



# Increasing Population-based Breast and Cervical Cancer Screenings

# An Action Guide to Facilitate Evidence-based Strategies



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

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# Acronyms

ACA.....	Affordable Care Act
ACS.....	American Cancer Society
CDC.....	Centers for Disease Control and Prevention
CRCCP .....	Colorectal Cancer Control Program
DCPC .....	Division of Cancer Prevention and Control
FQHC.....	Federally Qualified Health Center
HMO.....	Health Maintenance Organization
IHS .....	Indian Health Service
NBCCEDP .....	National Breast and Cervical Cancer Early Detection Program
SEM .....	Social Ecological Model
USPSTF .....	U.S. Preventive Services Task Force

# Introduction

Breast cancer is the most common cancer among women in the United States, aside from nonmelanoma skin cancer. In addition, breast cancer is one of the leading causes of cancer death among women of all races and Hispanic ethnicity. Every year, about 200,000 women in the United States are diagnosed with breast cancer and about 40,000 women die of the disease.<sup>1</sup>

Cervical cancer was once the leading cause of cancer death among women in the United States; however, cervical cancer cases and deaths have decreased significantly during the past 40 years. Essentially, this decline is the result of many women getting regular Pap tests, which can find cervical precancer before it turns into cancer or detect early stage, treatable cancers.<sup>2</sup> Every year, about 12,000 women in the United States are diagnosed with cervical cancer and about 4,000 women die of the disease.<sup>1</sup>



The evidence is clear—screening for breast cancer with a mammogram and screening for cervical cancer with a Pap test reduces death rates for these two cancers. Screening tests can help find cancer at an early stage, before symptoms appear, when it can be treated more easily. For cervical cancer, screening with a Pap test can identify precancerous abnormalities, which can be treated, thus preventing cervical cancer altogether.

Women from racial and ethnic minority groups and who are under- and uninsured are screened at a disproportionately low rate. To address this gap, in 1990, Congress authorized the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), which is administered by the Centers for Disease Control and Prevention (CDC). The purpose of the NBCCEDP is to provide women who are low-income, uninsured, and underserved with access to timely breast and cervical cancer screening and diagnostic services. The NBCCEDP funds all 50 states, the District of Columbia, 5 US territories, and 11 American Indian/Alaska Native tribes or tribal organizations to provide screening services for breast and cervical cancer.

During 1991–2012, CDC-funded NBCCEDP programs served more than 4.5 million women, provided more than 11 million breast and cervical cancer screening examinations, and diagnosed more than 62,121 breast cancers, 3,458 invasive cervical cancers, and 163,548 premalignant cervical lesions, of which 40% were high-grade.<sup>3</sup>

1 U.S. Cancer Statistics Working Group. *United States Cancer Statistics: 1999–2010 Incidence and Mortality Web-based Report*. Atlanta (GA): Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute; 2013. Available at: <http://www.cdc.gov/uscs>.

2 National Institutes of Health. Cervical Cancer. NIH Consensus Statement. 1996; 14(1):1–38.

3 CDC National Breast and Cervical Cancer Early Detection Program website: <http://www.cdc.gov/cancer/nbccedp/about.htm>. Accessed on May 6, 2014.

## NBCCEDP Focus

Currently, the NBCCEDP is mandated to expend at least 60 percent of funds on direct screening services. In addition, CDC is encouraging NBCCEDP grantees to focus not only on screening eligible women and providing associated services, but also on educating partners and systems on strategies to increase breast and cervical cancer screening of all women of appropriate screening age. The intent is to focus on systems change where impact can extend across other programs and agencies to serve the entire population.

This focus on population-based screening and systems change is driven by two factors. First, it is in line with CDC’s mission to reach the Healthy People 2020 objective to reduce the number of deaths caused by breast and cervical cancer<sup>4</sup> among all US populations. Second, by expanding the NBCCEDP’s focus, CDC is taking advantage of opportunities provided by the Affordable Care Act. The law requires nongrandfathered private health insurance plans to cover USPSTF “A” or “B” rated clinical preventive services, including breast and cervical cancer screening, with no cost sharing. The law has increased access to breast and cervical cancer screening for many low-income, underserved women by expanding availability of insurance coverage and eliminating cost-sharing for these services. CDC and NBCCEDP grantees have an opportunity to build on the NBCCEDP’s capacity and extensive clinical network. By using the knowledge gained from years of experience in ensuring the delivery of high-quality clinical preventive services, the NBCCEDP can have a broader effect by using the following population-based screening and systems change approaches:

**By encouraging population-based approaches, CDC is taking advantage of opportunities provided by the Affordable Care Act.**

- Public education and outreach—educate all women about the advantages of screening, as well as risks and how to access screening services.
- Screening services and care coordination—provide screening and patient navigation services to women who remain uninsured or underinsured and qualify and help all women with positive results get appropriate follow-up care.
- Quality assurance, surveillance, and monitoring—use existing infrastructure of state and local health departments to monitor the provisioning of screening services in every community, and adapt and expand existing NBCCEDP quality assurance systems to other health care settings.
- Organized screening systems—take a leadership role with organizations such as state Medicaid programs and state insurance exchanges to establish active outreach and screening management systems to promote, coordinate, and monitor cancer screening.

4 Healthy People 2020 [www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=5](https://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=5)



## Purpose of This Action Guide

CDC's Division of Cancer Prevention and Control (DCPC) developed this guide, *Increasing Population-Based Breast and Cervical Cancer Screenings: An Action Guide to Facilitate Evidence-based Strategies* (Action Guide), to help NBCCEDP grantees expand their activities to increase high-quality, population-based breast and cervical cancer screenings. For the purposes of this Action Guide, high-quality breast and cervical cancer screenings are defined broadly by the following dimensions or characteristics:<sup>5</sup>

- Appropriate use of recommended breast and cervical cancer screening tests at recommended intervals on the basis of patient risk, age, and screening history.
- Appropriate performance of breast and cervical cancer screening tests by trained and skilled medical providers.
- Timely and appropriate reporting of positive or abnormal breast and cervical cancer screening test results to the patient and her health care provider.
- Appropriate and timely follow-up of positive or abnormal results.
- Timely referral to cancer treatment services.

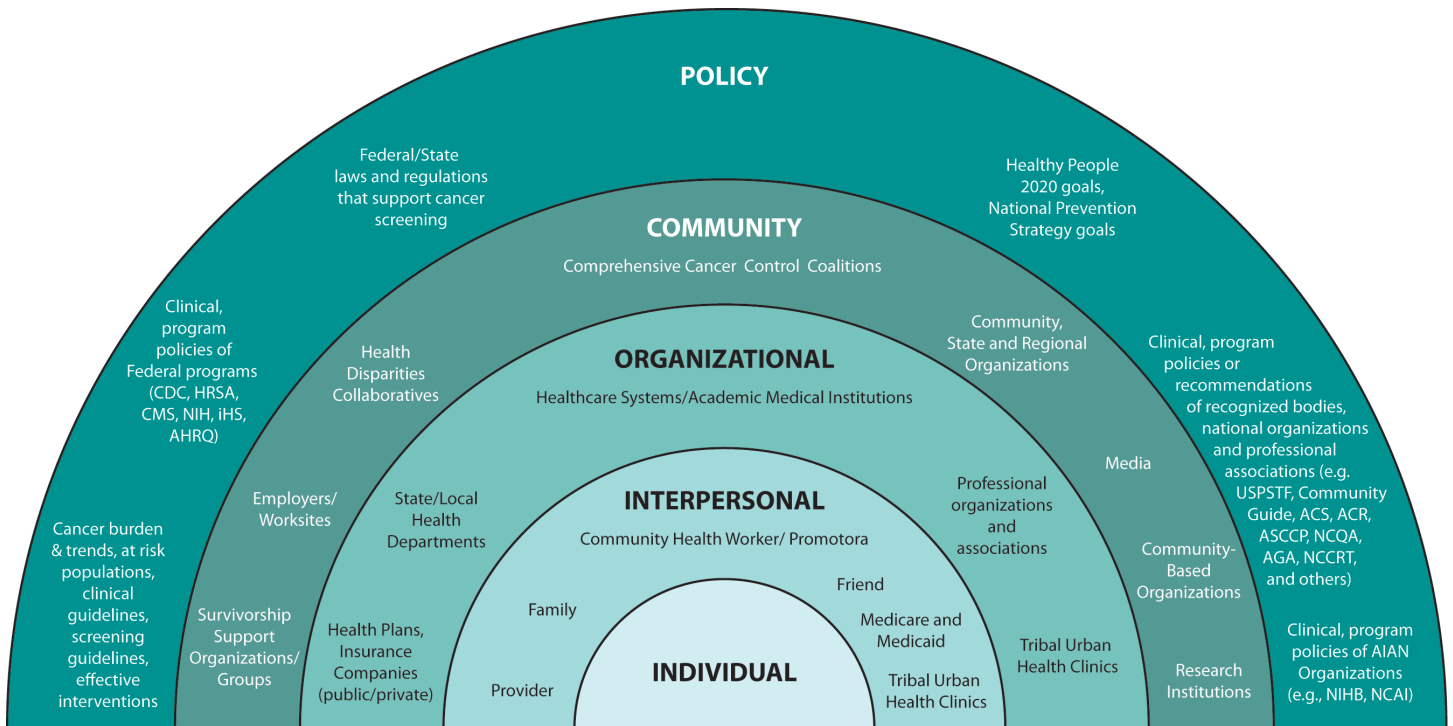
Population-based screening is defined as testing that is offered systematically to all asymptomatic individuals in a target group.<sup>6</sup> For example, for population-based mammography screening, the objective might be all women aged 50 years or older within a geographic region. Throughout the Action Guide, this focus on screening promotion (as opposed to provision of services to eligible women) is referred to as *population-based screening and systems change*.

