There are only a few cancers for which there are clear indications that screening will result in decreased mortality. Screening will allow for either the early detection of a cancer when it is most treatable or the detection of abnormal changes that can be treated to prevent the development of cancer. Over the past few decades, quality screening for breast and cervical cancers has resulted in reduced cancer mortality.

In response to the growing concern over women dying from breast and cervical cancer, Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990, authorizing the Centers for Disease Control and Prevention (CDC) to establish the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The focus of the NBCCEDP is to provide high-quality breast and cervical cancer screening and diagnostic services to low-income women who have limited access to care. Since the NBCCEDP began in 1991, it has provided more than 10 million screening examinations to more than 4 million women. There are funded programs in all 50 states, the District of Columbia, 12 tribes or tribal organizations, and 5 territories.

The NBCCEDP strives to provide the most up-to-date breast and cervical cancer screening services based on the current scientific evidence. The NBCCEDP typically follows guidelines established by the United States Prevention Services Task Force (USPSTF), an independent non-federal panel of prevention experts. The USPSTF uses systematic reviews of the scientific literature to make recommendations on a variety of clinical preventive services. In March 2012, the USPSTF updated its cervical cancer screening recommendations to include:

- Screening for cervical cancer among women ages 21 to 65 years with cytology (Pap smear) every three years or screening with a combination of cytology and human papillomavirus (HPV) testing every five years for women ages 30 to 65 years who want to lengthen the screening interval.
- Not screening for cervical cancer among women younger than 21.
- Not screening for cervical cancer among women who have had a hysterectomy with removal of the cervix and who do not have a history of a high-grade precancerous lesion (cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.
- Not screening for cervical cancer with HPV testing alone.

(continued on page 2)
Updates from the NBCCEDP – continued from page 1

- Not screening for cervical cancer with HPV testing in combination with cytology among women younger than 30.
- Not screening for cervical cancer among women older than 65 who have had adequate screening and are not high risk.

The CDC will update NBCCEDP screening policies to be consistent with these new guidelines effective July 2012 with the new Funding Opportunity Announcement DP12-1205. The NBCCEDP priority populations for cervical cancer screening will remain those women who have never or have rarely been screened (20 percent of screening tests should be among this priority population). Our revised policies will allow use of federal funds for reimbursement of cervical cancer screening among women ages 21 to 64, regardless of sexual activity. We will no longer reimburse for screening among women younger than 21. We will reimburse for HPV co-testing (i.e., Pap testing and HPV testing for screening).

Women should receive either Pap testing only every three years or Pap testing with HPV testing every five years. Grantees should make every effort to ensure that women are not screened more frequently than indicated. Women who are considered high risk (e.g., HIV positive, immunocompromised, or exposed in utero exposure to diethylstilbestrol) should undergo annual testing. The American Cancer Society/American Society of Cytology and Cervical Pathology/American Society of Clinical Pathology jointly released cervical cancer screening recommendations in March 2012 that are consistent with those of the USPSTF recommendations. These organizations have provided further recommendations regarding screening for women who have had a hysterectomy for CIN or cervical cancer. Women who have had a hysterectomy for CIN disease should undergo cervical cancer screening for 20 years even if that period exceeds the age of 65. Women who have had cervical cancer should continue screening indefinitely as long as they are in reasonable health. The exact intervals of this screening are not clear, but the recommendations define it as “every three years after a period of intense screening.” For follow-up testing after abnormal Pap results, the NBCCEDP will continue to allow for reimbursement of further testing, as per the ASCCP guidelines.

In November 2009, the USPSTF released updated breast cancer recommendations to include biannual mammography screening on women ages 50 to 74 and that women younger than 50 should talk to their health-care provider about when to start regular screenings, according to the patient’s values regarding screening benefits and harms. The task force also recommended against teaching women breast self-examination and found insufficient evidence to make recommendations regarding the benefits and harms of clinical breast examination (CBE) alone, of digital mammography, and of magnetic resonance imaging for screening. To allow for indicated screening of all NBCCEDP-eligible women ages 40 to 64, CDC did not change NBCCEDP’s policies for reimbursement on breast cancer screening. We continue to allow for reimbursement of mammography every one to two years, based on the patient’s need. Although the USPSTF did not recommend for or against CBE, there are indications where a CBE may be of benefit but should be used in conjunction with mammography and not as a stand-alone screening test. It is also important for women to be aware of any changes in their breasts and critical for providers to pay attention to these reported changes.

