

# *Action Plan* on Breast & Cervical Cancers for Texas



# Action Plan on Breast & Cervical Cancers for Texas

**August 2003**

**Developed by:**

Texas Medical Association's  
Physician Oncology Education Program

**Andrew Miller, MHSE, CHES**

*Project Director*

**Robin C. Meadows**

*Project Coordinator*

**Martha T. Johnson**

*Graphic Designer*

**This project is a collaboration of these  
agencies and organizations:**

Texas Cancer Council  
Texas Department of Health  
Texas Medical Association  
Physician Oncology Education Program

Funded by the Centers for Disease Control and Prevention

This report is also available on the Web at: [www.tcc.state.tx.us](http://www.tcc.state.tx.us)



# Contents

Executive Summary ..... 3

Introduction ..... 6

    Project Charge ..... 7

    Action Plan Development ..... 7

    Steering Committee Members ..... 7

Health Disparities in Breast and Cervical Cancer in Texas ..... 9

    Epidemiology of Breast and Cervical Cancer in Texas ..... 10

    Breast and Cervical Cancer by Race or Ethnicity ..... 10

    Breast and Cervical Cancer by Age ..... 11

    Breast and Cervical Cancers Along the Texas-Mexico Border ..... 12

    Mammography and Cervical Cancer Screening Prevalence in Texas ..... 12

*The 1993 Texas Breast and Cervical Cancer Plan: A Guide to Action* ..... 13

    Assessment of The 1993 Texas Breast and Cervical Cancer Plan: A Guide to Action ..... 15

The Next 10 years ..... 23

*2003 Action Plan on Breast and Cervical Cancers for Texas: Goals, Objectives, and Strategies* ..... 25

Conclusion ..... 33

# Executive Summary

# Executive Summary

*The Action Plan on Breast and Cervical Cancers for Texas* is one of a series of comprehensive action plans designed to carry out the goals of the Texas Cancer Plan. Each action plan addresses a specific cancer and its impact on Texas, and contains strategies designed to reduce mortality and morbidity associated with that cancer.

To address the burden of breast and cervical cancers, the Texas Cancer Council (TCC) partnered with the Texas Department of Health's Breast and Cervical Cancer Control Program (BCCCCP) to update the 1993 *Texas Breast and Cervical Cancer Plan: A Guide to Action*. Funding was made available by the Centers for Disease Control and Prevention (CDC). The Texas Medical Association's Physician Oncology Education Program (POEP) was charged with facilitating the *Action Plan* update and, to do so, worked with breast and cervical cancer experts and survivors across the state.

The goal in updating the *Action Plan* was to identify priorities from the 1993 Action Plan that need implementation and to identify emerging priorities. As with the 1993 Action Plan, the mission is to "develop, promote, implement, and evaluate a comprehensive, statewide plan to reduce the human, economic, and social impact of breast and cervical cancers."

Breast cancer is the most commonly reported form of cancer in women today. In 2003, 13,300 Texans will be diagnosed with breast cancer and 2,700 will die from it.

Cervical cancer is seventh among cancers diagnosed in Texas women and represents 2 percent of cancer deaths in Texas women. About 1,100 women are expected to be diagnosed with invasive cervical cancer in 2003, and 365 will die from the disease.

In Texas, non-Hispanic white women are diagnosed with breast cancer at higher rates than other race/ethnicity groups. However, African-American females carry a disproportionate amount of the breast cancer burden because they are more likely to die from the disease than other groups. With cervical cancer, Hispanic females have an incidence rate 1.8 times that of non-Hispanic whites, and African-American women have 1.4 times the mortality rate of Hispanic women. These disparities may imply that important differences exist in early detection, treatment, and other risk factors that affect these two diseases.

The *Action Plan* addresses these challenges and identifies goals to reduce the impact of breast and cervical cancers in Texas for the general public, community leaders, advocacy and support organizations, the health care community and funding agencies. It complements and enhances the goals of the *Texas Cancer Plan*. Specific objectives and strategies address these goals:

**Goal I:** Provide accurate, useful information about breast and cervical cancer prevention, screening, diagnosis, treatment, rehabilitation, and support to all Texans.

**Goal II:** Ensure appropriate access to and utilization of quality breast and cervical cancer control programs, including prevention, screening, diagnosis, treatment, clinical trials, rehabilitation, and/or support services, by all Texans.

**Goal III:** Stimulate and support the development of collaborations and the continuation of existing collaborations among different stakeholders, including, but not limited to, cancer survivors, policy-makers, health care professionals, researchers, citizen groups, volunteers, faith communities and the business community to initiate, coordinate, and evaluate needed breast and cervical cancer policies and services.

**Goal IV:** Enhance health care professionals' attitudes, knowledge, skills, and practices in breast and cervical cancer prevention, screening, diagnosis, treatment, rehabilitation, quality-of-life and support issues, including end-of-life, pain management, and survivorship issues.

**Goal V:** Influence the development and implementation of policies and programs to reduce the impact of breast and cervical cancers on Texans.

**Goal VI:** Ensure the continuity, quality, and timely availability of breast and cervical cancer data in Texas to assess progress in the prevention and control of these cancer sites and to support the development of research that furthers the goals of the *Action Plan*.

# Introduction

# Introduction

## Project Charge

In 2002, the Texas Cancer Council partnered with the Texas Department of Health's *Breast and Cervical Cancer Control Program* (BCCCP) to update the 1993 *Texas Breast and Cervical Cancer Plan: A Guide to Action*. The Centers for Disease Control and Prevention (CDC) awarded funds to the BCCCP to update the *Action Plan*, and the BCCCP, in turn, allocated the funds to the Texas Cancer Council. The Texas Cancer Council then charged the Texas Medical Association's Physician Oncology Education Program with facilitating the *Action Plan's* update to develop, a comprehensive, statewide plan to reduce the human, economic, and social impact of breast and cervical cancers in Texas.

## Action Plan Development

The BCCCP and the Texas Cancer Council identified key individuals in breast and cervical cancer prevention, screening, detection, treatment, palliative care and support services from the public and private sectors to serve on the Steering Committee. The project began on Sept. 1, 2002.

The POEP compiled current breast and cervical cancer resources and members were asked to provide recommendations for goals, objectives, and strategies based on those from the first *Action Plan*. The goals, objectives and strategies, which identified priority needs in the state, were developed during a series of meetings.

The BCCCP and the Texas Cancer Council revised the final draft of the *Action Plan* which has been distributed all over the state to community organizations, health care professionals, educators, policy-makers and opinion leaders. It also was made available for public access on the Internet at [www.tdh.state.tx.us](http://www.tdh.state.tx.us) and [www.tcc.state.tx.us](http://www.tcc.state.tx.us).

## Texas Breast and Cervical Cancer Strategic Planning Steering Committee

The following individuals lent their expertise, skill and time to the creation of the *Action Plan*:

Edward V. Hannigan, MD, Chair  
The University of Texas Medical Branch at Galveston

Lewis Foxhall, MD  
The University of Texas M.D. Anderson Cancer Center

Mary Lou Adams, PhD, RN  
The University of Texas School of Nursing

Dava Gerard, MD  
Don & Sybil Harrington Cancer Center

Terry Bevers, MD  
The University of Texas M.D. Anderson Cancer Center

Loretta Hanser  
Harris County Hospital District

Terri Bronocco-Jones  
WINGS

Carolyn D. Harvey, RN, PhD  
East Texas Baptist University School of Nursing

Angie Colbert  
American Cancer Society, Texas Division, Inc.

