DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Leveraging Unique Partnerships to Achieve Goals

NBCCEDP Business Meeting

District of Columbia

August 2026

District of Columbia's NBCCEDP Coordinator



Nora Ivory

- Master's in Public Health in Spain
- Health educator in Latin America, subject matter expert in COVID response, patient navigation, and partnerships
- Cancer Patient Caregiver

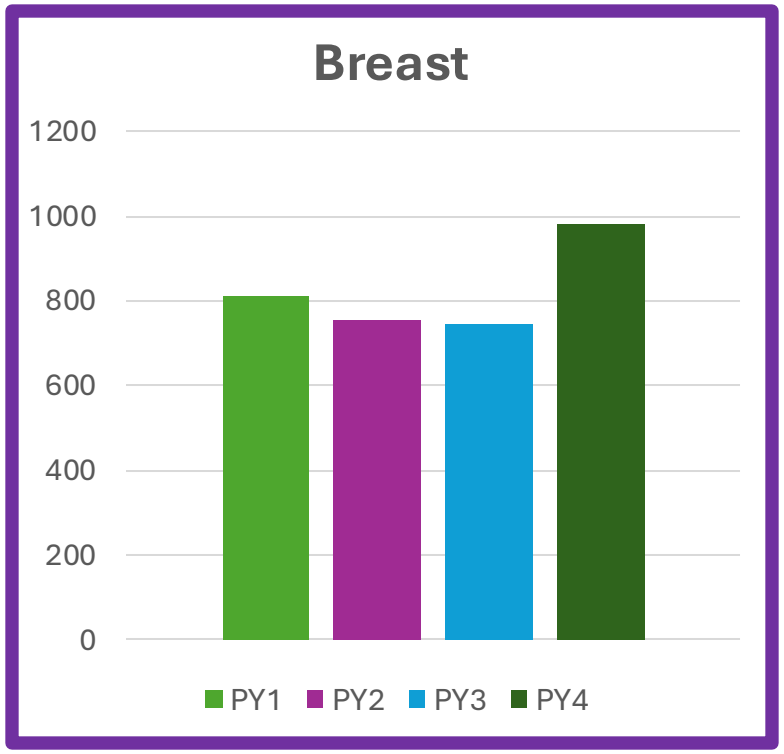
NBCCEDP in DC

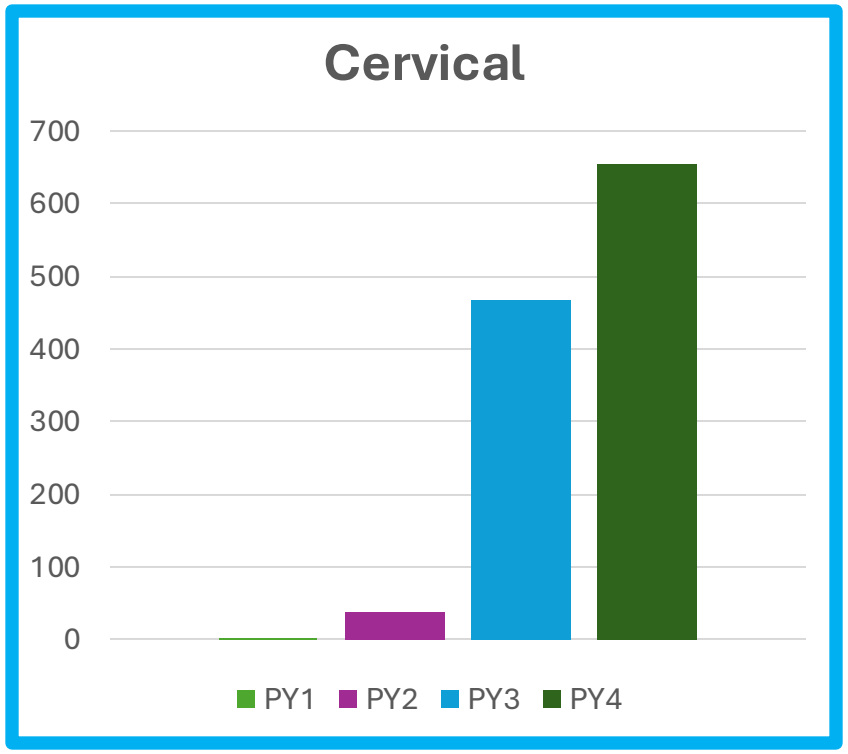
- Provides breast, cervical, and colorectal cancer screenings for the uninsured
- Serves DC, MD, and VA residents
- Screens ≈1500 uninsured and navigates ≈500 Medicaid patients annually
- Partners with 12 health systems

