

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.¹ 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.² Women at higher risk are recommended to begin screening earlier.³
- In rural Northern California, the age-adjusted death rate from breast cancer ranges from a high in Lassen County of 36.9 per 100,000 to a low of 15.6 per 100,000 in Mendocino County. The overall death rate in the state is 18.2 per 100,000.⁴
- Less than two-thirds of women (61.7%) in rural Northern California are up-to-date with breast cancer screening.⁵
- 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.⁶

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.

¹ American Cancer Society. Cancer Facts and Figures 2020. Atlanta, Ga: American Cancer Society; 2020.

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

³ 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.

⁴ California Department of Public Health. County Health Status Profiles, 2022.

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

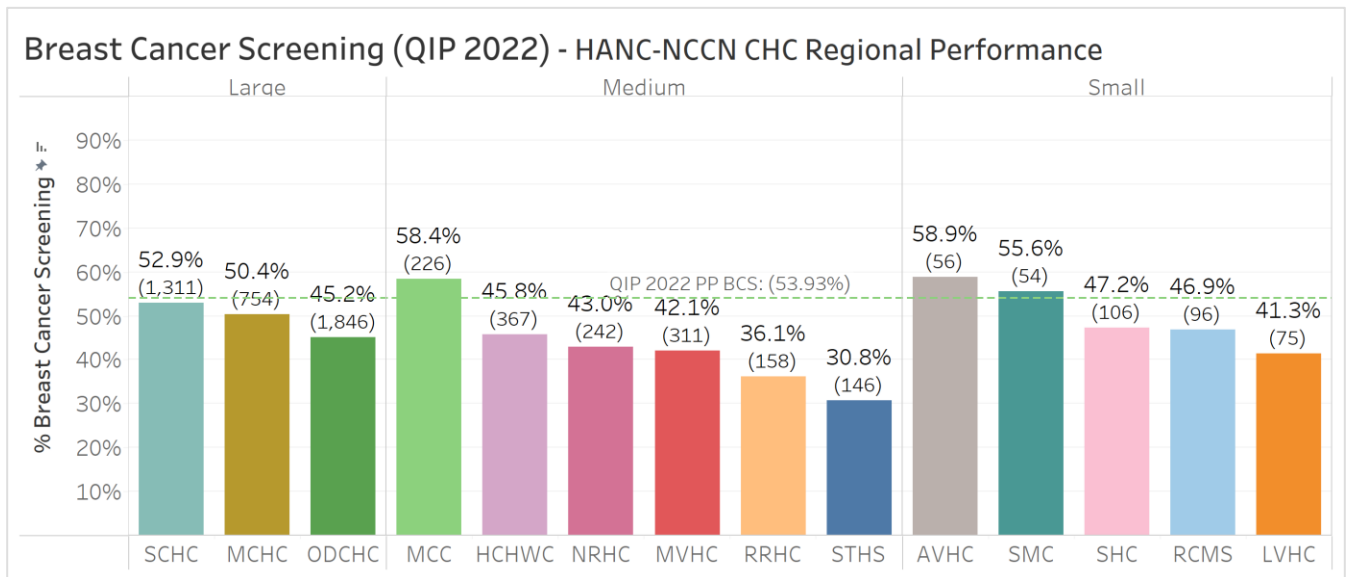
⁶ Edelman MA, Menz BL. Selected comparisons and implications of a national rural and urban survey on health care access, demographics and policy issues. J Rural Health 1996;12:197-205.

Breast Cancer Screening

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 (UDS)

The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period.

National and State Quality Benchmarks

Partial Points Threshold for QIP Measurement Year 2023: 51.0% represents the 50th percentile nationally for Medicaid Health Plans, as reported by NCQA HEDIS in the year prior to the QIP measurement year.