



New York: Increasing Cancer Screenings, Saving Lives



“The Community Guide is a go-to resource for our bureau. We regularly use it to inform programmatic decisions and have good outcomes.”

Heather Dacus, DO, MPH
Director of the Bureau of Cancer Prevention and Control

More Information

New York State Department of Health, Bureau of Cancer Prevention and Control
www.health.ny.gov/diseases/cancer/

CDC, Cancer Prevention and Control
www.cdc.gov/cancer

The Community Guide: Task Force Findings on Cancer
www.thecommunityguide.org/topic/cancer



The New York State Department of Health (NYSDOH), Bureau of Cancer Prevention and Control (BCPC) coordinates and implements evidence-based intervention approaches to reduce the burden of cancer throughout the state. The Guide to Community Preventive Services (The Community Guide) is an instrumental part of the BCPC’s comprehensive approach to increasing screenings for breast, cervical, and colorectal cancers.

Cancer, a Public Health Priority for New York

Cancer is one of the most common chronic diseases in New York, and is second only to heart disease as the leading cause of death.¹ Each year, more than 100,000 New Yorkers are diagnosed, and nearly one in four deaths in the state are due to cancer.²⁻⁴ Detecting cancer early, when it is most easily treated, is essential in reducing the state’s burden of cancer-related death and disease.

The New York State Prevention Agenda identifies preventing chronic disease as a priority area, with a goal of increasing screening rates for breast, cervical, and colorectal cancers.⁵ To achieve this goal, the NYSDOH BCPC coordinates multiple programs with support from CDC grants and state appropriation funding. The BCPC works with community and clinical service/health system partners and contractors across the state to promote evidence-based approaches from The Community Guide to increase cancer screening. Interventions include client reminders, small media, mass media, and programs to reduce structural barriers including patient navigation. “The Community Guide is a go-to resource for our bureau,” said Heather Dacus, DO, MPH, director of the BCPC. “We regularly use it to inform programmatic decisions and have had good outcomes.”

Increasing Cancer Screening Rates Among the Uninsured and the Underinsured

The BCPC coordinates contracts with 35 community-based organizations known as the Cancer Services Program. These contractors reduce structural barriers to cancer screening, diagnostic services, and necessary treatment for uninsured and underinsured New York residents by linking them to no-cost clinical services and by providing patient navigation and case management services.

As a result of their efforts, 28,510 people were screened for cancer during the April 1, 2015 – March 31, 2016 program year. This figure includes screening services for breast (46,568), cervical (7,180), and colorectal (5,423) cancers.⁶

Working with Healthcare Providers

One of BCPC’s innovative programs combines “academic detailing⁷” with practice facilitation to help primary care practices increase breast, cervical, and colorectal cancer screening among patients. The program works in two steps. First, healthcare providers and staff from a primary care practice participate in a one-hour academic detailing, or professional development, training session focused on cancer screening recommendations.

Then, trained practice facilitators regularly meet with practice staff to support improvements to electronic health record data and implementation of evidence-based findings from The Community Guide to increase cancer screening rates. Results from a pilot study of the program found that average screening rates for breast cancer increased by 13%, and rates for colorectal cancer increased by 5.6%.⁸

Focusing on Specific Populations

Surveillance data revealed that Medicaid Managed Care (MMC) members in a ten-county, primarily rural area in northern New York had notably lower colorectal cancer screening rates than other MMC members across the state. To address this discrepancy, BCPC partnered with two MMC health plans that serve the region and other NYSDOH staff who oversee quality measurement and improvement activities.

Together, they developed a plan to implement evidence-based interventions from The Community Guide aimed at providers and clients. Provider reminder and education interventions targeted 592 primary care providers and 126 specialty care providers. Client-focused education, reminders and, for some, small financial incentives, were used to promote screening to more than 6,000 MMC members in the ten-county region.

Initial evaluation data showed that, compared with a control group, MMC members who received a client reminder plus a \$25 incentive had the highest colorectal cancer screening rates, followed by clients who received reminders without an incentive. A mailed survey with telephone follow-up is ongoing to assess barriers to screening in this population.

Reducing Barriers

New York launched two new cancer screening patient navigation projects in 2016 based on the success of previous projects that showed patient navigation increased cancer screening rates in health systems. One of the projects focuses on patient navigation within Federally Qualified Health Centers to increase cervical and colorectal cancer screening in underserved communities. The other project works with New York State breast centers that have achieved accreditation by the National Accreditation Program for Breast Centers to increase breast cancer screening rates in priority populations.

Among other things, patient navigators help clients understand the importance of preventive and diagnostic health services and work to reduce structural barriers to care—a Task Force-recommended approach to increase cancer screening. Patient navigators help men and women address a variety of barriers including costs, transportation, inconvenient clinic hours, or child care.