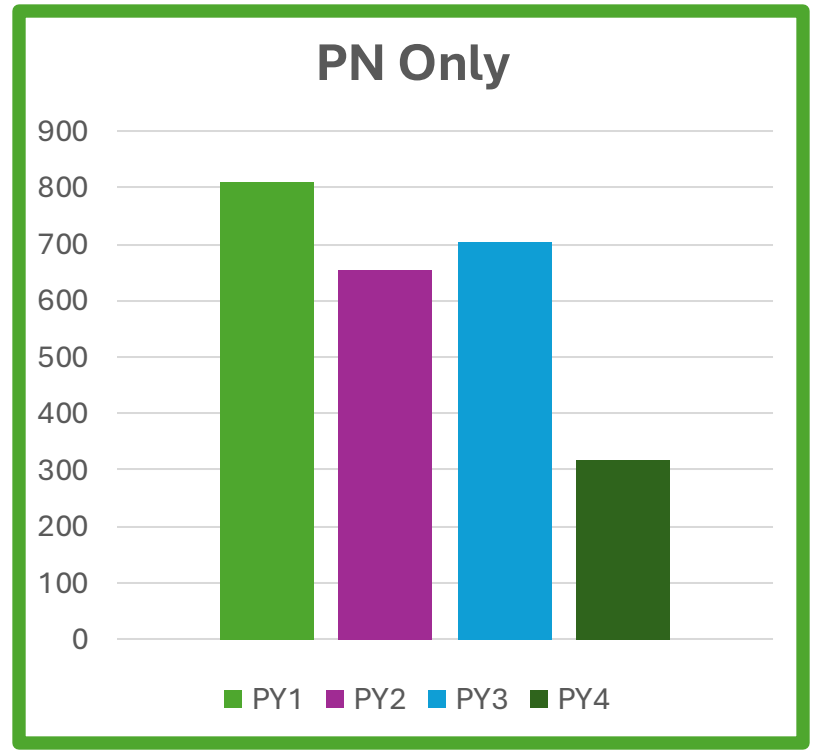


Number of patients screened in DC

Grant Cycle 2202: PY1-PY4

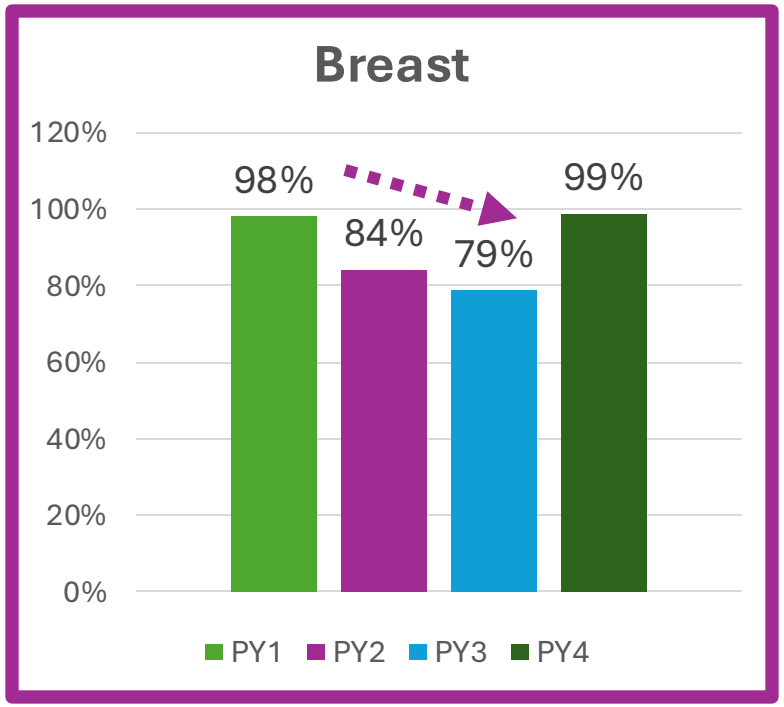


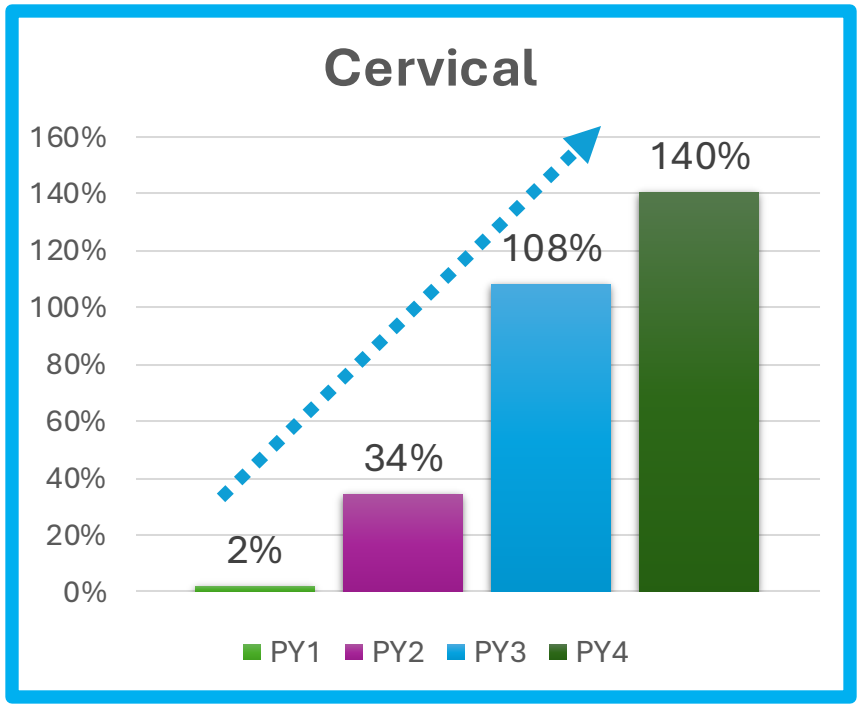


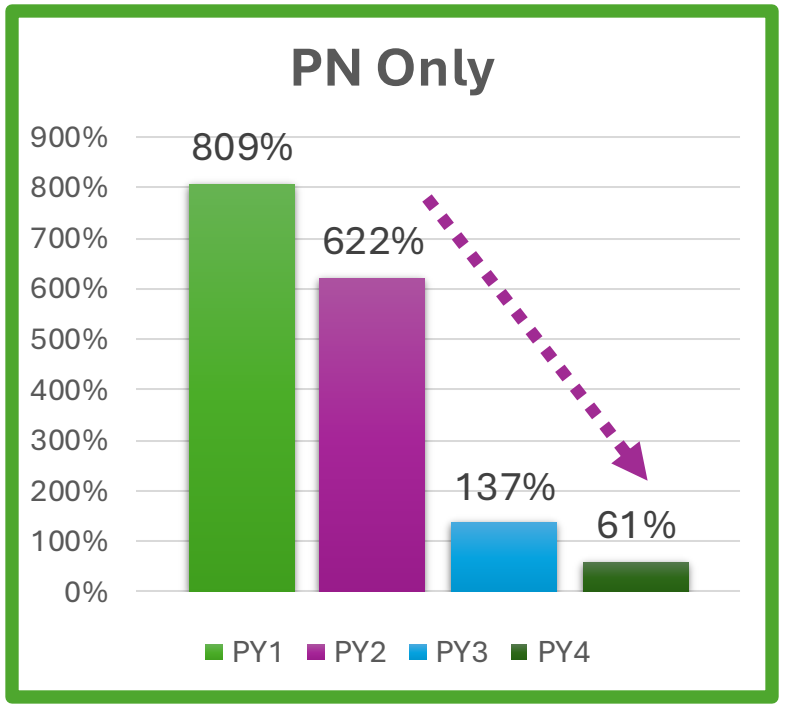


% of service delivery projection goals achieved in DC

Grant Cycle 2202: PY1-PY4







Breast provider closes

PY3: 4 new providers
PY4: 3 more new providers

Navigator offboarded & provider relocation

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Programmatic Challenge Faced to Meet Goals

- Low participation from health systems because administrative burden outweighed the cost of reimbursement



Solutions to Participation Challenges

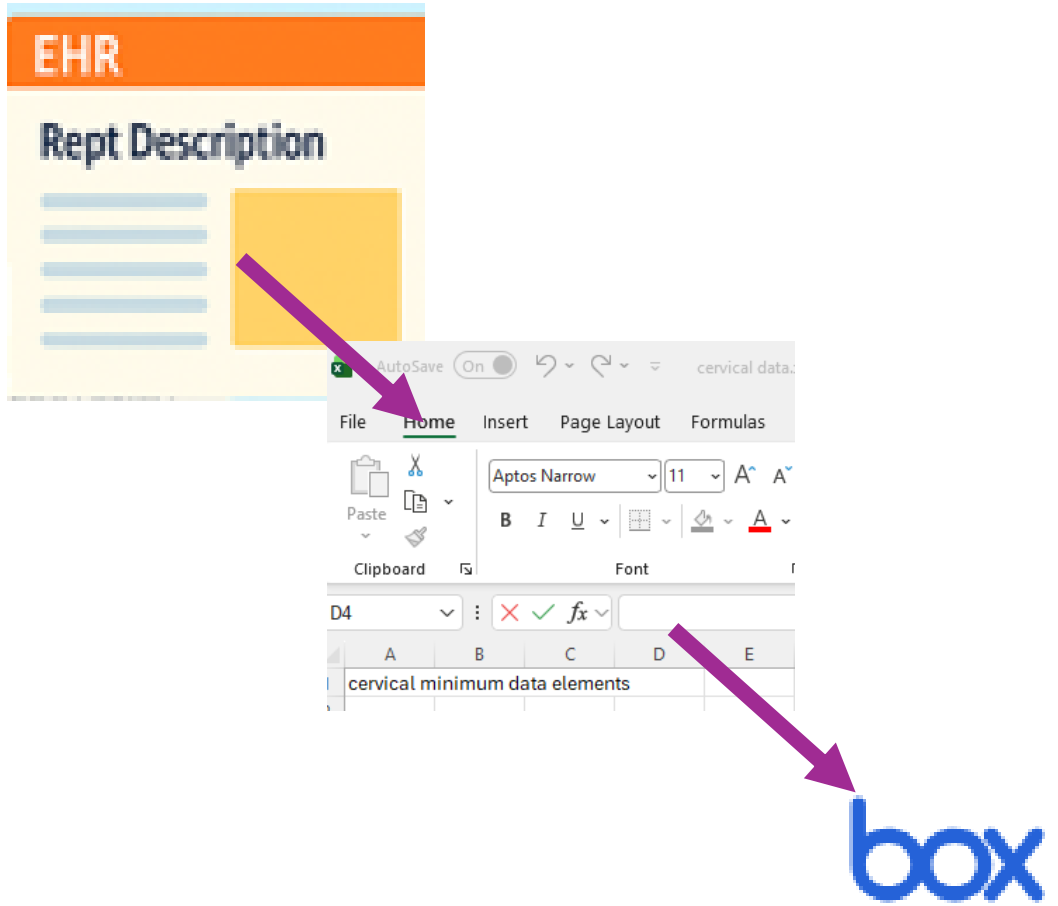
- **Redesign** data submission workflow
- **Restructure** reimbursement model
- **Leverage** existing relationship with DC Primary Care Association
- **Participate** in national and local workgroups
- **Prioritize** relationship building + partnerships = be thinking long term

Redesign Data Submission Workflow

Duplicative documentation in many EHRs



One data pull from one EHR



Restructure reimbursement model

Fee for Service

BREAST SCREENING AND DIAGNOSTIC PROCEDURES	CPT CODE	FEE (Facility)	Prof Comp (-26)	Tech Comp (-TC)	Non-Facility
Screening digital breast tomosynthesis, bilateral[3]	77063	N/A	$32.19	$29.62	$61.81
Diagnostic mammography, unilateral, includes CAD	77065	N/A	$42.59	$107.79	$150.38

CERVICAL SCREENING AND DIAGNOSTIC PROCEDURES	CPT CODE	FEE (Facility)	Prof Comp (-26)	Tech Comp (-TC)	Non-Facility
Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda	88164	N/A	N/A	N/A	N/A
System, manual screening under physician supervision					
Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	88165	N/A	N/A	N/A	N/A
Cytopathology, cervical or vaginal, any reporting system, *requiring interpretation by physician*	88141	$26.59	N/A	N/A	$26.59

