

SOUTH CAROLINA

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Collaboration as a Catalyst for Population Health: Using Cancer Registry Data for Evidence-based Systems Change in South Carolina

NATIONAL PROGRAM OF CANCER REGISTRIES SUCCESS STORY

SUMMARY: South Carolina Central Cancer Registry data from the most recent 5-year period were utilized to examine breast and cervical cancer incidence and mortality rates in the four DHEC health regions. The Pee Dee region was identified as having the highest rates with stark racial disparities, especially for cervical cancer. The data were the impetus to get the attention of healthcare providers in the region to address the question: "What can we do to change these poor outcomes for our women?" A multicentric intervention was implemented through this partnership with provider trainings, community presentations, provider quality improvement projects, and worksite wellness initiatives, all including wide dissemination of the data with the goal of recruiting additional women into screening and re-screening and enrolling additional providers in the region into the Best Chance Network (the SC Breast and Cervical Cancer Screening Program). Over the two-year span from 2016-17 to 2017-18, screening rates increased by 21.3% in this region. An additional 1,515 women were seen in the Pee Dee Region, resulting in an increase of 15.1% detection of pre-cancerous conditions and new cancers. There is now at least one Best Chance Network provider for screening and follow up in each Pee Dee County.

CHALLENGE: Black women in SC had a twice greater mortality rate due to cervical cancer than White women. In the Pee Dee Health region, the cervical cancer mortality rate for Black women was 130% higher than the rate for White women in that region, and 60% of the cases were diagnosed at late stage.

For breast cancer, the Pee Dee experienced the lowest breast cancer incidence among the four health regions, however had the highest mortality due to breast cancer among the regions. Most of the 12 counties in the Pee Dee region are rural. Some of the counties did not have a Best Chance Network provider.

SOLUTION: The data are powerful! The SCCCR Director traveled to the Pee Dee region with Best Chance Network staff for these trainings to present and explain the data which provided a different perspective for these provider audiences. Further, through multiple partnerships and coordination throughout the Pee Dee region, the SCCCR data were utilized for activities including SC Witness Project activities in churches, Southeast American Indian Council outreach to community groups, Federal Qualified Health Centers quality improvement projects using Lean Six Sigma training and coaching services, SC Cancer Alliance rural health initiatives, worksite wellness trainings, and SC Office of Rural Health member network initiatives.

RESULTS: The two-year intervention in the Pee Dee region resulted in increased screening activities in these rural areas assisted by Clemson University and Medical University of SC mobile screening vans. There was an increase in the number of screening and follow up providers enrolled in the Best Chance Network so that there are now 149 providers in the 12 counties. New partnerships were established such as Access Health Horry to extend patient navigation services including women who had not been screened in two or more years. DHEC added regional provider coordinators to work as liaisons with providers and to navigate women into screening as well as follow up. As a result of these efforts, there was an increase in screening in this region of 21.3% for this time period.

SUSTAINING SUCCESS: This level of effort serves as a model for the other three health regions and will be implemented there. The SCCCR data are updated in the same format to be utilized for provider training each year. The SCCCR staff will continue to make site visits to each region to share local data with local communities. Additional cancers will be added to the presentations as to maximize these opportunities in the communities to share the message about cancer prevention and screening. A more population health focus has become an emphasis, as attention has shifted from just the Best Chance Network-eligible women to include the non-eligible women as well, as once women are in for screening other conditions can be identified and other problems addressed. Although minimal resources may be available through the health department, utilizing partnerships as described and with a perspective on population health, the goal will be to maximize the return on investment in SC communities.

