REPRINT

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Breast Cancer Awareness and Prevention Efforts by Local Health Districts in Virginia (HJR 762, 2013)

TO THE GENERAL ASSEMBLY OF VIRGINIA

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Breast Cancer Awareness and Prevention Efforts by Local Health Districts in Virginia

Introduction

House Joint Resolution 762 of the 2013 session of the General Assembly directed the Local Health Districts (LHD) to provide detailed reports of their efforts to promote breast cancer awareness and prevention to the State Health Commissioner. In turn, the State Health Commissioner was directed to provide a copy of the compiled reports to the Cancer Action Coalition of Virginia and the Division of Legislative Automated Systems. The following report provides background information on the burden of breast cancer in Virginia and breast cancer screening recommendations. In addition, it provides an overview of the survey methods used to collect information from LHDs, and a summary of their efforts to promote breast cancer awareness and prevention.

Breast Cancer in Virginia

Annually, an estimated 6,000 new cases of female breast cancer are reported in Virginia. The average incidence rate for female breast cancer from 2006-2010 in Virginia was 124.6 per 100,000 compared to 122.4 per 100,000 for the U.S.[1,2] From 2006-2010, the incidence rate of breast cancer did not differ substantially between African-American and white women; with rates of 127.5 per 100,000 and 125.2 per 100,000 respectively.[1]

Breast cancer is the second leading cause of cancer death among women in Virginia.[3] An estimated 1,065 women in Virginia lose their lives to breast cancer each year.[3] From 2007-2011, the average Virginia breast cancer mortality rate (23.4 per 100,000 women) was lower than the national average of 24.0 per 100,000.[3,4]

While the rate of breast cancer incidence does not differ substantially between white women and African-American women; racial disparities exist when looking at mortality and local stage diagnosis.[1] African-American women experience higher death rates from breast cancer than white women, with a mortality rate of 32.4 per 100,000 for 2007-2011 compared to 22.0 per 100,000 for white women.[3] Additionally, African-American women are less likely to be diagnosed at a local stage (53.7% versus 63.5% of white women) and more likely to be diagnosed at a late (distant) stage (6.8% versus 4.7%).[1]

According to 2012 Behavioral Risk Factor Surveillance System (BRFSS) survey data, 78.0% of Virginia women 40 years and older reported having had a mammogram in the last two years.[5] BRFSS data for Virginia also indicates that one of the greatest determinates of mammography utilization is income and education.[5] Women are much more likely to have a mammogram in the past two years if their income was $50,000 or greater (82.7%) as opposed to women in the income bracket of $15,000 or less (67.9%).[5] Women are also more likely to have had a mammogram if they graduated from college (83.3%) as compared to women who had less than a high school diploma (65.6%).[5] Lastly, women residing in the southwest region of Virginia have the lowest mammogram utilization rates (74.0%).[5]

Recommendations for Breast Cancer Screening

Following age appropriate breast cancer screening guidelines can result in cancer being found at an earlier stage, when the chances of survival are highest. Mammography is considered the best tool for breast cancer screening. A mammogram is an x-ray picture of the breast that can detect tumors that cannot be felt and microcalcifications (tiny deposits of calcium) that sometimes indicate the presence of cancer.[6] Research studies have found that mammography can reduce ones risk of dying from breast cancer. If diagnosed in its earliest (local) stage, breast cancer has a five year survival rate of 98.0%.[4] In Virginia, 78.0% of women 40 and older reported having a mammogram in the past two years, but only 61.4% of breast cancer was diagnosed at the local stage.[5,1]

In 2009, the U.S. Preventive Services Task Force (USPSTF), an independent panel of non-Federal experts in prevention and evidence-based medicine and composed of primary care providers (such as internists, pediatricians, family physicians, gynecologists/obstetricians, nurses, and health behavior specialists), updated their breast cancer screening guidelines. The new recommendations called for biennial mammography screenings for women 50 to 74, a change from the previous recommendations of annual screenings for women over 40. In addition, the 2009 USPSTF update recommends against teaching breast self-exam (BSE), and concludes that current evidence is insufficient to assess the additional benefits and harms of clinical breast examination (CBE).[7]