Reaching Audiences Big and Small

The BCPC oversees two media campaigns aimed at increasing cancer screening. The *Don't Wonder – Know!* campaign combines mass media with small media to promote colorectal cancer screening among people ages 50 years and older. Three public service announcements are targeted to communities with higher colorectal cancer rates through television, radio, social media, and print channels that include newspapers, bus shelters, subways, and store fronts. Brochures and posters with consistent messaging are distributed to contractors and partners and made available to the public. Cancer Services Program contractors use peer educators to convey the importance of early detection through group and one-on-one education. A separate mass media intervention aims to increase breast cancer screening by highlighting known barriers to screening and reminding women about the importance of early detection.



Strengthening Evidence-Based Approaches through Policy

In 2016, New York State passed legislation put forward by Governor Cuomo to reduce structural barriers to breast cancer screening. The legislation extends hours for mammography screening at over 200 hospitals across the state to include an additional four hours per week outside of the typical 9 to 5 workday.

It also extends a previous law that entitled municipal employees to four hours of paid leave for breast or prostate cancer screening to include municipal employees in New York City. An additional law that goes into effect in 2017 eliminates annual deductibles, co-payments, and co-insurance payments for screening and diagnostic imaging for the detection of breast cancer. Decision makers considered Task Force recommendations for interventions to reduce structural barriers and out-of-pocket costs to increase cancer screenings as they were drafting these laws.⁹

What is The Community Guide?

The Guide to Community Preventive Services (The Community Guide) is an essential resource for people who want to know what works in public health. It provides evidence-based recommendations about public health interventions and policies to improve health and promote safety.

The Community Preventive Services Task Force (Task Force)—an independent, nonfederal, unpaid panel of public health and prevention experts—bases its recommendations on systematic reviews of the scientific literature. With oversight from the Task Force, scientists and subject-matter experts from the Centers for Disease Control and Prevention conduct these reviews in collaboration with a wide range of government, academic, policy, and practice-based partners.

www.thecommunityguide.org

 Follow [@CPSTF](https://twitter.com/CPSTF)

 Community Preventive Services Task Force

March 2017

Recognizing how difficult it is for workers to find time for cancer screening, the BCPC oversees 28 projects across the state that are working with employers to allow employees paid time off for cancer screening. Project staff are working with worksites and municipalities to adopt or expand paid leave for cancer screening policies for their employees.¹⁰ As of fall 2016, eight municipalities and five organizations have adopted or expanded paid leave policies for cancer screenings.

Lessons Learned

- **Rely on the evidence and others will follow.** Use evidence-based approaches that have been proven to work and share what you've learned. Organizations and decision-makers will follow your lead and seek your input.
- **Address a problem from every angle.** New York State is using evidence-based interventions that address individuals, organizations, and the entire state.

¹NYSDOH. Leading Causes of Death, New York State, 2005-2014. Albany (NY): 2016. Accessed on 12/14/16 from URL: https://www.health.ny.gov/statistics/leadingcauses_death/nys_by_year.htm

²CDC. CDC Wonder: United States and Puerto Rico Cancer Statistics, 1999-2013 Incidence Request. Atlanta (GA): 2016. Accessed on 12/14/16 from URL: <https://wonder.cdc.gov/cancer-v2013.HTML>

³NYSDOH, Division of Information and Statistics, Office of Quality and Patient Safety. Annual Report of Vital Statistics: New York State 2014. Albany (NY): 2016. Accessed 12/14/16; https://www.health.ny.gov/statistics/vital_statistics/docs/vital_statistics_annual_report_2014.pdf

⁴NYSDOH. New York State Cancer Registry, Cancer Incidence and Mortality for New York State, 2009-2013. Albany (NY): 2016. Accessed 12/14/16; www.health.ny.gov/statistics/cancer/registry/vol1/v1rnys.htm

⁵NYSDOH. New York State Prevention Agenda 2013-2018: Priorities, Focus Areas, Goals and Objectives, 1/25/2013 (revised 3/16/15). Albany (NY): 2016. Accessed 12/14/16; www.health.ny.gov/prevention/prevention_agenda/2013-2017/tracking_indicators.htm

⁶New York State Cancer Services Program. (2016). Cancer Services Program data system export. Unpublished raw data.

⁷Avorn J. Academic detailing: "marketing" the best evidence to clinicians. *JAMA* 2017;317(4):361-2.

⁸Mader EM, Fox CH, Epling JW, et al. A practice facilitation and academic detailing intervention can improve cancer screening rates in primary care safety net clinics. *J Am Board Fam Med* 2016;29(5):533-42.

⁹Initiatives build on governor's plan to improve access to breast cancer screenings – the most aggressive in the nation: agreement expands screening hours at hospitals and clinics; removes insurance barriers and offers paid leave for screenings to all public employees [news release]. Albany (NY): New York State Governor's Press Office; 6/12/16. Accessed 2/8/17; www.governor.ny.gov/news/governor-cuomo-majority-leader-flanagan-and-speaker-heastie-announce-agreement-new-legislation

¹⁰NYSDOH. Developing a Paid Leave Policy for Cancer Screenings. Albany (NY): 2016. Accessed 12/22/16; www.health.ny.gov/diseases/cancer/educational_materials/docs/developing_paid_leave_policy.pdf