The focus of the NBCCEDP, including increasing population-based screening, is grounded in this theory: for best results, to effectively reduce the illnesses and deaths associated with breast and cervical cancer, screening should be coupled with population-based activities that embrace policy, systems, and environmental (PSE) change approaches. All levels of change—from those focused on the individual to those focused on organizations, community, and policy—are needed to meet the cancer objectives of Healthy People 2020, and to meet the needs created by expanded coverage of women in the United States through the Affordable Care Act.

5 For additional information, see the U.S. Preventive Services Task Force recommendations for breast and cervical cancer screening at [www.uspreventiveservicestaskforce.org/uspsttopics.htm#AZ](http://www.uspreventiveservicestaskforce.org/uspsttopics.htm#AZ).

6 Population Based Screening Framework, Australian Government [www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/pop-based-screening-fwork/\\$File/screening-framework.pdf](http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/pop-based-screening-fwork/$File/screening-framework.pdf)

**Figure 1. Adapted social ecological model**



CDC has adapted the social ecological model (SEM) for NCCEDP, as shown in the Figure 1,<sup>7</sup> to help illustrate this idea. The NCCEDP SEM provides a foundation for moving from providing screening services only for NCCEDP-eligible women, to both a screening provision and a population-based screening and systems change approach.

With more than 20 years of experience in providing screening to eligible populations, both NCCEDP grantees and CDC have learned lessons about how to increase screening within specific populations, which can be extended to efforts aimed at increasing population-based screening for all women.

<sup>7</sup> Social Ecological Model accessed at: [www.cdc.gov/cancer/nccedp/sem.htm](http://www.cdc.gov/cancer/nccedp/sem.htm)



# How to Use This Guide

The purpose of this Action Guide is to help NBCCEDP grantees expand activities that increase population-based screening. The Action Guide focuses on

- Using evidence-based strategies to increase population-based screening.
- Working with key partners, including current and potential new broad-based partners, who can help facilitate population-based screening.

As an NBCCEDP grantee, you can use this Action Guide to help

- Expand successful NBCCEDP screening strategies to a broader population by using evidence-based interventions.
- Strengthen existing partnerships and engage additional partners to increase high-quality population-based screening within communities.

This Action Guide is intended to be used with other action guides developed by CDC, as well as other NBCCEDP-specific resources. The following action guides and resources should be used as companion pieces to this Action Guide:

- *CDC NBCCEDP Program Guidance Manual, Version 2 (revised 10/2012)*—The *NBCCEDP Program Guidance Manual*, (primarily the Introduction, Book 1), is an essential companion piece to this Action Guide. The manual can be accessed from the grantee Web site at [www.NBCCEDP.org](http://www.NBCCEDP.org).
- *Engaging, Building, Expanding: An NBCCEDP Partnership Development Toolkit*—A CDC tool kit that includes resources to identify, engage, and secure new partners or expand existing partnerships. The tool kit should be used as a companion piece to this Action Guide, particularly with Section 3: Essential Partners for Increasing Population-based Breast and Cervical Cancer Screening. The tool kit can be accessed at [www.cdc.gov/cancer/nbccedp/toolkit.htm](http://www.cdc.gov/cancer/nbccedp/toolkit.htm) or from the grantee Web site at [www.NBCCEDP.org](http://www.NBCCEDP.org).
- *Colorectal Cancer Action Guides*—Employers, professional organizations, and health systems are critical partners for NBCCEDP grantees as they work to increase population-based breast and cervical cancer screenings. These same partners are also important to CDC's Colorectal Cancer Control Program (CRCCP) grantees. The tools, tips, and checklists that were developed primarily for CDC CRCCP grantees can be adapted to fit the needs of NBCCEDP grantees. The Action Guides can be accessed from the grantee Web sites at [www.NBCCEDP.org](http://www.NBCCEDP.org) and [www.CRCCP.org](http://www.CRCCP.org).
  - *Increasing Quality Colorectal Cancer Screening: An Action Guide for Engaging Employers and Professional Medical Organizations* helps CRCCP grantees engage employers and professional organizations in increasing high-quality colorectal cancer screening.
  - *Increasing Colorectal Cancer Screening: An Action Guide for Working with Health Systems* helps CRCCP grantees engage health systems in increasing high-quality colorectal cancer screening.

This Action Guide includes the following sections:

## Section 1. Beyond NBCCEDP Eligible Populations: Opportunities to Increase Quality Breast and Cervical Cancer Screening at a Population-based Level

- Provides an overview of NBCCEDP grantee assets that enable them to be ideal leaders in working to increase population-based screening.
- Defines roles for NBCCEDP grantees and provides examples of NBCCEDP grantees who have taken this expanded approach.

## Section 2. Evidence-based Strategies for Increasing Population-based Breast and Cervical Cancer Screening

- Describes evidence-based strategies that work to increase population-based screening.
- Gives examples of NBCCEDP grantees and others who have had success with these strategies, as well as lessons they learned.

## Section 3. Essential Partners for Increasing Population-based Breast and Cervical Cancer Screening

- Reviews key partners for NBCCEDP grantees as they focus on increasing population-based screening.
- Includes examples of successful partnerships that NBCCEDP grantees and others have forged, as well as lessons they learned.

## Appendix A. Adaptable Tools

- Adaptable tools found in the body of this Action Guide. Electronic versions of the tools are also available from the grantee Web site at [www.NBCCEDP.org](http://www.NBCCEDP.org).

## Appendix B. Resources by Action Guide Section

- Resources used in the development of the Action Guide.
- Web links to full reports, additional tools, evidence reviews, and other resources related to population-based breast and cervical cancer screenings.

Throughout the Action Guide, the following icons are used:



**Tips and checklists**—Ideas and lists you can use as a quick reference for incorporating Action Guide concepts, steps, and tools into your efforts.



**Adaptable tools**—Tools (i.e., worksheets, templates, forms) you can use to incorporate the Action Guide steps into your efforts. Examples of the tools are included throughout the Action Guide and adaptable formats are included in Appendix A.



**Program examples**—Examples of tools or approaches that NBCCEDP grantees or others have used successfully.



# Section 1

## Beyond NBCCEDP-Eligible Populations: Opportunities to Increase High-Quality Breast and Cervical Cancer Screenings at a Population-based Level

CDC encourages NBCCEDP grantees to focus on both screening provision and systems change to increase population-based screening rates. This focus beyond NBCCEDP-eligible women builds on the NBCCEDP's strengths. Some grantees are focusing already on increasing population-based screening and systems change, whereas others are just beginning to expand their focus. Regardless of where you are in the process of expansion, there are always opportunities to build on your program assets.



### Keys to Success in Moving Toward Increasing Population-based Screening

- Start with what works—Build on your program's strengths.
- Start by making one change, even if it is small—Incremental inclusion of population-based screening and systems change activities is advised to maintain screening provision and to gradually incorporate population-based screening strategies. The Guide to Community Preventive Services identifies evidence-based strategies shown to improve cancer screening rates.
- Identify the key roles you can play to increase population-based screening, and focus your efforts on those roles.

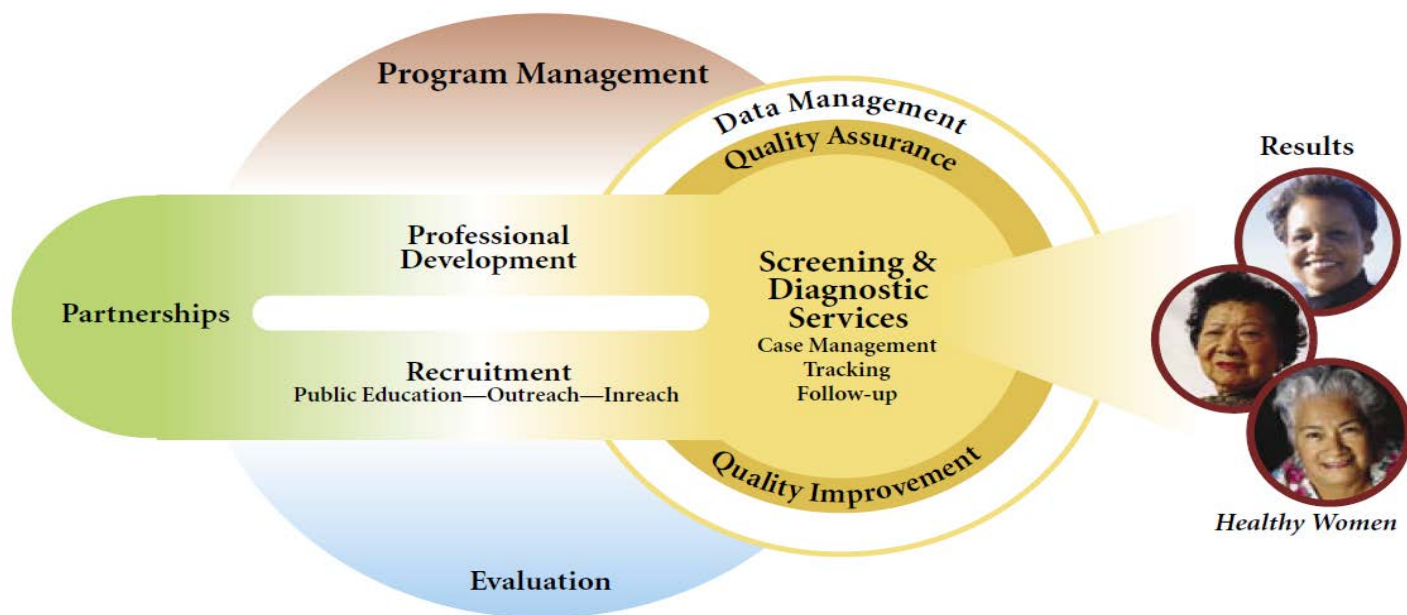
NBCCEDP grantees are positioned well to engage in screening provision and population-based screening and systems change activities based in part on years of experience in developing and maintaining an organized, systematic screening program that is supported by the key components shown in the conceptual framework (Figure 2).<sup>8</sup>

