

COMPREHENSIVE CANCER CONTROL PLAN



TIP SHEET

BREAST CANCER SCREENING

The Comprehensive Cancer Control National Partnership (CCCNP) is a 20+ year collaboration of diverse national organizations working together to build and strengthen Comprehensive Cancer Control (CCC) efforts across the nation.

This Tip Sheet is part of a series offered through the CCCNP to assist CCC programs charged with developing, implementing, and evaluating cancer control plans tailored to their state/tribe/territory/jurisdiction. CCC Plans focus coalition efforts on evidence-based interventions (EBIs) that impact cancer prevention and control across the cancer continuum.





How to Use This Tip Sheet

Use When Updating Your CCC Plans

Tip Sheets can be used to help CCC program staff, coalition staff, and volunteers update CCC plans. Each tip sheet focuses on a specific topic (e.g., colorectal cancer screening, tobacco control, risk factors for cancer survivors). Follow the steps throughout the Tip Sheet to help guide your process in updating your cancer plan for that specific topic area. Some ideas:

- Incorporate the Tip Sheet into your plan update process – share it with your coalition workgroups and use it to help guide your decisions.
- Identify a lead person to ensure that the Tip Sheet is used by the workgroup or team assigned to update the plan section that addresses each Tip Sheet topic.
- Use the Tip Sheet to check that the topic is appropriately addressed in your plan and that the elements outlined on the next page are covered (objective, data, strategies).
- Use the **worksheet** at the end of this document with your partners to ask and answer critical questions related to the topic as you update your plan.

Use When Implementing Your CCC Plan

Tip Sheets can be used while you are implementing the priorities in your plan. The partners and resources listed in each sheet can help ensure your coalition work stays on track and is of high quality. Some ideas:

- Use with coalition leadership and workgroups as they implement the plan, to find resources, data, and to think about partners that could be engaged in implementing specific strategies from the plan.
- Engage coalition members and reactivate workgroups that have been inactive or need a renewed sense of direction.
- Orient new CCC program staff and coalition members or leaders, to help them better understand the importance of the Tip Sheet topics to CCC efforts, and to provide access to relevant information and resources
- Use the Tip Sheets to help with decision making when identifying priorities from the CCC plan.
- Help a priority workgroup who is just forming to help find an area to focus in on, especially by using the questions at the end of the Tip Sheets.
- Use as a tool to check progress in implementing the plan's priorities, especially focusing on data being collected, EBI's being used and the engagement of key implementation partners.
- Share them with partners (community organizations, FQHCs, Primary Care Associations, etc.) as a resource about a specific topic including sources of information, data, and evidence-based interventions.

Definitions

- **SMART Objective** – is an objective in the cancer plan that is Specific, Measurable, Achievable, Relevant, and Time-bound.
- **Evidence-Based Strategy** – is a specific activity that is designed to achieve the objective and is based on evidence that the strategy is expected to work in your situation, i.e., it has been evaluated and shown to work.
- **Crude vs. Age-adjusted Rates** – Crude rates are influenced by the age distribution of the state’s population. Even if two states have the same age-adjusted rates, the state with the relatively older population will generally have higher crude rates because incidence or death rates for most cancers increase with age. Age-adjusting the rates ensures that differences in incidence or deaths from one year to another, or between one geographic area and another, are not due to differences in the age distribution of the populations being compared. Find out more [here](#).
- **Populations of Focus** – are those groups experiencing the greatest cancer disparities in your region. Disparities might include higher cancer incidence or mortality; greater challenges accessing cancer screening, treatment, and/or survivorship care services; or populations experiencing bias in society and the healthcare system.
- **Health Equity** – occurs when every person has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.
- **Health Disparity** – is a type of difference in health that is closely linked with social or economic disadvantage. Health disparities negatively affect groups of people who have systemically experienced greater social or economic obstacles to health. These obstacles stem from discrimination or exclusion that is historically linked to characteristics such as race or ethnicity, socioeconomic status, disability, sexual orientation, and many other factors.¹
- **Social Determinants of Health (SDoH)** – are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.²

¹ U.S. Department of Health and Human Services. The Secretary’s Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020. Phase I report: Recommendations for the framework and format of Healthy People 2020 [Internet]. Section IV: Advisory Committee findings and recommendations [cited 2010 January 6]. Available from: http://www.healthypeople.gov/sites/default/files/PhaseI_0.pdf.

² Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved 12/04/2020, from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>.



Tips for Updating Your CCC Plan

- **Use your current cancer plan as a starting point:** Think of this process as updating the current plan instead of starting a new plan from scratch.
- **Be systematic:** Assign workgroups to review and update certain sections of the plan. Create a process that is common across all workgroups tasked with updating the plan, which should include a standard set of criteria for the inclusion of plan goals, objectives, and strategies.
- **Focus workgroups on assessing and updating the core aspects of the plan:** the goals, objectives, and strategies.
- **Identify someone to take the lead** on writing the introduction, connecting text, and putting the document together for publication.
- **Use data to determine the focus of the plan:** Which cancers are most prevalent in the population? What subpopulations experience the most disparities?
- **View through a health equity lens:** Be intentional and proactive in keeping health equity issues at the forefront in every step of the cancer plan process – when engaging partners, collecting data, and setting goals. Include representatives from your population of focus in the writing of your cancer plan.

Use these resources to explore more cancer control planning tips and examples:

- **Nine Habits of Successful CCC Coalitions**
- **CCC Implementation Building Blocks** (see page 7 of the Appendices for more tips on updating your plan)

Additional resources you can use:

- Search other CCC plans to get ideas – **CDC's CCC Plan Map and Search Tool**
- **CDC Cancer Plan Self-Assessment Tool**
- **GW State Cancer Plans Priority Alignment Resource Guide and Tool**
- **A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease**

Checklist for Updating Your CCC Plan

- Ensure that your workgroup is familiar with your current cancer plan.**
- Create a systematic process for the workgroup to follow that is intentional about addressing health equity.**
- Use data to focus on the populations with the highest cancer burdens.**
- Focus workgroups on assessing and updating goals, objectives, and strategies.**
- Identify someone to write the introduction and assemble the final document.**