Global Fee



Leverage Existing Relationship with DCPCA

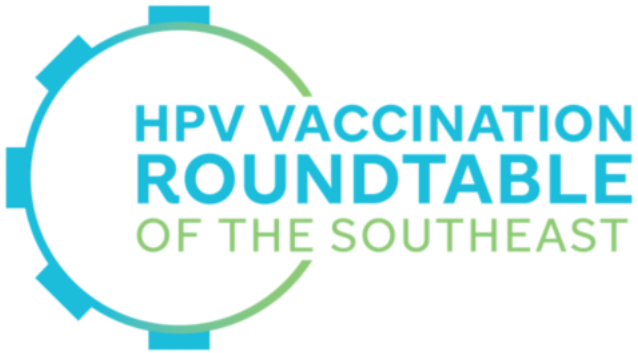
Onboarded 4 new clinics with existing DCPCA grant and implemented global fee reimbursement model



DISTRICT OF COLUMBIA
PRIMARY CARE ASSOCIATION

Participate in National and Local Workgroups















Prioritizing Relationship Building + Partnership translates to achieving goals

- ✓ Being accountable and responsive
- ✓ Listening to providers programmatic needs
- ✓ Connecting them with resources
- ✓ Facilitating networking calls with other providers
- ✓ Supporting them to receive external funding for patient navigators
- ✓ Garnering funding from foundations for programmatic needs like transportation



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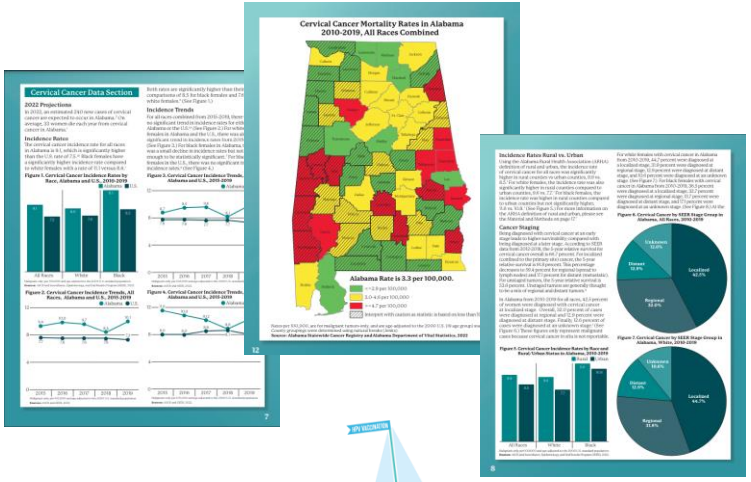
@_DCHealth dchealth DC Health dchealth DCHealth

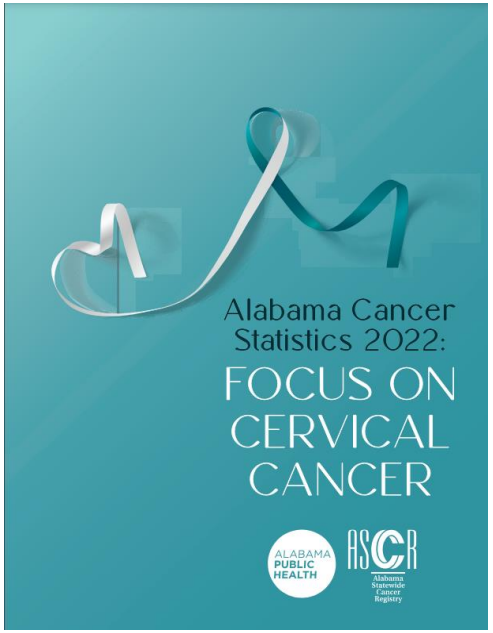

OPERATION
WIPE
OUT
cervical
cancer
ALABAMA
HPV VACCINATION
SCREENING
FOLLOW UP

OPERATION WIDE OUT cervical cancer ALABAMA

"Feeling Blue"

- Top 5 Mortality & Incidence in Nation
- Higher death and occurrence in Black women
- HPV vaccination lower than the nation
- When diagnosed, it is often late-stage cancer





Answering the Global Call to Action to Eliminate ~~Cervical Cancer~~



"X" Marks the Spot!