In light of the anticipated changes within the health-care environment, CDC aims to broaden the attention of the NBCCEDP beyond that of low-income, underinsured, or uninsured women. While we will continue to reimburse for testing only in this population, many of our program activities can be expanded to the general population. We plan to address cancer screening barriers and promote evidence-based screening on a population level. The NBCCEDP has a well-established, large network of providers throughout many different health-care systems across the United States in which policy, systems, and environmental approaches can be made to enhance cancer screening on a broader level. But we cannot achieve this broader enhancement alone. It is imperative to create and maintain partnerships and collaborations with other state cancer programs and organizations at both the state and local levels that reach large populations. The goal is not only to improve the services provided by the NBCCEDP but also to enhance timely, evidence-based cancer screening and rescreening across the nation.
Director's Dialogue

Women’s Way Program Highlights

By Mary Ann Foss, Women’s Way Program Director

“In a progressive country change is constant; change is inevitable.” – Benjamin Disraeli

We see it every day – change is all around us. It’s the same here at the North Dakota Department of Health (NDDoH) within our Division of Cancer Prevention and Control (DCPC). Changes are happening in our program requirements, structure and staffing.

Program Requirements
The Centers for Disease Control and Prevention (CDC) cited the following areas of focus starting July 1, 2012:

- Integration and coordination of efforts across all funded cancer programs
- Address cancer burden by conducting cancer surveillance
- Increase access to screening
- Improve outcomes for people living with cancer
- Provide evidence for and evaluation of policy and environmental approaches

Structure Changes
The DCPC consists of three federally-funded cancer programs, Women’s Way, Comprehensive Cancer Control Program (CCCP) and the North Dakota Statewide Cancer Registry. Effective July 1, the Cancer Registry will move to the UND School of Medicine and Health Sciences. (See page 9 for more information in the article titled “Changes at the Cancer Registry.”) A fourth program, which is state-funded, is the Colorectal Cancer Screening Initiative.

The cancer programs will continue to integrate and coordinate efforts as in the past. At the NDDoH, Women’s Way and the CCCP will also integrate staff duties and projects.

Staff Changes
As required by CDC, a program evaluator will be hired. The program evaluator will be responsible to evaluate Women’s Way, CCCP and Cancer Registry. Two Women’s Way staff retired on June 30, 2012. Both will be greatly missed and we are grateful for their dedication and hard work. The data manager position (formerly held by Ann Lunde) vacancy will be filled as soon as possible. The administrative assistant position (formerly held by Sandra Bush) will be integrated with the CCCP administrative assistant position currently performed by Candy Getz.

We Thank You
As health-care providers, you are vital partners for the cancer programs. Your collaboration and support is so appreciated! On behalf of the women we all serve, thank you. Let us continue to reach many more.

If you ever have any questions, you can reach your Women’s Way local coordinator at 800.449.6636 or the state office staff at 800.280.5512.

Look for your What’s Covered Women’s Way CPT Code Medicare Part B Rate List included with this newsletter. Post this handy reference in a convenient spot and use it to look up Women’s Way payable CPT codes. Please share a copy with your billing staff. This list also is posted online at www.ndhealth.gov/womensway. Click For Professionals, Downloads and What’s Covered By Women’s Way.

Visit the Women’s Way website at www.ndhealth.gov/womensway.
Tiffany Boespflug thinks the Women’s Way program gives North Dakota women an advantage – the opportunity to take care of their health and put themselves first once in a while.

“Some women put their health aside and take care of everything else besides themselves,” Tiffany said. “I encourage women to take care of themselves. I work to educate them about the importance of early breast and cervical screenings. It’s so important to take care of your health, so you can take care of the other people in your life.”

