
State of Wyoming



Department of Health

Wyoming Cancer Control Plan 2006-2010 Evaluation Report

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Director

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**State of Wyoming
Department of Health**

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Evaluation Report**

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Wyoming Comprehensive Cancer Control Consortium (WCCCC) History 2006-2010

Formal comprehensive cancer control efforts in Wyoming began in October 2005 with publication of the first Wyoming Cancer Control Plan for 2006-2010. With implementation of the plan, the 58th Wyoming State Legislature then established *A Joint Resolution Expressing the Wyoming Legislature's Support for the Efforts to Decrease Cancer in Wyoming and Enhance Cancer Survivorship*. This resolution was passed in March 2006 and included the adoption of the National Cancer Institute's 2015 Challenge – Reducing Suffering and Death Due to Cancer. Further legislative support was seen in July of 2006 when Senator Eli Bebout wrote an opinion editorial that spurred the interest of state legislators to consider funding of the Wyoming State Cancer Plan. This was the impetus to the creation of the *Wyoming Cancer Control Act* during the 2006-2007 state legislative session.

In March 2007, the Wyoming Cancer Control Act was signed into law by then Governor Dave Freudenthal. This legislation laid the foundation for future efforts in comprehensive cancer control in Wyoming by providing \$1.6 million to the following:

The Wyoming Colorectal Cancer Screening Program (WCCSP) was created to eliminate the cost barrier to screening by providing free colonoscopies to eligible Wyoming residents. (See Page 15 for a complete program overview.)

The Wyoming Breast and Cervical Cancer Early Detection Program (WBCCEDP) provides education, outreach, and breast and cervical cancer screenings to Wyoming women unable to afford them. Funding provided through the Wyoming Cancer Control Act allowed for the continuation of a pilot outreach program in the Big Horn Basin and implementation of the Native Sisters Program for outreach to members of the Shoshone and Arapaho Tribes. (See Page 17 for additional information.)

The County Cancer Resource Center (CCRC) outreach pilot project was implemented in July 2007 in Converse, Park and Uinta counties. Two additional counties (Albany and Laramie) were added to the pilot in July 2008. The County Cancer Resource Centers were renamed to the Wyoming Cancer Resource Services projects in July 2009 with regionalization around the existing county locations to provide cancer resource services statewide. (See Page 13 for a complete program overview.)

The Wyoming Pain Initiative was created in July 2008 to research issues associated with acute and chronic pain management and offer recommendations regarding policies and programs that would manage pain more effectively and efficiently. The work of this committee was outlined in the publication *Recommendations for Improving Pain and Symptom Management in Wyoming*. These recommendations were incorporated into the Wyoming Cancer Control Plan 2011-2015.

In June 2009, the Wyoming Comprehensive Cancer Control Consortium was the recipient of the C-Change 2009 Exemplary State Comprehensive Cancer Control Implementation Award. Wyoming House Representative Ken Esquibel, WCCCC Co-Chair, was also awarded the 2009 Exemplary State Elected Official Comprehensive Cancer Control Leadership Award.

Workgroups within the WCCCC began review and revision of the Wyoming Cancer Control Plan 2006-2010 in August 2009. Recommendations were presented and discussed in March 2010 and the final draft of the 2011-2015 Wyoming Cancer Control Plan was published in December 2010. (See Page 7 for a status overview.)

WCCCC Partnership

Consortium Membership

Consortium membership has almost doubled during the five-year period of the first state cancer plan, increased from 160 members in 2006-2007 to 312 members in 2010 - 2011.

Partnership Survey Results 2006-2010

The coalition continues to receive high marks from members, with satisfaction ratings near or above 90% for every category in the 2010-2011 survey. While there are a few areas that were rated lower than in the past, this may well be due to the changes in coalition leadership during the past year that resulted in a few “growing pains.”

The greatest strengths of the WCCCC partnerships identified in the most recent 2010-2011 survey included membership diversity, leadership, partner engagement and support from WCCCCP staff. The greatest challenges included funding, obtaining an increased level of member participation and geography.

Below is a summary of the WCCCC partnership survey results for the 2006-2010 Cancer Control Plan. The “very satisfied” and “satisfied” ratings are reported for each focus area within the survey components. The largest survey response occurred in 2009-2010.