Operationwipeout.org



The Voyage So Far

Eliminating Cervical Cancer Is Possible



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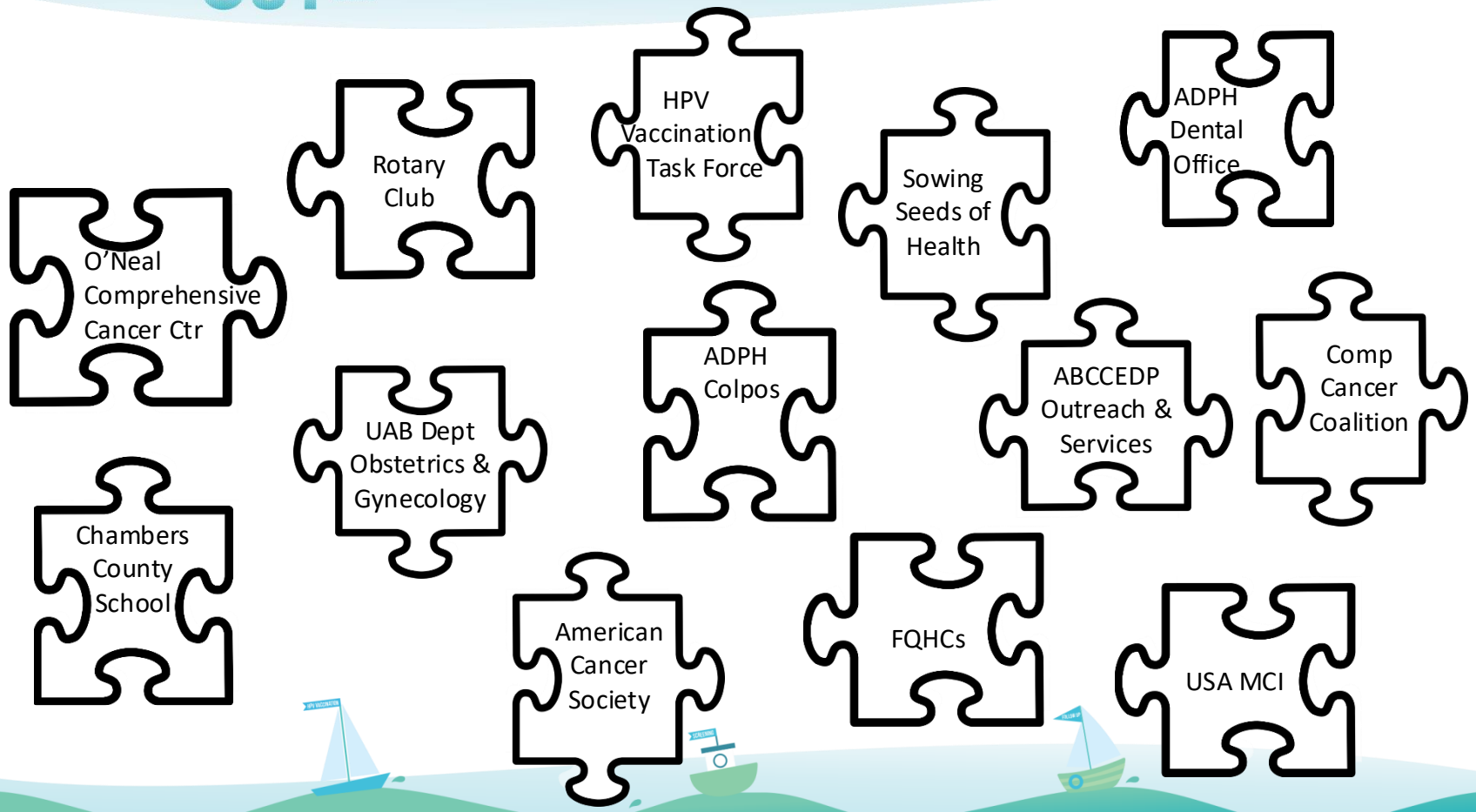
The Voyage So Far