COMPREHENSIVE CANCER CONTROL PLAN UPDATE TIP SHEET

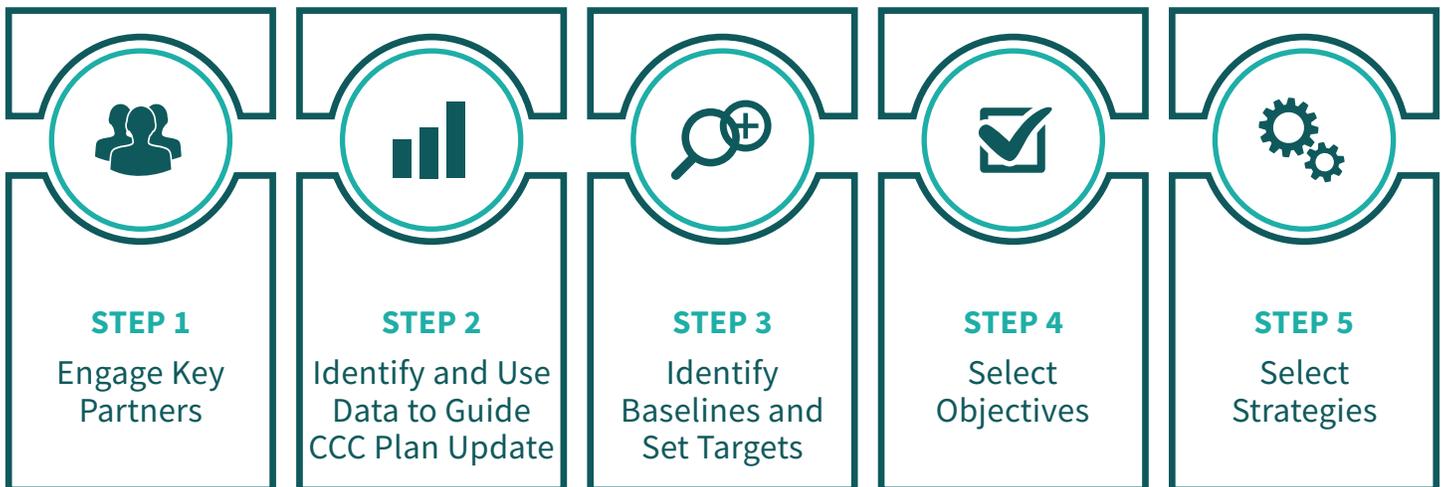
Breast Cancer Screening

Why Breast Cancer Screening is an Important Part of Your CCC Plan¹

- Breast cancer is the most common cancer among women and the second leading cause of cancer death (only lung cancer kills more women each year). White and Black women have similar incidence of breast cancer while Black women are more likely to die from the disease.
- Reducing risk of breast cancer is possible through maintaining a healthy weight, being physically active, and reducing alcohol consumption. In addition, breastfeeding can have a protective effect.
- While mammography cannot prevent breast cancer, it can help find cancer early when it is easier to treat.
- Other clinical interventions, such as clinical breast exam and self-breast exam/breast awareness, may also help identify breast cancer earlier.
- Despite having similar rates of breast cancer, Black/African American women are more likely than White women to die of the disease.²
- CCC coalitions have an opportunity to collaborate with key partners, such as CDC-funded National Breast and Cervical Cancer Early Detection Program (NBCCEDP) awardees and community-based organizations to increase breast cancer screening and address breast cancer related disparities.



Breast cancer is the most common cancer among women, except for skin cancers. In recent years, invasive breast cancer incidence rates have increased by 0.5% per year. Since 2007, breast cancer death rates have been steady in women younger than 50, but have continued to decrease in older women. These decreases may be attributed to earlier cancer detection and better treatment. CCC coalitions can help continue the decline in death rates by coordinating screening efforts across organizations.





STEP 1 Engage Key Partners

Engage experts in breast cancer screening. Organizations and agencies that have access to the data you need and partners who will be critical to implementing your breast cancer screening strategies are:

- Your federal or state funded breast cancer screening program staff and providers to include the CDC's NBCCEDP <https://www.cdc.gov/cancer/nbccedp> awardees
- **American Cancer Society**
- **ACS Cancer Action Network**
- **American College of Surgeons (ACOS)** Commission on Cancer (CoC) State Chair, along with the Cancer Liaison Physicians and the health systems they work in
- Cancer centers and academic partners with an interest in breast cancer-related research
- **Community Health Centers**
- Current coalition workgroup or advisory group members focused on breast cancer screening
- Medical coders/billers – as they are a link between patients, providers, and insurers
- Organizations and individuals that represent communities experiencing disparities in breast cancer
- Policymakers and legislative champions
- Primary care provider representative – perhaps from your state or regional primary care association
- Provider champions
- State health insurance commissioner's office
- State Radiological Society
- **Susan G. Komen**
- Your central cancer registry (**National Program of Cancer Registries [NPCR]**) and **Surveillance, Epidemiology, and End Results (SEER)**





STEP 2

Identify and Use Data to Guide CCC Plan Update

Data is essential to your cancer plan in several ways, including:

- Identifying populations that have higher incidence and mortality rates of breast cancer and lower screening rates. It is helpful to examine this by sex, race/ethnicity, health insurance status, and geographic area.
- Identifying your breast cancer screening rate, progress, and trends over time to identify specific areas for focus
- Identifying the availability and type of providers, cancer services, and ancillary support (survivor programs, etc.) in different geographic areas and population groups to inform your objectives and strategies in this topic area, including identification of providers with high screening rates or referrals to screening
- Comparing local data with national data to highlight screening best practices, as well as key areas of need or lagging progress
- Laying a foundation to measure progress over the life of the plan (e.g., baselines and targets)

It's best to use data from your own state, tribe, or territory. But national data can help you set targets by letting you compare your data with other locations and the nation as a whole.

