

# Breast Cancer Screening and Diagnostic Services Among Program Eligible Women in Nebraska (1992-2023)

## DISEASE BURDEN:

Cancer has been one of the top two leading causes of all deaths in Nebraska for the past two decades.<sup>1</sup> During that same time, breast cancer has ranked third place for all cancer deaths.<sup>1</sup> Breast cancer screening is essential to saving lives by finding and treating breast cancer early.<sup>2,3</sup>

## ABOUT THE PROGRAM:

The Nebraska Breast and Cervical Cancer Early Detection program has provided breast and cervical cancer screening services since 1992. In the past 30 years, the program has enrolled and served 88,025 women; among them, 51,401 women were provided by breast cancer screening and diagnostic services, with 125,089 screening mammograms and 42,478 diagnostic services as well as patient navigation services.

This federally funded program pays for office visits associated with clinical breast exams, mammograms, and laboratory exams. It also provides diagnostic services when abnormal results are detected. Nebraska implemented the Medicaid Treatment Act in 2001,

allowing in woman diagnosed with breast or cervical cancer to be referred to Medicaid for treatment services.

### Program services eligibility

The current eligibility is women aged 21-64 with household incomes at or below 250% of the federal poverty level, and with no health insurance. The age eligibility for breast screening services is 40-64 and for breast cancer diagnostic services is 21-64.

For more eligibility and enrollment information, please go to <https://dhhs.ne.gov/EWM> or call EWM at 800-532-2227 or send email to [dhhs.ewm@nebraska.gov](mailto:dhhs.ewm@nebraska.gov).

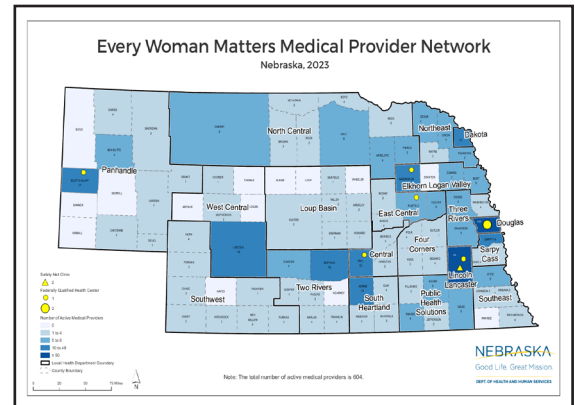
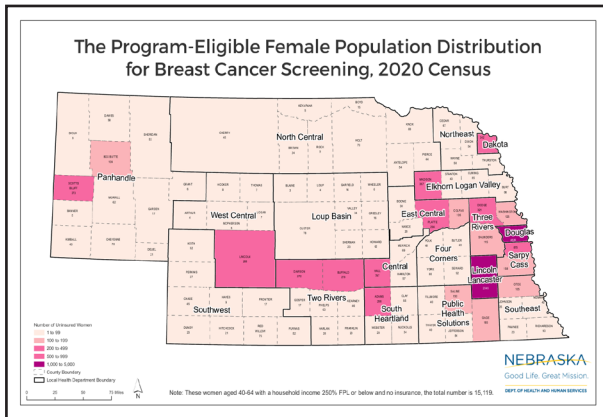
## CURRENT POPULATION & PROVIDER NETWORK

### CURRENT POPULATION DISTRIBUTION

According to 2020 Census data, currently around 15,119 potential program-eligible women reside in Nebraska (See Figure 1).

### CURRENT MEDICAL PROVIDER NETWORK

The program has 604 active medical providers across the entire state, including 7 federally qualified health centers and 2 safe net primary care clinics. These providers are OBGYN, primary care providers, mammography facilities, and laboratories (See Figure 2).

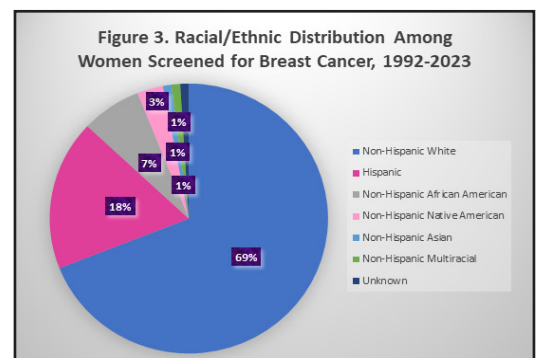


## SCREENING SERVICES

According to U.S. Preventive Task Force<sup>2</sup>, mammography is used to screen and diagnose breast cancers. Regular screening can detect breast cancer at its earliest stages when most treatable. The program database showed that 125,089 mammograms were provided to 45,630 women over the past 30 years. Some women had only one mammogram while others had more than one based on program screening guidelines and eligibility.