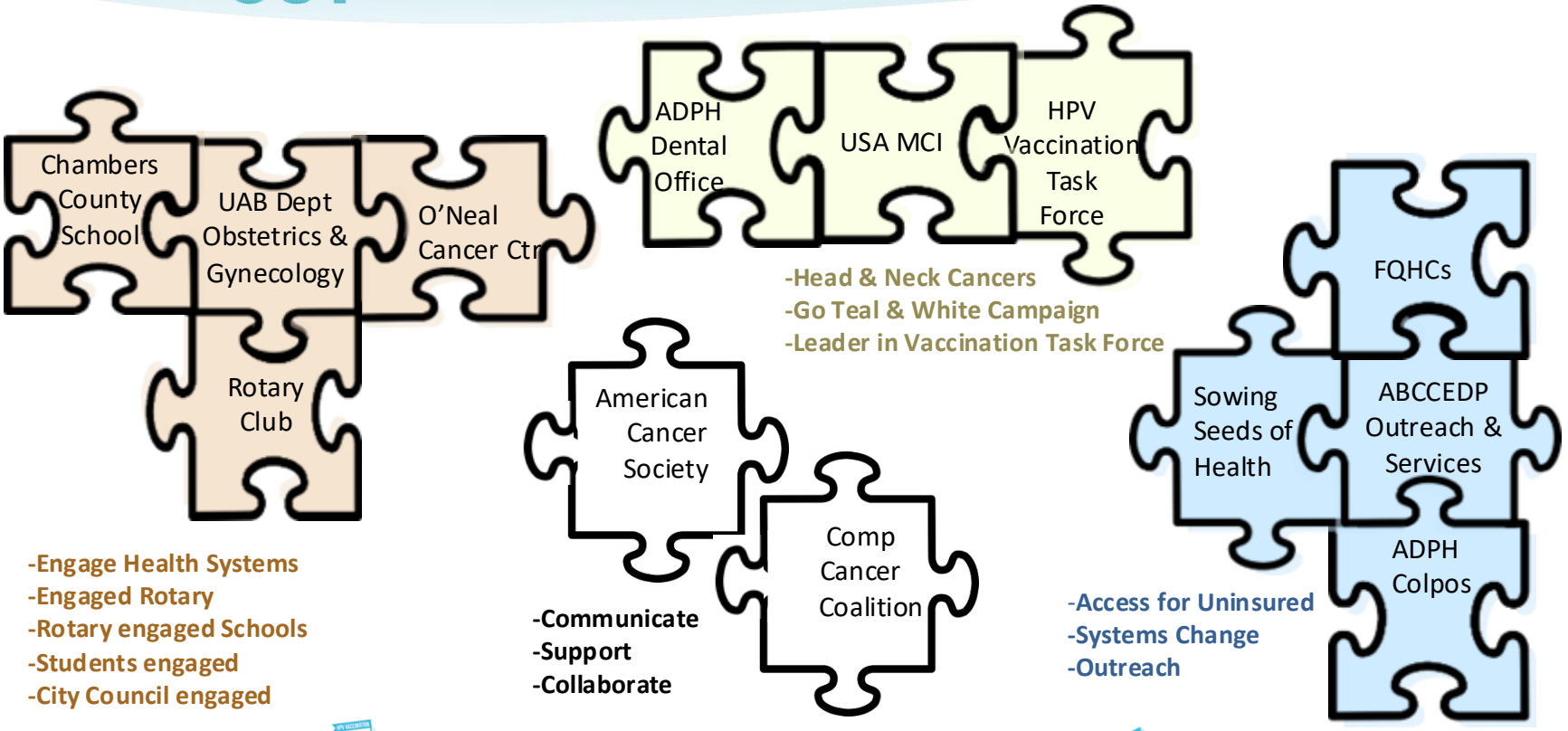


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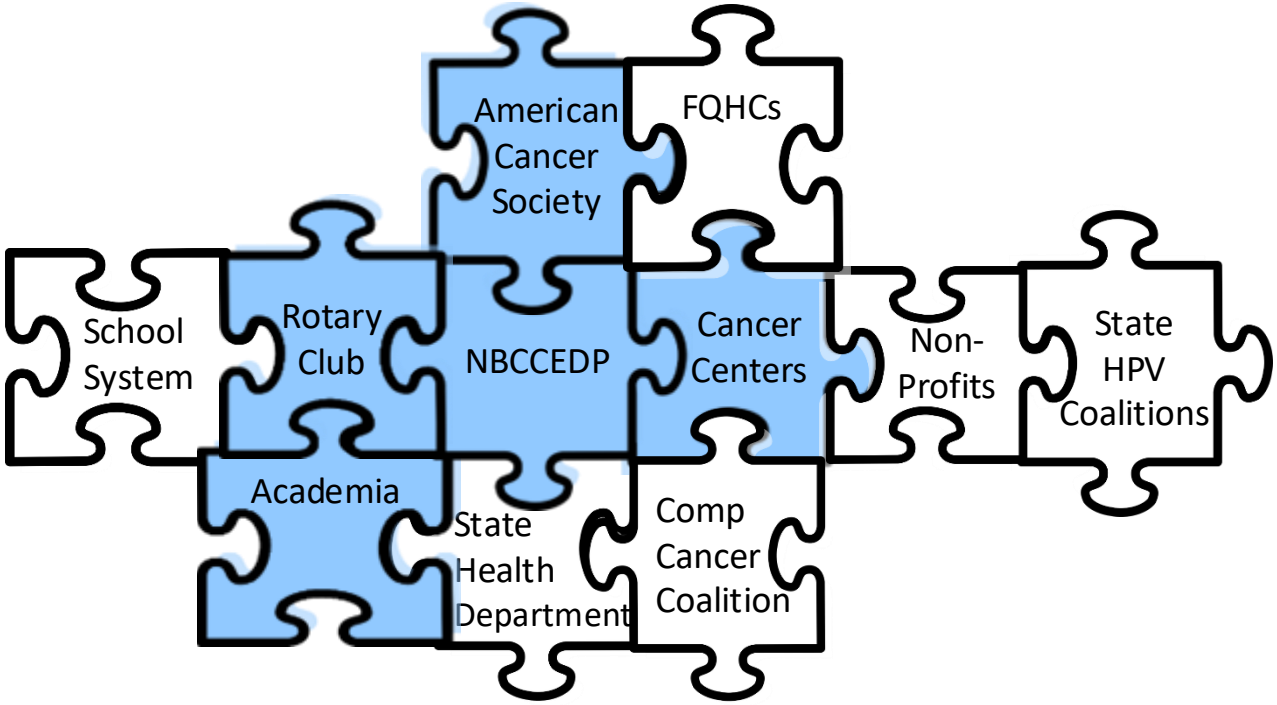
Everyone Pulling Their Weight…



Some On The Same Page…



All Hands On Deck!



Casting the Net…

- Clinical Partners
  - Associations, Cancer Centers, FQHCs, Clinics
- Data Dissemination
  - Data Reports, Data Presentations, B&C mortality/incidence maps
- Community Outreach
  - Champion Training, CHAs, Presentations, Educational Materials
- Community Partners
  - Comp Cancer Coalition, Survivors, Vested Interest Groups
- Media
  - Social Media, Newsletters, PSAs, websites, TV, Radio, Podcasts
- Unique Partners



The Sea Change...

- State Health Office Launches Statewide Plan
- Engaging Rotarians
  - Eliminated Polio
  - Experience in Motivating Communities
  - Heard about WIPE OUT at the state, national, international level
  - They are the Connectors
  - They have the Community Resources
  - They are calling Alabama







Share & Share Alike…

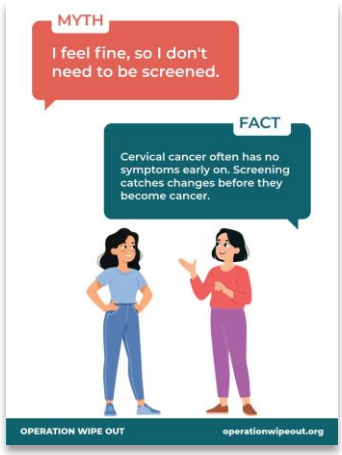
- Outreach/materials
- Partner Agreements
- Summit Agendas/materials
- Champion Training agenda/slides
- Action Plan
- Sample Press Releases/Op-ed
- Sample messages from State Health Officer
- School Toolkit
- Church Toolkit
- Tips for Engaging the Community (7)
- Role-related Actionable Tasks to Eliminate Cervical Cancer (15)
- Provider Regional meeting slides
- Accessing Your State's HPV Vaccine Data

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Share & Share Alike...

Social Media

Shareable posts supporting awareness, HPV vaccination, screening, and follow-up care



MYTH VS. FACT

Screening saves lives

Posts correct common misconceptions and reinforce routine screening.



ACCESS + COST

Prevention is within reach

Carousel-style posts explain coverage and free screening resources.



PARTNER SPOTLIGHT

Russell Medical Cancer Center

Spotlights recognize community partners advancing prevention.



DID YOU KNOW?

Screening after 65

Clarifies when regular screening can safely end.

Follow the movement

Instagram
@operationwipeoutal

X
@OpWipeOutAL

Facebook
operationwipeout

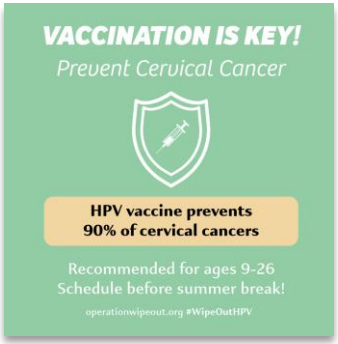
LinkedIn
operation-wipe-out

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Share & Share Alike...