When updating their recommendations, the USPSTF weighed the harms of screening for all age groups (psychological harms, unnecessary imaging tests and biopsies in women without cancer, inconvenience due to false-positive screening results and treatment of breast cancer that would not have shortened a woman's life) against the effectiveness of mammography screening, BSE and CBEs in decreasing breast cancer mortality.[7] In 2009, after reviewing scientific evidence, the Task Force concluded that mammography every two years offered almost as much benefit as mammography every year while cutting the risks in half. In addition, they found that there was moderate evidence that the net benefit (weighing the potential harms versus decreasing breast cancer mortality) is small for women 40-49. Consequently, the Task Force recommended that women younger than 50 should discuss the specific benefits and harms of mammography screening with their health care provider and together make a decision on when to start mammography.[7]

Despite updated recommendations from the USPSTF, many health organizations, including the American Cancer Society, National Cancer Institute and the National Comprehensive Cancer Network, continue to follow earlier guidelines. These organizations believe the modest survival benefits of mammography in women aged 40-49 outweighs the risk of false positive results, and therefore they continue to recommend annual mammograms for women 40 and older. The table below summarizes breast cancer screening guidelines recommended by leading cancer organizations.

Table 1. Breast cancer screening recommendations for women at average risk			
American Cancer Society[8]	**National Cancer Institute[6]**	**National Comprehensive Cancer Network[9]**	**U.S. Preventive Services Task Force[7]**
Mammography			
• Every year starting at age 40	• Every 1-2 years starting at age 40	• Every year starting at age 40	• Informed decision making with a health care provider for ages 40-49 • Every two years ages 50-74
Clinical Breast Exam			
• Every three years ages 20-39 • Every year starting at age 40	• No specific recommendations	• Every 1-3 years ages 25-39 • Every year starting at age 40	• Not enough evidence to recommend for or against

Survey Methods

Information for this report was collected anonymously, through an electronic survey emailed to all Local Health District Directors (a copy of the survey can be found in Appendix A). The survey was administered anonymously in an effort to allow Health District Directors to speak freely about their breast cancer awareness efforts and barriers/challenges experienced. Health Districts were given three weeks to complete the survey, which took approximately 5-10 minutes to complete. The survey collected information on:

- Whether a Local Health District was an Every Woman's Life (EWL) provider
- Health District efforts to promote breast cancer awareness and prevention within the past 12 months
- Populations targeted in breast cancer awareness efforts
- Outcomes (e.g., number of people reached)
- Barriers and challenges to implementing breast cancer awareness and prevention efforts

There are thirty-five Local Health Districts (LHDs) in Virginia. Responses to the survey were received from twenty-two LHDs yielding a response rate of 62.8%.

Local Health District Efforts to Promote Breast Cancer Awareness and Prevention

LHDs are engaging in a variety of breast cancer awareness and prevention efforts. Of the Health Districts that responded, 86.4% (n=19) stated that they had engaged in efforts to promote breast cancer awareness and prevention in the past 12 months. Three LHDs indicated that they did not engage in awareness and prevention efforts in the past 12 months for various reasons. One stated that breast

cancer awareness and prevention was not their main focus when attending health fairs; a second indicated that the rate of breast cancer in their district was not above the state or national average so it had not been identified as a priority health concern; and the third did not disclose a reason.