Women screened came from a diverse backgrounds. Most women were Non-Hispanic White (69%), followed by Hispanic (18%), Non-Hispanic African American (7%), Non-Hispanic Native (3%), and

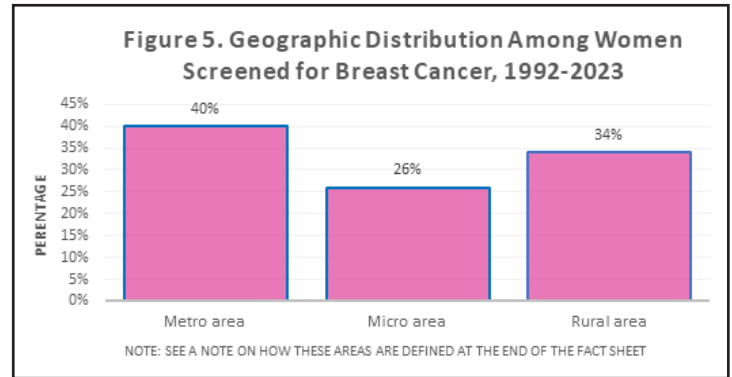
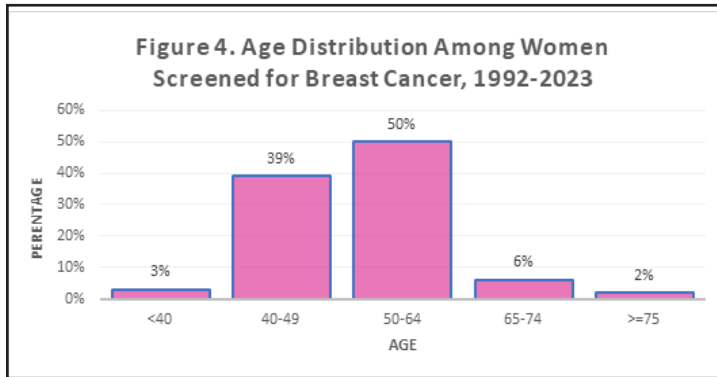
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## SCREENING SERVICES (continued)



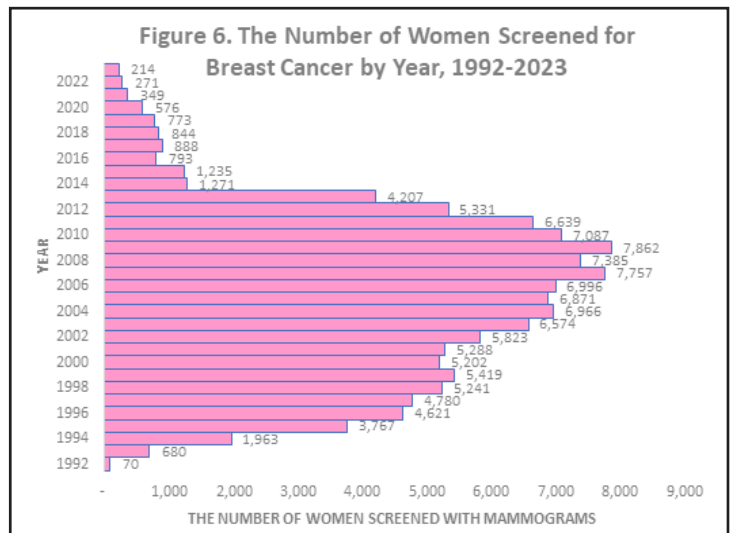
Asian (1%) (See Figure 3). The vast majority (89%) were 40-64 years of age, only 3% were younger than 40, and the rest (8%) were 65 or older (See Figure 4). More than half (66%) lived in Metropolitan and Micropolitan areas (See Figure 5).



Eligibility criteria has changed over the past 15 years:

1. Citizenship and legal status requirement in 2012.
2. Affordable Care Act in 2013.
3. National screening guideline changes from annual screening to every other year for mammogram (breast screening) in 2014.<sup>2</sup>
4. Nebraska Medicaid expansion in 2020.

