Health Departments Play Key Role in Breast Cancer Screening and Prevention

by Megan McHugh, Rose Marie Martinez, Rebecca Kliman, and Sara Roschwalb

This brief is based on Assessing Changes in Public Health Functions and Policy Issues, a study conducted for the Public Health Service of the U.S. Department of Health and Human Services (DHHS). It involved two rounds of site visits to 12 local health departments in communities throughout the U.S. At 10 sites, Mathematica collected information on community-based activities intended to promote early detection and regular screening for breast cancer.

Screenings: Important But Underused

Breast cancer screenings have the power to detect cancer early and greatly improve survival rates when followed by proper treatment. However, women have historically underused these important screenings. Recognizing the need to address the high incidence of these types of cancer deaths, local health departments have developed and implemented strategies to promote regular screening and early treatment.

This role is a natural one for health departments, because they already serve the majority of the target population in some way through their diverse community programs. In addition, their unique position in the community helps them form partnerships with federal and state agencies as well as local grassroots organizations to address key health needs.

Two major funding sources for screenings, the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and the Susan G. Komen Breast Cancer Foundation, rely on health departments to deliver health services and implement education and outreach programs; health departments have looked to the two programs for funding and guidance. Through this partnership, departments have been able to find innovative ways of providing education and outreach, as well as screening and treatment services, and ensure the quality of services from providers.

Reaching Out

All of the health departments we visited conduct some education and outreach, but the amount and scope of these activities vary greatly, depending on the support given by the state health department and other local organizations. Common activities include attending or sponsoring health fairs, presenting information at churches and schools, and developing brochures and posters on breast self-exams. Many departments also partner with organizations such as the American Cancer Society and the YWCA of America to access extra resources for expanding education and outreach. In addition, many departments
are involved in regional coalitions. For example, the Orange County health department is a member of the Orange County Breast Cancer Regional Development Partnership, which represents public health departments and programs, breast cancer advocacy groups, referral clinics, and health advocates for low-income women. The partnership works to direct and design outreach activities. It also allocates resources for improving local breast cancer screening while seeking to improve breast cancer awareness; increase referral to and regular use of screenings; and develop sustainable systems of support, advocacy, and patient tracking.

In Little Rock, the health department’s Hats Off to Health Program promotes screenings sponsored by the NBCCEDP by putting on lighthearted skits in which characters confront common reasons for not obtaining breast cancer screenings. Over 600 women in the community saw the skits in 1999, and surveys found that the program is effective in reducing perceived barriers to mammography. In addition, the department works with the local YWCA to administer the Encore Plus Program. Through this program, local health units give the YWCA names of women over age 65 residing in the county. The YWCA then contacts them to make sure they are receiving regular breast cancer screenings.

To promote age-appropriate mammograms and determine the incidence and prevalence of breast cancer, the Syracuse health department surveyed all local women age 40 and older. This survey, known as the Mapping Project and partially funded by the Komen Foundation, was designed to determine whether screening services were being significantly underused by certain areas or economically disadvantaged subpopulations. Informational materials on the value of regular mammography screening, clinical breast exams, and monthly self-examination were included with the surveys. Prizes were offered to respondents, and publicity was used to improve response rates. In addition, the health department established a telephone hotline, staffed by volunteers who could answer questions on breast health.

The Indianapolis health department’s outreach programs focus on prevention and early detection. Staff provide support to public high schools to fulfill the state’s requirement for cancer prevention education. A 1997 state survey revealed that, while many schools claimed to meet the state’s mandate to provide education on breast self-examinations, they did not provide thorough education on cancer prevention. The health department helps schools with logistics; provides educational materials, speakers, and volunteers; trains nursing students who staff the educational sessions; and offers technical assistance to expand the effort.

Many education and outreach activities are directed at legislators and policymakers. Staff of the Miami-Dade County health department have worked with coalitions to inform policymakers about the importance of programs for breast cancer prevention. Activities have included media outreach, public relations, and letter-writing campaigns. The Orange County health department developed the City Council Outreach Program to improve participation of local officials. Through this program, a city council representative acts as a liaison with the breast cancer programs and facilitates the placement of educational materials in public buildings and spaces.

Filling the Gaps

According to the CDC, mammograms and Pap tests tend to be underused by certain racial and ethnic minority groups.2 Reasons for the lower use include lack of a regular medical provider, lack of health insurance, and lack of information about the importance of early cancer detection. To address this problem, health departments have been developing additional outreach strategies to target traditionally underserved populations.

Almost all departments distribute educational materials in different languages and attempt to identify organizations that represent various ethnic groups to disseminate information in their communities. The Seattle health department contracts with nine community-based organizations to provide outreach and education to ethnic communities with historically low screening rates. The Little Rock health department works closely with the National Black Leadership Initiative on Cancer (NBLIC), which focuses on getting information about cancer to African American and other minority populations. The department conducts intensive educational efforts with African American churches and provides free videos and other supplies.

The Orange County health department develops and disseminates culturally specific information at events such as the Vietnamese New Year Celebration, the Healthy Harvest Pow-Wow, and Fiesta de Independencia. In addition, the department created four task forces to develop better strategies for reaching out to African Americans, Asian and Pacific Islanders, and American Indians. In Cleveland, health department staff work with a birthing center in the
The Balanced Budget Act of 1997 (BBA) provides coverage for annual mammograms for all Medicare-eligible women age 40 and older. For those enrolled in Medicare Part B, the deductible for this screening was waived beginning January 1, 1998. Since most seniors have Part B coverage, this change has helped improve access to screenings.