Mickey L. Jacobs, MSHP  
Texas Cancer Council

Deborah Duncan  
The Breast Cancer Advocacy, Awareness  
and Outreach Center

Elizabeth Jekot, MD  
Center for Women's Health  
Baylor Richardson Medical Center

Maria Fernandez, PhD  
The University of Texas-Houston Health Science Center  
School of Public Health

A. Marilyn Leitch, MD  
The University of Texas Southwestern



Stefany Levrier, LSW  
Planned Parenthood Association of Cameron & Willacy  
Counties

Ramona Magid  
Komen Breast Cancer Foundation, Austin

Catherine McGuire, RN, BSN  
Nurse Oncology Education Program  
Texas Nurses Foundation

Margaret C. Mendez, MPA  
Bureau of Women's Health  
Texas Department of Health

Jerilyn Miller  
Susan G. Komen Foundation, San Antonio

Brenda Mokry  
Texas Cancer Registry  
Texas Department of Health

Connie Mobley, PhD, RD  
The University of Texas Health Science Center  
at San Antonio

Eva Moya, LMSW  
United States-Mexico Border Health Commission

Rosamaria Murillo, LMSW  
Women's Health, Breast and Cervical Cancer  
Control Program  
Texas Department of Health

Dina Ortiz  
United States-Mexico Border Health Commission

Billy Philips, Jr., PhD, MPH, FACE  
The University of Texas Medical Branch at Galveston

Amelie Ramirez, DrPH  
Redes en Acción  
Baylor College of Medicine

Catherine A. Ronaghan, MD  
Arrington Comprehensive Breast Center

Juanita Salinas  
Adult Health Program  
Texas Department of Health

Sandra San Miguel, MS  
Redes en Acción  
Baylor College of Medicine

Linda Schickedanz, RN, MSN, AOCN  
Oncology Educator

Guillermo Tortolero-Luna, MD, PhD  
The University of Texas M.D. Anderson Cancer Center

Andrea Uribe-Sanders, RNC, WHCNP, CHTP, HNC  
Cancer and Chronic Disease Consortium

Armin Weinberg, PhD  
Baylor College of Medicine

Dorothy Weston  
The Rose Breast Imaging Center

Melanie Williams, PhD  
Texas Cancer Registry  
Texas Department of Health

Carol Yarborough  
Survivor

# Health Disparities in Breast and Cervical Cancers in Texas

# Health Disparities in Breast and Cervical Cancers in Texas

## Epidemiology of Breast and Cervical Cancers

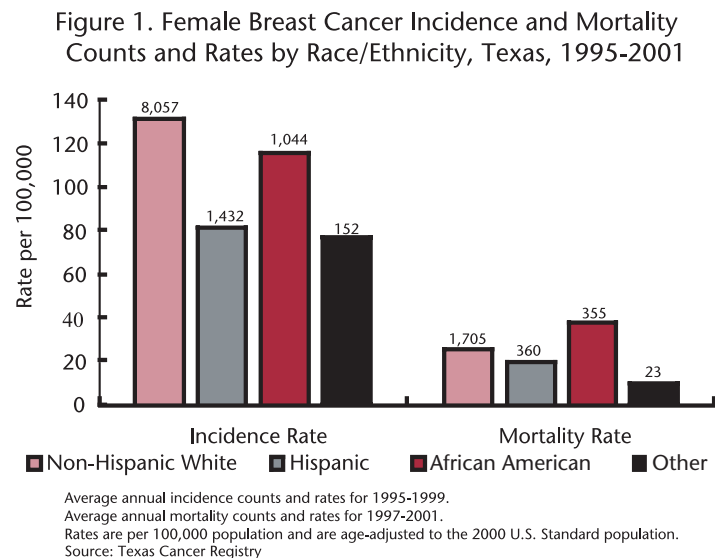
Based on 1995-99 data, approximately 10,700 new cases of invasive breast cancer and 1,100 new cases of invasive cervical cancer are diagnosed in Texas women each year. Another 2,444 deaths are caused by breast cancer annually, while cervical cancer claims the lives of more than 300 Texas women each year (based on data from 1997-2001).

Breast cancer is the most common non-skin cancer diagnosed among women in Texas, regardless of race or ethnicity. Among Texas females, breast cancer accounts for nearly one-third of all cancer cases, but fewer than 16 percent of cancer deaths. Male breast cancer is rare; approximately 120 Texas men develop breast cancer each year, and fewer than 20 die from it. Cervical cancer ranks seventh among the leading cancers diagnosed in Texas women. Invasive cervical cancer represents approximately 3 percent of all female cancer cases and 2 percent of all female cancer deaths in Texas.

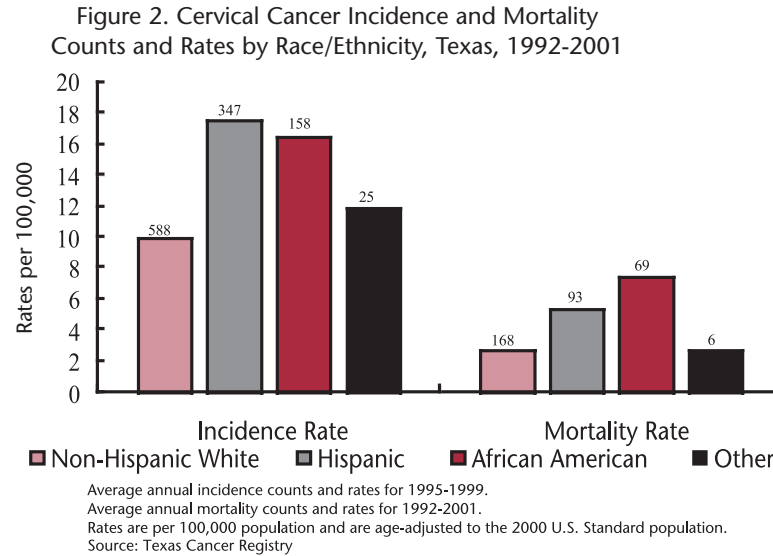
In 2003, approximately 13,300 Texas women will be diagnosed with breast cancer and 2,700 will die from this disease. Invasive cervical cancer will be diagnosed in approximately 1,100 Texas women, and 365 women will die from this preventable cancer.

## Breast and Cervical Cancers by Race or Ethnicity

Non-Hispanic white females are diagnosed with breast cancer at higher rates than other race/ethnicity groups, but African-American females die at much higher rates – nearly twice that of Hispanic females with breast cancer (Figure 1). In other words, African-American women are less likely to be diagnosed with breast cancer than non-Hispanic whites, although they are more likely to die from the disease.



Cervical cancer is the third most common cancer site among Hispanic females, who have an incidence rate 1.8 times that of non-Hispanic whites (Figure 2). African-American females in Texas have 1.4 times the mortality rate of Hispanic women and nearly three times the cervical cancer mortality rate of non-Hispanic whites. These disparities suggest major differences in early detection, treatment, and other risk factors influencing these two cancers.



## Breast and Cervical Cancers by Age

The majority of female breast cancer cases (64 percent) occur in women age 55 and older (Table 1). Non-Hispanic white females age 45 and above have the highest breast cancer incidence rates. For cervical cancer, this trend is reversed with approximately two-thirds of invasive cervical cancers being diagnosed in women below the age of 55 (Table 2).

