



## ScreenWise Summer 2016 Newsletter

### **Program Updates**

- Ahlers Provider Access Ending July 1
- New Federal Poverty Levels for ScreenWise Program Eligibility
- Cancer Genetics Clinics – Closer Than You Think
- New ScreenWise Marketing Materials

### **Client Story**

- Agnes Park shares her ScreenWise experience.

### **CDC Resources and Reports**

- CDC Cheat Sheet for Women's Cancer Screenings
- Report: Health Disparities in Cancer
- Report: Less HPV Infections Mean Healthier Communities of Color

### **Professional Development Opportunities**

- Webinar: ScreenWise Expansion of Cardiovascular Services
  - Webinar: Clinic-based strategies for improving mammography screening rates: Findings from Fortaleza Latina
- 

## **Program Updates**

### **Ahlers Provider Access Ending July 1**

Please note that, effective July 1, 2016, provider access to the Ahlers system is being removed. This change aligns with the ScreenWise goal of reducing the program's administrative burden by making data and claims entry an in-house function. As a provider, all you will need to do moving forward is to send us your data and claims via secure email at [screenwise.info@state.or.us](mailto:screenwise.info@state.or.us) or fax it to 971-673-0997 and we'll take it from there.

All clinics should utilize their monthly provider reports and explanation of benefits (EOB) reports for patient and claim information.

If you have any questions or concerns about this change, please contact our Quality Assurance Coordinator, Gretchen Caplener at [Gretchen.I.Caplener@state.or.us](mailto:Gretchen.I.Caplener@state.or.us)

- a. If you are in need of a secure portal to email patient information you may use this link <https://secureemail.dhsoha.state.or.us/encrypt>
- b. You may only use this link to send secure information to email addresses ending with 'state.or.us.'

### **Updated Federal Poverty Levels**

The following are the updated ScreenWise Federal Poverty Level (FPL) Guidelines, effective for ScreenWise Program: July 1, 2016. ScreenWise clients must be at or below 250% FPL.

## **2016 Poverty Guidelines for the 48 Contiguous States and the District of Columbia**

Persons in family (Household)*	250% of FEDERAL POVERTY GUIDELINES (FPL)	
	Size **	Monthly
1	\$2,475	\$29,700
2	\$3,338	\$40,050
3	\$4,200	\$50,400
4	\$5,063	\$60,750
5	\$5,925	\$71,100
6	\$6,788	\$81,450
7	\$7,652	\$91,825
8	\$8,519	\$102,225

---

\*As defined by the Bureau of the Census for statistical purposes, a household consists of all the persons who occupy a housing unit (house or apartment), whether they are related to each other or not. If a family and an unrelated individual, or two unrelated individuals, are living in the same housing unit, they would constitute two family units, but only one household.

\*\*Size of Family Unit supported by Total Gross Household Income. Gross income is money made by individual BEFORE taxes.

---

### **Cancer Genetics Clinics – Closer than you may think**

Did you know your Clinic May Be Within 5 Miles of a Cancer Genetics Clinic? 25% of ScreenWise Enrolling & Ancillary ScreenWise clinics are within 5 miles driving distance of one or more Cancer Genetics Clinics and 37% are within a 10 mile driving distance.

Here are some resources to explore, prepared by the Oregon State Genetics Program:

- ✓ [List of Oregon Cancer Genetics Clinics](#)
- ✓ [Maps of Current ScreenWise Provider & Cancer Genetics Clinics](#)
- ✓ [List of Current ScreenWise Provider & Closest Cancer Genetics Clinics](#)

## New ScreenWise Marketing Materials Are Here!

We are excited to be able to offer new marketing materials to clinics! We will be sending packages with English and Spanish posters, palm cards and post cards to the clinic address listed in the Provider Survey that was filled out on behalf of your clinic. If you have any questions or specific requests, please email [Katherine.h.mcguiness@state.or.us](mailto:Katherine.h.mcguiness@state.or.us)



---

ScreenWise Client Story: **Agnes Park**

*Patient: Agnes Park, 2016*

I immigrated to US in 1980 and was self-employed and worked all my life without any health insurance. During the 30 years, I was afraid to go to see a doctor or go to the hospital because of the high bills and I only went for emergencies. Later, after I heard through family and friends about the Asian Health and Service Center women's health program, I was able to receive my first mammogram and Pap exam. The doctor was so comfortable and patient, and all the staff were very helpful and compassionate. I shared my experience with the AHSC women health program and ScreenWise program with all my friends, family, and church members so that they can also get their women health exams. I was very thankful to the Center and the ScreenWise Program for all their assistance. After receiving assistance and free women health screening for several years now, I am also helping as a volunteer interpreter for other women clients with their annual exams doctor visits.