These changes in eligibility resulted in a significant decrease in the number of women screened (See Figure 6).



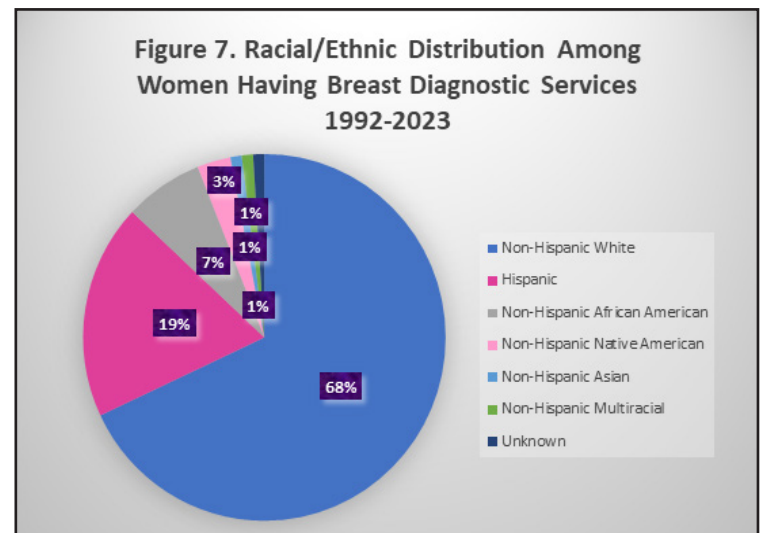
## DIAGNOSTIC SERVICES



When an abnormal result is found by mammograms additional testing needs to be carried out to determine if a breast cancer exists.

These additional testing also called diagnostic services are diagnostic mammogram, ultra-sound, biopsy, MRI, etc. There were 42,478 diagnostic services performed and provided to 19,927 women who had abnormal screening findings.

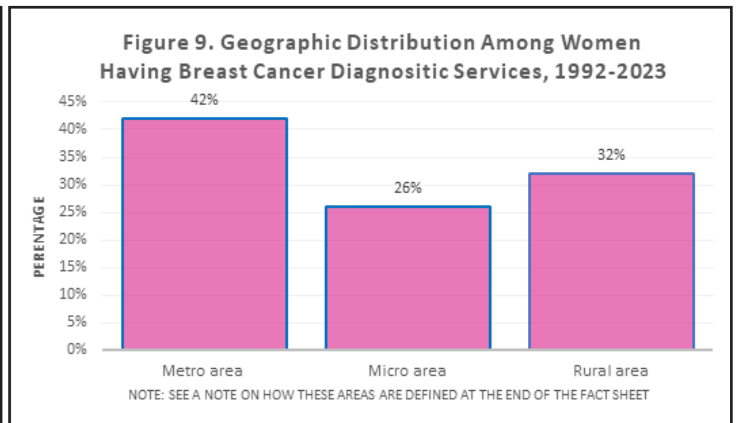
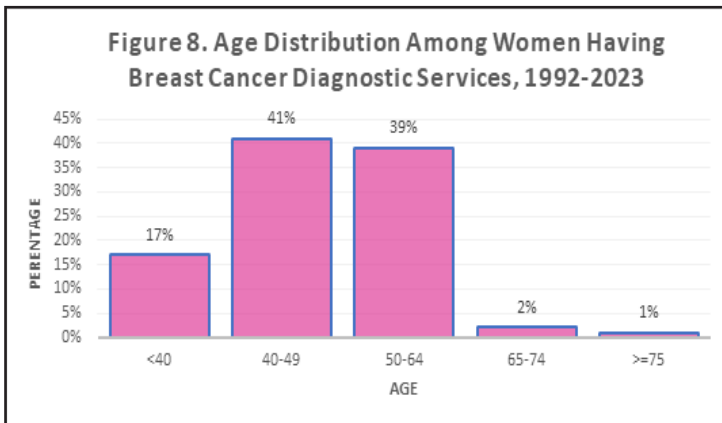
Some women received the diagnostic services after a mammogram was performed and paid by the program. Some women whose mammogram had an abnormal finding and was not paid by the program were referred directly from their medical providers due to their financial hardship.