As a local coordinator at the Grand Forks Public Health Department, Tiffany (a registered nurse) works with almost 500 women in six counties including Cavalier, Grand Forks, Griggs, Nelson, Pembina and Walsh. She provides case management, helps women enroll, finds providers for women, makes reminder phone calls for appointments and annual renewals and even helps women schedule appointments if they have difficulty with that.

Tiffany also works with the women in her area to find them access to other affordable health-care options, including sending them to health-care centers that will meet their other health needs.

A big part of Tiffany’s job includes educating the public about Women’s Way and encouraging health-care providers and women to share information about the program.

“Our best way of advertising the program is by building partnerships and communicating with health-care providers. They are such an important part of referring women to the program,” Tiffany said. “We all have to work together to find the women who need us and then to meet their breast and cervical screening needs.”

Tiffany encourages women to visit with their health-care providers or to call their local Women’s Way coordinator to find out if they are eligible.

“Most women will know right away at their health-care provider’s office if they are eligible for the program,” Tiffany said. “It’s a really easy process, and it’s such a great way to get the screenings they need if they don’t have insurance or they can’t afford their deductible/co-payment of their health insurance policy.”

Tiffany has been with Women’s Way for nearly two years and formerly worked in a hospital surgical critical care unit. She said, “I have really enjoyed working with Women’s Way. It’s really reassuring to see women getting the screenings and the help they need. It’s as much of a life-saving program as critical surgery is for some people.”

Tiffany finds working with Women’s Way to be a very satisfying job. She said, “When a woman finds a lump and thinks she has no financial ability to get help, Women’s Way can take part of the worry away – the worry of how to pay. It feels good to help someone remove the barriers of getting help – to help them stay healthy.”
Clinical Coordinator’s Corner

Breast and Cervical Cancer Screening Guidelines, Reimbursement and Treatment
By Barb Steiner, Women’s Way Clinical Coordinator

In Dr. Jackie Miller’s article, she explained that the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) typically follows guidelines established by the United States Prevention Services Task Force (USPSTF), an independent non-federal panel of prevention experts. As directed by the Centers for Disease Control and Prevention (CDC), the 68 Breast and Cervical Cancer Early Detection Programs (including Women’s Way) will be required to follow the USPSTF Cervical Cancer Screening guidelines for reimbursement of services.

Women’s Way reimbursement for cervical cancer screening and diagnostic services:

- Conventional or liquid-based Pap test every three years with cytology alone, or every five years with combination of cytology and HPV testing for women who want to lengthen the screening interval.
  - Women older than 65 should not be screened provided prior cervical cancer screening was adequate and are not otherwise at high risk for cervical cancer. (Women’s Way enrolls women age 65 and older if not receiving Medicare Part B benefits).

- Annual conventional or liquid-based Pap tests for high-risk populations, which include women with exposure in utero to diethylstilbestrol or those who are immunocompromised who would require more frequent screening.

- Repeat Pap tests needed for follow-up of an abnormal Pap test as indicated in the ASCCP Guidelines.

- HPV test - Hybrid Capture II from Digene (High-Risk typing only) or Cervista HPV HR is reimbursable if used in follow-up of an ASC-US result from the screening exam, or for surveillance at one year following an LSIL Pap test and no CIN 2,3 on colposcopy-directed biopsy or any other situation noted in the 2006 ASCCP recommendations. HPV test is also reimbursable as an adjunctive screening test to the Pap for women age 30 and older. Providers should specify the high-risk HPV DNA panel only; reimbursement of screening for low-risk genotypes of HPV is not permitted. Also reimbursement of Cervista HPV 16/18 is not permitted.

Women’s Way reimbursement for breast cancer screening and diagnostic services:

- On May 22, 2012, the Women’s Way Medical Advisory Board recommended that Women’s Way continue to reimburse for annual screening mammograms for eligible women ages 40 through 64.

- For abnormal screening mammogram results, Women’s Way will reimburse for diagnostic mammogram, ultrasound or breast biopsy needed for definitive diagnosis.

Women’s Way reimbursement for services:

- Women’s Way reimburses for breast and cervical cancer screening and diagnostic services that are listed in the What’s Covered Women’s Way CPT Code Medicare Part B Rate List. A copy of the What’s Covered List is available by calling 1.800.280.5512.