Social Media

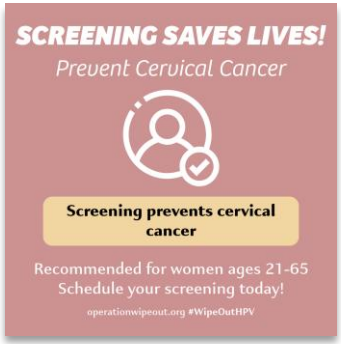
Shareable posts supporting awareness, HPV vaccination, screening, and follow-up care



VACCINATION

HPV vaccine

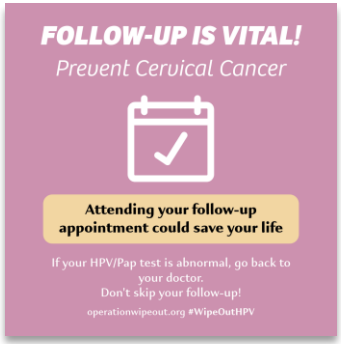
Promotes HPV vaccination for ages 9–26 to prevent 90% of cervical cancers.



SCREENING

Screening saves lives

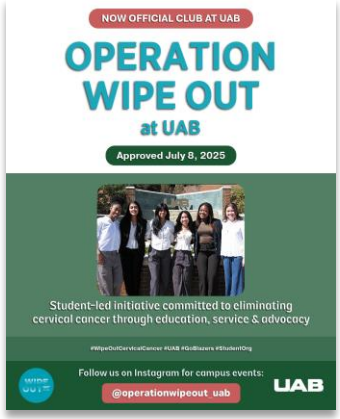
Reminders to schedule routine screening for women ages 21–65.



FOLLOW-UP CARE

Don't skip follow-up

Urges follow-up after abnormal HPV/Pap results to catch issues early.



AWARENESS

Operation Wipe Out at UAB

Spotlights the new student-led prevention club at UAB.

Follow the movement

Instagram
@operationwipeoutal

X
@OpWipeOutAL

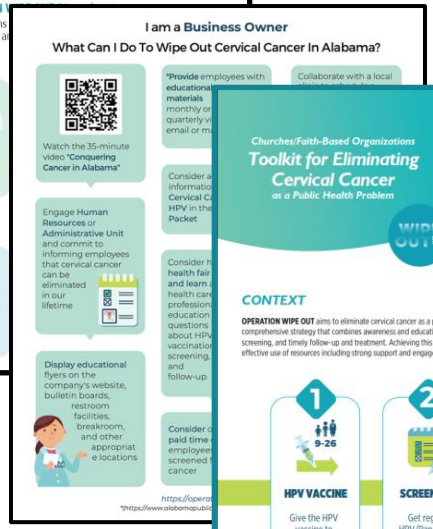
Facebook
operationwipeout

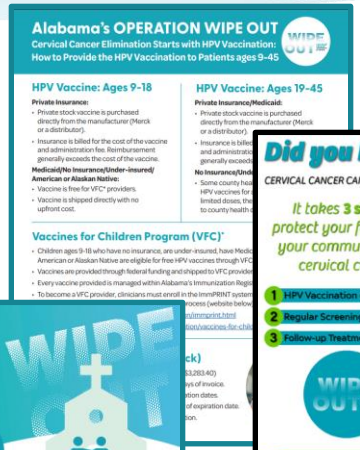
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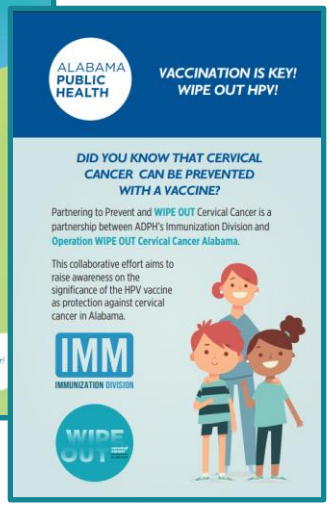


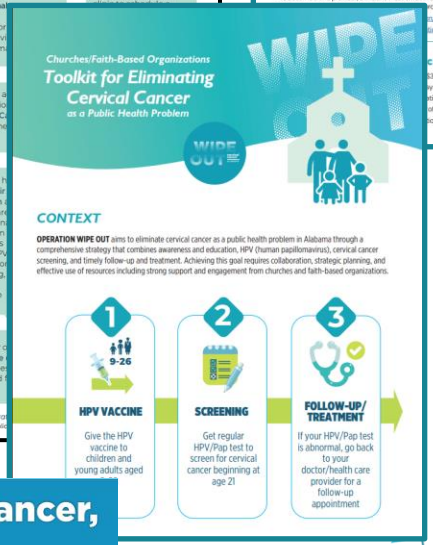






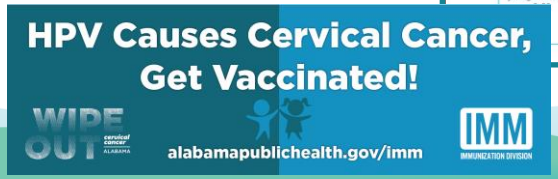












Some Successes

- Increased Awareness that Cervical Cancer can be Eliminated
- Engagement of Rotary Clubs & Volunteers – Champions
- Engagement of Colleges/Universities
- Engagement of Health Care Providers
- Increased HPV Vaccination
- Increased Access to Screening & HPV Vaccination
- Traveling Nurse Practitioners to Perform Follow-Up w/ 72% adherence
- Instrumental in Southeast U.S. Call to Action & Toolkit
- HPV Vaccination Data
- Partnership with the Ovarian Cancer Research Alliance (OCRA)

Show Your Colors!

