

Welcome

Office for State, Tribal, Local and Territorial Support
presents...

CDC Vital Signs: Breast Cancer

November 20, 2012
2:00 pm–3:00 pm (EST)



Centers for Disease Control and Prevention
Office for State, Tribal, Local and Territorial Support

Agenda

- | | | |
|---------|-----------------------------|---|
| 2:00 pm | Welcome & Introductions | Dan Baden, MD
Senior Liaison, Office for State, Tribal, Local and Territorial Support Centers for Disease Control and Prevention |
| 2:04 pm | <i>Vital Signs</i> Overview | Captain Jacqueline W. Miller, MD, FACS
Medical Director, National Breast and Cervical Cancer Early Detection Program
Centers for Disease Control and Prevention |
| 2:10 pm | Presentation | Nancy Wright, MPH
Director, Cancer Prevention and Control Division
Alabama Department of Health

Allison A. McGuire, MPH
Program Manager, Division of Prevention Medicine
University of Alabama at Birmingham |
| 2:30 pm | Q&A and Discussion | Dan Baden |
| 2:55 pm | Wrap-up | Dan Baden |
| 3:00 pm | End of Call | |



CDC
Vitalsigns™ Teleconference
to support STLT efforts and build
momentum around the monthly
release of CDC *Vital Signs*



Racial Disparities in Breast Cancer Severity— United States, 2005–2009

Captain Jacqueline W. Miller, MD, FACS

Medical Director,

National Breast and Cervical Cancer Early Detection Program, CDC

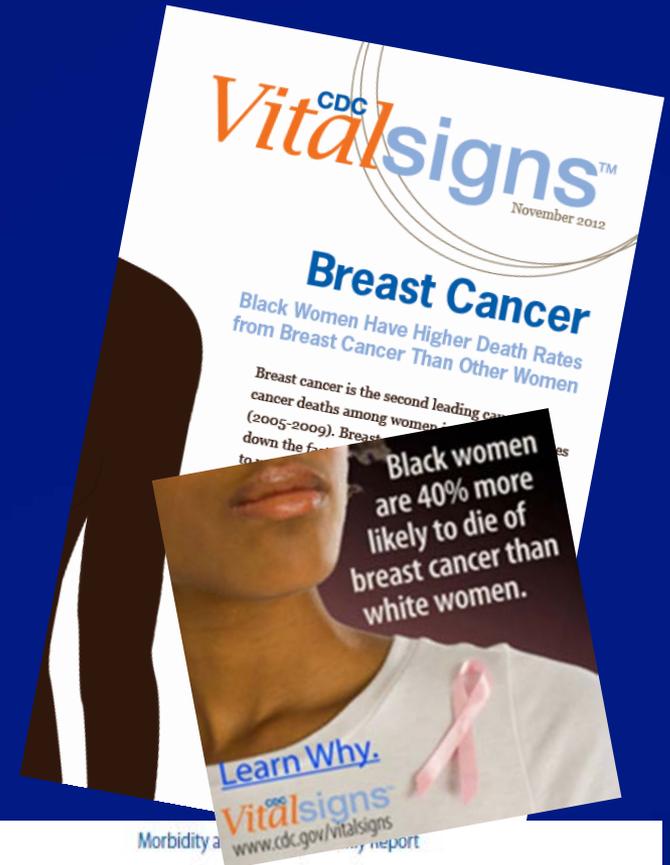
Vital Signs Town Hall Teleconference

November 20, 2012

Black Women Have Higher Death Rates from Breast Cancer Than Other Women

- ❑ Nearly **40,000** women die of breast cancer each year in the US.
- ❑ Black women are **40%** more likely to die of breast cancer than white women.
- ❑ Nearly **1,800** fewer black women would die of breast cancer if death rates were the same as white women.