- Some of the CPT codes listed in the What’s Covered Women’s Way CPT Code Medicare Part B Rate List may apply to other services besides breast or cervical cancer screening. These CPT codes, such as those for office visits, will be reimbursed by Women’s Way only if the office visit includes breast or cervical cancer screening or diagnostic services or if the office visit is for follow-up to breast or cervical cancer screening or diagnostic services.

(continued on page 10)
Pam Smolen – “Women’s Way saved my life.”

Pam Smolen doesn’t hesitate when she’s asked what she thinks of the Women’s Way Program. With conviction, she says, “Women’s Way saved my life – twice.”

Pam knew she was due for a mammogram, but had just started a new job and didn’t yet have insurance coverage. She contacted Women’s Way, found out she qualified and set up an appointment for a mammogram. The mammogram showed some suspicious calcifications, so Pam was scheduled for a biopsy. The biopsy came back positive for cancer cells. Pam had a lumpectomy and went through 32 radiation treatments. Fortunately, no cancer was found in her lymph nodes, so it looked like Pam had won.

On the first year anniversary of her cancer surgery, Pam went in for another mammogram, again covered by Women’s Way. Unbelievably, more cancerous calcifications were found. This time, Pam ended up having a mastectomy, with reconstructive surgery. She also had her ovaries removed since the cancer was being fed by the hormones from her ovaries.

Pam is so thankful to Women’s Way. “Women’s Way has been such a comfort to me and my family,” said Pam. “It’s one less thing to worry about - how am I going to pay for all these services? I can concentrate on getting better.”

Pam has high praise for her local coordinator, Kristi Weyrauch. “She’s my local coordinator, but she’s also my friend,” Pam said. “She has taken care of all the things I needed help with and she has shared my tears and encouraged me when I needed a boost.”

Pam also has praise for her health-care providers. “I had a great experience with my health-care providers,” Pam said. “They were always sympathetic and encouraged me to ask questions.”

At times in her process, Pam felt mentally and physically tired, but she persevered. “As frustrating and challenging as my journey has been, I have just as many things to be thankful for,” Pam said. “Watching my family interact and talk and laugh inspired me and kept me going when I felt too tired to continue with my treatments. I knew I could do it for my family.”

Pam said she would do anything to promote Women’s Way and the importance of breast and cervical screenings. She cautions that breast cancer doesn’t always start with a lump. “Get regular screenings because you can’t always feel if there is a problem,” Pam said.

She encourages all women to check out Women’s Way. “It’s a simple phone call,” Pam said. “I remember when I made that phone call. I was on my lunch break, sitting in my car and it was a beautiful day. I can picture that day very clearly. That phone call to Women’s Way very likely saved my life – twice. Thank goodness I called.”

Women’s Way Materials
Available for you

A new Women’s Way program card is now available (left). Order this and other free Women’s Way resources online at www.ndhealth.gov/womensway. Click For Professionals, Downloads and Patient Education Materials to view the available items and access an order form.
North Dakota Women’s Way Statistics
(September 1997 to April 2012)

By Ann Lunde, 
Women’s Way Data Manager

Ann Lunde

Number of women who have received any procedure paid for by the Women’s Way Program: **12,385**

Number of screening mammograms paid for by Women’s Way: **21,520**

Percentage of mammograms that are abnormal (40+ years of age):
- Among Women’s Way women: **8.8%**
- Among NBCCEDPs nationwide: **11.5%**

Number of Pap tests paid for by Women’s Way: **28,129**

Percentage of Pap tests that are abnormal (all ages):
- Among Women’s Way women: **2.8%**
- Among NBCCEDPs nationwide: **2.7%**

Number of women with breast cancer diagnosed: **234**
- Stage 0: **70**
- Stage 1: **26**
- Stage 2: **46**
- Stage 3: **40**
- Stage 4: **9**
- Unknown: **34**
- Summary Regional: **1**
- Summary Local: **3**
- Summary Distant: **1**
- Unstaged: **4**

Number of women with cervical dysplasias: **264**
- CIN I: **18**
- CIN II: **107**
- CIN III: **139**

Number of women with invasive cervical carcinomas diagnosed: **19**

Percentage of Women’s Way clients enrolled since 1997 who indicated they were current smokers: **35%**

Comprehensive Cancer Program Update

By Joyce Sayler, 
North Dakota Comprehensive Cancer Prevention and Control Program Director

Joyce Sayler

Cancer significantly impacts the lives of many North Dakotans – it’s the second leading cause of death in our state. Each year, approximately 3,600 North Dakotans will be diagnosed with cancer and 1,300 people will die from the disease.