Membership	2007-2008	2008-2009	2009-2010	2010-2011
Diversity	97%	97%	87%	93%
Organization representation	97%	97%	97%	98%
Willingness to welcome new members	100%	97%	97%	93%
Personal or agency involvement	93%	97%	86%	92%
Climate/ Environment				
Friendliness and helpfulness of members	100%	97%	99%	98%
Overall acceptance of individual opinions	97%	93%	96%	97%
Cooperation from others				95%
Communication				
Opportunities to provide input and concerns about WCCCC and state CCC program	97%	86%	89%	93%
Communication between WCCCC and WDH	97%	85%	91%	92%

Leadership				
Strength and competence of leadership	97%	93%	91%	90%
Opportunities for partners to take lead roles	97%	93%	91%	86%
Clarity and vision of direction of CCC efforts in Wyoming	100%	93%	91%	92%
Implementation Activities	2007-2008	2008-2009	2009-2010	2010-2011
Opportunities to determine priority activities	97%	72%	93%	88%
Follow-up on previous year's work	97%	90%	94%	88%
Meeting Logistics				
Number of meetings held	93%	97%	90%	97%
Location	93%	97%	93%	97%
Accomplishments	89%	97%	88%	93%
Content	93%	97%	94%	97%
Work group activities	90%	93%	90%	91%

The WCCCC partnership will continue to be evaluated through the Wyoming Comprehensive Cancer Control Program's annual evaluation plans and reports. The 2011-2012 evaluation plan will examine the leadership component in more depth to identify ways to support and encourage more partners to take leadership roles within the WCCCC and ensure the shared vision of comprehensive cancer control efforts in Wyoming.

Wyoming Cancer Control Plan 2006-2010 Status Report

The Wyoming Cancer Control Plan 2006-2010 outlined 126 strategies focusing on reducing Wyoming's cancer burden. With the diligent efforts of the WCCCC, 103 strategies (81.7%) were completed in this state plan.

Prevention strategies focused on tobacco, nutrition and physical activity and ultraviolet exposure. 87.5% of tobacco strategies and 83.3% of the strategies focusing on ultraviolet exposure were completed. Only 33.3% of the nutrition and physical activity strategies were completed and this will continue to be a focus for the 2011-2015 cancer control plan.

Strategies to address early detection focused on health care access and breast, cervical, colorectal and prostate cancer. 100% of the strategies for health care access and colorectal cancer were completed. 80% of both the breast and prostate cancer strategies were addressed and 66.6% of the cervical cancer strategies were completed. Health care access is not addressed in the 2011-2015 state cancer plan but work will continue on early detection for the four above-mentioned cancers in the plan for 2011-2015.

Eleven of the fourteen strategies focusing on diagnosis and treatment issues were completed (78.5%). 83.3% of the quality of life strategies and 80% of the childhood cancer strategies were addressed. Continued work in all these focus areas will be done within the 2011-2015 Wyoming Cancer Control Plan.

All of the eight data collection and evaluation strategies were completed and 92% of the strategies for both cancer and the environment and health disparities were completed. These three focus areas are being addressed under different sections or in different ways in the 2011-2015 plan.

A review of the cancer control plan's data driven goals during the five-year period from 2006 to 2010 identified areas of progress and success as well as areas where more attention and focus is needed. Unless otherwise identified, progress data is from the 2009 Behavioral Risk Factor Surveillance System (BRFSS) or the 2009 Youth Risk Behavior Survey (YRBS).

Tobacco

Focus Area		2003 Baseline	2009 Progress
☹️	% of adults reporting current tobacco use	32.7%	32.8% **
☹️	% of adults who tried to quit smoking	47.1%	50.1% **
😊	% of high school students reporting current tobacco use	26%	22.1%
☹️	% of high school smokers who tried to quit	57.8%	55.3%
☹️	% of adults reporting their workplace does not allow smoking in any work areas	78.5%	81.3% **

While little progress has been seen in the percentage of adults that currently smoke and smoking policy (e.g., workplaces), a slightly higher percentage of Wyoming adults reported trying to quit smoking in 2009 than in 2003. The most positive change has been in the percentage of high school students currently using tobacco. The WCCCC is optimistic that this last trend will continue, as reducing the number of adolescents who smoke will support adult cessation efforts in the long run.