Source: <http://www.cdc.gov/vitalsigns/BreastCancer/index.html>

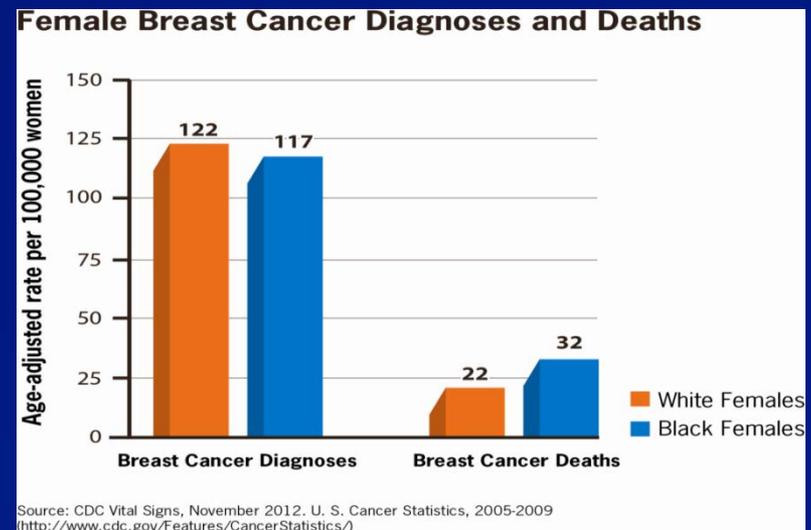


Vital Signs: Racial Disparities in Breast Cancer Severity — United States, 2005–2009

Major Findings

Breast Cancer Incidence, Stage at Diagnosis, and Death Rates

- ❑ Black women had lower breast cancer incidence rates (116.9 cases per 100,000) compared to white women (122.1).
- ❑ Black women had higher breast cancer death rates (31.6 deaths per 100,000) than did white women (22.4 deaths per 100,000).
- ❑ Black women had higher numbers of advanced-stage breast cancer (45%) compared with white women (35%).

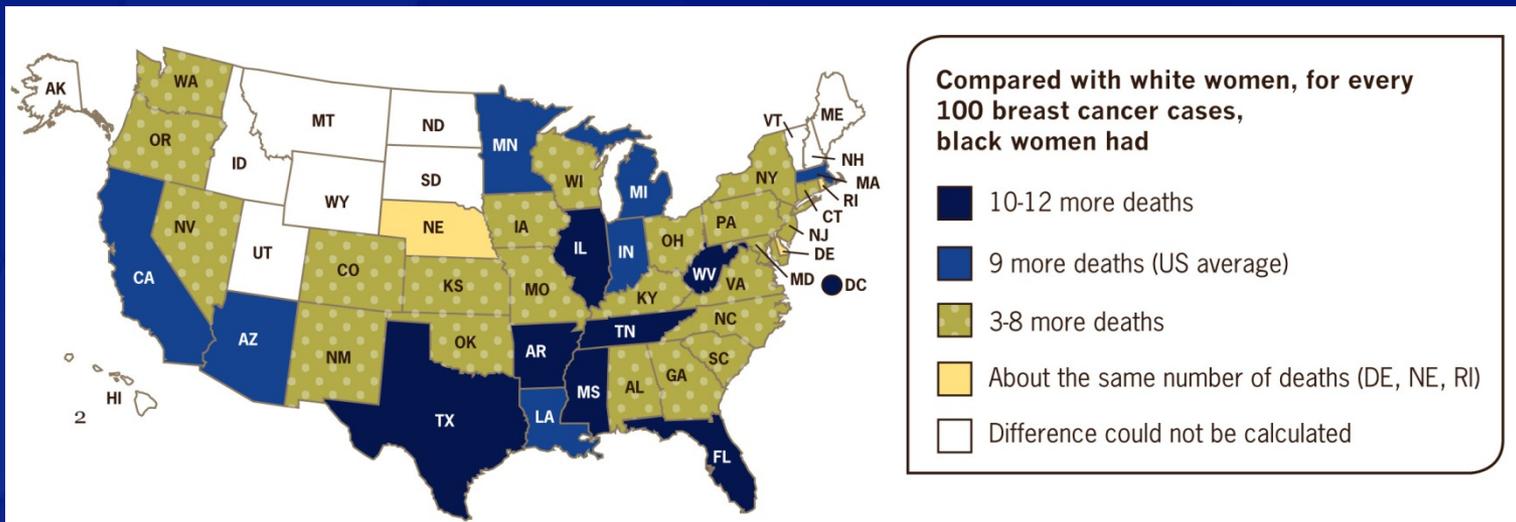


Source: MMWR2012;61:922-926.

