



# EARLY DETECTION AND SCREENING

## Goal 5: Reduce the proportion of late-stage diagnosis and mortality from breast cancer through early detection and screening.

**OBJECTIVE 5.1:** Increase the percentage of Kentucky women age 40 years and older who have had a mammogram within the past two years from 75% (2008 BRFSS) to 80% by 2013.

**OBJECTIVE 5.2:** Increase the percentage of African-American women in Kentucky aged 40 years and older who have had a mammogram within the past two years from 80% (2008 BRFSS) to 85% by 2013.

**OBJECTIVE 5.3:** Increase the percentage of Kentucky women with less than a high school education aged 40 years and older who have had a mammogram within the past two years from 62.2% (2008 BRFSS) to 65% by 2013.

**OBJECTIVE 5.4:** Increase the percentage of Kentucky women with an income of less than \$15,000 per year aged 40 years and older who have had a mammogram within the past

two years from 61.8% (2008 BRFSS) to 63% by 2013.

**OBJECTIVE 5.5:** Increase percentage of Kentucky women diagnosed at an early stage of breast cancer from 84% (2006 KCR) to 87% by 2013.

## Strategies that are client-oriented

- Utilize client reminders (e.g., letters, postcards or phone calls) to alert clients that it is time for their mammogram.\*
- Utilize client incentives (e.g., small rewards such as cash or coupons) that encourage women to have a mammogram.\*
- Utilize small media (videos, letters, brochures, newsletters) to inform and motivate women to have a mammogram.\*
- Utilize mass media (TV, radio, newspaper, magazines, billboards) to educate and motivate women to have a mammogram.\*
- Educate groups on the indications for, benefits of, and ways to overcome barriers to receiving mammogram, with the goal

of informing, encouraging, and motivating participants to seek a mammogram.\*

- Educate one-on-one, either in person or via telephone, on the indications for, benefits of, and ways to overcome barriers to receiving mammogram, with the goal of informing, encouraging, and motivating participants to seek a mammogram.\*
- Reduce structural barriers such as screening location, limited hours of operation, lack of childcare, and language and cultural factors.\*
- Reduce out-of-pocket costs for screening.\*
- Promote and expand community-level programs, such as breast cancer coalitions, to increase education about the risk of breast cancer and the need for screening at appropriate intervals.
- Train Community Health Outreach Workers (CHOWs) to deliver evidence-based cancer prevention interventions with consistent screening messaging in African-American communities, businesses, churches and social groups.<sup>1</sup>
- Support CHOWs in conducting community group seminars about available mammography screening resources for African-American women.
- Support CHOWs in conducting follow-up calls with women who do not show up for a scheduled mammography, and identify barriers.
- Train CHOWs to identify uninsured women, refer them to the Kentucky Women's Cancer Screening Program (KWCSPP), and track their referral.

### Strategies that are provider-oriented

- Organize opportunities for provider

assessment and feedback (ex. How often providers offer and deliver screening services to clients and then give providers information about their performance).\*

- Utilize provider incentives, such as monetary rewards or CMEs, that motivate providers to perform screening or refer clients for screening.
- Utilize provider reminder and recall systems (e.g., chart stickers; electronic medical records).
- Utilize CHOWs to evaluate and provide feedback on client reminders and/or small media to assure that they are culturally sensitive.<sup>1</sup>

### Strategies utilizing advocacy

- Mobilize grassroots advocates for legislative change.
- Increase the use of available financial resources for routine screening for uninsured and underinsured women.
- Encourage in-state self-insured companies and in-state branches of companies located outside Kentucky to provide screening mammography coverage in accordance with evidence-based screening guidelines.
- Ensure that age-eligible women in counties without mammography facilities have adequate access to breast cancer screening through facilities in adjoining counties and/or mobile mammography units.

### Goal 6: Reduce incidence and mortality from cervical cancer through increased screening and early detection.

**OBJECTIVE 6.1:** Increase the percentage of Kentucky women aged 18 years and older who have had a Pap test within the past three years from 81.7% (2008 BRFSS) to 83% by 2013.