Diet, Exercise, and Weight Control

Focus Area		2003 Baseline	2009 Progress
☺	% of adults eating five or more fruits and/or vegetables per day	22.1%	20.9% **
☺	% of adults meeting physical activity requirements	55.4%	57.3%
☹	% of adults reporting no physical activity other than their regular job	21.1%	26.6% **
☹	% of adults who are obese (BMI ≥ 30)	20.1%	25.4%
☹	% of youth eating five or more fruits and/or vegetables per day	23%	19.1%
N/A	% of youth participating in insufficient amount of physical activity*	32.3%	48.2% (2007) 48.9% (2009)

**In 2007, the recommendations for physical activity in children changed from 20 minutes of vigorous activity at least 3 days/week to 60 minutes of vigorous activity at least 5 days/week. In 2007, the YRBS changed the question to be reflective of the updated recommendations; therefore, 2003 data is not comparable to data from 2007 and later.*

As with tobacco use, little progress has been made in getting Wyoming adults to eat better and be more physically active. This is not a complete surprise as lifestyle behavior change is difficult at best to implement on a large scale. However, obesity along with tobacco use are the two most important **preventable** risk factors associated with cancer, and attention needs to be placed on educating Wyoming residents on how these two risk factors influence their cancer risk.

Ultraviolet Exposure

Focus Area		2003 Baseline	2008 Progress
☺	% of adults reporting burns from the sun in past year	48.2%	47.1% **

Ultraviolet exposure is another **preventable** risk factor that has seen only a little progress since 2003. However, the WCCCC and the WCCCP are working with schools in Wyoming to educate children and adolescents about sun safety (see Page 20). A WCCCP/Worksite Wellness Program partnership is also supporting sun safety education for adults, with a special focus on outdoor workers.

Radon

Focus Area		2003 Baseline	2007 Progress
☹	% of households tested for radon exposure	26%	29.0%
☺	% of residents who know radon exposure is a risk factor for lung cancer	57.8%	71.0%

Both the percentage of households testing for radon exposure and the percent of Wyoming residents who know that radon exposure is a lung cancer risk factor increased from 2003 to 2007. The increase in knowledge was a statistically significant increase from 2003 to 2007 and owes much to the work of the Wyoming Radon Program and the WCCCP in educating Wyoming residents about the potential dangers of radon exposure.

Breast and Cervical Cancer

Focus Area		2003 Baseline	2009 Progress
☹	% of females over 40 years of age receiving a mammogram	69.6%	66.0% **
☹	% of females age 18 and over receiving a pap test	83.2%	71.9% **

The percentage of Wyoming women receiving breast and cervical cancer screenings both decreased from 2003-2007. While both percentages appear to be positive, near or above 70%, these rates are some of the lowest in the United States. While there have been some issues as to when women should be screened (e.g., yearly v. every three years) it is undeniable that mammograms and Pap test can detect breast and cervical cancer at a much earlier and more treatable stage.

Colorectal Cancer

Focus Area		2003 Baseline	2009 Progress
☺	% of men and women age 50 and older who had a sigmoidoscopy or colonoscopy	50.9%	56.4% **
☹	% of men and women age 50 and older who had a blood stool test	18.5%	14.3% **

Though the percentage of Wyoming men and women who have had a blood stool test (BST) decreased, the percentage that had a sigmoid or colonoscopy significantly increased from 2003 to 2009. This is important as while a BST can only tell if there is blood in the stool, a sigmoid or colonoscopy can examine the colon for signs of cancer and if needed, remove polyps before they become cancerous.

Healthcare Access

Focus Area		2003 Baseline	2009 Progress
☹	% of adults with no healthcare provider	23.9%	26.2%
☹	% of adults reporting inability to receive care due to cost	12.5%	12.4%
☹	% of adults reporting not having any kind of healthcare coverage	19.9%	19.3%

**** NOTE:** *The 2009 BRFSS data in the Wyoming Cancer Control Plan 2011-2015 is different from the official BRFSS estimates. BRFSS is making a change in the methods used to weight the data that will become official in 2011. This change will significantly affect our ability to track progress toward 2015 objectives. The new weighting method has been applied to the 2009 data in this plan to set objectives that allow for better tracking of 2015 objectives.*

WCCCC Advocacy/Legislative Accomplishments

Wyoming Cancer Control Act - 2007

Governor Dave Freudenthal signed the Wyoming Cancer Control Act into law on March 15, 2007. This Act allocated approximately \$1.68 million to support implementation of the 2006-2010 Wyoming Cancer Control Plan. Most importantly, this Act laid the foundation for successful cancer control in the state of Wyoming.