Major Findings

Number of Additional Breast Cancer Deaths Among Black Women by State

- Black women had nine more deaths per 100 breast cancer diagnosed compared to white women.



Source: <http://www.cdc.gov/vitalsigns/BreastCancer/index.html>

Differences in screening, follow up, and treatment

❑ Screening

- Black and white women report equal breast cancer screening.
- More black women have breast cancer that has spread beyond the breast (45%) compared with white women (35%).

❑ Follow up

- More black women experience follow-up times of more than 60 days (20%) compared with white women (12%) after a mammogram that is not normal.

❑ Treatment

- 69% of black women start treatment within 30 days (compared with 83% of white women).
- Fewer black women receive the surgery, radiation, and hormone treatments they need compared to white women.

Source: <http://www.cdc.gov/vitalsigns/BreastCancer/index.html>

Steps to Timely Follow Up and Improved Access to High-Quality Treatment

Breast Cancer Screening, Diagnosis and Treatment

WOMEN

1. Before testing (screening)

- Know if you should be tested and why.
- Know the right age to start getting tested.
- Make an appointment with your doctor, or find one, to talk about the test.
- Talk with your doctor or nurse about any concerns.
- Have close friends and family support you in getting tested.
- Schedule your mammogram appointment, taking work, home, language, and getting there into account.



2. Getting a mammogram test

- Keep your appointment.
- If the doctor does not call you back in a week, call the office to ask for the results.



3. If the 1st test suggests cancer

- The results may be normal, not normal, or somewhere in-between. Try not to panic or worry.
- Ask what the mammogram results mean.
- If the results are not normal, a breast ultrasound or biopsy may be recommended. Talk with your doctor and nurses about the results and the next steps.
- Make and keep follow-up appointments.
- Ask your close friends and family for support.



4. If the doctor tells you it's cancer

- Ask all the questions you want. The doctor, nurse, and staff are there to help you understand and make good decisions about next steps.
- Expect to be referred to a cancer specialist who will discuss the best treatment options and take over your care for a while.
- Ask your close friends and family for support.



DOCTORS AND NURSES

1. Before testing (screening)

- Have a good clinic record system that reminds you which patients are due for testing.
- Talk with each patient about her risk of breast cancer, the benefits and risks of testing, and the right age to start testing.
- Answer questions from your patient about her concerns—costs, cultural barriers, fears, etc.
- Identify where she can get the test done.
- Have the office staff remind your patient of her upcoming appointment.

2. Getting a mammogram test

- Help your patient understand what she needs to do during the test.
- Answer her questions before and during the test.
- Get results quickly and promptly call your patient.

3. If the 1st test suggests cancer

- If possible, assign a patient navigator to your patient.
- Talk with your patient about the next set of tests.
- Answer questions about your patients' concerns.
- Refer her promptly for the next test or to the next doctor.
- Remind your patient of her upcoming appointments.
- Schedule a follow-up appointment, regardless of the results of the next test.

4. As soon as you know it's cancer

- Know the next step(s) and why they are needed.
- Refer your patient promptly to a cancer specialist.
- Keep track of her progress so she continues to see the cancer specialist(s) and gets all necessary therapy.
- Work with a patient navigator, if possible.

What Is Being Done to Address Breast Cancer Disparities?

- **The Federal government is**
 - Implementing the Affordable Care Act and educating women about the preventative benefits and coverage provided by the law.
 - Investing in the use of electronic health records and case management services in federally-funded health clinics so women get the timely follow-up care.
 - Supporting state efforts, through the National Breast and Cervical Cancer Early Detection Program, to help uninsured women get screening and access to treatment.
 - Supporting research on health disparities in breast cancer.

What Can Be Done to Address Breast Cancer Disparities?

- ❑ **State and local health agencies can**
 - Use public-private partnerships to work with health care systems and health insurance companies to help educate women and their doctors about timely, high-quality breast cancer care.
 - Use outreach strategies to help women understand why they need a mammogram.
 - Educate women on what to expect when a mammogram finds something that is not normal.