Table 1. Female Breast Cancer Average Annual Cases and Percentage of Total New Cancers by Age of Diagnosis, Texas, 1995-1999

Age	No. of Cases	% Total New Cases
0-34	280	2.6
35-44	1,320	12.3
45-54	2,316	21.6
55-64	2,217	20.7
65-74	2,377	22.2
75-84	1,647	15.4
85+	566	5.3

Average annual incidence counts are rounded to the nearest whole. Percentages are based on unrounded counts and total. Incidence included invasive cancer only. In situ cases are excluded.  
Source: Texas Cancer Registry

Table 2. Cervical Cancer Average Annual Cases and Percentage of Total New Cancers by Age of Diagnosis, Texas, 1995-1999

Age	No. of Cases	% Total New Cases
0-34	197	17.6
35-44	304	27.2
45-54	232	20.7
55-64	150	13.4
65-74	126	11.2
75-84	82	7.3
85+	30	2.7

Average annual incidence counts are rounded to the nearest whole. Percentages are based on unrounded counts and total. Incidence included invasive cancer only. In situ cases are excluded.  
Source: Texas Cancer Registry

Hispanic females age 35 and above have the highest cervical cancer incidence rates. However, more than half of cervical cancer deaths occur in women over age 55, probably because older women with cervical cancer are more likely to be diagnosed at an advanced stage. This shows the need for screening among women in this age group. In every age group, African-American females in Texas have the highest breast and cervical cancer mortality rates.

## Breast and Cervical Cancers Along the Texas-Mexico Border

Overall, breast cancer incidence and mortality rates are lower among women living along the Texas-Mexico border compared with the rest of the state. In contrast, cervical cancer incidence and mortality rates are higher among women who live in Texas-Mexico border counties.

Hispanic females living in the Texas-Mexico border fare worse than Hispanic females in the rest of the state for both breast and cervical cancer incidence and mortality, with rates nine percent to 25 percent higher. This may be because Hispanic women who live on the border are less likely to undergo routine screenings for breast and cervical cancers, according to a recent study by the CDC<sup>1</sup>. Access to care along the Texas-Mexico border and the need for culturally sensitive preventive care in the United States may also account for lower cancer screening rates among Hispanic women.

## Mammography and Cervical Cancer Screening Prevalence in Texas

Data from the 2002 survey of the Behavioral Risk Factor Surveillance System showed varying use of screening methods for breast and cervical cancers. Of Texas women 40 years and older, 69 percent had a recent mammogram (within the past two years). Non-Hispanic whites had the highest percentage of females with a recent mammogram (71 percent) compared with Hispanics (62 percent) and African-Americans (70 percent). Texas women 65 and older are slightly more likely to have undergone a recent mammogram than women aged 40-64. Women living along the Texas-Mexico border and women with less than a high school education reported the lowest recent mammograms (61 percent and 54 percent, respectively).<sup>2</sup>

Eighty-two percent of Texas women 18 years and older had a recent Pap test within the past three years. Non-Hispanic white females had the lowest percentage of recent Pap tests (82 percent) compared with African-Americans (90 percent) and Hispanic females (82 percent). Women 65 years and older were less likely than younger women to have undergone a recent Pap test. Women from border counties and women with less than a high school education also reported low recent Pap screenings (76 percent and 76 percent, respectively).<sup>2</sup>

1. Breast and cervical cancer screening practices among Hispanic and non-Hispanic women residing near the United States-Mexico Border, 1999-2000. Steven S. Coughlin, Robert J. Uhler, Thomas Richards and Katherine M. Wilson. *Family and Community Health*, April-June 2003 v26 i2 p130(10).
2. Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2002.

A Look Back at the 1993  
*Texas Breast and  
Cervical Cancer Plan:  
A Guide to Action*

# A Look Back at the 1993 *Texas Breast and Cervical Cancer Plan: A Guide to Action*

As one of the first states to implement the CDC's Breast and Cervical Cancer Early Detection Program, the TDH was required by the CDC to develop a statewide plan for breast and cervical cancers. The TDH elected to contract with the Texas Cancer Council to create the Action Plan while it was implementing the new screening services.

The 1993 *Texas Breast and Cervical Cancer Plan: A Guide to Action* was a first-of-a-kind initiative for Texas. Over a two-year period, the Texas Cancer Council aimed to develop a plan that encompassed the new Breast and Cervical Cancer Control Program, as well as all breast and cervical cancer activities in the state. The initiative was led by a steering committee composed of health care professionals, cancer survivors and community leaders from throughout the state. The Texas Cancer Council and the Texas Division of American Cancer Society (ACS), sponsored seven public hearings around the state to collect information regarding barriers to breast and cervical cancer services and to obtain ideas for improving these services.

The mission of the Texas Breast and Cervical Cancer Steering Committee was to “develop, promote, implement, and evaluate a comprehensive, statewide plan to reduce the human, economic, and social impact of breast and cervical cancers.” The *Action Plan* centered on quality health care for all Texans including prevention and early detection; public awareness; collaboration among health care professionals and community coalitions; up-to-date breast and cervical cancer screening, diagnosis, and treatment services in conjunction with other health services; and services that did not cause individuals to sacrifice quality for cost.

In addition, the Steering Committee supported the Texas Cancer Objective for the Year 2000 modeled after *Healthy People 2000: National Health Promotion and Disease Prevention*. The Steering Committee proposed strategies to meet the year 2000 indicators specific to breast and cervical cancers.

The *Action Plan* was intended for many purposes. The Texas Cancer Council used it to guide the development of its funded breast and cervical cancer initiatives. The Action Plan was assessed every two years at the Council's strategic planning sessions to determine priority cancer control initiatives.

Similarly, TDH used information from the *Action Plan* in grant applications to the CDC. The data helped TDH document consistency with state objectives for breast and cervical cancer control and the need for continued funding of essential infrastructure activities beyond screening such as public awareness, surveillance, and coalition development. Also, for TDH, the *Action Plan* served as a basis to support urgent and additional funding requests to the Texas Cancer Council to fund diagnostic and support services not funded by CDC.

Other organizations, including the ACS, were encouraged to use the *Action Plan* to further the many shared goals of Texas' cancer community. The Texas Department of Health's breast and cervical cancer contractors were provided copies of the *Action Plan* and were encouraged to use the Action Plan in local development activities. Also, TDH emphasized the development of programs for health care professionals in the Breast and Cervical Cancer Control Program.

## Assessment of The 1993 Texas Breast and Cervical Cancer Plan: A Guide to Action

Before updating the *Action Plan*, the Steering Committee reviewed the status of the original plan and evaluated the extent to which specific goals and objectives had been achieved. The Steering Committee used this evaluation to determine which goals and objectives should be retained in the current volume and which needed revision.

Lack of statewide data and the absence of a designated organization responsible for collecting that data hindered the Steering Committee's efforts to evaluate every outcome measure in the original *Action Plan*. In the absence of complete data, the Steering Committee sought reasonable indicators that would demonstrate the extent to which goals and objectives were achieved. The information below helped the Steering Committee set priorities for the current *Action Plan*.