The law provides for:

- Implementation of the state cancer control plan
- Implementation of a county cancer resource coordinator pilot program
- Enhancement of breast and cervical cancer services within the state
- Implementation of culturally appropriate breast and cervical cancer education and outreach on the Wind River Indian Reservation
- Authorization and funding for a state colorectal cancer screening program for Wyoming's uninsured and under-insured populations
- Authorization of a Pain Management Advisory committee to provide recommendations to policymakers around issues pertaining to chronic pain

Wyoming Cancer Resource Services - 2009

Funding for the Regional Cancer Resource Navigator projects, now named Wyoming Cancer Resource Services, was allocated by the Wyoming State Legislature for \$495,000. This navigation model supports outreach to all Wyoming residents impacted by cancer through education, emotional support and networking/coalition building.

Wyoming Insurance Solutions Legislation – 2009

The Wyoming Insurance Solutions Health insurance enhancements ensure Wyoming men and women receive the care they need. The legislation provided consumer protection to Wyoming residents who purchase health insurance policies and rely on them to cover lifesaving treatment and drugs their doctors deem necessary. Senate File 62 prohibited “*discretionary clauses*” in policies, which left ultimate coverage decisions up to the health insurance insurers, even if medical evidence favored the insured person. Senate File 95 placed a much-needed definition of “*medical necessity*” into state law, so both the insured and insurance companies know how claims will be judged. Additionally Senate File 95 established a process for a mandatory external review of contested insurance claims. Forty-five states and the District of Columbia all have a similar external review mandates.

Youth Access to Tobacco Cessation – 2009

Senate File 35 was passed to allow Wyoming youth (under 18) access to tobacco cessation programs. Under previous law, a clause prohibited any type of “counseling service” to minors without parent consent. This legislation allows minors to access essential services to assist in quitting tobacco use, thereby saving precious lives and reducing future healthcare costs.

While the following legislative policies were not passed in 2009, honorable mention is important as they all worked to reduce the impact of cancer on Wyoming men, women, and children. The WCCCC worked collaboratively with other stakeholders to educate policymakers on these health-related issues.

HB-0031 Smoking in Enclosed Places

HB-0178 Tanning Salons- Minors

HB-0197 Breast Cancer License Plates

HB-0224 Cigarette Tax

HB-0067 Tobacco Excise Tax (Chewing Tobacco)

House Bill 63 Tanning Bed Regulations for Minors – 2010

This bill prohibits the use of tanning beds for youth under 15 years of age. Parental consent is required for minors age 15-18 years to use tanning beds.

House Bill 11 Cancer Control Act Amendment – 2010

This bill, if it had passed, would have eliminated the existing provision in the Colorectal Cancer Screening Program that limits patients to one colonoscopy every 10 years. Doctors sometimes recommend that patients have follow up colonoscopies in a timeframe shorter than every ten years if their risk is especially high, or if their initial colonoscopy indicated more frequent colonoscopies are needed.

Note: This amendment was brought back in 2011 and passed without additional funding allocated for implementation.

House Bill 103 Cancer Awareness and Prevention License Plates – 2010

This bill, if it had passed, would have created a license plate featuring multiple cancer ribbons. The State of Wyoming currently has 14 specialty plates, most of which generate revenue for highways. This bill would have provided for an innovative way to fund a health-related issue. The revenue collected would have gone to the Wyoming Comprehensive Cancer Control Program to fund the implementation of strategies outlined in the Wyoming Cancer Control Plan.

The 2011-2015 Wyoming Cancer Plan has incorporated a specific focus on advocacy to continue to support public policy in a more formal and structured way to help reduce the risk of cancer burden in Wyoming.