The North Dakota Cancer Coalition, along with the programs of the North Dakota Department of Health Division of Cancer Prevention and Control, are working to address these needs. This article highlights two projects being completed that will address the impact of cancer in our state.

Access to care surveys

Access to care during treatment and the subsequent years of survivorship becomes a burden for many people financially, emotionally and physically. The North Dakota Cancer Coalition treatment and survivorship workgroups are working to address this need. The first step is to understand the depth of the access issue by assessing existing resources that support people undergoing cancer treatment and to assure survivorship services are available. In addition, we need to learn about the gaps and needs for cancer care. For this reason, the workgroups, a Cancer Coalition evaluator and the Comprehensive Cancer Control staff developed a survey. All North Dakota cancer centers have been asked to participate in the survey. Each cancer center will receive their facility survey results, along with regional and state level results. The Cancer Coalition and state partners will use this information to develop a plan to address access issues for people undergoing cancer treatment and those seeking or (continued on page 10)
The Women’s Way Medical Advisory Board held a meeting on May 22 in Bismarck. The Board is composed of medical professionals, local public health and consumer liaisons with expertise in a variety of areas relevant to breast and cervical health. This expertise is used to provide medical advice and guidance for the Women’s Way Program, plus address national, state and local concerns regarding best practices in the field of early prevention and detection for breast and cervical cancer. The Board also will assist Women’s Way in implementing program policy that follows the best practices of high-quality health care for clinical, diagnostic, pathologic, radiological and oncology services.

Dr. Vijay Chaudhary, Medical Oncologist at Medcenter One, has volunteered to serve as Board Chair for fiscal year July 1, 2012, through June 30, 2013. In addition to current members (see picture), the Board will recruit two members to balance representation from the western and eastern parts of the state.

At the meeting, the Board reviewed and approved the following role guidelines:

- Provide guidance and recommendations for:
  - Quality of screening.
  - Population-based screening promotion.
  - Professional education.
  - Needs assessment to identify programmatic gaps.

- Provide expertise and guidance to State Office Clinical Coordinator on clinical issues and questions.

- Develop a plan to facilitate health-care systems increased access to care.

- Develop a plan for education of health professionals on recommended screening guidelines.

(continued on page 9)

**Message from the chairman:**

As Chair of the Medical Advisory Board for Women’s Way, I would like to thank all the health-care providers who have taken the initiative to refer patients to this unique program. At the Women’s Way Program, eligible women ages 40 through 64, who are low income, uninsured or under-insured and medically underserved are offered free screening for breast and cervical cancer. The goal is to eliminate disparities in health care and facilitate health-care systems increased access to care through distribution of resources in the form of effectual programs such as Women’s Way.

- Dr. Vijay Chaudhary
Changes at the Cancer Registry

By Marlys Knell, North Dakota Statewide Cancer Registry Program Director

Changes at NDSCR

There are major changes taking place at the North Dakota Statewide Cancer Registry (NDSCR). After evaluating several options, it was determined that the state’s central cancer registry would be moved to the UND School of Medicine and Health Sciences (UNDSMHS). UNDSMHS will run the registry, but the Department of Health will ultimately be responsible for the registry operations and the use of its data.

It was determined that relocating NDSCR to an institution where the utilization of data can be enhanced would further the understanding of the cancer burden on North Dakota residents. UNDSMHS plans to utilize the services of the Centers for Rural Health to perform epidemiology functions. The new co-program directors from UNDSMHS are Lucy Zheng, M.D., M.S., C.T.R. and Xudong Zhou, M.D., C.T.R.

NDSCR and B&C Data Link

One of the requirements for Women’s Way and the NDSCR is to conduct a data link semiannually. This is a process where the data from both programs is cross-compared and checked for accuracy. The link improves the quality of the data in both databases and helps to identify potentially missed cancer cases in either database. This year’s data link was recently accomplished successfully.