The NBCCEDP's core component is providing screening and diagnostic services. In addition, NBCCEDP grantees provide other program components that support service delivery. These supportive components are grantees' greatest assets when looking beyond NBCCEDP-eligible populations. The following experiences and resources have been used successfully and are assets to leverage to increase population-based screening and systems change:

- **Public Education, Targeted Outreach**—Public education materials and approaches that raise awareness and bring women in for screening by using targeted efforts to reach women who are aware or unaware of screening services.
- **Partnerships**—Relationships with organizations with interests in and organizational capacity to play active roles in increasing cancer screening rates.

8 NBCCEDP Program Guidance Manual, 2012, Version 2; Introduction to the Manual (Book 1)

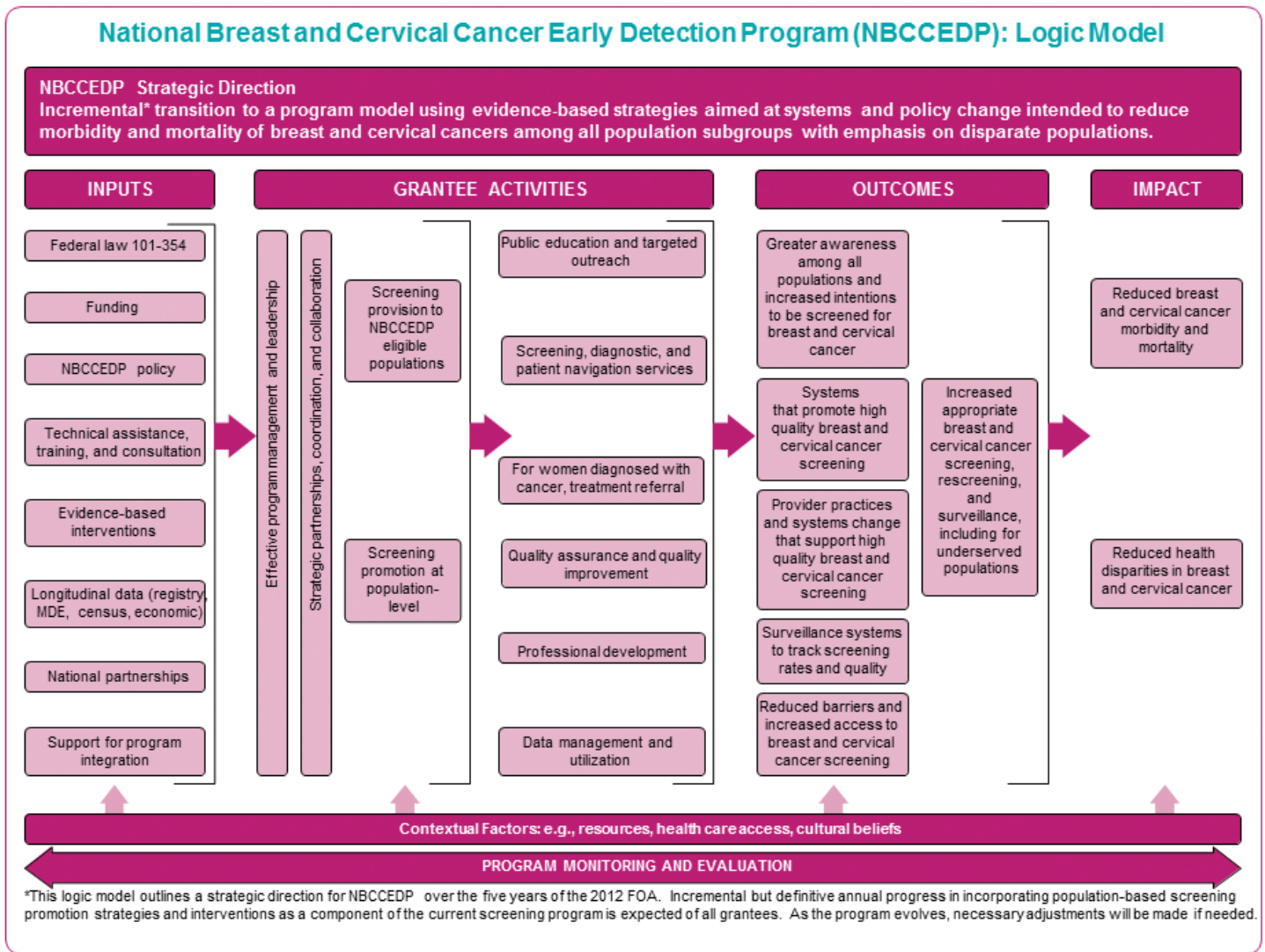
**Figure 2. NBCCEDP Conceptual Framework**



- **Case Management or Patient Navigation**—Model navigation programs and procedures that guide patients to screening and diagnostic services and treatment, if needed.
- **Quality Assurance or Quality Improvement**—Quality indicators, policies, and procedures that ensure appropriate and timely screening and diagnostic services to improve service delivery.
- **Professional Development**—Curricula, tools, and other approaches used to train medical providers to deliver high-quality screening services, as well as collaboration with key partners such as professional organizations that provide training.
- **Data Management**—Data elements and data collection tools to collect and analyze screening data to maintain high-quality screening.
- **Program Management and Monitoring or Evaluation**—Staffing plans, evaluation plans, and program monitoring tools used to manage large- and small-scale screening programs and to evaluate and make improvements to ensure high-quality screening program development and implementation.

The logic model<sup>9</sup> outlines the NBCCEDP’s strategic direction as grantees make incremental but definitive progress in incorporating population-based screening and systems change activities with screening provision activities. This model outlines the outcomes that can be achieved when integrating these efforts with program components depicted in the NBCCEDP conceptual framework (Figure 3).

**Figure 3. NBCCEDP Logic Model**



CS228945

9 CDC. (2013). National Breast and Cervical Cancer Early Detection Program (NBCCEDP) Logic Model Framework, available under CDC files from the grantee Web site at [www.NBCCEDP.org](http://www.NBCCEDP.org)



Based on the NBCCEDP logic model and the assets previously described, NBCCEDP grantees can play the following roles to increase population-based screening:

- **Convener**—The person who convenes essential partners within a geographic area (tribe, territory, state, region, county, or community) to discuss and coordinate efforts to increase population-based screening and systems change.

See *Increasing Colorectal Cancer Screening: An Action Guide for Working with Health Systems* for additional ideas about the convener’s role, including a convener worksheet to help identify key organizations to bring together (Section 2, Step 1 in the CRC Action Guide).

- **Educator**—The person who provides expertise, professional development, and training to medical providers and other essential partners to help increase population-based screening and expand public education efforts to reach all women who need to be screened.

See *Increasing Quality Colorectal Cancer Screening: An Action Guide for Engaging Employers and Professional Medical Organizations* for more information about how to engage professional organizations.

- **Guide**—The person who identifies, guides, supports, and provides expertise to champions within organizations or health care systems to increase population-based screening.

See *Increasing Colorectal Cancer Screening: An Action Guide for Working with Health Systems* for ideas about how to identify and work with champions, including an example of a champion checklist (Section 2, Step 3).



## Examples

The following examples show how NBCCEDP grantees are expanding their efforts to include population-based screening and system change activities. Both examples fit in the expanded role of the guide:



### **Arizona NBCCEDP—Building on Its Greatest Existing Asset: Contracted Program Providers**

The Arizona Department of Health Services (ADHS) implemented an initiative to require and help providers, who were contracted to its Well Women Health Check Program, assess and implement system changes within their own clinics to increase population-based breast and cervical cancer screening rates. Contracted providers must focus on population-based screening, conduct a baseline assessment of their own breast and cervical cancer screening rates, implement evidence-based strategies to increase screening rates, and continually assess and report screening rates to ADHS. See Appendix A for contract language that guides provider efforts.



### **Montana NBCCEDP—Guiding Champions in Work Sites and Health Care Systems**

The Montana Cancer Control Program (MCCP), which includes the NBCCEDP, is working with the Montana Comprehensive Cancer Control Program to support and educate regional contractors as they identify and partner with a variety of health systems and work sites to increase breast, cervical, and colorectal cancer screening among all age-appropriate populations. The MCCP has added population-based screening and systems change activities into their annual task order with regional contractors, including the following deliverable: “Work with work site and medical systems to increase breast, cervical, and colorectal cancer screening rates (or a combination thereof) in the general population.” To help contractors expand their focus, the MCCP provides ongoing education to help contractors understand and plan policy, systems, and environmental changes aimed at increasing population-based screening. See Appendix A for an example of an education tool used by the MCCP with their contractors, the Policy, Systems, and Environmental (PSE) Change Cheat Sheet.