Wyoming Cancer Resource Services (WCRS) Project

July 2007 – June 2010

The Wyoming Cancer Resource Services Project (i.e. County Cancer Resource Coordinators) was approved through the 2007 Governor’s Supplemental Budget. Regional sites were determined based on submission of competitive Request for Proposals reviewed and selected by the Wyoming Department of Health. Service headquarters are located in Albany, Laramie, Uinta, Park and Johnson counties.

Region	Counties Included	Total Population <i>estimates taken from the 2007 census</i>	Screening Population <i>number of men and women in the region age 45-64</i>
I	Laramie, Goshen, Platte and Niobrara	109,006	29,048
II	Converse, Campbell, Crook, Weston, Sheridan and Johnson	102,579	30,104
III	Albany, Carbon and Natrona	119,463	30,776
IV	Teton, Sublette, Lincoln, Uinta and Sweetwater	103,598	30,082
V	Park, Hot Springs, Big Horn, Washakie and Fremont (including Wind River Indian Reservation)	88,184	25,201

The project is an evidence-based model to provide the following services relating to cancer prevention and control utilizing a comprehensive, collaborative and cost-effective approach:

- Cancer education and awareness
- Promotion of early detection cancer screening guidelines
- Recruitment of eligible participants into the state-funded cancer screening programs (breast, cervical and colorectal)
- Point of contact/resource navigator to Wyoming residents needing local, regional, state, and national cancer information
- Facilitating community planning by bringing stakeholders together to choose priority areas of need in regards to cancer prevention and control
- Fill service gaps utilizing resources within communities
- Collection of essential data for statewide distribution and complete program evaluation

The project impact data outlined below is for the period July 1, 2007 – June 30, 2010.

Events held to raise awareness about cancer prevention and control issues, educate residents about screening guidelines, connect people to survivorship efforts and impact other cross-cutting cancer prevention and control efforts at the county level	304
Education of healthcare provider and facility managers about the WY Colorectal Cancer Screening Program	484
Education of Wyoming residents about the WY Colorectal Cancer Screening Program <i>% of WY adults age 50 and over reporting having had a colonoscopy or sigmoidoscopy increased by 12.3% from 2006 to 2008 – 48.2% in 2006 and 60.5% in 2008 (BRFSS 2009)</i>	9,640
Education of Wyoming women about the WY Breast and Cervical Cancer Early Detection Program <i>1,021 medically-underserved women referred to screening</i>	7,062
Media releases focusing on cancer prevention and control through promotion of the Wyoming Cancer Resource Services projects <i>45% of media was at no cost to the WCRS project</i>	328
Wyoming residents who have utilized WCRS Patient Navigation Services <i>Majority of residents are requesting general cancer information and 98% of individuals utilizing this service felt the information and referrals provided were helpful. Financial assistance is #1 navigation need identified</i>	1,450

The following data demonstrates the growth of the projects - starting as county pilot programs and expanding to regional statewide outreach. Data outlined below is for the period July 1, 2007 – June 30, 2010.

WCRS Focus	Year 1 (2007-2008) Three counties funded	Year 2 (2008-2009) Five counties funded	Year 3 (2009-2010) Statewide Five region sites
Events	36	125	143
Event participants	3,881	25,183	26,780
Media spots	32	165	131
Provider education on WY Colorectal Cancer Early Detection Program	136	175	173
WY Residents education on WY Colorectal Cancer Early Detection Program	565	4,554	4,521
WY Women education on WY Breast and Cervical Cancer Early Detection Program	125	7,210	3,948
WY Women referred to B&C program	16	189	231
WY Women referred to other sources for B&C services	10	244	331
Patient navigation services to patients with cancer	15	146	260
Navigation services to general public (non-cancer patients)	72	455	589



WYOMING Colorectal Cancer Screening Program

The Wyoming Cancer Control Act of 2007 legislated the creation of the Wyoming Colorectal Cancer Screening Program (WCCSP). This program was designed to eliminate the cost barrier to screening by providing free colonoscopies to eligible Wyoming residents.