Medical Advisory Board

(continued from page 8)

- Promote Women’s Way program to North Dakota health professionals.
  - Advocate for health-care provider response to program needs assessment.
  - Advocate for health-care systems and health-care provider education to women on importance of regular screening and impact of early detection on cancer outcomes.
  - Encourage health-care providers to refer potentially eligible women to the program.
- Encourage and promote coordination of efforts to professional networks, organizations, health-care systems and peers.
- Provide expertise and guidance for development, documentation and evaluation of:
  - Evidence-based public education to increase population-based screening.
  - Targeted outreach and inreach.
  - Provision of quality breast and cervical cancer services.
  - Patient support and patient navigation within health systems.

The Women’s Way Clinical Coordinator informed the Board that effective July 1, 2012, Women’s Way will be required to follow the U.S. Preventive Services Task Force (USPSTF) cervical cancer screening guidelines as required by the Centers for Disease Control and Prevention (CDC). The guidelines are a Pap test every three years with cytology alone, or every five years with combination of cytology and HPV testing.

The Board discussed current USPSTF breast cancer screening guidelines. At this time, CDC is not requiring specific breast cancer screening guidelines for Women’s Way. However, CDC requirements to follow USPSTF guidelines will be forthcoming, perhaps as soon as July 1, 2012. It was also noted that because of the law that established the national program, Women’s Way federal funding pays screening mammograms for women starting at age 50. Since Women’s Way currently has state funding, it was Board consensus to continue reimbursement for screening mammograms for women ages 40 through 49 annually with state funding and for mammograms annually starting at age 50 as long federal funding pays for annual screening. Any further updates to the USPSTF guidelines will be discussed during the July conference call.

The Board will hold quarterly conference calls and one in-person meeting per year.
If a Women’s Way client requires treatment:

- The Women’s Way Program reimburses for breast and cervical cancer screening and diagnostic services and cannot pay for any treatment services.
- The Medicaid – Women’s Way Treatment Program pays for treatment of breast and cervical cancer, including cervical pre-cancerous conditions.
- In order for a woman to be eligible for the Medicaid – Women’s Way Treatment Program, she must:
  ○ Be a Women’s Way client before diagnosis.
  ○ Be screened and/or diagnosed through Women’s Way.
  ○ Be in need of treatment for breast or cervical cancer, including cervical pre-cancers.
  ○ Have no credible health insurance.
  ○ Be ineligible for any Medicaid programs.

- Treatment includes, but is not limited to:
  ○ Cryotherapy.
  ○ LEEPS.
  ○ Breast cancer treatment, such as surgery, radiation therapy, chemotherapy and adjunctive therapy such as Tamoxifen or Arimidex.
- A woman can stay on the Medicaid – Women’s Way Treatment Program for as long as the treatment is needed as determined by her health-care provider.

For more information, call your Women’s Way local coordinator at 1.800.44 WOMEN (1.800.449.6636), or the State Office at 1.800.280.5512. Visit Women’s Way on the web at www.ndhealth.gov/womensway.

Colorectal cancer screening assessment

The second project is the statewide colorectal cancer screening capacity assessment. North Dakota is one of 14 states included in the Centers for Disease Control and Prevention National and State Survey of Endoscopic Capacity. The purpose of this survey is to determine how many endoscopic tests are performed for colorectal cancer screening or diagnostic follow-up every year; who is performing endoscopic exams (generalists or specialists); the number unscreened; and how does the current endoscopic capacity compare to the need. North Dakota is part of this survey because it is one of 14 states with the highest incidence of colorectal cancer and below average screening rates. The U.S. screening rate for colorectal cancer of age eligible (50 through 74 years of age) people is 65.4 percent. North Dakota’s screening rate for this same age group is 58.4 percent, one of the lowest in the nation.

The 2010 North Dakota Burden of Cancer report showed that 57 percent of colorectal cancers are diagnosed in late stage, when treatment is far less successful and much more costly in dollars. We expect to have results of this survey later this year. This information will be shared with North Dakota health-care providers so that strategic plans can be put in place at the facility level and at the state level to address this gap in care.