## Putting It All Together: Expanding Roles to Increase Population-based Screening

The following table shows the links between NBCCEDP assets, these expanded roles, and potential outcomes.

NBCCEDP Asset	Expanded Role			Potential Outcome
	Convener	Educator	Guide	
Public education, outreach	✓	✓		Greater awareness among all women about the need for screening.
Partnerships	✓			Increased coordination and collaboration among essential partners interested in increasing screening; development of policies and systems that promote high-quality screening.
Case management, patient navigation			✓	Reduced barriers and increased access to screening.
Quality assurance, improvement			✓	Increased appropriate screening, rescreening, and surveillance.
Professional development		✓		Provider practices and systems change that support high-quality screening.
Data management			✓	Surveillance systems to track screening rates and quality of care.
Program management, evaluation, monitoring			✓	Increased appropriate and timely screening and use of data to improve efforts.

## Section 2

### Evidence-based Strategies for Increasing Population-based Breast and Cervical Cancer Screenings

The strategies for providing screening services to NBCCEDP-eligible women are similar to the strategies for providing age-appropriate screening services to all women. This is an advantage for NBCCEDP grantees, who have years of experience with implementing and evaluating these types of interventions.

An overview of evidence-based interventions that have been proven to work in increasing breast and cervical cancer screenings is provided below, including a description of strategies and examples of each. The following types of strategies are described:

1. Provider practices and system change.
2. Policies that increase access to screening.
3. Education and awareness to increase screening.
4. Surveillance systems and use of data.

#### 1. Provider Practices and System Changes That Support Screening

Changes in provider practices and health systems to support breast and cervical cancer screenings can have long-lasting effects. These strategies rely less on the patient to change a behavior and more on changes within clinical settings.

#### Strategies

The *Guide to Community Preventive Services* recommends the following provider practice and system change strategies<sup>10</sup> for breast and cervical cancer screenings with mammograms and Pap tests, unless otherwise indicated.

- Client reminders—Written or telephone messages advising women that they are due or overdue for screening.
- Reducing structural barriers (breast cancer only)—Reducing noneconomic burdens or obstacles that impede access to screening, such as expanding clinic hours or offering services in alternative or nonclinical settings.

**A system is a whole made of interconnected parts.**

10 Community Preventive Services Task Force. Updated recommendations for client- and provider-oriented interventions to increase breast, cervical, and colorectal cancer screening. *Am J Prev Med* 2012;43(1):92-96.

- Provider assessment and feedback—Evaluation of provider performance in offering or delivering screening (assessment) and presentation of information about performance in providing services (feedback) to help improve performance.
- Provider reminder and recall systems<sup>11</sup>—Information for providers that clients are due (reminder) or overdue (recall) for specific cancer screening tests; they can be generated electronically or manually.

As indicated in *Increasing Colorectal Cancer Screening: An Action Guide for Working with Health Systems*, other promising provider practice/system change strategies may also support increased cancer screening. They are to

- Establish patient navigation programs—Individualized help offered to patients, families, and caregivers to overcome health care system barriers and facilitate timely access to high-quality screening.
- Create strategies that support patients to establish a medical home—A model of primary care that is patient-centered, comprehensive, coordinated, accessible, and continuously improving by using a systems-based approach.



### Provider Practice and System Changes—Keys to Success

- Start with providers and systems with which you have relationships and are familiar, and begin with NBCCEDP providers and their network of health care delivery sites. Ask them if they are implementing evidence-based strategies to get all age-appropriate women in for screening. Educate and guide them through changes they can make to increase screening.
- Use existing resources—You don't need to start from scratch when identifying tools to use with providers and systems. Some important resources include
  - Manual of Intervention Strategies to Increase Mammography Rates, which can be found at <http://www.cdc.gov/cancer/nbccedp/pdf/prumanual.pdf> and the User's Guide, which can be found at [www.cdc.gov/cancer/nbccedp/pdf/pruguide.pdf](http://www.cdc.gov/cancer/nbccedp/pdf/pruguide.pdf).
  - Although focused on colorectal cancer, *How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's Evidence-Based Toolbox and Guide*, is an excellent, adaptable resource that you can use to help partners understand how to increase breast and cervical cancer screening. It can be found at <http://ncrt.org/about/provider-education/crc-clinician-guide/>.

11 Baron RC, Melillo S, Rimer, BK, et al. Intervention to increase recommendation and delivery of screening for breast, cervical, and colorectal cancers by healthcare providers: a systematic review of provider reminders. *Am J Prev Med* 2010; 38(1):110-7.

## Examples

The following examples show how using provider practice and systems change evidence-based strategies can increase breast and cervical cancer screenings:



### Maximizing Mammography Participation by Using Client Reminders

In a project funded by the National Cancer Institute, women who were members of a Health Maintenance Organization (HMO) in Seattle, Washington, received a reminder postcard, a reminder telephone call, or a motivational telephone call to encourage them to schedule and keep mammography appointments. The reminder postcard and reminder call invited women to schedule a mammogram. The reminder call is a more elaborate health care system intervention based on the principle of motivational interviewing. The call allows women to ask questions and discuss concerns about the mammogram with a knowledgeable person. It focuses on understanding the patient's decision-making process and discusses the pros and cons of the exam, beliefs, feelings, and logistics in a nonconfrontational and empathetic way.

The HMO routinely sends a letter by mail to women who are due for a mammogram, recommending that they contact their provider to set up an appointment. A total of 1,765 women who did not schedule a mammogram within 2 months of receiving the letter were randomly assigned to 1 of 3 intervention groups: a reminder postcard, a reminder telephone call, or a motivational call addressing barriers. The women were followed for one year to see if they got a mammogram. Women who received a reminder or motivational call were more likely to get a mammogram than women who were sent a postcard. Motivational and reminder calls were equivalent with respect to resulting in a scheduled appointment. Controlling for intervention effect, women who had a mammogram before were more likely to get a mammogram than women who never had a mammogram. To find out more about this study and to download program materials, go to the Research Tested Intervention Programs (RTIPs) Web site at <http://rtips.cancer.gov/rtips/programDetails.do?programId=236253>.



### New York NBCCEDP—Increasing Population-based Screening by Using Patient Navigation

The New York State Cancer Services Program (CSP) initiated a Patient Care Coordination Demonstration Project in 2010 to identify women (insured or uninsured) in need of breast or cervical cancer screening services that do not seek preventive care, and use patient navigation to ensure they get these services. Patient navigators are culturally competent professionals who work within the health care system, with providers and community organizations, to identify patients who need preventive care and help them get this care. The project was implemented throughout a 5-county, underserved, rural area in northeastern New York State through collaboration with a network of 12 Federally Qualified Health Centers (FQHCs).



The service area is located entirely within the Adirondack region of New York State and comprises multiple communities designated as Medically Underserved Areas, Medically Underserved Populations, and Health Professional Shortage Areas for primary care, mental health, and dental services.

The CSP trained two patient navigators from the Adirondack region who have intimate knowledge of the community's resources to help address barriers for women in the target population, discuss the importance of breast and cervical cancer screenings, and offer patient navigation services. Such services include identifying resources to help patients overcome barriers, communicating with provider offices to ensure that patients attend appointments, and helping patients receive diagnostic follow-up and treatment services, when necessary. A patient navigation database was developed to collect data about screening, diagnosis, follow-up, treatment, barriers, navigation activities, timeliness of follow-up and treatment, average length of patient contact, and referrals made to outside agencies. The key indicators of success were increases in the number of women screened for breast, cervical, and colorectal cancers, high patient satisfaction levels, and system changes at the FQHCs, including changes to their electronic health system and recall protocols. During January 1, 2011–April 20, 2012, 2,219 clients were contacted, and 1,586 completed at least 1 cancer screening. Aggregate data across the FQHCs show a baseline screening rate of 19% for breast and 6% for cervical cancer at the beginning of the project. At the end of the 18-month project, the screening rates increased to 52% for breast and 37% for cervical cancer screening.



### **Native American Rehabilitation Association (NARA) NBCCEDP—Reducing Barriers and Increasing Screening**

The NARA NBCCEDP offers quarterly Saturday breast and cervical cancer screening clinics that are more of a community event than just a screening service. Women who are due for screening are invited and can stay the entire day, if they'd like. Through generous donations, breakfast, lunch, and cultural crafts are offered during the Saturday clinics.

Women who are due for mammograms are scheduled in the mornings. A taxi takes them to and from the mammography facility. Women who are due for a Pap test receive it at the NARA clinic during the day. After the women are finished with their appointments, they spend time with a NARA-registered nurse or case manager, who offers women's health education. Women who attend the Saturday clinic receive a tote bag containing additional information, including a culturally appropriate health education booklet, *Journey Woman—A Native Women's Journey to Wellness, Volume 2*.

## 2. Policy, Systems or Environmental (PSE) Approaches That Increase Access to Screening

PSE approaches may include systems-level interventions, voluntary organizational or administrative change strategies, or strategies that may require executive or legislative action at the federal, state, or local level. PSE interventions can happen at many levels, from an organizational level, such as a hospital or workplace, to a statewide or even national level.