## 1993 Goals and Objectives

### Goal I

**All women in Texas, regardless of ability to pay, education, age, place of residence, ethnicity, race, religion, or sexual orientation, will have current information and the service necessary to prevent, detect, diagnose, treat, and cure breast and cervical cancers.**

#### **Objective A**

**Increase the percentage of women in Texas who know breast and cervical cancer risk factors and who comply with American Cancer Society screening guidelines:**

Data collected by TDH and the CDC through their Behavioral Risk Factor Surveillance Surveys (BRFSS) were chosen as reasonable substitute indicators since statewide information on this outcome was unavailable.

#### **Outcome Measure 1**

**Percentage of Texas women 40 and over receiving a routine clinical breast exam.**

- In 1991, **58 percent** of Texas women age 50 and older had received a clinical breast exam within the past year (TDH, 1991).
- In 2001, **72 percent** of Texas women age 50 and older had received a clinical breast exam within the past two years (CDC, 2001).

#### **Outcome Measure 2**

**Percentage of Texas women 40 and over receiving a screening mammogram.**

- In 1991, **44 percent** of Texas women age 50 and older had received a mammogram within the past year (TDH, 1991).
- In 2001, **57 percent** of Texas women age 50 and older had received a mammogram within the past year, and **86 percent** had received a mammogram at least once in her lifetime (CDC, 2001).

#### **Outcome Measure 3**

**Percentage of Texas women receiving a Pap smear.**



- In 1991, **68 percent** of Texas women had received a Pap smear within the past year (TDH, 1991).
- In 2001, **82 percent** of Texas women had received a Pap smear within the past three years (CDC, 2001).

#### **Outcome Measure 4**

**Percentage of Texas women able to identify age, being female, and family history as risk factors for breast cancer.**

Data necessary to evaluate this measure have not been collected.

#### **Outcome Measure 5**

**Percentage of Texas women able to identify early sexual activity, multiple sex partners, and smoking as risk factors for cervical cancer.**

Data necessary to evaluate this measure have not been collected.

The strategies recommended to achieve these objectives and the extent to which they were employed are as follows:

##### **Strategy 1**

**Develop quality assurance guidelines for breast and cervical cancer prevention and early detection educational materials.**

Texas Cancer Council (TCC) funded the development of Cultural Competence Guidelines for assessing and developing educational materials for African-American and Hispanic audiences. These Guidelines are available on the Texas Cancer Council Web site at [www.tcc.state.tx.us](http://www.tcc.state.tx.us).

American Cancer Society (ACS) established “essential elements” for comprehensive initiatives addressing breast and cervical cancers, but it does not include specific quality assurance guidelines for materials development.

##### **Strategy 2**

**Assure the availability of quality patient and public education materials, campaigns, and programs on breast and cervical cancers that address the special needs of specific groups including women of different ages; cultural, ethnic, and economic groups; women at high risk; and women with various literacy levels or physical or mental disabilities.**

Educational materials have been developed by numerous governmental, advocacy and community organizations that address the needs of women in specific groups. They are widely available in print and via the Internet. Since the original Action Plan was developed, the Internet is much more widely used as a health information resource, where much information on breast and cervical cancers is readily available. Among the many Web based information sources is the Texas Cancer Gateway, a consumer cancer information portal that links users to credible Web sites on all cancers.

##### **Strategy 3**

**Adopt guidelines for including age-appropriate and culturally appropriate breast and cervical cancer content in Texas public schools, including effective teaching methodologies.**

Health education in Texas schools is currently overseen by local School Health Advisory Councils. ACS provides resources for parents, teachers and community leaders through regional and state conferences, a national Web site ([www.schoolhealth.info](http://www.schoolhealth.info)), local school health coalitions, and advocacy activities.

##### **Strategy 4**

**Increase the number of quality breast and cervical cancer prevention and early detection activities in communities and worksites.**

The BCCCP has established guidelines for breast and cervical health for providers in the BCCCP network, including guidelines for quality assurance activities. The number of providers across the state has increased during the past 10 years, including those in Medically Underserved Areas (MUAs).

In addition, Texas Cancer Council has funded 103 community projects addressing breast and/or cervical cancer from 1993 – 2001, all of which served medically underserved populations. Without Council funding, these projects would likely not have existed.

**Objective B**

**By the year 2000, establish a statewide system of comprehensive care, including: patient education, early detection, diagnosis, treatment, and rehabilitation for breast and cervical cancers.**

**Outcome Measure**

**Establishment of a coordinated system of primary care connected to regional medical referral centers strategically located throughout the state.**

A statewide system has not been established, but many of the strategies recommended to achieve this objective have been employed.

**Strategy 1**

**Encourage the placement of primary care providers, including advanced nurse practitioners and physician assistants, in underserved areas in order to decrease the number of counties that are designated Health Professional Shortage Areas (HPSAs) –less than 1 primary care physician per 3,500 people.**

In 2000, **22 percent** of the Texas population lived in HPSAs. According to the National Conference of State Legislators, an estimated 473 additional clinicians are needed to remove the primary care HPSA designation from all Texas counties. In 1993, **153** Texas counties were designated as HPSAs. By 2002, that number had decreased to **128** Texas counties (TDH, 2002).

**Strategy 2**

**Encourage Texas medical school graduates to choose primary care specialty of family or general practice and nursing school graduates to become advanced nurse practitioners.**

In 1993, Texas had 10,257 primary care physicians and **1,241** nurse practitioners. By 2002, that number had increased to **14,437** primary care physicians and **3,701** nurse practitioners.

**Strategy 3**

**Encourage members of ethnic minority groups to become health care providers.**

According to the Texas State Board of Medical Examiners (TSBME), the percentage of minority primary care physicians in Texas increased from 26 percent to 36 percent between 1993 and 2002. Also, the percentage of minority physician assistants increased from 18 percent to 22 percent between 1998 and 2002 (TSBME, 2002). Similarly, according to the Texas Board of Nurse Examiners (TBNE), the percentage of minority nurses increased from 16 percent to 22 percent between 1993 and 2002 (TBNE, 2002). The number of minority nurse practitioners and radiologic technicians is unknown.

**Strategy 4**

**Increase the availability of breast and cervical cancer screening programs in Texas' Medically Underserved Areas.**

The Texas Cancer Council and the BCCCP have provided screening programs in MUA's throughout Texas that would not have otherwise existed. Currently, **57** out of 128 HSPAs have regularly scheduled breast and cervical cancer screening services available from BCCCP providers. The TDH has successfully competed for increased federal funding to support additional screening programs in the past 10 years. Total federal funding for screening has almost doubled in this period.

**Strategy 5**

**Define and designate regional medical centers that serve the referral needs of primary care providers for breast and cervical cancer diagnostic and treatment services as part of a statewide, coordinated system of health care.**

This strategy was not employed, and no such coordinated system exists in Texas.

**Strategy 6**

**Increase the number of counties served by mobile or fixed-site certified or accredited mammography facilities so all areas of the state have an adequate capacity of quality facilities.**

According to the Texas Cancer Data Center (TCDC), Texas has 565 American College of Radiology (ACR) accredited on-site and mobile mammography units throughout the state. The Texas Cancer Council created a mobile mammography clinic in West Texas that serves more than 30 rural counties. ACR accredited on-site or mobile mammography facilities serve 148 of 254 Texas counties. Comparison data from 1991 is not available.

### **Strategy 7**

**Design and implement an effective health care transportation system that addresses the local and regional transportation needs of women with or at risk for breast or cervical cancer.**

A statewide health care transportation system currently does not exist in Texas. However, local transportation services may be available and found through the ACS Community Resources Database on the ACS Web site [www.cancer.org](http://www.cancer.org) or by calling (800) ACS-2345. TDH has a Medical Transportation Program (MTP) that serves 11 public health regions for eligible Medicaid recipients.