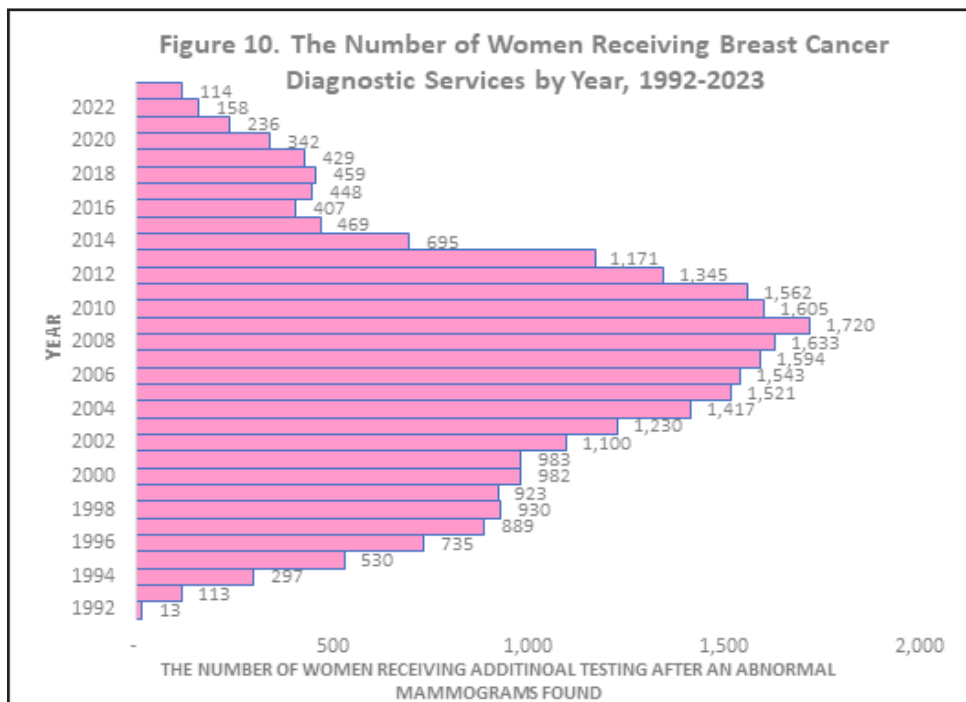
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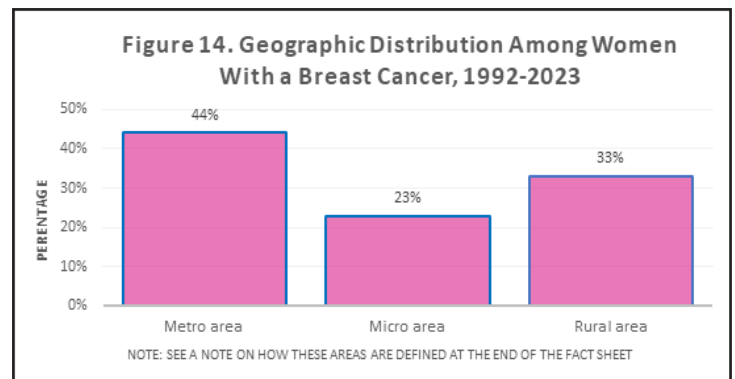
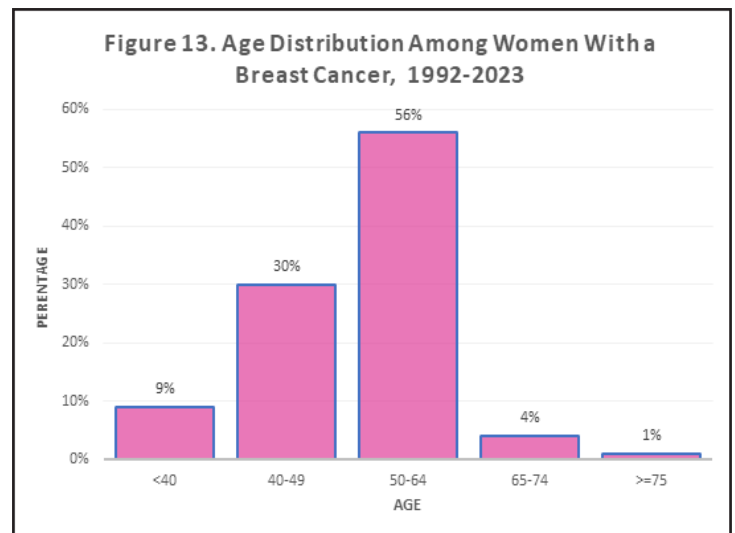
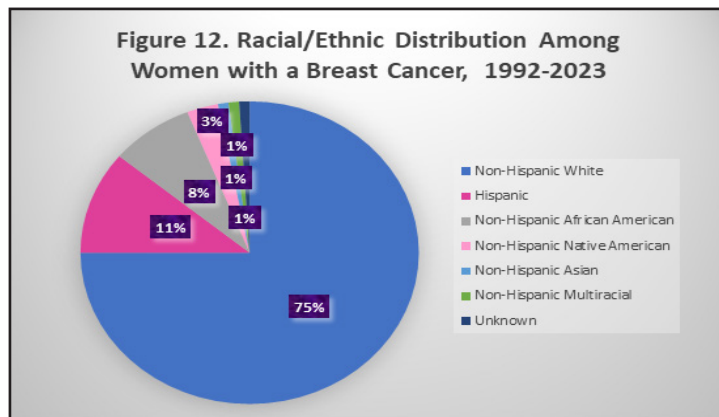
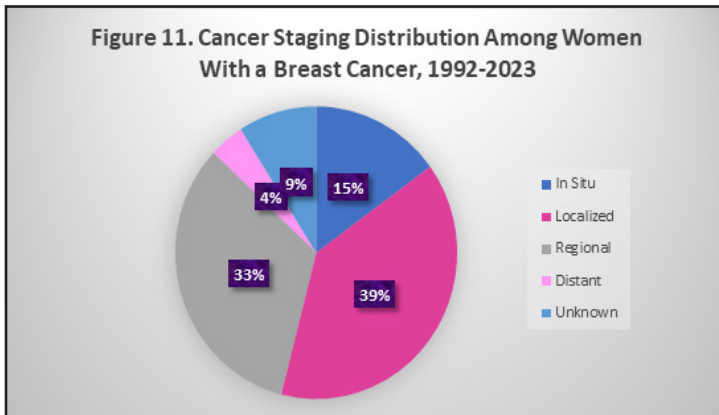
Most women received more than one diagnostic service. Their demographic distributions were shown in Figure 7, 8, and 9. It is noticeable that more women younger than 40 (17%) had diagnostic services (See Figure 8).



