

# Breast Cancer Screening

## Impact of Breast Cancer in Rural Northern California

- Breast cancer is the second most common cancer among women in the United States.<sup>1</sup> Breast cancer screening is recommended for women age 50 - 74 in order to catch it early before it has spread when it is easier to treat successfully.<sup>2</sup> Women at higher risk are recommended to begin screening earlier.<sup>3</sup>
- In rural Northern California, the age-adjusted death rate from breast cancer ranges from a high in Shasta County of 21.9 per 100,000 to a low of 7.5 per 100,000 in Trinity County. The overall death rate in the state is 18.9 per 100,000.<sup>4</sup>
- Less than two-thirds of women (61.7%) in rural Northern California are up-to-date with breast cancer screening.<sup>5</sup>
- Adults with a cancer diagnosis in the rural Northern California region experience significant barriers to accessing needed specialty care.
- The average distance adults living in rural households must travel to access medical providers and emergency care is nearly double that of those in urban households.<sup>6</sup>

## How Health Centers Provide the Necessary Care

### *Clinical Interventions*

- Use a patient registry to track screening due dates, results, and follow-up.
- Remind patients through letters, postcards, or phone calls that it is time for their mammogram.
- Develop close referral relationships with local imaging centers to improve scheduling for patients and sharing of information and documentation between entities.
- Offer patients transportation assistance to mammography services.
- Coordinate mobile mammography services to bring breast cancer screening to rural and frontier health center sites.
- Facilitate women's health days at health centers that offer mammography and cervical cancer screenings, as well as other health and wellness resources.

### *Community Interventions*

- Share patient handouts or videos at community health fairs to increase awareness of breast screening and how to access screening services.
- Participate in women's health and community-based health awareness campaigns to normalize screening and create a culture of prevention.

<sup>1</sup> American Cancer Society. Cancer Facts and Figures 2020. Atlanta, Ga: American Cancer Society; 2020.

<sup>2</sup> U.S. Preventive Services Taskforce, 2016. [Available online.](#)

<sup>3</sup> Saslow D, Boetes C, Burke W, et al. American Cancer Society guidelines for breast screening with MRI as an adjunct to mammography. CA Cancer J Clin. 2007 Mar-Apr;57(2):75-89.

<sup>4</sup> California Department of Public Health. County Health Status Profiles, 2019.

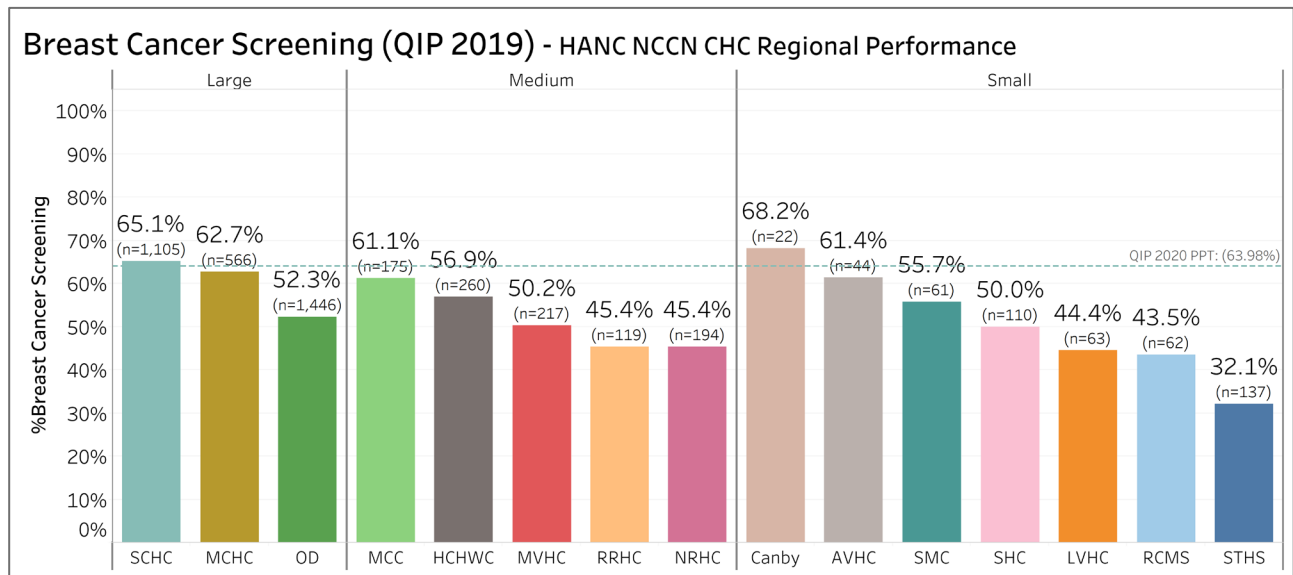
<sup>5</sup> California Health Interview Survey. CHIS Adult Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research, April 2020.

<sup>6</sup> Edelman MA, Menz BL. Selected comparisons and implications of a national rural and urban survey on health care access, demographics and policy issues. J Rural Health 1996;12:197-205.

## Rural Northern California Health Center Data

### Key Points

- Mammography appointments, and in particular mobile mammography appointments, are associated with high no-show rates. Patient reminders and/or incentives may help to improve screening rates.
- Access is a significant barrier to regular breast cancer screening. Transportation support to appointments or mobile mammography services are key for increasing screening rates in rural communities.



### Quality Measure Definitions (QIP)

The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.

### National and State Quality Benchmarks

**Partial Points Threshold for QIP Measurement Year 2020:** 63.98% represents the 75<sup>th</sup> percentile nationally for Medicaid Health Plans, as reported by NCQA HEDIS in the year prior to the QIP measurement year.