

# The Provincial Breast Health Strategy

Working together to improve breast cancer prevention, screening and diagnosis in BC



## PREVENTION TEAM WORKING GROUP

Presented by Linda Morris and Brenda Canitz



## MEMBERSHIP ON PREVENTION TEAM

**Co-Chair: Linda Morris**

- Cathy Adair
- Cheryl Davies
- Lydia Drasic
- Joan Geber
- Paula Gordon

**Co-Chair: Brenda Canitz**

- Carolyn Gotay
- Lisa Kan
- David Levy
- Anne McLaughlin
- Lynn Pelletier
- Richard Simson



## PREVENTION TEAM'S OBJECTIVE - #1

1. To improve the effectiveness of the Screening Mammography Program of BC (SMPBC) in reducing mortality due to breast cancer.



## PREVENTION TEAM'S OBJECTIVE #1

### TWO PRIMARY TASKS

- A. Update the screening policy to ensure that the program targets women who would receive the most benefit from screening mammography
- B. Develop strategies to recruit and retain at least 70% of eligible women to the screening program while working towards the broadest participation & retention



## PREVENTION TEAM'S OBJECTIVE - #1

### SCOPE OF WORK

- ✓ Review & update the BC breast cancer screening policy
- ✓ Align breast cancer screening with other clinical prevention strategies across the lifespan
- ✓ Develop social marketing strategies
- ✓ Align targeted communication campaigns between organizations



## PREVENTION TEAM'S OBJECTIVE - #1

### SCOPE OF WORK

- ✓ Develop and implement targeted strategies to increase access to screening for "*hard to reach*" populations
- ✓ Improve communication and partnerships with primary care physicians
- ✓ Eliminate barriers to accessing the breast cancer screening program for women without a family physician



## PREVENTION TEAM'S MAJOR OBJECTIVE - #2

2. To decrease the incidence of breast cancer and demand on the breast health system.



## PREVENTION TEAM'S OBJECTIVE - #2

### ONE PRIMARY TASK...THREE AREAS OF SCOPE

- Collaborate on the delivery of evidence-based approaches to primary prevention of breast cancer to:
  - ✓ Determine the most effective approach to primary prevention of breast cancer
  - ✓ Collaborate on the delivery of primary prevention programs to avoid overlap, duplication & confusing messages.
  - ✓ Integrate the delivery of primary prevention of breast cancer with healthy living (prevention) programs at PHSA, HSA & community agencies



## PREVENTION TEAM – FIRST STEPS

1. Status of current breast screening policy and screening delivery in BC
2. Evidence Review
3. Communications Audit



## CURRENT BREAST SCREENING POLICY IN BC

- **Age 40-49:**  
Self referred; screening every 12-18 months
- **Age 50-79:**  
Self referred; screening every 24 months
- **Age 80+:**  
Family physicians may refer women in good general health



## DELIVERY OF SCREENING ACROSS BC

- Contracts with regional Health Authorities and community imaging clinics for the services
- 37 fixed location clinics
  - ✓ 29 hospitals and 8 community clinics
- 3 mobile units visiting 100+ communities, 1-2 times yearly
- Performed 305,900 exams in 2009/2010



## SCREENING PARTICIPATION RATES IN BC

Participation Rate for Women Ages 50-69