NBCCEDP grantees can work with partners on PSE strategies to increase population-based screening. With support from CDC, the Directors of Health Promotion and Education (DHPE) have developed five competency areas for public health professionals related to policy changes. These competencies describe the roles that NBCCEDP grantees may take. They are

1. Assessing and framing the problem.
2. Using policy analysis tools.
3. Supporting the policy change process through education.
4. Implementing enacted policies.
5. Evaluating policy interventions.

To find out more about these competencies, visit the DHPE Web site at [www.dhpe.org](http://www.dhpe.org).

The Affordable Care Act has increased access to insurance coverage and reduced costs for many women who need breast and cervical cancer screening services. But many women will still face substantial barriers to needed services<sup>12</sup>. Therefore, PSE strategies aimed at increasing access are still needed. Efforts to increase screening should specifically target disadvantaged women most likely not to have access to affordable coverage<sup>13</sup>.

### Strategies

The *Guide to Community Preventive Services* recommends the following PSE-related strategy<sup>14</sup> for increasing cancer screening:

- Reducing out-of-pocket costs (breast cancer only)—strategies to minimize or remove economic barriers that impede access to cancer screening services. *Note:* The Community Preventive Services Task Force

12 CDC. (2012). NCCDPPH, DCPC. Moving Forward in an Era of Reform: New Directions for Cancer Screening. Available at [www.cdc.gov/cancer/nbccedp/pdf/newdirections\\_screening.pdf](http://www.cdc.gov/cancer/nbccedp/pdf/newdirections_screening.pdf)

13 American Cancer Society. (2013). Breast Cancer Facts and Figures 2013-2014. Available at: [www.cancer.org/research/cancerfactsstatistics/index](http://www.cancer.org/research/cancerfactsstatistics/index)

14 Community Preventive Services Task Force. Updated recommendations for client- and provider-oriented interventions to increase breast, cervical, and colorectal cancer screening. *Am J Prev Med* 2012; 43(1):92–96.

found insufficient evidence to determine the effectiveness of reducing out-of-pocket costs in increasing screening for cervical cancer because too few studies were identified. Nonetheless, the consistent favorable results for interventions that reduce costs for breast cancer screening and several other preventive services suggest that such interventions are likely to be effective for increasing cervical cancer screening, as well.

As indicated in *Increasing Colorectal Cancer Screening: An Action Guide for Engaging Employers and Professional Medical Organizations*, employers can encourage cancer screening among employees by implementing work site policies. NBCCEDP grantees can directly or indirectly (through key partners) encourage work sites to incorporate breast and cervical cancer screening-related efforts into their work site wellness programs, policies, and health benefits. The following table describes the range of interventions appropriate for worksites:

## Breast and Cervical Cancer Screening Interventions for Work Sites

### **Program interventions—Incorporate screening into work site health or wellness programs, including**

- Communicating and educating about the need for screening and appropriate screening recommendations.
- Hosting onsite screening events.
- Incorporating screening reminders\* into regular personal communication with employees (e.g., pay check stubs, birthday cards).
- Offering incentives to employees for participating in screening programs.

### **Policy interventions—Institute business policies that support screening, including**

- Allowing flexible times at the beginning and end of each work day to enable employees to go to cancer screening and follow-up appointments.

### **Health benefits interventions—Ensure that employee health benefits packages include cancer screening and address provision of high-quality screening, including**

- Encouraging use of patient reminder systems,\* incorporation of cancer screening quality standards, and feedback on provider cancer screening performance\* for providers contracted with the employee health benefit plans.
- Identifying the health plans that serve particular employers and encouraging them to cover cancer screening in the benefits package.

\*Strategy recommended by *Guide to Community Preventive Services*.

## Examples

The NBCCEDP grantee's role in increasing access by using PSE approaches is often one of the convener, bringing together essential partners, such as comprehensive cancer control coalitions, the American Cancer Society, and Komen for the Cure with other partners such as employers and professional medical organizations, to guide sound policy changes that enable increased screening. Here are some examples:



### Reducing Out-of-Pocket Costs in Rhode Island

Two recent initiatives in Rhode Island provide funds for mammograms. A new license plate was unveiled during fall 2012 in honor of the Gloria Gemma Breast Cancer Resource Foundation. Twenty dollars of the \$42 plate application fee is given to the Rhode Island Department of Health's Women's Cancer Screening Program to provide mammograms to uninsured and underinsured women aged 40–49 years. In addition, Rhode Island Medical Imaging, a partner in breast cancer screening efforts in Rhode Island, contributed \$10,000 worth of free services to the Women's Cancer Screening Program.



### Oregon NBCCEDP: Expanding Their Reach and Reducing Out-of-Pocket Costs

The Oregon Breast and Cervical Cancer Program (BCCP) and the Oregon Health and Science University Center for Women's Health (OHSU CWH) began working together in 2009 to increase the number of free breast and cervical cancer screenings for low-income women in Oregon. This partnership occurred in two phases.

During the first phase, the OHSU CWH offered free breast and cervical cancer screenings to BCCP-eligible women facing financial, logistical, or other barriers. Community donations paid for the screenings and for treatment if a woman was diagnosed with cervical cancer. Other private funding paid for treatment if a woman was diagnosed with breast cancer.

During the second phase in 2010, the partners looked for an opportunity to educate and screen women statewide. The OHSU CWH focused on cervical cancer screening, and BCCP focused on breast cancer screening. A community organization helped women who were not eligible for BCCP get treatment, as needed. About 20 to 30 women per week were screened in 2010, totaling more than 1,000 women for the year. Because of the program's success, OHSU received more donations to extend the project to women in rural areas. In October 2010, the partnership expanded to include 10 doctors in 8 counties, who screened more than 550 women during 6 months.<sup>15</sup>

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15 CDC NBCCEDP Local Program Highlights: [www.cdc.gov/cancer/nbccedp/state.htm](http://www.cdc.gov/cancer/nbccedp/state.htm)



## Montana Work Site Interventions

Local Montana Cancer Control Program (MCCP) contractors partner with work sites to implement small-media campaigns to increase awareness of personal need for breast, cervical and colorectal cancer screenings and insurance coverage for preventive services. They also work with organizational management to adopt work site cancer policies that support preventive care.

The MCCP contractors in Great Falls, Montana, are working with three work sites—City of Great Falls Public Works, Great Falls Police Department, and Chouteau County Health Department. Cancer prevention information and awareness about breast, cervical, colorectal, and skin cancer is reaching more than 300 employees and their families. The contractors partner with each site for 2 years, developing cancer prevention information and policies as a part of ongoing worksite wellness programs. Cancer prevention is promoted as a perfect marriage with work site wellness to change unhealthy behaviors that lead to chronic disease and increased medical costs.

During Breast Cancer Awareness Month, MCCP staff provided an informational session with the female staff at the police department to review the new USPSTF breast cancer screening guidelines and share information on the cancer screening program. Breast cancer small media from CDC were provided, and a member of the police department wellness team developed two police-specific flyers for breast cancer month, which were shared with other cancer coordinators and work sites in the community and across the state. Chouteau County Health Department provided information at their health department, the local hospital, and the medical clinic. All three work sites sent out press releases, and the local television stations provided excellent coverage of these work site wellness stories.



During 2011–2012, according to the City of Great Falls' health risk assessment cohort report (the same individuals both years), clinical breast exams increased from 74.7% to 78.2%, and Pap tests increased from 87.4% to 93.1%. The number of people diagnosed with cancer increased from 12 to 19, increasing the likelihood for earlier and more successful treatment.

### 3. Education to Increase Awareness and Screening Uptake

Education to increase awareness, coupled with provider practice and system changes, can be an effective combination of strategies that increase screening uptake.

#### Strategies

The *Guide to Community Preventive Services* recommends the following strategies<sup>16</sup> for breast and cervical cancer screening with mammograms and Pap tests, unless otherwise indicated:

- Small media<sup>17</sup>—videos and printed materials such as letters, brochures, and newsletters.
- Group education (breast cancer only)—conveying information about screening recommendations, benefits of screening, and ways to overcome barriers to screening, often delivered by health professionals or trained lay educators who use presentations or other teaching aids in a group setting.
- One-on-one education—conveying information by telephone or in person about screening recommendations, benefits of screening, and ways to overcome barriers to screening, often delivered by health workers or lay educators in a variety of settings, including in a medical provider’s office.

#### Examples

For all education strategies, making use of existing staff and resources is recommended to maximize the benefit of linking education strategies to other types of strategies.



#### Using Small Media to Increase Mammography Screening Among Medicare Beneficiaries in Michigan

The intervention targeted Medicare beneficiaries aged 70 years or older who have not had a mammogram during the past 5 years. The purpose of this project was to find a way to identify the mammography status of Medicare beneficiaries, test the effects of a personalized and targeted mailing to increase mammography screening, and assess the cost-effectiveness of the intervention. The mailing used content that addressed the perceived susceptibility to breast cancer, the benefits of mammography, and barriers to obtaining a mammogram and included the following:

- A personally addressed letter signed by the Medicare director emphasizing that the recipient had not used her Medicare mammography screening benefit, explaining the importance and benefits of being screened, and urging her to get a mammogram.

16 Community Preventive Services Task Force. Updated recommendations for client- and provider-oriented interventions to increase breast, cervical, and colorectal cancer screening. *Am J Prev Med* 2012; 43(1):92-96.