What Can Be Done to Address Breast Cancer Disparities?

- **Health care systems can**
 - Engage well-trained case managers, health educators, community health workers and other patient navigators to help women understand and guide them through the health care system.
 - Inform doctors about their screening and treatment rates.
 - Explore strategies to enhance doctor-patient communications.

What Can Be Done to Address Breast Cancer Disparities?

- **Doctors, nurses, and others who treat patients can**
 - Make sure that women get recommended tests and treatments.
 - Use tools , such as electronic systems or other reminders, to notify patients when it's time to get a mammogram.
 - Continue to talk to women about their risk for breast cancer, explain test results, and refer patients to specialists as needed.

What Can Be Done to Address Breast Cancer Disparities?

□ Women can

- Use these 10 questions to increase their communications with their doctor during appointments (www.ahrq.gov/questions/tenquestions.htm).
- Get recommended mammograms.
- Contact their local health department or community health center for help if they cannot afford a mammogram.
- Return for more tests if a mammogram finds something that needs follow up.
- Ask about the kinds of treatments available.

Thank You

www.cdc.gov/cancer

For more information contact:

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Centers for Disease Control and Prevention

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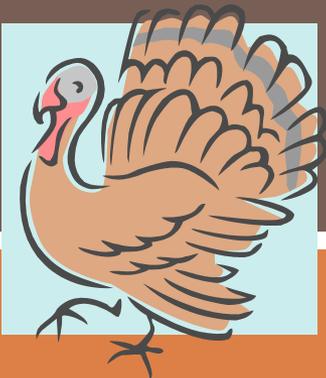
E-mail: cdcinfo@cdc.gov Web: <http://www.cdc.gov>

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



ALABAMA CARE COORDINATION PROGRAM

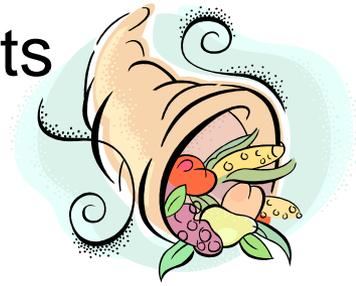
- Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP)
- ADPH Social Work Unit
- Marshall County Health Department
- Sowing Seeds of Health



Goal

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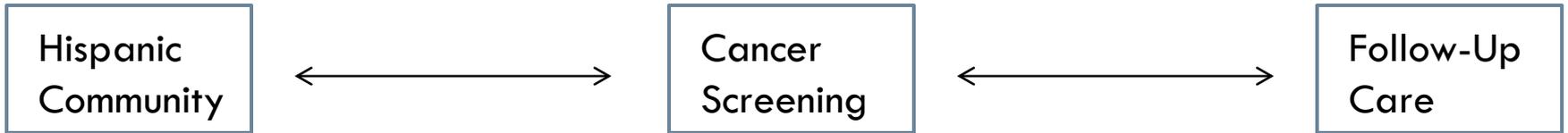
- Provide Pro-Active Patient Navigation targeting Hispanic population in county-wide health care delivery system
- Marshall County
 - ▣ Rural
 - ▣ Population is 17,247
 - ▣ One hospital in two locations; 240 beds total
 - ▣ 1 FQHC, 1 CHD
 - ▣ Limited/nonexistent public transportation
 - ▣ Rapid increase in Hispanic/Latino residents