Local data sources:

- Your central cancer registry (**National Program of Cancer Registries [NPCR]** and **Surveillance, Epidemiology, and End Results [SEER]**) and **Behavioral Risk Factor Surveillance System (BRFSS)**

National data sources:

- **U.S. Cancer Statistics**
- **State Cancer Profiles**
- **American Cancer Society Facts and Figures**
- **Health Information National Trends Survey (HINTS)**
- **National Cancer Institute (NCI) Cancer Trends Progress Report**
- **County Health Rankings** has data on county-level social and economic factors that may be associated with lower use of preventive health care. These data may be helpful to prioritize geographic areas and populations or to understand the local context that may be driving lower screening rates. This resource includes data specific to mammography rates among Medicare populations.



STEP 3 Identify Baselines and Set Targets

The questions in the worksheet at the end of this document can guide you through the data gathering, decision-making, and priority setting processes. Think about the following as you work through the questions:

- Set targets for increases in breast cancer screening based on your data, stakeholder input, and local/national targets.
- Identify if there are priority areas based on specific population data.
- Consult **Healthy People 2030** goals, your health department's chronic disease plan, and **BRFSS data** to see what baselines and targets are already being used by your partners; remember to cite your data sources.
- See **CDC's NBCCDP screening program summaries** to better understand current screening rates among populations eligible for the program.





STEP 4 Select Objectives

It is helpful to show how your CCC plan goals contribute to national goals. Create a **primary objective** that mirrors national priorities, such as those in Healthy People 2030, and identify 1-2 other **complementary health equity objectives** that support specific needs within your communities, including a special focus on subpopulations that experience health disparities.

Healthy People 2030 Breast Cancer Screening Objective:

Objective: Increase the proportion of females that receive a breast cancer screening based on the most recent guidelines.

Baseline: 72.8 percent of females aged 50 to 74 years received a breast cancer screening in 2018 (age adjusted to the year 2000 standard population).

Target: 77.1 percent

Note: The American Cancer Society recommends that average-risk women between 40 and 44 have the option to start screening with a mammogram every year and that women 45 to 54 should get a mammogram every year. Women 55 and older can switch to a mammogram every other year, or they can choose to continue yearly mammograms. Screening should continue if a woman is in good health and is expected to live at least 10 more years.

EXAMPLES OF PRIMARY OBJECTIVES



By 2025, increase the percentage of women ages 40 to 49 years who have received a mammogram within the past two years from X% to Y% (BRFSS)



Increase risk-appropriate screening for breast, cervical, and colorectal cancers, with a separate baseline and target for each cancer, (e.g., By 2025, increase breast cancer screening among women from X% to Y% [BRFSS]).



Increase the proportion of women at increased risk that get genetic counseling for breast cancer

EXAMPLE OF COMPLEMENTARY HEALTH EQUITY OBJECTIVE



Increase breast cancer screening among women who are uninsured or underinsured from X% to Y% by 2025 (BRFSS).



STEP 5 Select Strategies

When choosing strategies that can help address needs you have identified, think about what existing networks, programs, and services you can leverage, enhance, or expand; if the strategy is realistic and feasible when accounting for political will and available resources; and the impact the strategy will have on achieving the objective you have set.

For breast cancer screening, ensure that your strategies support nationally recognized breast cancer screening guidelines, such as the **U.S. Preventive Services Task Force recommendations** and **American Cancer Society recommended screening guidelines**.

The following strategies are examples of evidence-based strategies found in CCC plans:

Strategies to Increase Community Demand

- Increase the use of client reminders to get breast cancer screening.
- Develop a statewide education campaign that includes 1:1 patient education and small media that can be tailored by partners.
- Conduct group or one-on-one educational sessions with the goals of informing, encouraging, and motivating participants to seek screening. Provide information about the benefits of screening, indicators of the need for screening, and ways to overcome barriers to screening.