17 [www.thecommunityguide.org/cancer/screening/client-oriented/SmallMedia.html](http://www.thecommunityguide.org/cancer/screening/client-oriented/SmallMedia.html)



- A brochure emphasizing the importance of mammograms, addressing common concerns of older women, and providing information on Medicare coverage.
- An information sheet explaining how to schedule a mammogram through the woman's doctor or a toll-free number to a referral service.

On the basis of the number of claims submitted, receiving the intervention packet increased screening rates. Among women who had not had a mammogram for at least 5 years, those who received the packet were more likely to get a mammogram (8.1%) than women who did not (5.2%). To find out more about this program and access program materials, visit the RTIPS Web site at <http://rtips.cancer.gov/rtips/programDetails.do?programId=277846>.



### Idaho NBCCEDP—ASK ME: One-to-One Education

The Idaho Women's Health Check Program's Operation Pink B.A.G. (Bridging the Access Gap) is a collaborative project seeking to improve Idaho's screening mammography rates among age-eligible females residing in underserved communities or disparate populations by identifying gaps in available resources and increasing access to mammography services. As part of Operation Pink B.A.G., the program has created a mammography facility-based project that recruits volunteers to implement the ASK ME campaign. The ASK ME campaign is based on successful one-to-one education campaigns in Washington and New York. Volunteers receive training and are asked to identify events or locations where they can talk to age-appropriate women about the need for mammography screening. They wear an ASK ME campaign button or apron and encourage women to get a mammogram through their usual provider or through the Women's Health Check Program, if they qualify. Although overall effect on the program's screening rates has not yet been documented, anecdotal information collected from mammography sites and volunteers shows that the ASK ME campaign is effective, particularly in rural areas of the state where driving distances to mammography facilities are greater. For more information, see the ASK ME description included in Appendix A.

Often, significant outcomes are achieved when evidence-based education efforts are linked with changes in provider practices or system change to increase screening, as reflected in this example:



### Partnering for System Change: Mammography and Flu Clinics

Sickness Prevention Achieved through Regional Collaboration (SPARC) developed and implemented the Mammography Promotion and Facilitated Appointments Through Community-Based Influenza Clinics program. The Connecticut-based program focused on mammography promotion and appointment facilitation through community-based influenza (flu) shot clinics. SPARC developed a partnership with flu shot clinics and mammogram providers. As women came in for their flu shots, trained outreach workers enrolled those

aged 50 years or older who had not had a mammogram during the preceding year. They gave these women mammography brochures and other promotional items.

Enrolled women were also notified that they would receive a follow-up call. Control clinic patients received a general prevention follow-up call while intervention clinic patients received a call from a provider to schedule a mammogram. Over a six month period, mammography use for the women from intervention clinics (35%) was more than twice that of the women from the control clinics (15%), who were not offered a mammogram. These results strongly suggest that the use of multiple EBIs and PSEs can significantly increase breast cancer screening. To find out more about this program, see the RTIPs Web site: <http://rtips.cancer.gov/rtips/programDetails.do?programId=305499>.

#### 4. Surveillance Systems and Use of Data

NBCCEDP grantees have a wealth of experience with developing, implementing, and managing surveillance systems for breast and cervical cancer screening and diagnosis. This vast knowledge and experience may help develop and improve screening registries. Such data can be used to develop more organized, systematic approaches to cancer screening in many settings.<sup>18</sup> NBCCEDP grantees can encourage the use of clinical and cost data measures by health systems, insurers, and providers. For example, NBCCEDP grantees may build on their experience with using data to improve service delivery, such as monitoring screening quality measures and educating others about how they too can use data to increase screening quality.

NBCCEDP grantees may also be able to influence the development and integration of screening surveillance. A screening registry could be used to identify eligible women who need breast and cervical cancer screening. Along with the implementation of an evidence-based strategy, such as patient reminders, people who need screening could be prompted to make an appointment.

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18 Plescia, M. New Roles for Public Health in Cancer Screening, CA Cancer Journal, <http://onlinelibrary.wiley.com/doi/10.3322/caac.21147/pdf>

## Strategies

Promising practices related to surveillance and uses of data to enable a more organized approach to increasing population-based cancer screening include the following:

- Monitor measures of screening quality against defined targets and provide feedback on performance to providers.
- Establish and improve surveillance systems to track screening rates for a defined population.
- Use data to guide decision-making about what works to increase screening and to improve service delivery.



### New Hampshire Mammography Network

Mammography centers throughout New Hampshire are working with Norris Cotton Cancer Center and the Geisel School of Medicine at Dartmouth to maintain a mammography registry that will help them understand breast problems, including breast cancer. The registry is called the New Hampshire Mammography Network (NHMN).

As part of this project, women may choose to fill out a detailed questionnaire each time they get a mammogram. The questionnaire asks for information about them, their family history, certain risk factors, certain medicines they may be taking, and breast procedures they may have had. This information is entered into the NHMN registry database with the mammography results.

NHMN's data collection is essential to gauging the effect of mammography on cancer detection, evaluating new mammography technologies, and finding ways to encourage women to get screened. NHMN is one of only five mammography registries nationwide that comprise the Breast Cancer Surveillance Consortium funded by the National Cancer Institute. Since the late 1990s, NHMN has collected data about nearly a million mammograms in New Hampshire. The five registries combined contain information about more than 6.5 million mammograms. For information about the consortium, go to <http://breastscreening.cancer.gov/>.



### Examples of NBCCEDP grantees and partners using surveillance systems and data to help guide efforts to increase population-based screening that were implemented during 2012 include

- The New York State Department of Health is collaborating with Community Health Care Association of New York State and the Island Peer Review Organization to implement a cancer screening registry for Federally Qualified Health Centers (see page 22 for additional information).
- The Minnesota Department of Health is collaborating with its state Medicaid program to implement a direct mail effort to encourage screening among age-eligible enrollees.

## Putting It All Together: Action Steps for Selecting Strategies to Implement

Use the following basic steps to select screening promotion strategies on which to begin working:

1. **Identify efforts, gaps, and opportunities:** Use planning tools, such as your program’s work plan, logic model, and evaluation reports to identify current population-based screening activities, gaps, and potential opportunities.
2. **Make a plan for action:** Identify which evidence-based strategies to use for improving, expanding, or getting started with population-based screening and systems change strategies. The strategic tool on the following page may be used to help identify appropriate strategies on which to begin working and potential partners to engage in your efforts. Create an action plan (see Appendix A for adaptable action plan).
3. **Implement the plan:** Implement your action plan with your partners.
4. **Assess progress and make adjustments:** Evaluate your efforts and make corrections, as needed.





## Population-Based Breast and Cervical Cancer Screening Intervention Strategy Tool

Evidence-based strategies	Things we can build upon: Existing program resources related to this strategy	Our potential role in using this strategy to increase population-based screening (convener, educator, guide)	Potential partners to work with on this strategy
<b>Provider Practices and Systems Changes That Support Screening</b>			
Client reminders*			
Reduce structural barriers *(breast cancer only) <ul style="list-style-type: none"> <li>Alternative clinic hours</li> <li>Simplified administrative procedures</li> </ul>	<i>Example: Saturday American Indian Women’s Wellness Day once per quarter</i>	<i>Educate other mammography providers about how they can offer expanded hours</i>	<i>Hospitals in our region</i>
Provider assessment and feedback*			
Provider reminder and recall systems*			
Establish patient navigation programs			
Create strategies that encourage or require patients to establish a medical home			
<b>Policies That Increase Access to Screening</b>			
Reduce out-of-pocket costs* (breast cancer only)			
Work site policies that promote appropriate screening			
<b>Education to Increase Awareness and Screening Uptake</b>			
Small media*			
Group education* (breast cancer only)			
One-on-one education*			
<b>Surveillance Systems and Use of Data</b>			
Establish and improve surveillance systems to track screening			
Use data to drive informed decision-making about what works to increase screening			

\*Strategy recommended by *Guide to Community Preventive Services*.

## Section 3

### Essential Partners for Increasing Population-based Breast and Cervical Cancer Screenings

Working with partners is critical to success in increasing population-based screenings for breast and cervical cancers. The good news is that you likely already have good working relationships with several essential partners necessary for a screening promotion focus.

Here is a list of partners to consider working with on screening promotion strategies:

- Health care providers.
- Professional organizations.
- Health systems.
  - Private systems such as hospitals, provider practices, Planned Parenthood clinics.
  - Public systems such as Federally Qualified Health Centers, Indian Health Service clinics, tribal clinics, Veteran’s Administration clinics.
- Health insurers, including both private insurers and public insurers such as Medicaid and Medicare.
- Accountable care organizations.
- Employers.
- Comprehensive cancer control coalitions.
- Non-profit, community-based organizations, including
  - Faith-based organizations.
  - Migrant worker organizations.
  - Cancer organizations such as the American Cancer Society and Komen for the Cure.
- Academic institutions such as schools of nursing, medicine, and public health.



#### Start With Your Own NBCCEDP Provider Network

Look first to the health care providers you work with now. Have you worked with them to help them increase their overall cancer screening rates? If not, these systems should be your first priority because you already have an established relationship with them.