**OBJECTIVE 6.2:** Increase the proportion of uninsured African-American women ages 21-64 with incomes below 250% of federal poverty level who receive yearly Pap tests through KWCSF by at least 5%.

**OBJECTIVE 6.3:** Increase the percentage of Kentucky women with less than a high school education aged 18 years and older who have had a Pap test within the past three years from 61.2% (2008 BRFSS) to 65% by 2013.

**OBJECTIVE 6.4:** Increase the percentage of Kentucky women with an income of less than \$15,000 per year aged 18 years and older who have had a Pap test within the past three years from 65.5% (2008 BRFSS) to 67% by 2013.

**OBJECTIVE 6.5:** Increase percentage of Kentucky women diagnosed with early-stage cervical cancer from 63% (2006 KCR) to 65% by 2013.

### Strategies that are client-oriented

- Utilize client reminders (e.g., letters, postcards, phone calls) to alert clients that it is time for their Pap test.\*
- Utilize client incentives (e.g., small rewards such as cash or coupons) that encourage women to have a Pap test.\*
- Utilize small media (videos, letters, brochures, newsletters) to inform and motivate women to have a Pap test.\*
- Utilize mass media (TV, radio, newspaper, magazines, billboards) to educate and motivate women to have a Pap test.\*
- Educate groups on the indications for, benefits of, and ways to overcome barriers to having a Pap test, with the goal of informing, encouraging, and motivating

participants to seek a Pap test.\*

- Educate one-on-one, either in person or via telephone, on the indications for, benefits of, and ways to overcome barriers to receiving a Pap test, with the goal of informing, encouraging, and motivating participants to seek a Pap test.\*
- Reduce structural barriers such as screening location, limited hours of operation, lack of childcare, and language and cultural factors.\*
- Reduce out of pocket costs to obtain screening.\*
- Train Community Health Outreach Workers (CHOWs) to deliver evidence-based cancer prevention interventions with consistent screening messaging in African-American communities, businesses, churches and social groups.<sup>1</sup>
- Support CHOWs in conducting community group seminars about available cervical cancer screening resources among African-American women.
- Support CHOWs in conducting follow-up calls with women who do not show up for a scheduled Pap test, and identify barriers.
- Train CHOWs to identify uninsured women, refer them to the Kentucky Women's Cancer Screening Program (KWCSF), and track their referral.

### Strategies which are provider-oriented

- Organize opportunities for provider assessment and feedback (e.g., how often providers offer and deliver screening services to clients) and then give providers information about their performance.\*

- Utilize provider incentives, such as monetary rewards or CMEs, that motivate providers to perform screening or refer clients for screening.
- Utilize provider reminder and recall systems (e.g., chart stickers, electronic medical records).
- Utilize CHOWs to evaluate and provide feedback on client reminders and/or small media to assure that they are culturally sensitive.<sup>1</sup>

### Strategies utilizing advocacy

- Mobilize grassroots advocates for legislative change.
- Increase the use of available financial resources for routine screening for uninsured and underinsured women.

## Goal 7: Reduce incidence and mortality from colon cancer\*\* through prevention and early detection.

**OBJECTIVE 7.1:** Increase colon cancer screening among adults ages 50 and older to 75% by 2012.

**OBJECTIVE 7.2:** Increase percentage of Kentuckians diagnosed at an early stage of colon cancer to 60% by 2012.

### Strategies which are client-oriented

- Develop lay health navigator services to increase awareness and follow-through with colon cancer screening.
- Provide colon cancer education and outreach activities that dispel fatalistic

beliefs/myths and emphasize colon cancer can be prevented.