Strategies to Increase Community Access

- Train and utilize community health workers or lay patient navigators, especially in underserved communities, to assist with reducing structural barriers, including assisting with scheduling appointments, providing transportation, providing language translation, or providing childcare.
- Work with insurers to reduce out of pocket costs for patients, such as through co-pays.
- Reduce barriers to screening access by offering non-clinical settings for screening (e.g., communities, worksites) and by modifying clinic hours to offer evening screening options.

Using a combination of these strategies is more effective than implementing a single strategy.

Strategies to Increase Provider Delivery

- Use provider reminders to prompt providers about patients who are due or overdue for screening.
- Assess provider screening baselines and feedback about how well they are doing, along with provider education about the best ways to offer screening.
- Find a clinical champion who can energize clinic staff and keep everyone focused on improving breast cancer screening rates.
- Establish a baseline clinic breast cancer screening rate and periodically monitor screening rates so approaches can be adjusted as needed.
- Encourage clinics to work/partner with IT/health informatics experts to periodically evaluate issues with data entry, documentation of completed screening, inclusion/exclusion criteria for numerators and denominators, to ensure accurate screening estimates.

Where to find EBIs: Your partners' evidence-informed evaluations (e.g., NBCCEDPs), **The Community Guide**, **NCI's Evidence-Based Cancer Control Programs**, and **Cochrane Reviews**.

For information and tools on adapting strategies to fit your location, start with the **CPCR site**, including the training, **Putting Public Health Evidence Into Practice**.

References and Resources

1. **American Cancer Society Cancer Facts and Figures 2021**. Atlanta, Ga: American Cancer Society; 2021.
2. National Cancer Institute Disparities website: <https://www.cancer.gov/about-cancer/understanding/disparities>. Accessed 8.22.21.
3. **National Breast and Cervical Cancer Early Detection Program**
4. American Cancer Society **2021 Messaging Guidebook: Effectively Messaging Cancer Screening During the COVID-19 Pandemic**
5. American Cancer Society **Promoting Breast Cancer Screening During The Covid-19 Pandemic**
6. **Association of State and Territorial Health Officials Breast Cancer Health Disparities Toolkit**



Worksheet: Questions to Ask and Answer

Use this worksheet to help you and your breast cancer screening coalition partners identify best practices, gaps, opportunities, and challenges that should be reflected in your CCC plan objectives and strategies. Record your answers and use the information to help inform your selection of objectives and strategies for your updated plan.

1. Overall, how are we doing in breast cancer screening compared to the national rates, our neighboring states, and our own rates in previous years?

What primary objectives do we want to set, given our analysis of this data?

2. What populations and communities have lagging screening rates? Do we know why? If we do not know why, how do we find out?

What health disparity objectives do we want to set, given our analysis of this data?

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3. What partners can we engage to help implement policy and system changes to support breast cancer screening uptake over time? Do we have existing connections with them? How can we engage these partners? Why will they want to be involved? What is the value proposition for them?

What strategies should we select, given the answers to the questions?

4. Are breast cancer screening services easily accessible to all populations? Is there a geographic area or sub-population with less convenient access or greater barriers to accessing services?

What strategies should we select, given the answers to these questions?

5. What existing services, networks, or programs could we leverage to increase breast cancer screening rates?

What strategies should we select, given the answers to these questions?

6. What policies do we want to champion or promote to help increase breast cancer screening?

What strategies should we select, given the answers to this question?

7. What gets measured is what gets done. How can we best track breast cancer screening outcomes? How do we know we are making progress along the way?

Are there strategies we should select related to the answers to these questions?

8. What should we communicate to policymakers? How should we communicate this information?

Are there strategies we should select related to the answers to these questions?

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9. How will our selected strategies optimize health outcomes for those who have historically experienced health outcome disparities (for populations of focus)?