Program Eligibility

The following eligibility criteria were established for the WCCSP:

- ▲ Age – Fifty (50) years and older (not eligible for federal Medicare program)
 - Younger than 50 with doctor's recommendation for screening
 - Minimum age 18
- ▲ Must be a Wyoming resident for at least one (1) year
- ▲ Income – at or below 250% of Federal Poverty Level (FPL)
- ▲ Insurance – uninsured or underinsured for colorectal cancer screening
- ▲ No other colonoscopy within the past ten (10) years

Program Overview

Components of the WCCSP were modeled after the Wyoming Breast and Cervical Cancer Early Detection Program (WBCCEDP) and the Colorado Colorectal Cancer Early Detection Program.

The WCCSP is staffed with two (2) employees - an Enrollment Specialist that manages provider contracts and processes and pays approximately six (6) invoices for each patient screened and the Nurse Case Manager that manages patient applications, case management contacts throughout the screening process and monitors clinical findings reported from the screening process.

Since its inception, the WCCSP has received outstanding support from the Wyoming Breast and Cervical Cancer Early Detection Program (WBCCEDP) that helped shape the program's infrastructure, the Wyoming Comprehensive Cancer Control Consortium (WCCCC) that advocated on the program's behalf with state legislators and the Wyoming Cancer Resource Services (WCRS) regional projects that support statewide outreach efforts.

Data for the first 3 years - January 1, 2008 – December 31, 2010

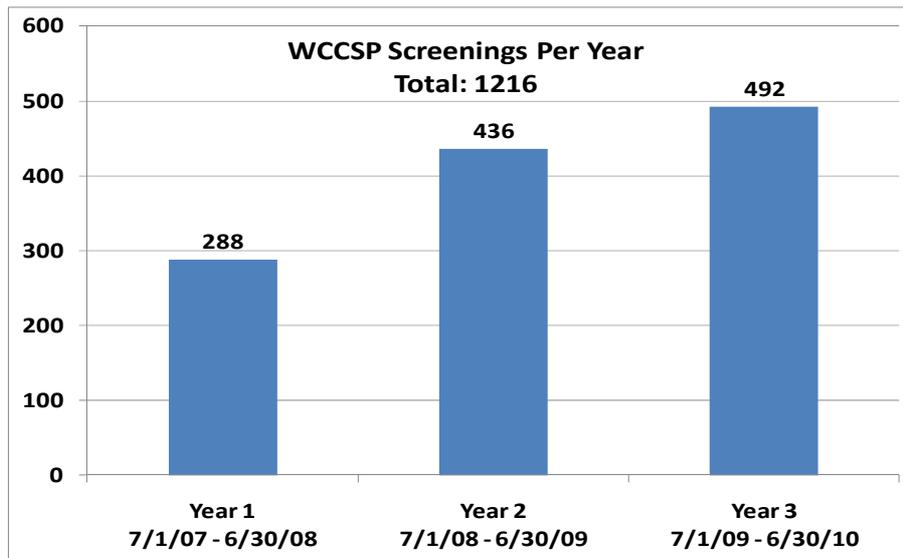
2172 Wyoming residents applied for a free colonoscopy

- 1643 (76%) were approved
- 24% had a family history of colorectal cancer

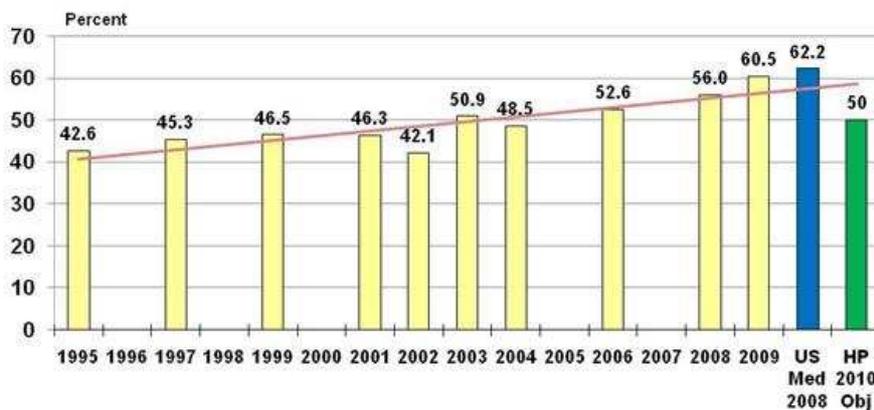
- 38% experienced symptoms prior to screening (rectal bleeding, abdominal pain, changes in bowel habits)

1450 Wyoming residents were screened

- 42% had polyps removed
- 21% had adenomatous polyps
- 36 cancers were detected



Proctoscopy/Sigmoidoscopy/Colonoscopy Ever Among Adults Age 50 and Older by Year, WY BRFSS



Dotted line is trend line; state added question in 2009.

