

Health Matters in Nevada: Breast Cancer

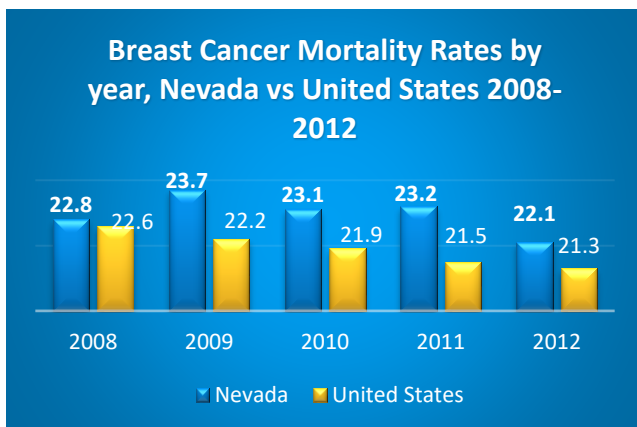


2017

Breast Cancer in Nevada

Breast cancer is the most common form of cancer among women and the second leading cause of death among women in Nevada. In Nevada, between 2008 and 2012, approximately 1,600 women were diagnosed with breast cancer each year and 325 women died from the disease.¹ As depicted in Table 1, breast cancer mortality rates in Nevada continue to exceed the National rate.

Table 1: Breast Cancer Mortality Age-Adjusted Rates, Nevada and United States, 2008-2012



Nevada's breast and cervical cancer screening program, known as Women's Health Connection (WHC), is housed in the Chronic Disease Prevention and Health Promotion (CDPHP) Section at the Bureau of Child, Family and Community Wellness.

WHC is 100% federally funded by the CDC's, National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and receives no state funding.

WHC budget for FY17 is \$2,671,431 and anticipates to screen 5,787 women. The program maintains four and a half Full Time Employee's (FTE): Program Manager, Program Coordinator, Data Analysis, Compliance and Training Officer and Evaluator.



FOUR out of Five women will SURVIVE Breast Cancer

WHC focuses its efforts on reducing breast and cervical cancer disparities, morbidity and mortality by increasing screening services.

WHC top three priorities:

- Working with health systems
- System changes
- Care coordination

WHC evidence-based interventions:

- Client reminders
- One-on-one education
- Group education
- Reduce out-of-pocket expense
- Reducing structural barriers
- Small media

How does Nevada compare to other states?

THE STATE OF MONTANA (MT) is considered a gold star state due to partnering with a variety of health systems and work sites to increase screenings as well as adding population-based screenings and system changes to their activities.

Montana's Breast and Cervical cancer screening program, known as Montana Cancer Control Program (MCCP), is housed within the Chronic Disease Prevention and Health Promotion Bureau within the Public Health and Safety Division of the Montana Department of Public Health and Human Services. MCCP's total operating budget is \$2,404,000 which includes \$2,000,000 from NBCCEDP and \$404,000 in state funds, Tobacco



Master Settlement Funds, and a small unspecified amount of donated funds for screenings. MCCP screens approximately 2,500 women a year, reaches 16,782 women through media outreach and works with 31 worksites reaching 3,147 women while maintaining 3.5 FTEs.ⁱⁱ

MCCP top three priorities:

- Navigating women from MCCP program to expanded Medicaid
- Navigating women into the Marketplace reaching the rarely-or-never screened women
- Use HIT to increase screenings

MCCP evidence-based interventions:

- Provider assessment and feedback
- Provider reminder systems
- Patient reminder systems
- Reducing structural barriers
- Small media
- Health Information Technology (HIT)
- Professional Development

The Montana Cancer Coalition (MTCC) are a group of diverse individuals and organizations from communities throughout Montana working to reduce cancer incidence, morbidity and mortality rates across Montana. MTCC developed the Montana Comprehensive Cancer Control (CCC) plan which allows coalition members to utilize coordinated approaches to control cancer and used as a guide for achieving goals.ⁱⁱ

THE STATE OF ARIZONA (AZ) is considered a gold star state due to access and implementing system changes within their clinics to increase population-based breast cancer screenings. Providers are required to focus on population-based screening, conduct baseline assessments of breast cancer screening rates, implement evidence-based strategies and report screening rates to Arizona Department Health System (ADHS). Arizona's Breast and Cervical cancer screening program, known as Well Women HealthCheck Program (WWHP), is located in the Office of Cancer Prevention and

Control, Bureau of Health Systems Development, within the Division of Public Health Prevention. WWHP's total operating budget is \$3,900,000 which includes state funding of \$1,300,000.00 and \$2,600,000 from NBCCEDP. WWHP maintains 3.30 FTE and 2 contract staff members.ⁱⁱⁱ

WWHP top three priorities:

- Implementing Care Coordination efforts
- Identifying strategies with community stakeholders
- Work with health plans and Federally Qualified Health Centers (FQHC) to increase breast and cervical screening rates

WWHP evidence-based interventions:

- Client Reminders
- Small Media
- Provider Reminders
- Provider Assessment and Feedback

WWHP provides screening and diagnostic services to approximately 7,000 women each year. They are currently implementing Care Coordination for this upcoming fiscal year and anticipate screening and diagnostic services will increase.

The Arizona Cancer Coalition meets twice a year. Work Groups include:

- Policy, Prevention and Early Detection
- Quality of Life
- Research
- Treatment
- Data

The Coalition created the goals and objectives for the Arizona Cancer Control Plan 2014-2018. The work of Cancer Prevention and Control could not be done without an incredibly close partnership with the Arizona Cancer Registry. The Coalition has created documents, located on the website, to educate stakeholders on the Cancer Registry.ⁱⁱⁱ

Potential in Nevada

The Nevada Comprehensive Cancer Control Plan provides a roadmap focused on improving health systems and policies to prevent disease, improve the care of our loved ones, and ultimately save lives.

Statewide work groups specific to breast cancer, research and data, education and policy have been established. The 2016-2020 plan includes goals and objectives specifically pertaining to breast cancer.

Goal: Decrease the percentage of late-stage breast cancer diagnoses among women from 37.5% to 35.6%.

- Increase the prevalence of women 40 and older who report having had a mammogram and a clinical breast exam within the prior two years from 69.9% to 73.4%.

Goal: Increase the number of pathways for enrollment in Medicaid for eligible women needing treatment for breast or cervical cancer from 1 to 5.

Increase the number of policy changes from 0 to 1 allowing women of any age under 250% of the Federal Poverty Level (FPL) access to treatment through Medicaid after a breast or cervical cancer diagnosis from any provider.

Achieving these goals is crucial to decreasing the mortality rates among women in Nevada due to breast cancer. Dedicated state funding to increase breast cancer screenings and raise awareness of mammogram services will reduce mortality rates. WHC has methods in place for enrollment in Medicaid for women needing cancer treatment services.

ⁱ American Cancer Society. Cancer Facts & Figures 2015. <http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf>. Accessed December 20, 2016.

ⁱⁱ Montana Cancer Coalition, <http://dphhs.mt.gov/publichealth/Cancer/cancercoalition.aspx>

ⁱⁱⁱ Arizona Cancer Coalition, <http://azdhs.gov/prevention/health-systems-development/az-cancer-coalition/index.php>