- Announce Your Intention To Eliminate Cervical Cancer
- Encourage All Hands On Deck
- Make Alliances
- Reveal Your State's Identity in the Effort to Eliminate Cervical Cancer
  - Stamp Out Cervical Cancer (KY)
  - Knock Out Cervical Cancer (MS)
  - Oregonize Against Cervical Cancer (OR)
  - Bayou Blueprint Against Cervical Cancer (LA)
  - Texas Soon to Release Identify
  - Arkansas, Tennessee, Wisconsin, New Jersey, New York moving forward
  - Others working with the Southeast HPV Roundtable

Come Sail Away with Us!

- Respond to the Call to Action
- Become a Partner in Your State's Efforts
- Every Individual Has a Role in Eliminating Cervical Cancer
- Help Reach Your State's Women with a Consistent, Simple Message in the Same Language
- Use Our Stuff
- Connect with Rotarians



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“Everyone can contribute, every community matters, and every country can eliminate cancer”

…Every State Can Too

World Health Organization
Global call to Action to Eliminate Cervical Cancer



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

LEVERAGING UNIQUE PARTNERSHIPS TO ACHIEVE NBCCEDP GOALS

NBCCEDP BUSINESS MEETING
AUGUST 2026

DAWN M. HOLLINGER, MS, MA, PMP
BUREAU CHIEF, CANCER PREVENTION AND CONTROL
DELAWARE DIVISION OF PUBLIC HEALTH

PARTNERSHIP STRATEGY 1: BUILDING WORKFORCE CAPACITY THROUGH ACADEMIC PARTNERSHIPS

We collaborated with our seven state public health clinics to offer internship opportunities to undergraduate public health students.

- Instead of asking, "Can the students observe the clinical workflow?"
- We asked, "Can students become part of the workflow?"

The Delaware Example:

Delaware State University students were trained as Community Health Workers to:

- Assess factors that impact people's health and screening outreach
- Provide cancer screening education using a health literacy approach
- Make resource referrals
- Navigate clients to screening appointments and other health services

PARTNERSHIP STRATEGY 1:

BUILDING WORKFORCE CAPACITY THROUGH ACADEMIC PARTNERSHIPS

Why this works:

- Expands the program's working capacity
- Reduces spending on partner contracts
- Provides experiential learning for students
- Builds future public health professionals

PARTNERSHIP STRATEGY 11: INTEGRATE PROGRAMS AROUND THE CLIENT

Clients don't experience funding streams...They experience health care.

- We asked, "Can students become part of the workflow?"

The Delaware Example:

Instead of multiple appointments, our state public health clinics integrated all cancer screening services into one:

- Breast Cancer
- Cervical Cancer
- Colorectal Cancer

PARTNERSHIP STRATEGY 11:

INTEGRATE PROGRAMS AROUND THE CLIENT

Benefits of one coordinated experience:

- Delivers more preventive services
- Reduces the number of missed opportunities for screening
- Improves the patient experience

PARTNERSHIP STRATEGY III: MOVE NAVIGATION UPSTREAM

Patient navigation should not begin after an abnormal result.

Navigation should begin before screening.

The Delaware Example:

Health Promotion Advocates and Patient Navigators assist with:

- Screening for Life Program enrollment
- Identifying client eligibility for all health care, social service, and community programs and resources
- Scheduling cancer screening appointments and other health care/dental service appointments
- Arranging transportation or linking the client to transportation resources
- Following up after resource referrals to answer any additional questions

PARTNERSHIP STRATEGY III:

MOVE NAVIGATION UPSTREAM

Why this works:

- Identifies barriers at first meeting
- Establishes a positive relationship
- Reduces barriers to care before they become missed screening appointments
- Identifies resources for the family, not just the client

PARTNERSHIP STRATEGY IV: BUILD COMMUNITY TRUST BEFORE YOU NEED IT

Don't wait until someone is overdue for screening.

Become part of the community first.

Delaware partners:

- Delaware Cancer Consortium
- Community organizations
- Faith communities
- Health systems
- FQHCs
- Imaging centers
- Pharmacies

Create a shared goal – everyone owns cancer prevention!

PARTNERSHIP STRATEGY IV:

BUILD COMMUNITY TRUST BEFORE YOU NEED IT

How do we do that?

- Supporting community partners with training on how to deliver messaging with a health literacy focus
- Providing educational materials to ensure clear messaging
- Remaining visible to the community year-round, not just during cancer awareness months

PARTNERSHIP STRATEGY V: THINK BEYOND TRADITIONAL HEALTH CARE PARTNERS

We knew that we needed to meet women where they are instead of waiting for them to come to us.

We asked ourselves:

- Other than community organizations, who already reaches the people we want to serve?
- How can we meet people where they shop or where they receive other services?

We formed unique partnerships with:

- Walmart
- Nail and hair salons
- Pharmacies
- Men's groups

FIVE QUESTIONS WE ASK BEFORE BUILDING ANY PARTNERSHIP

Will it…

- ✓ Expand our reach?
- ✓ Improve the patient experience?
- ✓ Reduce barriers?
- ✓ Benefit both organizations?
- ✓ Continue after the initial excitement?

WHAT HAVE WE LEARNED?

Partnerships work best when they are:

- Mutually beneficial
- Mission-driven
- Patient-centered
- Data-informed
- Sustainable

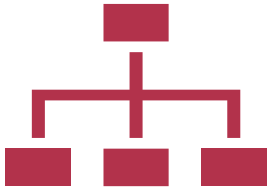


WHAT COULD THIS LOOK LIKE FOR YOUR PROGRAM?



Every state has –

Universities
Community organizations
Trusted local leaders
Health care providers
Students
Volunteers



The organizations may differ.
The strategy stays the same.

PARTNERSHIPS ARE MORE THAN REFERRALS

They are force multipliers.

When partnerships are intentionally designed…

- Patients receive better care.
- Communities become more engaged.
- Programs achieve greater impact.



THANK YOU!

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

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