Wyoming Breast and Cervical Cancer Early Detection Program

Information submitted by Carol Peterson, MS, RN, WBCCEDP Program Manager

The Wyoming Breast and Cervical Cancer Early Detection Program (WBCCEDP), a federally funded program participating in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), has existed in Wyoming since 1997. Highly effective screening tests exist for both breast and cervical cancer (mammograms and Pap tests) and both cancers can be very successfully treated if found in the early stages. The WBCCEDP seeks to provide early detection services to those Wyoming women most at risk for breast or cervical cancer. Program eligible women must be low-income, uninsured and meet certain age or risk factor criteria. WBCCEDP provides reimbursement to participating healthcare providers for specific cancer screening and diagnostic services (at the approved Medicare rate) for program-enrolled women.

The WBCCEDP has six staff members who implement the following required program activities – screening, diagnosis and case management, quality assurance and improvement, professional development, public education and outreach, partnerships, evaluation, data management and program management.

From 1997 to 2007, WBCCEDP received only federal funds from the Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) to implement the program. CDC mandates that the program meet the requirement that a minimum of 60% of federal funds be utilized for direct services for women and that no more than 40% be utilized to accomplish the remaining required program components. State funds provided through the 2007 Wyoming Cancer Control Act allowed the program to pay staff salaries and benefits to more easily maintain the 60/40 requirement and spend more federal funds for direct services to women.

WBCCEDP Data – 1997-2010

Women who received early detection services	6,000+
Program's active caseload	1,730
New enrollees (past 12 months)	544
Pap tests provided	635
Mammograms provided	685
Cases of breast cancer detected	30
Cases of cervical cancer detected	3
Cases of high-grade pre-cervical cancer detected	68

As authorized by the 2000 National Breast and Cervical Cancer Act, women diagnosed with breast or cervical cancer or high-grade pre-cervical cancer through the program are transitioned to EqualityCare for their cancer treatment. Once their cancer treatment is completed, the women are released from EqualityCare and may re-enroll in WBCCEDP for further screening services if they remain eligible.

In general, breast and cervical cancer rates are higher among minority women and, when they are diagnosed, the survival rate is lower than for Caucasian women. Native American and Hispanic women are the two largest minority populations in Wyoming. Funds provided through the Wyoming Cancer Control Act of 2007 have been used to implement two outreach projects focusing on these low-income, minority women.

Native American Women’s Health Program

The Eastern Shoshone Tribal Health Council was selected through a competitive application process to implement an outreach and education project for Native women of both tribes on the Wind River Indian Reservation. State funds also ensure the program has sufficient resources to pay for the needed clinical services for these women. The Native American Women’s Health Program received special recognition by the Montana Wyoming Tribal Leaders Council at their first annual cancer summit in September 2010.

Program Data – February 2008-April 2011

Native women educated through group opportunities	1,915
Native women receiving One-on-one education (recognized best practice for improving screening among minority women)	422
Native women enrolled in WBCCEDP	178

Women’s Wellness Program at Migrant Health

As part of the 2007 Cancer Control Act, funding is also provided to the Wyoming Migrant Health Program to implement their Women’s Wellness Program. This funding provides support for breast and cervical cancer education, outreach, translator and case management services to migrant and seasonal farm workers/Spanish speaking women and other low-income, uninsured women in the four county Big Horn Basin area.