Thank you,

Agnes Park

---

## **CDC Resources and Reports**

### **[CDC Cheat Sheet for Women's Cancer Screenings and Good Health](#)**

CDC supports screening for breast, cervical, colorectal (colon), and lung cancers as recommended by the U.S. Preventive Services Task Force. This "cheat sheet" lists the different types of cancer screenings that are available to women. But remember, there's more to your health than just cancer screenings. Yearly well-woman exams give you the opportunity to talk to your doctor about your family health history, and ask about tests you may need for other diseases or conditions such as diabetes, osteoporosis, high blood pressure, or cholesterol.

Type of Cancer	Screening Method	When to Get Screened*
Breast cancer	Mammogram	If you are 50 to 74 years old, get a screening mammogram every two years.
Cervical cancer (two choices)	Pap test (Pap smear) only	If you are 21 to 65 years old, you can get a Pap test every three years.
	HPV test combined with a Pap test	Or if you are 30 to 65 years old, you can get a Pap test and an HPV test every five years.
Colorectal (colon) cancer	Colonoscopy, sigmoidoscopy, or fecal occult blood testing (FOBT)	If you are 50 to 75 years old, get tested. The schedule depends on the type of test used.
Lung cancer	Low-dose CT scan	If you are 55 to 80 years old and are a heavy smoker or a past smoker who quit within the last 15 years, get a low-dose CT scan every year.

\*Talk with your doctor about when and how often you should be screened. Depending on your personal health history, family health history, or screening results, your doctor may recommend a different screening schedule.

## [CDC Report - Health Disparities in Cancer](#)

*Health disparities* are differences in the incidence, prevalence, mortality, and burden of a disease and the related adverse health conditions that exist among specific population groups.<sup>1</sup> Disparities affect many groups of people, including racial and ethnic minorities, residents of rural areas, women, children and adolescents, the elderly, people with disabilities, and the uninsured.

According to CDC's [Office of Minority Health and Health Equity](#), life expectancy and overall health have improved for most Americans in recent years, but not all Americans have benefited equally. CDC and its partners track trends in cancer incidence (new cancer cases), mortality (deaths), and survival (life after a cancer diagnosis) to identify which groups are affected more than others.

Increasing early cancer detection, promoting healthy behaviors, and expanding access to health care help reduce inequalities in cancer among groups at greatest risk.

### [Cancer Rates by Race/Ethnicity<sup>2</sup>](#)

Among U.S. men, for all cancers combined—

- The rate of new cancer cases is highest among black men, followed by white, Hispanic\*, Asian/Pacific Islander, and American Indian/Alaska Native men.

- Death rates are highest among black men, followed by white, Hispanic\*, American Indian/Alaska Native, and Asian/Pacific Islander men.

Among U.S. women, for all cancers combined—

- The rate of new cancer cases is highest among white women, followed by black, Hispanic\*, Asian/Pacific Islander, and American Indian/Alaska Native women.
- Death rates are highest among black women, followed by white, American Indian/Alaska Native, Hispanic\*, and Asian/Pacific Islander women.

\*Hispanic is not mutually exclusive from white, black, Asian/Pacific Islander, or American Indian/Alaska Native.

For more information: [CDC Report - Health Disparities in Cancer](#)

## **CDC Report: Less HPV Infections Mean Healthier Communities of Color**

**Human papillomavirus (or HPV) causes several types of cancers, and some communities of color have higher rates of these cancers.**

This month is National Minority Health Month<sup>1</sup>, and CDC would like to inform communities of color as well as partners, healthcare professionals, and others who serve them about how HPV vaccine can protect against cancers caused by HPV infection, protecting communities of color from these often devastating cancers.

### **About HPV**

HPV is a very common and widespread virus. Nearly everyone will be infected in their lifetime. In most cases, HPV infections go away on their own and do not cause any health problems. But when HPV infections do not go away, they can cause cancer.