- Find local resources and support to identify and address transportation barriers.
- Provide colon cancer education and outreach activities that use positive messages and experiences provided by trusted leaders and survivors in the community.
- Provide colon cancer education and outreach activities in all areas of the state that encourage patients to be proactive in asking health care providers about colon cancer screening tests.
- Tailor small media (videos and printed materials such as letters, brochures, and newsletters) to inform and motivate people to be screened for colon cancer.\*
- Implement a statewide public awareness campaign on colon cancer screening that uses simple, consistent messages that can be tailored and delivered to organizations and individuals.\*
- Involve faith-based communities in delivery of colon cancer screening messages.
- Utilize client reminders.\*
- Utilize client incentives.\*
- Organize opportunities for group education.\*
- Organize opportunities for one-on-one education.\*

### Strategies which are provider-oriented

- Support the adoption of the direct referral system in all primary care practices.

- Increase the number of providers using best practices in fostering trust, cultural competency, and value-based decision making as well as choosing the best screening method based on the individual.
- Encourage involvement of dentists, pharmacists, and other health care provider groups not usually targeted for colon cancer screening recommendations.
- Increase primary care practice interventions that include provider assessment and feedback.
- Reduce structural barriers such as screening location, limited hours of operation, lack of childcare, and language and cultural factors.\*
- Promote utilization of patient navigators to increase follow-through of referrals for colon cancer screening.
- Work with healthcare professionals to address local barriers to colon cancer screening.
- Identify and address gaps in access and capacity for colon cancer screening services.
- Promote the utilization of US Preventive Services Task Force (USPSTF) colon cancer screening guidelines.
- Implement patient reminder and tracking systems (letters, postcards, or phone calls) in primary care practices to alert clients that it is time for their colon cancer screening test.
- Organize opportunities for provider assessment and feedback.\*
- Utilize provider incentives.\*
- Utilize provider reminder and recall systems.\*

### Strategies utilizing advocacy

- Disseminate information on new colon cancer screening legislation through established partnerships and networks.
- Identify gaps in legislative mandates and advocate for reducing those gaps.
- Advocate for funding and resources to support a statewide colon cancer screening program for the uninsured and the underinsured.
- Educate state and local policy makers concerning the health and economic benefits of prevention and early detection of colon cancer.

### Strategies utilizing workplace wellness

- Encourage worksite cultures that promote and incorporate appropriate colon cancer screening behaviors.
- Offer employee health benefit plans that eliminate cost as a barrier to accessing colon cancer screenings.
- Ensure that employee health benefit plans include colon cancer screening provisions that adhere to the American Cancer Society (ACS) Guidelines or the US Preventive Services Task Force (USPSTF) Guidelines.
- Incorporate colon cancer prevention and early detection information into worksite wellness programs.

### Strategies utilizing insurers

- Identify gaps in co-pays and insurance coverage of colon cancer screening and advocate for reducing those gaps.
- Monitor colon cancer screening through Healthcare Effectiveness Data and

Information Set (HEDIS) measures and identify needs for performance improvement.

- Work with healthcare plans to promote and increase the utilization of colon cancer screening.
- Reduce out-of-pocket costs.\*

## Goal 8: Kentucky men will be able to make informed decisions regarding the risks and benefits associated with prostate cancer screening.

**OBJECTIVE 8.1:** By 2014, develop a baseline measure for the percentage of Kentucky men ages 40 and older who have had the risks and benefits of prostate cancer screening explained to them by a provider.

### Strategies

To be determined.

\* Strategy is discussed in the *Guide to Community Preventive Services*. Accessed December 2009.  
[Http://www.thecommunityguide.org/obesity](http://www.thecommunityguide.org/obesity)

\*\* Includes the colon and rectum, also known as colorectal cancer

<sup>1</sup>The Breast and Cervical Cancer Early Detection and Screening strategies pertaining to CHOWs (Community Health Outreach Workers), cultural sensitivity, and African-American women were taken from REACH's (Racial and Ethnic Approaches to Community Health) Community Action Plan (November 2009). Find out more about REACH in Kentucky at <http://www.kycancerc.org/REACH.htm>