### **Strategy 8**

**Increase the use of telecommunications technology to expand local breast and cervical cancer diagnostic and treatment capabilities.**

According to a report from the Texas Statewide Health Coordinating Council, "State of Telemedicine and Telehealth in Texas," telemedicine training programs exist at the Texas Tech University Health Sciences Center, The University of Texas Medical Branch at Galveston, and The Texas A&M University System Health Science Center, including each institution's participating sites. The content of these programs is unknown as training is site specific. Also, comparison data from 1991 is not readily available.

### **Strategy 9**

**Increase the number and improve the distribution of hospitals and freestanding cancer facilities with the American College of Surgeons (ACoS) Community Hospital Cancer Program components of quality cancer care: a cancer registry; a cancer committee; cancer conferences; and patient evaluation.**

According to the American College of Surgeons, M.D. Anderson Cancer Center in Houston is the only National Cancer Institute-designated Comprehensive Cancer Program in the state, although Texas has 16 Community Hospital Comprehensive Cancer Programs. These are located in Amarillo (2), Beaumont (1), Corpus Christi (1), Dallas (2), Houston (4), Lubbock (2), San Antonio (2), Texarkana (1), and Tyler (2). Comparison data from 1991 is not readily available.

### **Strategy 10**

**Increase the availability of culturally sensitive support services (including support groups) for breast and cervical cancer survivors and for the families, friends and significant others of women with breast and cervical cancers.**

No data exists on the availability of support services. Resources can be found through the ACS Community Resources Database on the ACS Web site [www.cancer.org](http://www.cancer.org) or by calling (800) ACS-2345 and through the Texas Cancer Data Center (TCDC) Web site <http://tcdc.uth.tmc.edu>.

## **Objective C**

**Increase the percentage of Texas women with financial coverage for breast and cervical cancer prevention education, screening, diagnosis and treatment services.**

### **Outcome Measure**

**Percentage of Texas Women with financial coverage for basic health services that include prevention education, screening, diagnosis, and treatment of breast and cervical cancer.**

Data are not available to measure this objective.

### **Strategy 1**

**Encourage reform of the health care system in Texas so that:**

- **Everyone has access to financial coverage for basic health services.**

- **Basic health care services are defined so that everyone has access to important basics including prevention education, screening and treatment.**
- **There are no out-of-pocket expenditures for screening.**
- **No one with a pre-existing condition (such as cancer) is denied this basic financial coverage for health care.**
- **People changing jobs are not subject to coverage restrictions for themselves or their dependents.**
- **Services are affordable and not priced out of reach for those with or at risk for conditions such as cancer.**
- **Health care providers are reimbursed fairly, based on actual costs of services provided, regardless of the source of the patient's financial coverage for health benefits, or the location of the provider.**

Since the creation of the original Action Plan, Texas has received funds allocated through the Breast and Cervical Cancer Prevention and Treatment Act. Under the 2000 law, Texas has extended full Medicaid benefits to eligible women who were diagnosed through the BCCCP and found to need treatment for breast or cervical cancer. Medicaid also will cover annual mammography, as well as reconstructive surgery. However, no data about this program are yet available.

## Goal II

**Policy-makers, health care providers, cancer survivors, citizen groups, volunteers, and the business community will share a commitment to initiate, coordinate, and evaluate policies and services related to breast and cervical cancers.**

### **Outcome Measure**

**12 of Texas' 24 state planning regions will maintain active cancer networks whose roles include the development, coordination, and evaluation of breast and cervical cancer services.**

While cancer networks do not exist in Texas, specific strategies have been employed to increase coordination and collaboration among service providers, nonprofit and state agencies, and community organizations.

### **Strategy 1**

**Identify and promote those factors that lead to the establishment and maintenance of successful cancer networks.**

These factors have not been identified.

### **Strategy 2**

**Develop a collaborative process for statewide collection and dissemination of information about local resources so that consumers and providers will be able to identify, use, and make referrals to cancer education, screening, diagnosis, treatment, and supportive services.**

Two resources previously mentioned exist for collecting and sharing information about local breast and cervical cancer resources:

- TCDC provides searchable Internet databases of physicians with breast or cervical cancer specialties, hospitals, freestanding cancer centers, mammography facilities, home health organizations, and hospices. Databases also provide community, local, state and national resources. Also, TCDC is home to the Texas Cancer Gateway, an Internet portal to cancer-related information, resources, and services. Users can search by cancer topic and type.
- ACS has a Community Resources Database that is searchable via their Web site by city or Zip code. This database includes ACS and other community resources in the areas of information, transportation, support groups and services, smoking cessation, advocacy, and more.

## Goal III

**Health care professionals will have up-to-date knowledge and skills pertaining to breast and cervical cancers and will use these to provide quality prevention, education, screening, diagnosis, treatment, and rehabilitation services.**

### Objective A

**By the year 2000, education about prevention, screening, diagnosis, treatment and rehabilitation of breast and cervical cancers will be an integral part of the health and medical curricula, and post-graduate continuing education of Texas health care providers.**

### Outcome Measure

**Health care professionals in Texas will receive the training and continuing education necessary for them to provide quality breast and cervical cancer services related to their professions.**

Medical education on breast and cervical cancers in Texas has improved, but varies by institution. The Cancer Teaching and Curriculum Enhancement in Undergraduate Medicine (CATCHUM) project at the University of Texas Medical Branch at Galveston (UTMB) was created by the Texas Cancer Council in response to the lack of preparation among Texas medical schools. This collaborative project among all eight Texas medical schools has led to curricular change and innovation. Curricular content on cancer prevention and control has been enhanced at a faster rate than would otherwise have occurred.

Also, the Council funds Texas Medical Association's POEP and the Texas Nurses Foundation's Nurse Oncology Education Program (NOEP) to provide Texas clinicians with the knowledge and skills necessary to reduce cancer morbidity and mortality through their practices. POEP and NOEP provide continuing education programs and educational materials to practicing clinicians in Texas, as well as medical and nursing students and training programs.

### Strategy 1

**Review the curricula of health care professional training programs and develop guidelines to assure that breast and cervical cancers are appropriately addressed, including:**

- **An emphasis on the primary importance of breast and cervical cancer prevention and early detection;**
- **Use of a multi-disciplinary approach; and**
- **Effective and adequate communication with patients.**

CATCHUM has developed this curricula for medical students, but similar curricula has not been developed for nurses, social workers, dietitians, and health educators.

### Strategy 2

**Increase the number and distribution of secondary school science and health programs designed to prepare students for health careers. Assure that the curricula for these programs include breast and cervical cancer education, prevention, and early detection.**

This strategy has not been employed.

### Strategy 3

**Assure the availability of sufficient numbers of well-trained cytotechnologists in Texas.**

There are three accredited programs in cytotechnology in the state (Houston, San Antonio, and Fort Sam Houston). The number of working cytothechnologists and their distribution throughout the state is unknown.

### Strategy 4

**Increase the availability of accessible and affordable continuing education opportunities addressing up-to-date breast and cervical cancer information and skills for targeted health care professionals.**

The Texas Cancer Council continues to fund continuing education for physicians and nurses through POEP and NOEP. Although the number and type of these programs vary by year, hundreds of programs have been con-

ducted educating thousands of providers since 1993. Still, Texas has no clearinghouse to track the number and scope of continuing education programs for breast and cervical cancers in the state, so an increase in programs is difficult to determine.