The changes in program eligibility in the past 15 years also affected the diagnostic services (See Figure 10). These changes were already discussed in the screening service section.



Among the 19,927 women who received additional testing through the program, there were 1,399 women diagnosed with a breast cancer. Among them (See Figure 11), a slightly more than half (54%) women were diagnosed with an early staging (In situ and localized), and only 4% were in late staging (Distant). Their demographic distributions are shown in Figure 12, 13, and 14. Most of these cancerous women were sent to Medicaid for treatment; those who didn't go through Medicaid may find other resources to cover their treatment.



## RESOURCES:

1. American Cancer Society. <https://www.cancer.org/cancer/types/breast-cancer/risk-and-prevention.html>.
2. Centers for Disease Control and Prevention. <https://www.cdc.gov/breast-cancer/risk-factors/index.html>.
3. U.S. Preventive Services Task force. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening#bcei-recommendation-title-area>.
4. American Cancer Society. <https://www.cancer.org/cancer/types/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html>.

## REFERENCES:

1. Nebraska Vital Statistics Reports (2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016). <https://dhhs.ne.gov/Pages/Vital-Statistics.aspx>. Accessed on June 13, 2024.
2. U.S. Preventive Services Task Force. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening>. Accessed on June 13, 2024.
3. American Cancer Society. <https://www.cancer.org/cancer/types/breast-cancer/risk-and-prevention.html>. Accessed on June 14, 2024.
4. Zhang A, Weiner JL. Nebraska Minorities Disparity Facts Chart Book, 2021. <https://dhhs.ne.gov/Pages/Reports-and-Statistics.aspx>. Published in 2021. Accessed August 1, 2023.

**Note:** The geographic classification is from 2016 State Health Assessment Report. Metro area refers to metropolitan core county where it contains a city with more than 50,000 residents, plus its outlying counties; these counties are Douglas, Sarpy, Cass, Saunders, Washington, Lancaster, Seward, Dixon, and Dakota. Micro area refers to micropolitan core county where it contains a city with more than 10,000 residents; these counties are Scottsbluff, Lincoln, Dawson, Buffalo, Hall, Adams, Madison, Platte, Dodge, and Gage. The rest of all counties is the rural area.