A 10 YEAR PROFILE OF A BEST PRACTICE PROGRAM TARGETING CANCER SCREENING IN RURAL SOUTHEAST INDIANA

Authors: Adrianne J. Lane, Madeleine T. Martin

Purposes/Aims: The purpose of this project was to develop a best practice program to provide breast health education and screening to women in five rural, underserved counties in southeastern Indiana. Recognizing three key barriers to healthy behaviors are cost, distance, and fear, we developed a community oriented breast health program that addressed each of these barriers. This presentation will describe findings and implications of a 10 year profile of this program.

Rationale/Background: Maximizing the percentage of women who overcome breast cancer is currently dependent on routine breast cancer screening. Rural women are particularly at risk because they do not take advantage of screening procedures that are commonly available to their urban counterparts. There are 62 million Americans currently residing in rural areas. Of the 250 poorest counties in America, 244 are rural. Economic factors, cultural and social differences, educational shortcomings, lack of recognition by legislators, and isolation of living in more remote areas combine to impede primary screening and health promotion activities for rural populations. Health care needs in the targeted five counties are met by two small community hospitals. Due to limited providers and resources in the region, primary and preventive care is targeted to the insured. The nearest medical centers are fifty to seventy miles away. Of the counties in our project area, one is fully medically served, two partially underserved and two fully underserved. One county reports a mean income of 35% below $25,000.00 per year. The creation of a breast cancer screening program for underserved women in our rural area was vital.

Brief description of the undertaking/best practice: A logic model was developed to serve as the foundation for developing the program. The major goals of the program were to: 1) increase the number of resources (personnel and materials) available to provide ongoing breast screening education programs; 2) increase the number of women who attended a program on breast cancer screening and cancer risk factors; 3) increase access to mammography for women in the identified rural counties; and 4) increase linkages among health care professional services and community organizations in the region. We partnered with county health department nurses and community stakeholders and worked together to provide a successful community based program.

Outcomes achieved/documented: The outcomes of the program included: 1) community outreach full day breast health programs were provided regularly across five rural counties over an eleven year period, over 3500 underserved rural women received no cost mammography, more than 5000 women received breast health education, and numerous linkages were stabilized between community stakeholders and funding agencies resulting in community ownership and stabilization of the breast health screening program.

Conclusions, emphasizing implications for rural practice and recommendations for research or future undertakings: A comparison of a ten year profile of the rural medically underserved women who participated in our program with data available from the National Breast and Cervical Cancer Early Detection Program for the concurrent period will be presented. Implications for best practice programming based on the comparative findings will be shared. Discussion will consider the impact of economic conditions and political policy on the provision of such community based programs. The impact of funding agency requirements on geographic areas served and program processes will also be addressed. This community oriented outreach screening program, developed to address the barriers of cost, distance and fear, serves as a best practice model for others seeking to provide outreach services targeting rural populations.

Funding was received from multiple agencies and will be acknowledged.