Partnership

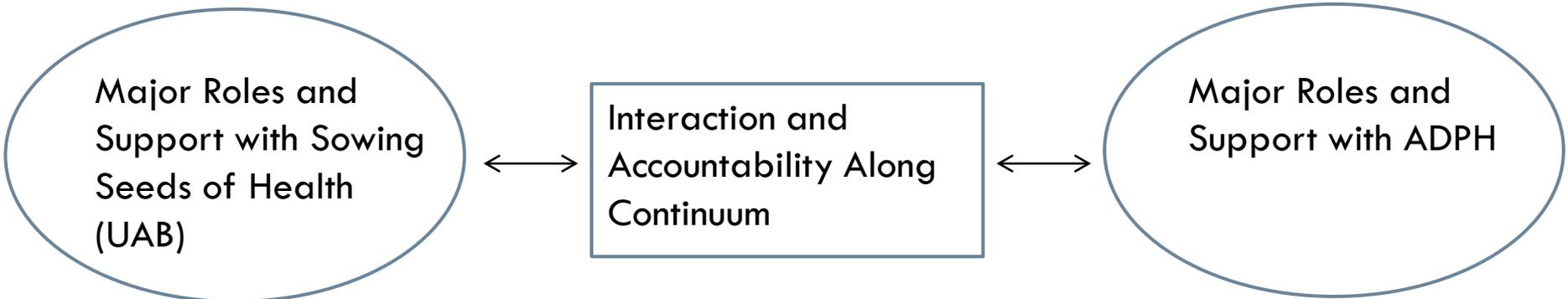
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Promotoras: Recruit
Promotoras/ADPH: Event
Promotoras/ADPH: Appointment

ADPH/Promotoras: Interpreters
Promotoras/ADPH: Transportation
ADPH/Promotoras: Dx Testing

Promotoras/ADPH: Transportation
ADPH/Promotoras: Screening
ADPH/Promotoras: Interpreters
ADPH: Psycho-Social Assessment



Sowing the Seeds of Health (SSH)

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- Overview of SSH project
- Recruited and trained lay health promoters (LHPs)
 - ▣ “Promotoras”
- Health care access infrastructure
- Breast and cervical cancer events
 - ▣ Block dates ahead of time
 - ▣ Appointment process





Program Activities

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- LHPs organize educational events
 - ▣ Small educational groups
 - ▣ Events in churches
- Educational talk on breast & cervical cancer
- Testimonial by Latina breast cancer survivor
- Following the session, women schedule Pap smears and mammograms on site
 - ▣ LHPs assist with transportation as needed





ADPH Patient Navigation Role

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- Patient Psycho-Social Assessment
 - ▣ Language barrier
- Plan of action with patient navigator (case plan)
- Work together to eliminate barriers to screening
- PN knowledge of resources in community to enable patient to be self-sufficient
- PN/Interpreter ensure mammogram appt kept, accompany patient
- PN/Interpreter ensure FU appt kept, accompany patient
- PN arranges treatment if needed



Results

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- Increase in Hispanic women enrolled for cancer screening services (77.3%)
- 48 Hispanic women referred from Sowing Seeds of Health
- Improved infrastructure
- Effective partnership in Care Continuum

CDC *Vital Signs* Electronic Media Resources

Become a fan on Facebook

www.facebook.com/cdc

Follow us on Twitter

twitter.com/cdcgov/

Syndicate *Vital Signs* on your website

<http://tools.cdc.gov/syndication/search.aspx?searchURL=www.cdc.gov%2fvitalsigns>

Vital Signs interactive buttons and banners

www.cdc.gov/vitalsigns/SocialMedia.html

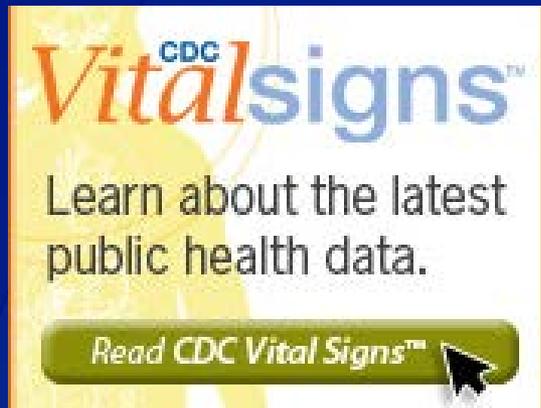
Public Health Practice Stories from the Field

- Stories about the implementation of public health practices in the field



www.cdc.gov/stltpublichealth/phpracticestories

Provide feedback on this teleconference:
OSTLTSFeedback@cdc.gov



Please mark your calendars
for the next **OSTLSTown
Hall Teleconference:**
December 4, 2012
2:00 pm–3:00 pm (EST)

For more information, please contact Centers for Disease Control and Prevention.

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