Prevention Team: Input from Summit Participants

Provincial Breast Health Strategy Objectives (#3 and #4):

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

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

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

- Collaborate on the delivery of evidence-based approaches to primary prevention of breast cancer.
- Determine the most effective (evidence-based) approach to primary prevention of breast cancer.
- Integrate the delivery of primary prevention of breast cancer with healthy living (prevention) programs at PHSA, HAs & community agencies.

Themes from Summit Breakout Group Discussions:

Given the information received to date, what do you think the breast cancer screening policy should be? For 40 to 49-year-old women? For 50 to 69-year-old women? For women of 70+?

Facilitator Dr. David Levy noted that the decision process for updating the screening policy will involve the BC Cancer Agency/PHSA bringing recommendations to the Ministry of Health Services, which can make policy changes if needed. (Dr. Hans Krueger, who conducted an evidence review commissioned by the BC Cancer Agency as part of the Provincial Breast Health Strategy, presented highlights of the review to the Summit participants and was available to answer questions at this group session.)

- Several participants raised concerns about the evidence used in the review, such as the vintage of the studies included and why others were excluded. These were addressed by Dr. Krueger and a study suggested was to be included before the review would be finalized.
- Cost-effectiveness – questions asked about how cost-effectiveness is determined and the validity of evidence where US dollars are converted into Canadian dollars HK noted that we do not have a good study related to the cost-effectiveness of breast cancer screening in Canada.
- Policy – participants discussed a number of factors – selection below (random order):
    - Focus on the 50 to 69-year olds, but do not take resources away from the 40 to 49-year olds.
    - Look at risk factors other than age as risk factors for overall screening eligibility?
    - Screen women age 40 to 49 every two years?
    - Should we look at physiological age as well as actual age in deciding to provide screening for older women not currently covered?
    - Screening the 40 to 49 year olds takes up capacity in the system.
    - If you only have so many dollars, where do you spend them?
    - Need Canadian study to show whether there is a real benefit of screening 40 to 49.

Screening Compliance and Messaging: What strategies do we need to encourage women to present for screening or to accept an invitation? What changes do we need to make to promote screening?

- Issue invitations to women. (Reminders are currently sent only to women who are already in the system.) and make it easier to book appointment e.g. online booking, increase screening hours
- Remote/Rural Areas - bring testers/screeners to communities.

- Hard to reach women - different strategies are needed for Aboriginal and Asian women, specific messages targeted to subpopulations, need to overcome language, socioeconomic barriers
- Messaging - emphasize "positive" messaging (number of abnormal scans is low), start early in schools, integrate screening into "Women's Wellness" programs
- Partners - need to be more collaborative and work with partners, such as communities, employers (workplace marketing and workplace mammography) local/workplace champions
- Primary Health Care Services/Clinics – need to help family doctors use "intervention moment" to educate about breast health/mammography
- Integrated approach to women's health – e.g. nurse practitioners

Barriers to accessing prevention, screening and breast health

- Family doctors - compensation is a barrier for doctors to provide primary and preventative care, fewer doctors now performing comprehensive annual check-ups/breast exams and not having family doctor creates barrier to screening in many cases
- Rural areas - time, distance, convenience issue for women in remote areas with longer distance to clinic and infrequent visit from mobile unit
- Socioeconomic – wage loss, logistical problems for low income women, single moms

Should we take a lifespan approach to health communications and messaging?

- Agreed that the lifespan approach is best as it provides an opportunity to begin messaging around health - that includes breast health - at an early age.
- Integrate breast health messaging with existing messaging, such as sexual health in high school
- Look at the diversity of populations - target "missed" groups, due to system barriers, socioeconomic, geography
- The messaging needs to be flexible and positive, and meet some of the issues "head on".
- Include clear, integrated prevention strategies (alcohol use, diet, exercise/activity).
- Need to provide better communication regarding compression, radiation of mammography

Who is accountable for delivering breast health information and messaging?

- Should be a provincially-driven process/initiative to ensure consistency in messaging/strategies
- How do we ensure consistency? Do all health care providers agree with the messages?
- We are overwhelmed with information about breast cancer, yet low participation in screening
- The patient's relationship with her GP may provide greater opportunities for information
- Provide a "direct to the consumer" approach – package of information sent to women periodically through mailings and/or provided through their direct care providers.
- Set a common standard of care/communication for techs and clerks

How do we deal with the lack of health literacy across populations?

- With limited resources, we need to target groups where we can be most effective
- Approach the leaders/representatives of the various ethnic communities to develop messaging and strategies that help engage these populations. Ensure we have translations in all languages.
- Friends and family are instrumental in spreading good health messages and encouraging mammograms - offer incentives to women to spread the message, e.g. postcards
- Need to consider all parts of care: physical, emotional, spiritual (each woman different)
- The flood of messages around cancer (survival rates, statistics re: # of people at risk) may be scary and create fear.