As mentioned throughout this *Action Guide*, you can use several companion pieces when working with essential partners to increase population-based screening, including

- *Increasing Quality Colorectal Cancer Screening: An Action Guide for Engaging Employers and Professional Medical Organizations*—specifically, see the Action Steps for engaging key partners (Section 1), and the Making the Case Work Sheet (Appendix B)
- *Increasing Colorectal Cancer Screening: An Action Guide for Working with Health Systems*—educating health systems about the need to increase screening rates (Section 2, Step 2).
- *Engaging, Building, Expanding: An NBCCEDP Partnership Development Toolkit* [www.cdc.gov/cancer/nbccedp/toolkit.htm](http://www.cdc.gov/cancer/nbccedp/toolkit.htm) or the grantee Web site at [www.NBCCEDP.org](http://www.NBCCEDP.org).
- *CDC NBCCEDP Program Guidance Manual, Version 2 (revised 10/2012)*, Partnerships chapter. The manual can be accessed from the grantee Web site at [www.NBCCEDP.org](http://www.NBCCEDP.org).



### **Wisconsin Breast Cancer Task Force: Creating Change Through Collaboration**

During 2009, a task force was established to respond to declining breast cancer screening rates across the state. The task force was convened by the Wisconsin Comprehensive Cancer Control Program and the Wisconsin Cancer Council, in collaboration with the Wisconsin Well Woman Program and the American Cancer Society. It includes more than 90 representatives from 43 local, regional, and statewide organizations. The task force provides a platform for information exchange about current breast health issues, including implementation of health care policies and reforms. To help address declining screening rates in Dane County, where rates are lower than the state average, the task force commissioned a survey of primary care providers who will try to measure attitudes and practices about breast cancer screening. The collaborative strength of the task force assists statewide, regional, and local partners as they work together to increase population-based screening rates in Dane County and throughout the state.



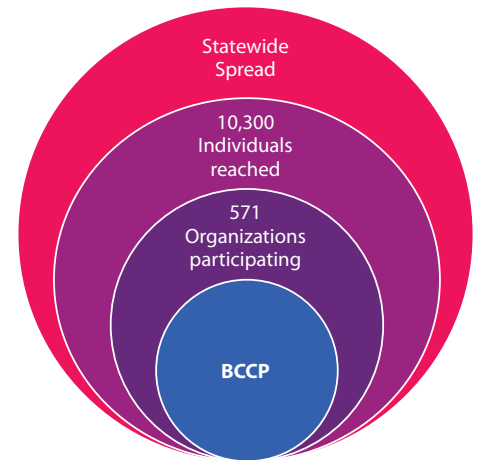
### **Mississippi NBCCEDP—Praises in Pink: Partnering with Faith-based Organizations to Increase Screening**

African-American women are more likely to die of breast cancer than women of other racial and ethnic groups. The Mississippi Breast and Cervical Cancer Program (MBCCP) found a way to inform African-American women about their program services. Because spirituality and religion often influence African-American women's decisions about their health, the MBCCP worked with faith-based organizations to educate African-American women about their breast cancer risk and the importance of finding it early.

During 2009, the MBCCP developed Praises in Pink, a program that helps liaisons statewide organize activities at their houses of worship to educate parishioners about the importance of getting mammograms, as recommended, and tell them about MBCCP's services.

The MBCCP sent letters to faith-based organizations across the state asking them to conduct outreach activities during October (Breast Cancer Awareness Month). Each organization that chose to participate identified a liaison. Several were breast cancer survivors. MBCCP staff trained each liaison and gave him or her a training manual, resource guides, a list of MBCCP doctors, health education materials, and other resources. Each organization agreed to host at least one education and outreach program.

During its first year, 117 liaisons representing 85 houses of worship participated in the Praises in Pink program, reaching 4,600 women. By October 2010, 213 liaisons had been trained, and 140 organizations had joined the effort. That year, 7,000 women were informed about screening and early detection through Praises in Pink. Another 24 trained liaisons were in action by October 2011 reaching 10,300 women. A total of 354 trained liaisons representing 571 hosting sites participated in Praises in Pink, covering 8 of Mississippi's 9 public health districts. The number of women who received services through BCCP increased by 70% in the counties that conducted Praises in Pink activities.<sup>19</sup>



### Be ready to take advantage of opportunities as they arise!


Not all partners may be ready or able to engage with you when you want them. If you have established a relationship, you have set the stage for future action. Be ready to take advantage of opportunities that may not be in your action plan, as they arise, making sure the opportunity fits into the priorities of your program's screening promotion efforts and includes evidence-based strategies that you know will work to increase population-based screening.

19 CDC NBCCEDP Local Program Highlights: [www.cdc.gov/cancer/nbccedp/state.htm](http://www.cdc.gov/cancer/nbccedp/state.htm)

## Putting It All Together: Action Steps for Engaging Essential Partners

Use the following basic steps as a guide to working with essential partners to improve population-based screening:

1. **Identify what to work on and with whom:** After identifying evidence-based strategies to work on and essential partners to engage in identified priorities, use the following tool to gather information about potential partners.

 <b>Essential Partners Tool</b>			
List partners identified in Strategy Tool	Is this a current or new partner?	What do we want to do with this partner?	Next steps for approaching this partner
<i>Example: 2 Hospitals in our region</i>	<i>Both are current partners</i>	<i>Educate other mammography providers about systems changes to increase screening.</i>	<i>Set up meetings with each hospital to develop a work plan.</i>

2. **Get to know your partner better:** As you begin to engage a partner, understand what the partner is doing to increase population-based screening, as well as what has worked or not worked for them in the past with similar strategies. Start from where the partner is and tailor the strategies to fit their experiences and circumstances.
3. **Create an action plan with your partners:** Use the action plan template tool in Appendix A to develop an action plan with your partners that will guide your efforts.
4. **Implement the plan:** Implement your action plan with your partner.
5. **Assess progress and make adjustments:** Evaluate your efforts and make adjustments as needed, considering both the specific strategies you are working on and the relationship with your partner.



# Appendices

A. Adaptable Tools

B. Resources by Action Guide Section

## Adaptable Tools

- Arizona contractual language.
- Montana PSE cheat sheet.
- Idaho NBCCEDP Ask Me campaign description.
- Population-based Breast and Cervical Cancer Screening Intervention Strategy Tool.
- Action plan template.
- Essential Partners Tool.



## Arizona Well Women Health Program Contractual Language Requiring Focus on Population-based Screening and Systems Change

The Contractor shall develop, implement, and evaluate a Well Woman Health Check Program that includes

- Systems change activities that increase the breast and cervical cancer screening rates for all women in the contractor's area of responsibility.

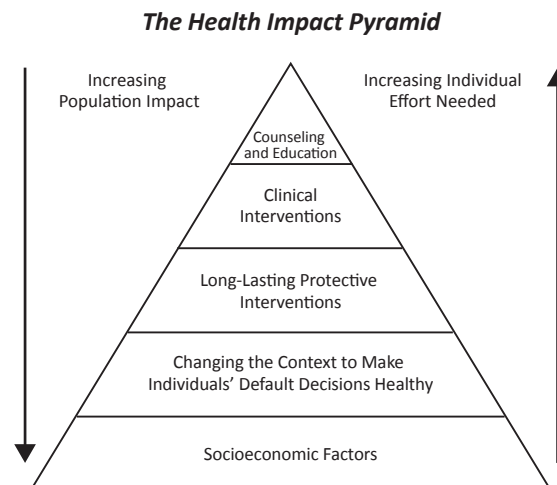
### Additional Contract Language

1. The contractor shall address policy within their clinic(s) to prioritize breast and cervical cancer screening for *all* women using their clinic(s).
2. The contractor shall determine baseline screening levels for breast and cervical cancer within their clinic(s) and report to the Arizona Department of Health Services (ADHS) within thirty (30) days of contract award and annually thereafter.
3. The contractor shall implement evidence-based strategies to increase screening rates for breast and cervical cancer within all WWHP contracted facilities. Evidence-based strategies to increase cancer screening can be found at [www.thecommunityguide.org](http://www.thecommunityguide.org).
4. The contractor shall report to ADHS strategies being used to increase screening rates in the quarterly reports.
5. The contractor shall report screening baselines by July 30 of each subsequent program year.
6. CDC may change the systems change guidance during the life of this award. When that occurs, the contractor agrees to change their scope to meet the revised requirements.

**Note:** The information contained here is not legal advice. If you have questions about specific contractual language or its application, you should consult your legal counsel.



## Montana Cancer Control Program PSE Cheat Sheet



*From: "A Framework for Public Health Action: The Health Impact Pyramid," Thomas R. Frieden, MD, MPH*

### **What are Policies, Systems, and Environment Changes?**

Policies, systems and environmental (PSE) changes in communities, schools, workplaces, parks, transportation systems, faith-based organizations, and health care settings can significantly shape lives and health.

PSE changes in communities that make healthy choices easy, safe, and affordable can have a positive impact on the way people live, learn, work, and play. For example, access to affordable fruits and vegetables, design of sidewalks and bike lanes within communities, and smoke-free policies in workplaces and businesses directly increase the likelihood that people can eat healthy and nutritious food, walk to school or work, and avoid exposure to secondhand smoke.