For low-income and uninsured or underinsured women who do not qualify for Medicare, the NBCCEDP funds physical breast exams and mammography. States have some flexibility to develop their own requirements for participating in local subsidized or free screening programs. Most commonly, the programs serve women under 200 percent of the federal poverty line and over 40 years of age.

Some health departments provide screening services directly; others contract with outside providers to deliver these services. In Lansing, the local health department is the center of service provision, and the delivery system is based on a community partnership model in which physicians and hospitals actively participate. Departments that do not provide services directly must establish an effective referral system to ensure that those who contact the health department get referred to a provider who will conduct needed screenings. For example, the Little Rock health department developed an online community resource book so that patients not served by the department could easily locate providers.

Health departments are also working to make services more accessible. Miami’s health department enlisted the University of Miami School of Medicine to provide mammography services at local community centers through a mobile van service. Similarly, the Lansing health department provides transportation to clinics for seniors living in high-rise apartments who are not eligible for Medicare-sponsored screenings.

Health departments that refer women to local providers for screening or treatment often try to track and monitor the services received. In Orange County, women are offered screenings at county clinics and then referred to local providers if the results are abnormal. To ensure that women follow through, the Orange County health department developed the Volunteer Buddy Program, in which volunteers accompany women to diagnostic appointments to provide support and comfort. The department also sends women postcards requesting information on the services received from private providers after an initial abnormal result, along with coupons to local restaurants as an incentive to respond.

### Treatment Services: A Weak Link

The NBCCEDP does not provide funding for follow-up treatment. Instead, state and local health departments must find other resources. In Phoenix and Orange County, the Komen Foundation funds grants for surgical consultations, biopsies, and other treatments associated with breast cancer. A patient care coordinator in the health department’s Women’s Health Clinic works to ensure that lack of funds does not prevent women from receiving diagnostic or treatment services. The coordinator helps tap financial resources from other agencies.

In October 2000, Congress passed the Breast and Cervical Cancer Prevention and Treatment Act of 2000, amending Title XIX (Medicaid) of the Social Security Act. The act gives states the option of providing medical assistance for breast and cervical cancer treatment services to certain low-income women diagnosed under the CDC’s early detection program. Previously, state and local health departments needed to find other resources for these services.

In Little Rock, the state-sponsored Breast Cancer Control Program, begun in April 1999, supplements the NBCCEDP by contracting with private providers for chemotherapy and radiation therapy for qualified women. In Lansing, the health department convinced surgeons, oncologists, radiologists, and anesthesiologists from area hospitals to contribute to the community by providing free hospital stays and radiation treatment for uninsured breast and cervical cancer patients. All eligible women who need radiation treatment within a 70-mile radius of Lansing can use these services. Although providers are often frustrated with the amount of charity care requested, they have been willing to continue providing it since the caseload is shared among many providers.

### Monitoring the Process

State health departments play a larger role than local health departments in enforcing regulations; however,
many local departments are responsible for monitoring service quality and provider compliance with data reporting regulations and billing procedures. In Orange County, a quality assurance committee reviews clinic services delivered by contracted providers. The department’s breast and cervical cancer program works with other community organizations to offer providers a range of services, such as technical assistance and training on billing procedures, to ensure quality.

In Phoenix, the health department reviews patient charts and apparent quality problems for the 15 providers that deliver screenings under contract. Providers that do not address quality concerns lose their contracts. The department has noted some problems with billing procedures, and some providers have been removed from the program.

Some Success, But Some Challenges

In general, the health departments we visited consider their efforts to promote early detection and regular screening to be successful. Many departments point to data showing that more women are receiving screenings, and that the amount of time between an abnormal test result and treatment is short. However, departments have faced challenges in developing and maintaining breast cancer programs. For example, the Lansing health department has had trouble monitoring local screening data. Although most states maintain a central registry of cancer data reported by local health departments and physicians, staff in the Lansing health department are often unable to obtain final diagnoses from the state system in a timely way.

The Orange County health department has faced challenges in developing its provider network and delivering services. The number of providers who participate is very limited because out-of-date hard-copy billing procedures have meant that providers’ claims have not been paid promptly. Exacerbating this problem of a relatively thin provider network is a large increase in the number of women seeking services. From March 1997 to May 1998, the number of women screened in the county grew to 8,200 — two and a half times the program goal. The existing network has had difficulty handling the demand.

Funding shortages are another source of frustration. Although the Phoenix health department has succeeded in providing screenings for many women, budget constraints prevent it from expanding eligibility requirements to serve all women in need. The Indianapolis health department is unable to provide many direct services because of limited funding, so it must function as a referral service to other providers. Securing additional resources for vitally important breast cancer services and early treatment will continue to be a challenge for local health departments in the future.


Note: Mathematica also conducted site visits to the Boston Public Health Commission and the Newark (NJ) Department of Health and Human Services. These 12 communities are being studied by the Center for Studying Health System Change (HSC) as part of its Community Tracking Study. HSC, funded exclusively by the Robert Wood Johnson Foundation, is affiliated with Mathematica Policy Research, Inc.

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### ParticiPating Health Departments

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