### **Objective B**

**By the year 2000, health care providers in Texas will use established guidelines for the prevention education, screening, diagnosis, and treatment of breast and cervical cancers.**

#### **Outcome Measure 1**

**Health care providers in Texas will routinely refer patients for breast and cervical cancer screening according to American Cancer Society guidelines.**

No assessment of health care provider practice for breast and cervical cancer screening has been done, although BCCCP providers must provide breast and cervical cancer screening according to CDC guidelines.

#### **Outcome Measure 2**

**Health care providers in Texas will use established practice guidelines for diagnosis of breast and cervical cancers and will follow treatment guidelines recommended by the National Cancer Institute and/or the American Cancer Society.**

No assessment of health care has been performed. However, in accordance with state law, the TDH maintains written materials for practitioners on breast care treatment guidelines.

#### **Strategy 1**

**Regularly assess the knowledge, attitudes, and practices of Texas health care professionals related to breast and cervical cancer epidemiology, prevention education, screening, diagnosis, treatment, and rehabilitation services.**

POEP conducts survey research into physician knowledge, attitudes, practices, and beliefs. Breast and cervical cancers have been topics within the past five years. No data have been collected from nurses, nurse practitioners, physician assistants, social workers, extension agents, or health educators.

#### **Strategy 2**

**Establish, promote, and update practice guidelines for breast and cervical cancer screening, diagnosis, and treatment, including screening guidelines for high-risk women.**

No comprehensive practice guidelines for breast and cervical cancers have been established. Practice guidelines from organizations such as the National Comprehensive Cancer Network are available to participating institutions. ACS and CDC screening guidelines are vigorously promoted. Also, the American Joint Committee on Cancer provides staging information that is widely accepted and used by health care professionals throughout the state.

#### **Strategy 3**

**Establish incentives to encourage health care professionals to provide services that meet nationally recognized guidelines for screening, diagnosis, and treatment of breast and cervical cancers.**

POEP works with Texas Medical Liability Trust (TMLT) to provide liability insurance discounts (3 percent, up to \$1,000 annually) to physicians who attend its cancer education programs. No other incentive programs have been identified.

#### **Strategy 4**

**Monitor consumer satisfaction with breast and cervical cancer services and providers through a statewide consumer survey.**

Statewide consumer satisfaction data have not been collected.

## Goal IV

**An integrated, statewide system for the collection and analysis of cancer data (including breast and cervical cancer risk factors, incidence, stage, survival, and mortality) will be used by the public, private, and volunteer sectors as the basis for planning, implementing, and evaluating programs, policies, and services.**

### **Objective**

**By the year 2000, design and implement a comprehensive cancer data system responsive to the needs of Texas health care providers, researchers and consumers.**

This objective has not yet been met.

### **Outcome Measure**

**Development and maintenance of an integrated Texas cancer data system that includes breast and cervical cancer risk factors, incidence, stage, survival, mortality data, and service information.**

While the state of cancer data in Texas has improved greatly during the past 10 years, work can still be done to ensure the quality of data collected and disseminated. Information is readily available on breast and cervical cancers in Texas, but it must be collected from a variety of agencies and organizations. With Texas Cancer Registry (TCR) assistance, ACS publishes "Texas Cancer Facts and Figures" each year, collecting data, risk factor and survival information, and providing state resources.

### **Strategy 1**

Develop recommendations for a comprehensive cancer data system responsive to the needs of Texas health care providers, researchers and consumers that includes breast and cervical cancer risk factors, incidence, stage, survival, mortality and service information.

No recommendations for a comprehensive cancer data system have been made to date as emphasis has been placed on completeness and quality of data being collected. However, the Texas Cancer Data Workgroup is assisting the Texas Cancer Registry to better meet the needs of those data users.

### **Strategy 2**

Achieve complete reporting of cancer incidence data to the Texas Cancer Incidence and Reporting System as required by law.

Complete reporting of cancer incidence data to the Texas Cancer Registry within the needed time requirement for North American Association of Central Cancer Registries certification has not yet occurred. Nevertheless, reporting is improving and measures such as implementation of physician and pathology lab reporting are being developed to continue this trend.

### **Strategy 3**

Establish a Surveillance, Epidemiology, and End Results (SEER) registry in Texas.

Texas has no SEER registry.

# The Next 10 Years



# The Next 10 years

When the revised Action Plan is implemented, research offers promise for dramatic advances in almost all aspects of breast and cervical cancer control. Reports of exciting new findings, programs, and policy guidelines concerned with cancer have become almost commonplace. Many citizens of Texas have become increasingly informed and, unfortunately, increasingly confused by the abundance of press reports related to cancer.

Intense public interest and discussion often magnifies areas of uncertainty and controversy. Areas that previously seemed uncontroversial have become contentious with new data reported by differing, often conflicting sources. One intent of the Action Plan is to help bring order to the discussion of an informed public.

Issues related to breast and cervical cancers are common parts of this public discussion. In the next few years, fundamental issues related to breast cancer screening may be revisited. These issues may include the age at which to begin screening, the frequency of screening, the type of screening, and the role of breast self-examination.

When the *Action Plan* was being published, intense debate continued about the use of hormone treatment for menopausal symptoms vs. the resulting impact on breast cancer risk. Chemoprevention, i.e., the use of medications to prevent breast cancer, may evolve into a widely practiced public health strategy. As it does, access to care and issues of who pays for such therapies will become important topics.

Guidelines regarding cervical cancer screening change rapidly. Who should be screened? How often should they be screened? The role of the traditional Pap smear will be redefined in light of new technology. The exciting prospect of an effective cervical cancer vaccine is very real and could radically change basic cervical cancer control initiatives. As has happened with breast cancer, controversy may surface regarding the extent of treatment needed by patients with early cervical cancer.

During the life of the *Action Plan*, policy-makers and public health leaders must address funding, insurance coverage and provider reimbursement for breast and cervical cancer screening, and early detection and treatment. The roles and scope of state and local governments will change in relation to cancer control. And public discussion and debate must occur regarding individual choices and responsibilities for lifestyle, diet, medications, and other factors that affect breast and cervical cancer risks.

The *Action Plan* seeks to arm health care professionals, community leaders and the people of Texas with information to guide them through controversial areas. Even as changes in the knowledge of and capacity to detect and treat these cancers occur, the *Action Plan* will keep our efforts focused. The *Action Plan* also will engage an informed community in stopping the needless death and disabilities caused by breast and cervical cancers.

*2003 Action Plan on  
Breast and Cervical  
Cancers for Texas:  
Goals, Objectives,  
and Strategies*

# 2003 Action Plan on Breast and Cervical Cancers for the State of Texas: Goals, Objectives, and Strategies

## GOAL I: Public Awareness

**Provide accurate, useful information about breast and cervical cancer prevention, screening, diagnosis, treatment, rehabilitation, and support to all Texans.**

---

**Objective A:** *Assess the level of public awareness and knowledge about breast and cervical cancer prevention, risk factors, screening, and treatment, including clinical trials, post-treatment, quality-of-life issues and end-of-life issues.*

**Strategy 1:** Identify organizations to assess the level of public awareness and knowledge about breast and cervical cancer issues, including what additional information is needed, and report on findings.