Program Data – July 2007-May 2011

Women educated through group opportunities	3,697
Women receiving one-on-one education (recognized best practice for improving screening among minority women)	490
Mammograms provided	795+
Hispanic women enrolled in WBCCEDP	204
Hispanic women referred for screening services through other resources	229

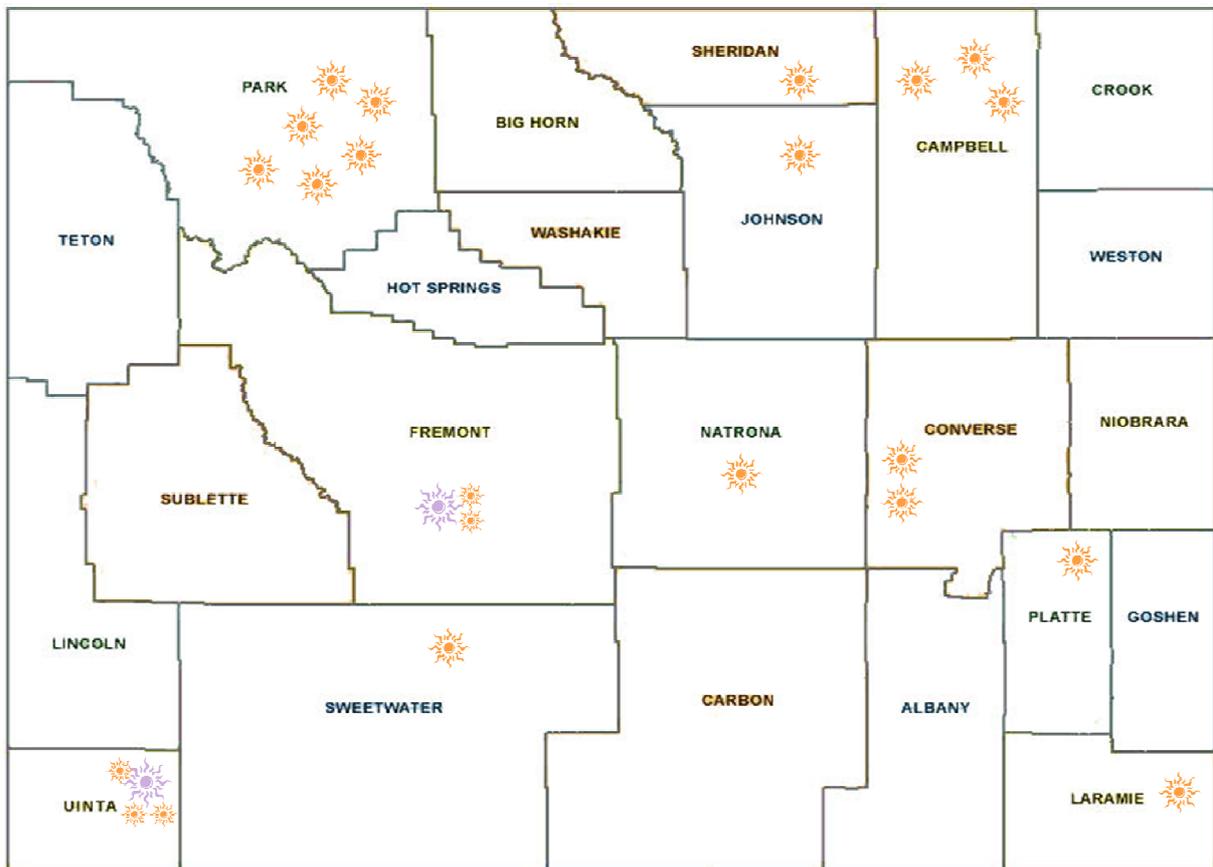
Note: In May 2011, the CDC selected Women’s Wellness at Migrant Health as one of just 16 Promising Practice Initiatives from an overall field of 98 nominations nationwide. CDC will be making a site visit to Women’s Wellness in the summer of 2011 to identify the successful strategies they have implemented to evaluate them for possible replication in other national programs.

Wyoming Sun Safe Schools of Distinction Program

The Wyoming Sun Safe Schools of Distinction project was created in 2008 to raise awareness of skin cancer and the preventable measures that can be taken in school age children and to enhance school policies surrounding sun safety in the state.

Schools that have been deemed a Sun Safe School of Distinction meet various sun safety criteria focusing on education and promotion and implementation of sun safety measures by both students and school staff.

This program is supported through the continuing work of the Wyoming Cancer Resource Services projects and the WCCCP Outreach Coordinator. From July 2009-June 2010, Wyoming doubled its number in Sun Safe Schools.



Represents one school



Represents one entire school district