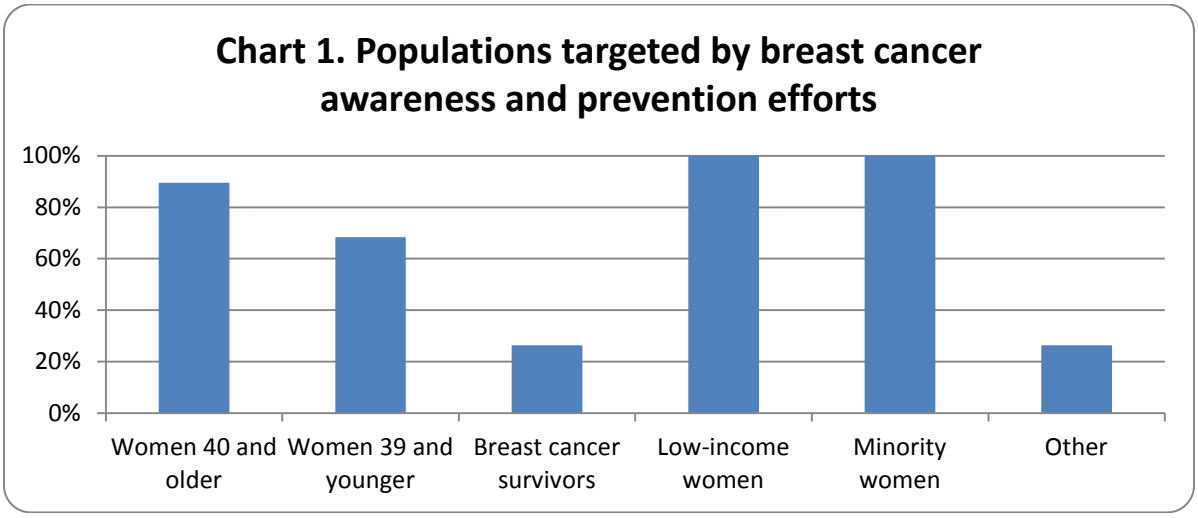
Of the 19 LHDs that did engage in prevention efforts, 47.0% (n=9) indicated they were an Every Woman's Life (EWL) provider. Managed out of the Virginia Department of Health (VDH), through a grant from the Centers for Disease Control and Prevention, EWL provides free breast and cervical cancer screening, diagnostic and health services to low-income, uninsured women aged 18-64 in Virginia. To administer the program, VDH currently contracts with a network of thirty-two providers across the state, that include twelve LHDs, in addition to large health systems, community health centers, and free clinics. EWL providers regularly participate in community events, meetings, and health fairs to raise awareness about the importance of breast cancer screening and the services provided through EWL.

Breast cancer awareness and prevention efforts reported by LHDs range from participating in community health fairs to providing CBEs for all family planning patients and partnering with local organizations to participate in breast cancer awareness events. A summary of LHD efforts to promote breast cancer awareness and prevention are listed below:

- Provide free breast and cervical screenings and necessary diagnostics to low-income, uninsured women through the EWL Program
- Refer women for EWL services (if not an EWL provider)
- Provide information on breast health (including breast self exams using breast models) and screening guidelines at health fairs, faith based events, and other community events
- Conduct educational sessions for community employers, schools, community centers, and local community clubs on breast health and screening guidelines
- Provide information on breast health and screening guidelines, and perform CBEs for LHD family planning and STD clients
- Serve as active members on local breast cancer coalitions that provide community education on breast health and screening
- Participate in the Remote Area Medical event to provide information on breast health education and screening guidelines, and enroll women into EWL
- Conduct awareness campaigns each October highlighting the importance of early detection, and the services provided through EWL
- Partner with community-based breast cancer organizations (American Cancer Society, Susan G. Komen, Paint in Pink) to participate in breast cancer awareness events (walks, awareness days, etc)
- Establish partnerships with community organizations and clinical providers in order to serve women not eligible for EWL services or Medicaid
- Promote free mammogram screening events in their community using social media outlets
- Provide a "prescription" for a screening mammogram to clients 40 and older and help women access care

LHD efforts to promote breast cancer awareness and prevention were directed at a number of different target populations, including women 40 and older, women 39 and younger, low-income women, minority women, and breast cancer survivors. One hundred percent of the LHDs that participated in the survey indicated that their efforts were targeted toward low-income and minority women (see Chart 1).