Type of Change	Definition	Examples
Policy	Interventions that create or amend laws, ordinances, resolutions, mandates, regulations, or rules	Increasing taxes on cigarettes to discourage purchase and use of tobacco
Systems	Interventions that impact all elements of an organization, institution, or system	Improving school systems, transportation systems, and parks/recreation systems
Environmental	Interventions that involve physical or material changes to the economic, social, or physical environment	Incorporating sidewalks, paths, and recreation areas into community design

*Excerpt from NACCHO October 2011, Issue Brief "Healthy Communities, Healthy Behaviors: Using Policy, Systems, and Environmental Change to Combat Chronic Disease" [http://www.naccho.org/topics/HPDP/mcah/upload/issuebrief\\_pse\\_webfinal.pdf](http://www.naccho.org/topics/HPDP/mcah/upload/issuebrief_pse_webfinal.pdf)*

### **What are Systems?**

A system is a whole made of several parts which are interconnected. Systems can be

- Individual hospitals or hospital systems that include multiple sites.
- Group practices, particularly those made up of primary care providers.
- Health insurance providers such as
- Health maintenance organizations (HMOs), which offer care through a system of contracted providers.
  - Preferred provider organizations (PPOs), which offer pay-as-you-go, fee-for-service health plans.
  - Public health insurance programs, including Medicaid and Medicare.
  - Public health systems such as community health centers (e.g., Federally Qualified Health Centers), Veterans Health Administration medical centers, and Indian Health Service (IHS) clinics.
- Worksites

## Idaho NBCCEDP Ask Me Description



### “ASK ME!” STRUCTURE

*A Community Based Recruitment Campaign using volunteer partners  
to reach peers in local communities across Idaho*

**Project Purpose:** To identify and train volunteers to provide basic education and referral to mammograms and other cancer screening through community events, businesses, clinics/hospitals, community/social service organizations, individual volunteers, food banks, grocery stores, pharmacies, libraries, hair/nail salons, laundromats, faith-based organizations and America Cancer Society relays.

**Promising/Best Practice:** One-to-one education has been identified as an effective practice for public education to increase cancer screening. “ASK ME!” is based on successful campaigns in New York State and Washington State. During 2009, Washington implemented “ASK ME!” and found that 1,700 more mammograms than expected were provided in the “ASK ME!” regions in comparison with non-participating regions.

**Project Structure:** Volunteers are identified, participate in training, and report results through a coordinated system.

- A Team Lead Volunteer is identified for each community
- Volunteers are recruited and trained
- Volunteers receive materials (aprons, pins, bag, educational cards and reporting information)
- Volunteers and Team Leads report outcome of events and data collected (Volunteers receive small items to use as incentive drawings when public returns response cards)
- Volunteers and Team Leads request additional educational materials
- Idaho Women’s Health Check and Idaho Comprehensive Cancer Program monitor outcome data and change in mammography rates in participating communities
- Health Districts/local coalitions collaborate to recruit volunteers, collect and review mammography data, communicate outcomes and develop supportive environment for volunteers to continue their efforts

**Key Success Factors:**

- Strong community engagement
- Data management system
- Partner involvement
- Cancer Programs Infrastructure (Women’s Health Check, Comprehensive Cancer Program and Local Cancer Coalitions)
- Keep the message and delivery system simple

For additional information access  
<http://www.operationpinkbag.org/Trainthetrainer.cfm>  
or call Women’s Health Check at (208) 334-5805



## Population-Based Breast and Cervical Cancer Screening Intervention Strategy Tool

Evidence-based strategies	Things we can build upon: Existing program resources related to this strategy	Our potential role in using this strategy to increase population-based screening (convener, educator, guide)	Potential partners to work with on this strategy
<b>Provider Practices and Systems Changes That Support Screening</b>			
Client reminders*			
Reduce structural barriers *(breast cancer only) <ul style="list-style-type: none"> <li>Alternative clinic hours</li> <li>Simplified administrative procedures</li> </ul>			
Provider assessment and feedback*			
Provider reminder and recall systems*			
Establish patient navigation programs			
Create strategies that encourage or require patients to establish a medical home			
<b>Policies That Increase Access to Screening</b>			
Reduce out-of-pocket costs* (breast cancer only)			
Work site policies that promote appropriate screening			
<b>Education to Increase Awareness and Screening Uptake</b>			
Small media*			
Group education* (breast cancer only)			
One-on-one education*			
<b>Surveillance Systems and Use of Data</b>			
Establish and improve surveillance systems to track screening			
Use data to drive informed decision-making about what works to increase screening			

\*Strategy recommended by *Guide to Community Preventive Services*.



## Tool: Action Plan Template

Screening Promotion Strategy:

Screening Promotion Objective:

Existing methods, processes, programs to leverage to achieve the objective:

How will progress be tracked and how often?

Evidence-based strategies chosen	Major tasks to implement the strategy	Expected outcomes	Anticipated challenges and potential solutions	Person(s) responsible	Due date	Information or resources needed



## Essential Partners Tool

List partners identified in Strategy Tool	Is this a current or new partner?	What do we want to do with this partner?	Next steps for approaching this partner

# Appendix B

## Resources by Action Guide Section

### Section 1. Beyond NBCCEDP Eligible Populations: Opportunities to Increase Quality Breast and Cervical Cancer Screening at a Population-based Level

**New Directions for Cancer Screening:** A fact sheet from CDC that describes how health care reform through the Affordable Care Act gives CDC an opportunity to embrace new roles that build on the extensive clinical network of the NBCCEDP: [www.cdc.gov/cancer/nbccedp/pdf/newdirections\\_screening.pdf](http://www.cdc.gov/cancer/nbccedp/pdf/newdirections_screening.pdf)

### Section 2. Evidence-based Strategies for Increasing Population-based Breast and Cervical Cancer Screening

The **Guide to Community Preventive Services** helps you choose evidence-based programs and policies to improve health and prevent disease in your community. [www.thecommunityguide.org/](http://www.thecommunityguide.org/)

**Increasing Quality Colorectal Cancer Screening: An Action Guide for Engaging Employers and Professional Medical Organizations** helps CRCCP grantees engage employers and professional organizations in increasing high-quality colorectal cancer screening. Grantee Web sites at: [www.NBCCEDP.org](http://www.NBCCEDP.org) and [www.CRCCP.org](http://www.CRCCP.org)

**Increasing Colorectal Cancer Screening: An Action Guide for Working with Health Systems** helps CRCCP grantees engage health systems in increasing high-quality colorectal cancer screening. Grantee Web sites at: [www.NBCCEDP.org](http://www.NBCCEDP.org) and [www.CRCCP.org](http://www.CRCCP.org)

**Cancer Control P.L.A.N.E.T.** (Plan, Link, Act, Network with Evidence-based Tools)—includes **Research Tested Intervention Programs** that are evidence-based. <http://cancercontrolplanet.cancer.gov/>

**Research to Reality** is an online community of practice that links cancer control practitioners and researchers and provides opportunities for discussion, learning, and enhanced collaboration on moving research into practice. <https://researchtoreality.cancer.gov/home>

The **National Cancer Institute's Using What Works** is a tool for understanding how to adapt evidence-based interventions to meet your needs. [http://cancercontrol.cancer.gov/use\\_what\\_works/start.htm](http://cancercontrol.cancer.gov/use_what_works/start.htm)

**AHRQ's Patient-Centered Medical Home Resource Center** Web site provides policy makers and researchers with access to evidence-based resources about the medical home and its potential to transform primary care and improve the quality, safety, efficiency, and effectiveness of US health care. <http://www.ahrq.gov/about/otherwebsites/pcmh.ahrq.gov/index.html>

### **Community-Centered Health Homes: Bridging the Gap Between Health Services and Community Prevention**

from the Prevention Institute outlines an approach that community health centers can take to promote community health as they deliver high-quality medical services. [www.preventioninstitute.org/component/jlibrary/article/id-298/127.html](http://www.preventioninstitute.org/component/jlibrary/article/id-298/127.html)

**CDC's Workplace Health Promotion Web site** is a tool kit for workplace health protection and promotion. It provides information, tools, resources, and guidance to practitioners interested in establishing or enhancing workplace health and safety programs. <http://www.cdc.gov/workplacehealthpromotion/>

### **Investing in Health: Proven Health Promotion Practices for Workplaces**

Partnership for Prevention® developed Investing in Health: Proven Health Promotion Practices for Workplaces to provide employers with guidance that can improve employee health by controlling tobacco use, promoting cancer screening and early detection, and encouraging physical activity and healthy eating. [www.prevent.org/Topics.aspx?ealID=1&topicID=56](http://www.prevent.org/Topics.aspx?ealID=1&topicID=56)

## **Section 3. Essential Partners for Increasing Population-based Breast and Cervical Cancer Screening**

**Engaging, Building, Expanding: An NBCCEDP Partnership Development Toolkit** helps NBCCEDP grant recipients maintain, grow, and develop new partnerships with many types of organizations. The tool kit provides a range of resources to help programs with varying levels of experience. [www.cdc.gov/cancer/nbccedp/toolkit.htm](http://www.cdc.gov/cancer/nbccedp/toolkit.htm) or the grantee Web site at [www.NBCCEDP.org](http://www.NBCCEDP.org)

**Prevention Institute's Collaboration Tools:** [www.preventioninstitute.org/tools/partnership-tools.html](http://www.preventioninstitute.org/tools/partnership-tools.html)

- Developing Effective Coalitions: An 8-Step Guide.
- Tension of Turf.
- Collaboration Multiplier.
- Collaboration Assessment Tool.

**C-Change Toolkit: Engaging Businesses in Comprehensive Cancer Control Coalitions** is a resource created specifically for CCC coalitions to help improve their outreach to and inclusion of businesses in CCC plan implementation. <http://c-changetogether.org/cc>

**CEO Cancer Gold Standard™** is an accreditation goal developed by the CEO Roundtable on Cancer to address cancer in workplaces. The goal of the Gold Standard is to improve risk reduction, early detection, and quality of cancer care. <http://www.cancergoldstandard.org>







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