The mission statement of the North Dakota Cancer Coalition states “Working together to reduce the incidence and impact of cancer for all North Dakotans.” The projects described above are two great examples of how collaboration can positively impact outcomes for North Dakota citizens.

To learn more about these surveys, please contact Joyce Sayler at jsayler@nd.gov.
NDQuits Offers Free Help With Quitting Tobacco

NDQuits is North Dakota’s FREE tobacco cessation program. It includes telephone, online and mobile options so that each person can select the type of help that works best for her. Each option offers counseling, support and free nicotine patches, lozenges or gum to those who qualify.

The percentage of Women’s Way clients enrolled since 1997 who indicated they were current smokers is 35 percent. Health-care providers are encouraged to take an active role in helping their patients quit smoking or using tobacco.

While patients are in the office for their annual Women’s Way exam, please consider using the AAR (Ask, Advise, Refer) method for helping them. Ask the patient if she smokes or uses tobacco, advise her to quit and refer her to NDQuits.

Visit www.ndhealth.gov/tobacco for more information. Click the Information for Health-Care Providers link to access a fax referral form, a link to order NDQuits promotional materials and several other links that help health-care providers help their patients quit tobacco.

NDQuits
www.ndhealth.gov/ndquits
1.800.QUIT.NOW

People in the Know

State Staff
1.800.280.5512

Terry Dwelle, M.D., M.P.H.T.M.
State Health Officer

Arvy Smith
Deputy State Health Officer

Mary Ann Foss
Director, Division of Cancer Prevention and Control and Women’s Way Program Director

Vacant
Women’s Way Data Manager

Barbara Steiner
Women’s Way Clinical Coordinator

Candace Getz
Administrative Assistant

Local Coordinators
1.800.449.6636

Theresa Schmidt, R.N.
Bismarck-Burleigh Public Health
Burleigh, Kidder, Emmons, Wells counties

Deb Fischer, R.N.
Central Valley Health Unit
Stutsman, Foster, LaMoure, Logan, McIntosh counties

Peggy Piehl, R.N.
Custer Health
Morton, Grant, Mercer, Oliver, Sioux counties

Kristi Lee Weyrauch, R.N.
Fargo Cass Public Health
Cass, Steele, Traill, Barnes counties

Nancy Stevenson, R.N.
First District Health Unit
Ward, Bottineau, Burke, McHenry, McLean, Renville, Sheridan counties

Tiffany Boesplug, R.N.
Grand Forks Public Health Department
Grand Forks, Cavalier, Griggs, Nelson, Pembina, Walsh counties

Deb Quiring, R.N.
Lake Region District Health Unit
Ramsey, Benson, Eddy, Pierce, Rolette, Towner counties

Jean Smith, R.N.
Richland County Health Department
Richland, Sargent, Dickey, Ransom counties

Leah Madler, R.N.
Southwestern District Health Unit
Stark, Adams, Billings, Golden Valley, Bowman, Slope, Dunn, Hettinger counties

Barb Steiner, R.N.
Northwest Area
Williams, Divide, McKenzie, Mountrail counties

Lila Wells
Fort Berthold Reservation

Women’s Way Materials Ordering
1.800.280.5512
Order the new Women’s Way calendar

This beautiful, full-color 19-month calendar highlights the stories of Women’s Way enrollees and the health-care providers who help them. You can order your copy today by going to www.ndhealth.gov/womensway.

“We can’t find a health-care program for screening easier than Women’s Way.”
~ Paulette Benson, Family Nurse Practitioner and Physician’s Assistant (featured Feb. 2013)

“We Women’s Way helped me every step of the way.”
~ Susan Sand, Women’s Way enrollee (featured Dec. 2013)

“We take care of everyone else, so you have to take care of yourself.”
~ Monica Nagel, Women’s Way enrollee (featured Dec. 2012)

For more information, contact:
Division of Cancer Prevention and Control
North Dakota Department of Health
600 E. Boulevard Ave., Dept. 301
Bismarck, N.D. 58505-0200
800.280.5512
www.ndhealth.gov/womensway

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