), specifically expanding our reach to five priority populations: Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ), racial/ethnic minorities, persons with disabilities, those incarcerated, institutionalized, or homeless, and low-English-speaking populations.

The program will conduct focus groups to identify community needs, barriers, and trusted sources of information to facilitate reaching these priority population groups. We plan to prioritize the recruitment of new healthcare facilities close to the target population with the purpose of decreasing access-related barriers to increase the number of patients that might not have received screening otherwise. The target population for the first year, beginning June 30th, will be racial/ethnic minorities and an additional priority group will be added each year while maintaining the previous groups.

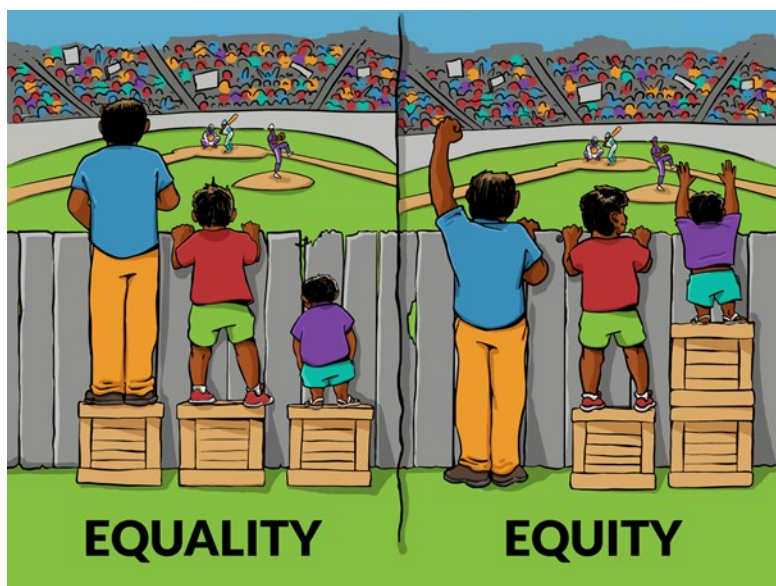
Health equity can also be achieved through the provision of patient navigation services to overcome barriers to screening and diagnostic evaluation. By working with community partners and making referrals to appropriate community and social services, we can help more patients receive screening and diagnostic services by eliminating the barriers that prevent them from getting to their appointments. Let's all do our part!

Health Equity: What It Is AND What It Is NOT and How We can Achieve It Together

Health equity is when all members of society enjoy a fair and just opportunity to be as healthy as possible. When health equity is achieved, no one is at a disadvantage from attaining their full health potential. All people getting the right screening at the right time for the best outcome is a strategic priority of the CDC Division of Cancer Prevention and Control in ensuring health equity.

Sometimes, equity is confused or used interchangeably with equality although they are two different concepts. Equality is where everyone has the same opportunities and resources – a “one size fits all” approach. What equality doesn’t take into consideration is that everyone is not starting from the same place as some individuals are impacted by social determinants of health (SDOH) – conditions in the environments where they are born, live, learn, work, play, and worship. These include everything from housing, transportation, and neighborhoods, to racism, discrimination, and violence, to education, job opportunities, and income, to pollution, language and literacy skills, as well as access to nutritious foods and physical activity opportunities. Healthy People 2030 focuses heavily on SDOH.

Equity, unlike equality, acknowledges different populations face different barriers to success and works to limit or eliminate those barriers. See the illustration below:



The best way to achieve equity in this case would be to remove the fence. We must not hold people accountable for the disadvantages they face. Instead, we must focus on the systemic barriers that prevent people from reaching their goals. Therefore, we must treat everyone justly according to their circumstances. This is something that we must all work together to achieve over time. For this cause, the program will look at various population groups over the next five years to determine the needs and challenges of each priority group and focus our efforts on targeted screening activities to those groups impacted the greatest by breast and cervical cancer disparities.

Interaction Institute for Social Change, Artist: Angus Maguire

Disclaimer: This full article includes references to supporting literature and a discussion of terms that frequently arise in discussions of health equity. In addition to the illustration, examples, and references, the article defines terms that often arise in discussions of health equity which may help to clarify the concepts.

Resources:

[Social Determinants of Health - Healthy People 2030 | health.gov](https://www.health.gov/ourpriorities/social-determinants-of-health)

[NBCCEDP Health Equity Strategies | CDC](https://www.cdc.gov/nceod/health-equity/strategies/)

www.cdc.gov/chronicdisease/healthequity

<https://interactioninstitute.org/illustrating-equality-vs-equity/>