---

**Objective B:** *Increase the percentage of Texans who are knowledgeable about breast and cervical cancer prevention, risk factors, screening, and treatment, including clinical trials, post-treatment quality-of-life and end-of-life issues.*

**Strategy 1:** Use evidence-based and effective quality assurance guidelines for the development and evaluation of breast and cervical cancer educational materials, including review for accuracy, readability, literacy level, and cultural appropriateness.

**Strategy 2:** Promote the availability of quality patient and public educational materials, campaigns, and programs on breast and cervical cancers that address the needs of Texans at increased risk.

**Strategy 3:** Develop, test, and disseminate a model curriculum for Texas public schools that uses effective teaching methodologies to convey age- and culturally-appropriate breast and cervical cancer control information, including the role of nutrition and tobacco use.

**Strategy 4:** Develop, evaluate, and implement breast and cervical cancer prevention and early detection education programs in the workplace.

**Strategy 5:** Use appropriate community-based strategies to identify and disseminate effective breast and cervical cancer prevention and early detection education programs, especially those that seek to serve hard-to-reach populations.

**Strategy 6:** Promote research on effective dissemination and replication of breast and cervical cancer prevention and early detection strategies.

---

---

**Objective C:** Increase the number of Texans who have adequate information to make informed decisions with their health care professionals, including decisions regarding breast and cervical cancer prevention, screening, treatment, pain control and associated clinical trials.

**Strategy 1:** Maintain a clearinghouse for state, regional, and local prevention, screening, treatment and support services for breast and cervical cancers, including information about relevant clinical trials.

**Strategy 2:** Educate women and their health care professionals about current breast and cervical cancer prevention, risk assessment, screening, and treatment methods.

**Strategy 3:** Identify existing effective breast and cervical cancer screening educational programs developed for special populations.

**Strategy 4:** Identify and coordinate channels for dissemination of effective breast and cervical cancer education and treatment services.

---

## GOAL II: Access to and Utilization of Services

**Ensure appropriate access to and utilization of quality breast and cervical cancer control programs, including prevention, screening, diagnosis, treatment, clinical trials, rehabilitation, and/or support services, by all Texans.**

---

**Objective A:** *Increase the number of Texans who have access to appropriate and comprehensive breast and cervical cancer care throughout the continuum of care.*

**Strategy 1:** Increase the number of breast and cervical cancer control programs available statewide for uninsured and underinsured Texans, especially in Medically Underserved Areas.

**Strategy 2:** Promote the use of Medicare benefits to eligible recipients to increase breast and cervical cancer screening rates among those age 65 and older.

**Strategy 3:** Increase the percentage of Texans who comply with the American Cancer Society's screening recommendations for the early detection of breast and cervical cancers.

**Strategy 4:** Increase the number of Texans who receive appropriate breast and cervical cancer care services.

**Strategy 5:** Designate American College of Surgeons-approved cancer programs and the National Cancer Institute-designated cancer centers that serve the referral needs of primary care professionals for breast and cervical cancer diagnostic and treatment services as part of a statewide, coordinated system of health care.

**Strategy 6:** Design and implement an effective health care transportation system that addresses gaps in local and regional transportation needs of women who have or who are at risk for breast or cervical cancer.

**Strategy 7:** Increase the number and distribution of hospitals and freestanding cancer facilities with American College of Surgeons Community Hospital Cancer Program certification.

**Strategy 8:** Increase the availability of culturally appropriate and effective support services, including support groups, for breast and cervical cancer survivors, and for the families, friends and significant others of women with breast or cervical cancer.

**Strategy 9:** Increase the availability of effective breast and cervical cancer educational and decision support services.

---

**Objective B:** *Identify and reduce the barriers health care professionals experience when providing quality breast and cervical cancer prevention and control services.*

**Strategy 1:** Assess and report on barriers health care professionals experience when providing quality breast and cervical cancer control services, including enrolling patients in clinical trials and making recommendations for improvement of those barriers.

**Strategy 2:** Design, implement and evaluate initiatives to reduce the barriers health care professionals experience when providing quality breast and cervical cancer control services, including enrolling patients in clinical trials.

---

**Objective C:** *Increase the number of Texans who have access to culturally appropriate breast and cervical cancer control services throughout the continuum of care.*

**Strategy 1:** Promote and implement policies and programs that reduce health disparities.

---

## GOAL III: Collaboration

**Stimulate and support the development of collaborations and the continuation of existing collaborations among different stakeholders, including, but not limited to, cancer survivors, policy-makers, health care professionals, researchers, citizen groups, volunteers, faith communities and the business community to initiate, coordinate, and evaluate needed breast and cervical cancer policies and services.**

---

**Objective A:** *Increase the number of regional or local coalitions to create cancer networks that include broad representation from all stakeholders and whose roles include identifying, developing, coordinating, and evaluating comprehensive breast and cervical cancer policies and services.*

**Strategy 1:** Identify informal cancer networks and key factors necessary to develop, maintain and enhance regional or local cancer networks.

**Strategy 2:** Convene key stakeholders to promote the development and maintenance of regional or local cancer networks.

**Strategy 3:** Establish and support a statewide network of existing local or regional cancer networks.

**Strategy 4:** Promote new collaborations between breast cancer organizations and those addressing cervical cancer to reduce duplication of effort and extend the ability of organizations to reach the maximum number of Texans.

---

**Objective B:** *Assist local communities in creating partnerships that address unmet needs and provide assistance in accessing federal, state and private funding for breast and cervical cancer control.*

**Strategy 1:** Assist communities in developing and maintaining strategic partnerships, including assistance with needs assessment, coalition building, funding procurement, program development, and evaluation based on the Community Health Improvement Model.

**Strategy 2:** Encourage communities to adopt breast and cervical cancer control as a focus area of their community health plans.

**Strategy 3:** Promote partnerships in underserved communities utilizing nontraditional networks, such as faith-based organizations, civic groups, and rural associations.

**Strategy 4:** Create community partnerships that serve as resources for information about breast and cervical cancers, pain management, palliative care, and end-of-life and survivorship issues.

**Strategy 5:** Encourage expansion of community-level partnerships along the Texas-Mexico border to improve access to health care and preventive services for local Texas residents.

---

**Objective C:** *Encourage cancer community partners to work together to implement the Action Plan.*

**Strategy 1:** Distribute the Action Plan to stakeholders.

**Strategy 2:** Assist communities in meeting with stakeholders to identify those willing to implement strategies outlined in the Action Plan.

**Strategy 3:** Obtain agreement of Steering Committee members to provide their host organizations with copies of and an orientation to the Action Plan.

**Strategy 4:** Obtain agreement of Steering Committee members to convene annually to assess their host organization's progress in implementing the Action Plan.

---

## GOAL IV: Professional Education and Practice

**Enhance health care professionals' attitudes, knowledge, skills, and practices in breast and cervical cancer prevention, screening, diagnosis, treatment, rehabilitation, quality-of-life and support issues, including end-of-life, pain management, and survivorship issues.**

---

**Objective A:** *Increase health care professionals' knowledge, attitudes, and practices regarding breast and cervical cancer control, - prevention strategies, risk assessment, screening modalities, treatment, support, and follow-up care including hospice - and use of appropriate pain management strategies.*

**Strategy 1:** Increase the number of health care professionals who involve their patients in making informed decisions, including those regarding breast and cervical cancer prevention, screening, treatment, support services, and participation in clinical trials.