A small percentage of LHDs also direct their awareness and prevention efforts toward the general population and men (indicated as 'other' in Chart 1).



Through their breast cancer awareness and prevention efforts over the past 12 months, LHDs reached over 18,000 women, and have indicated a number of positive outcomes resulting from their efforts, which include:

- Increasing the number of women who receive a routine screening mammogram
- Increasing the number of women who are diagnosed with breast cancer at an early stage when it is most treatable
- Providing mammograms to women who have never or rarely had one despite recommended guidelines
- Increasing women's knowledge of breast health and self-breast exams
- Increasing the number of women seeking preventive health screenings
- Increasing collaboration with community providers, partners and advocates concerning breast health, which have resulted in women receiving:
    - mammogram services locally
    - free transportation to attend their mammogram appointments

Despite the positive outcomes resulting from these efforts, 73.0% (n=14) of LHDs engaging in prevention efforts reported experiencing barriers and challenges when promoting breast cancer awareness and prevention activities in their communities. Half of the barriers and challenges reported can be linked to the need for more funding, whether it is funding for staff, education materials, or to serve more women through EWL. Below is a summary of the barriers and challenges identified by the LHDs when implementing breast cancer awareness and prevention efforts:

- Limited staffing resources
- Limited funding for:
    - Educational materials
    - Promotional materials
    - EWL screenings

    - Physician recommended diagnostic procedures not covered by EWL/CDC guidelines
- Difficulty arranging care for women not eligible for EWL services (if diagnostic procedures are needed)
- Lack of free mammogram services for underserved women
- Lack of transportation
- Lack of screening facilities that are convenient to women leading to long travel times
- Low education level
- Lack of health insurance
- Limited resources for the undocumented population

Summary

Raising awareness and educating Virginia women about age appropriate breast cancer screening guidelines can help save lives. Evidence shows that breast cancer mammography screening reduces breast cancer mortality, with the greatest absolute reduction for women aged 50 to 74 years.[7] Despite limited resources and funding, LHDs have been able to have a positive impact on the health of women in their communities. They are on the front lines enrolling and referring low-income/uninsured women into EWL, performing CBEs for family planning clients and educating them about breast health and screening guidelines, conducting educational sessions for community partners, partnering with community organizations to improve women's access to mammography services, and participating in community breast cancer awareness activities. LHDs in Virginia play a vital role in reducing the breast cancer mortality rate in Virginia by educating women about the importance of age appropriate breast cancer screening.

References

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Appendix A

Local Health District Survey of Breast Cancer Awareness and Prevention Efforts

Health District Breast Cancer Awareness Survey

Page One

1. Is your Health District (HD) an Every Women's Life Provider? *

- Yes
- No

If no, does you HD refer women to an EWL provider in your community? *

- Yes
- No

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2. Has your HD engaged in any efforts to promote breast cancer awareness and prevention in the last 12 months? (e.g., providing breast cancer information at community events, health education sessions that include breast cancer information breast cancer, promoting breast cancer screening guidelines) *

- Yes
- No

Please explain why your HD has not engaged in efforts to promote breast cancer awareness and prevention in the last 12 months?

What resources would your HD need to promote breast cancer awareness and prevention?

Appendix A

Local Health District Survey of Breast Cancer Awareness and Prevention Efforts

Please describe in detail the efforts your HD has engaged in:

Please provide an estimate of the number of people your HD reached:

Who were your efforts targeted toward (please mark all that apply):

- ☐ Women 40 and older
- ☐ Woman 39 and younger
- ☐ Breast Cancer Survivors
- ☐ Low-income
- ☐ Minority
- ☐ General population
- ☐ Other *

Please describe any outcomes associated with your efforts:

Please describe any challenges or barriers your HD faced in your prevention efforts.

Will you continue to implement these efforts in the future?

- ○ Yes
- ○ No

Please explain why you will not continue to implement these efforts in the future.

Thank You!

Thank you for taking our survey. Your response is very important to us.