Cancers caused by HPV infection include cervical cancer, as well as some cancers of the vulva, vagina, penis, and anus. HPV can also cause cancer in the back of the throat, including the base of the tongue and tonsils (oropharynx). Cancer can take years, even decades, to develop after a person gets an HPV infection. While cervical cancer can be detected through screening, there is no routine screening for other cancers caused by HPV infection. To learn more about HPV and the types of cancers it causes, visit the [Link Between HPV and Cancer](#).

### **How Cancers Caused by HPV Affect Communities of Color**

Every year in the United States, an estimated 17,600 women and 9,300 men are diagnosed with a cancer caused by HPV.

- Black men have higher rates of anal cancer than white men.
- Hispanic men have higher rates of penile cancer than non-Hispanic men.
- Black, Hispanic, and Asian and Pacific Islander women are often diagnosed with cervical cancer at a later stage than White women<sup>2</sup> which makes the cancer more difficult to treat.
- Although Hispanic women have the highest rates of getting cervical cancer, Black women have the highest rates of dying of cervical cancer.<sup>3</sup>
- Black women also have higher rates of vaginal cancer than women of other races.<sup>4</sup>

## **You Can Prevent Cancers Caused by HPV**

It's true! You can prevent HPV cancers. HPV vaccination can prevent infection with the HPV types that most commonly cause these cancers. HPV vaccination can decrease the risk of developing a cancer caused by HPV and help improve the health of both men and women across the country in all racial/ethnic groups. This is why CDC recommends that all preteen boys and girls (age 11 or 12) get the HPV vaccine series before age 13 to protect against cancers and pre-cancers.

Why ages 11 or 12? HPV vaccine works best when it is given at the recommended ages of 11 or 12. If your teen did not start or finish the HPV vaccine series when they were younger, talk to their doctor or nurse about getting it for them as soon as possible. Girls and women are recommended to get HPV vaccine through age 26, and boys and men through age 21. HPV vaccination is also recommended for gay and bisexual young men (or any young man who has sex with men) through age 26 and young men with weakened immune systems (including HIV) through age 26, if they did not start or finish the HPV vaccine series when they were younger.

For more information about who should get the HPV vaccine visit [Questions and Answers about HPV](#).

While many HPV infections can be prevented through vaccination, early cervical cancer detection through screening is critical in reducing this cancer caused by HPV. To learn more about cervical cancer screening, including when you should be screened, visit [HPV Cancer Screening](#).

**For more information:** [CDC Report: Less HPV Infections Mean Healthier Communities of Color](#)

---

## **Professional Development Opportunities**

## **Webinar June 16<sup>th</sup> : ScreenWise Expansion of Cardiovascular Services**

ScreenWise is partnering with LifeWeighs™ to offer all eligible ScreenWise clients a referral to an evidence-based program to improve cardiovascular health, including health coaching and lifestyle programs that promote self-management of healthy behaviors and/or chronic disease.

**WEBINAR**: ScreenWise and LifeWeighs will be offering a webinar on Thursday, June 16<sup>th</sup> from 12:00PM - 1:00PM PDT to provide further details about LifeWeighs and how the referral process will work.

Webinar registration: <https://attendee.gotowebinar.com/register/2333014515659422210>

## **ScreenWise Spring Professional Development Series**

### **Webinar June 28<sup>th</sup> : Clinic-based strategies for improving mammography screening rates: Findings from Fortaleza Latina!**

This presentation by Dr. Gloria D. Coronado will report on effective strategies for improving rates of mammography screening in populations that receive care in community clinics. We will report on a recently completed multi-level study that used community health workers (promotoras de salud) and a mobile mammography van to address disparities in mammography screening rates. The audience will gain a deeper understanding how to design breast cancer screening programs. Dr. Gloria D. Coronado is Senior Investigator, Mitch Greenlick Endowed Scientist for Health Disparities at the Kaiser Permanente Center for Health Research.

**WEBINAR**: ScreenWise and LifeWeighs will be offering a webinar on Tuesday, June 28<sup>th</sup> from 11:00AM - 12:00PM PDT

Webinar registration: <https://attendee.gotowebinar.com/register/1224474796999591937>

Questions? Contact Gretchen Caplener, Quality Assurance Coordinator at

[Gretchen.L.Caplener@state.or.us](mailto:Gretchen.L.Caplener@state.or.us)