**Strategy 2:** Assess and report on the educational needs of health care professionals regarding breast and cervical cancers.

**Strategy 3:** Based on need assessment, develop and provide professional education training on breast and cervical cancers.

**Strategy 4:** Continue to emphasize breast and cervical cancer control as an integral part of undergraduate and postgraduate allied health, nursing, medical, and public health curricula in Texas.

**Strategy 5:** Review and evaluate health care professional training curricula to assure breast and cervical cancers are appropriately addressed, including prevention, early detection, use of a multidisciplinary approach, and effective communication with patients.

**Strategy 6:** Develop and implement training curricula for breast and cervical cancer screening for lay health educators, outreach workers, and other professionals.

---

**Objective B:** *Increase the number of health care professionals in Texas who follow established guidelines for breast and cervical cancer control.*

**Strategy 1:** Monitor and report on the number of Texas health care professionals who comply with the American Cancer Society's screening recommendations for the early detection of cancer.

**Strategy 2:** Monitor and report on the number of Texas health care professionals who use established practice pathways for diagnosis and treatment of breast and cervical cancers.

---

**Objective C:** *Increase the number of health care professionals who encourage their patients to participate in appropriate clinical trials.*

**Strategy 1:** Educate health care professionals about the importance of and methods for enrolling patients in clinical trials on breast and cervical cancers, including prevention trials.

**Strategy 2:** Increase health care professionals' awareness of clinical trials.

**Strategy 3:** Assess and report on shortages of health care professionals (especially mammography technologists) to provide breast and cervical cancer control services.

**Strategy 4:** Ensure sufficient health care professionals provide breast and cervical cancer control services.

**Strategy 5:** Encourage policy-makers to urge the federal government to increase Medicare reimbursement for mammography services.

---

## GOAL V: Policy

**Influence the development and implementation of policies and programs to reduce the impact of breast and cervical cancers on Texans.**

---

**Objective A:** *Increase the knowledge of key policy-makers in the public and private sectors about issues related to the prevention and control of breast and cervical cancers and secure their commitment to provide adequate coverage.*

**Strategy 1:** Identify key policy-makers who influence health policies and deliver effective messages about breast and cervical cancer control needs.

**Strategy 2:** Educate key policy-makers about the priorities for breast and cervical cancer control as outlined in the Action Plan.

**Strategy 3:** Utilize effective delivery strategies by developing a coordinated approach among key organizations and individuals for educating key policy-makers.

**Strategy 4:** Increase the number of health care professionals who advocate for and support comprehensive breast and cervical cancer control activities.

---

**Objective B:** *Increase financial resources to provide for breast and cervical cancer control activities.*

**Strategy 1:** Educate key policy-makers about funding needs for breast and cervical cancer research, clinical trials, screening programs, infrastructure, and follow-up and treatment for underinsured/uninsured women.

---

**Objective C:** *Establish policies that ensure the continued existence of state-funded cancer control agencies and programs, including the Texas Cancer Council, the Texas Cancer Registry, and the Breast and Cervical Cancer Control Program.*

**Strategy 1:** Educate key policy- and decision-makers about the role and necessity of state-funded cancer control agencies and programs including the Texas Cancer Council, the Texas Cancer Registry, and the Breast and Cervical Cancer Control Program.

**Strategy 2:** Promote and establish policies that ensure the availability and continuous improvement in accuracy, timeliness and completeness of data from the Texas Cancer Registry.

---

**Objective D:** *Increase the number and enhance the distribution of health care professionals throughout the state.*

**Strategy 1:** Develop and promote incentives for medical students to practice in underserved areas in Texas.

**Strategy 2:** Develop and promote incentives for mammography technicians to complete training and remain in Texas.

**Strategy 3:** Increase the number and availability of advanced practice nurses to work in underserved areas in Texas.

---



## GOAL VI: Data

**Ensure the continuity, quality, and timely availability of breast and cervical cancer data in Texas to assess progress in the prevention and control of these cancer sites and to support the development of research that furthers the goals of the Action Plan on Breast and Cervical Cancers for Texas.**

---

**Objective A:** *Collect the data necessary to evaluate the achievement of the goals and objectives of the Action Plan.*

**Strategy 1:** Support the Texas Cancer Registry in its efforts to achieve recognition as a nationally certified cancer registry.

**Strategy 2:** Identify data necessary to evaluate the Action Plan, including potential data sources.

**Strategy 3:** Identify agencies or groups that have demonstrated an ability and willingness to collect data necessary to the evaluation process.

**Strategy 4:** Analyze evaluation data and report on results.

---

**Objective B:** *Encourage the use of data to identify gaps in cancer services and to locate organizations that can fill those gaps.*

**Strategy 1:** Identify an organization to monitor and report on the implementation of strategies found in the Action Plan.

**Strategy 2:** Monitor and report on consumer satisfaction with breast and cervical cancer services and professionals through a statewide consumer assessment.

---

**Objective C:** *Translate and disseminate data and research findings on breast and cervical cancers (including efficacy and utilization of prevention, screening, treatment, and disease management strategies).*

**Strategy 1:** Identify organizations that will consolidate data and research findings on breast and cervical cancers.

**Strategy 2:** Support and expand easily accessible systems to disseminate resource information, data and best practices on breast and cervical cancers.

**Strategy 3:** Promote information to various Texas populations, i.e., general public, patients, survivors, professionals, caregivers, communities, advocacy groups, and health care organizations.

**Strategy 4:** Ensure Texas Cancer Data Center remains a current, accurate and comprehensive data source for public and professional use.

---

# Conclusion

# Conclusion

The Steering Committee worked to identify relevant goals, objectives and strategies from the 1993 Action Plan and also determined new priorities for the state. The result is an updated Action Plan that can be used by all Texans to reduce the impact of breast and cervical cancers.

This Action Plan represents the combined knowledge of scientific and medical experts, cancer survivors, community organizations, advocacy groups, and state agencies involved in cancer control. As the understanding of breast and cervical cancers grow, the goals of this document must be re-evaluated and revised in light of advancing science.

Achieving these goals will require fundamental changes in public awareness, access to services, professional education and practices, policy development and data collection and utilization. The vision of the Steering Committee is that the individuals who have collaborated on this effort and the organizations affected by breast and cervical cancers will work together to implement and evaluate this *Action Plan*. These strategies will require years of commitment to achieve, but should result in significant improvement for the coming decade.

The Steering Committee and the Physician Oncology Education Program would like to thank the Centers for Disease Control and Prevention, the Texas Department of Health, and the Texas Cancer Council for the opportunity, assistance and counsel provided, herein, and to the many contributors who offered their support, knowledge and vision.

# TEXAS CANCER COUNCIL

**James D. Dannenbaum, Chairperson**

**Donald C. Spencer, M.D., Vice Chairperson**

**F. Diane Barber, R.N., M.S., ANP-BC, AOCN**

**Karen Bonner**

**Audreyjane Castro**

**A. Clare Buie Chaney, Ph.D., L.P.C.**

**Carolyn D. Harvey, R.N., Ph.D.**



**Rubye H. Henderson, M.Ed.**

**Karen B. Heusinkveld, R.N., Dr.P.H.**

**Larry Herrera, M.D.**

**Sue Sandlin**

**Courtney M. Townsend, Jr., M.D.**

**J. Taylor Wharton, M.D.**

**Ex Officio Member:  
Chairman of Texas Board of Health's Designee  
Debra Stabeno**