

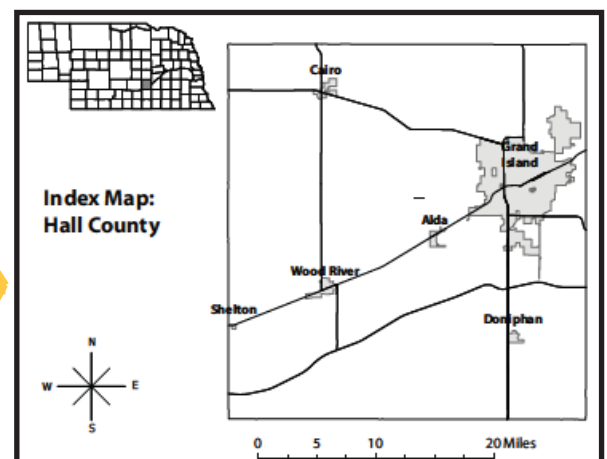
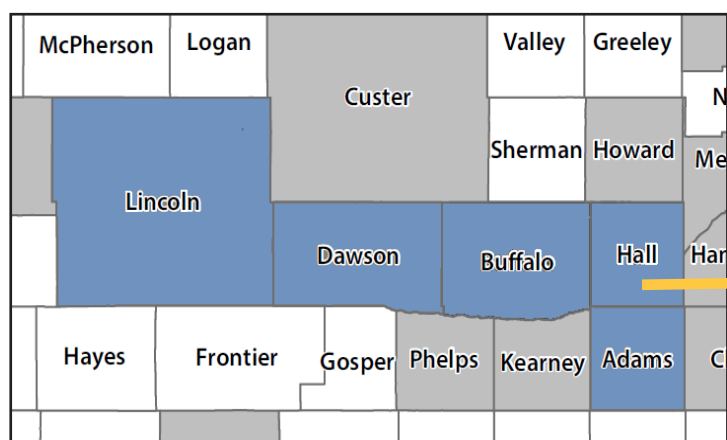
Breast & Cervical Cancer Engagement

Quick Facts Snapshot for HALL COUNTY

HALL COUNTY: Key Points

Hall County breast and cervical cancer screening rate is higher than state rates.

- Opportunity for early education because highest population are ages 18-34 (21%)
- Limited broadband access 8.9%
- High obesity rates (41%) - Tie messaging around physical inactivity and obesity to increased risks for breast and cervical cancer
- High Medicaid rates (18%) - Opportunity to reach Medicaid clients if/when they lose Medicaid coverage to educate about screening resources available
- Higher rates of program eligible population for screening (787 for breast cancer screening and 1856 for cervical cancer screening)



HALL COUNTY: Screening Data



HALL County	State Rate	National Rate	Goal
Mammography Screening Rates:			
68%	67.6%	70.2%	76%
Breast Cancer Mortality Rates:			
16.1%	19.5%	19.3%	15.3%
Cervical Cancer Screening Rates:			
71.8%	77.7%	77.7%	84%

Number of Participating EWM Clinics: 7



Hall County Program-Eligible Female Population Distribution for Breast Cancer Screening: **787**

Hall County Program-Eligible Female Population Distribution for Cervical Cancer Screening: **1856**

Source: <https://statecancerprofiles.cancer.gov> and [Nebraska State Cancer Plan](#)

(Continued on Page 2)

Promising Strategies

As a part of the internal synthesis process, the NDHHS team reviewed partner-generated input, county-level data insights and the recommendations from the brainstorming session on 11/05/25. Through this review, the team identified priority focus areas.

These priority areas were selected based on their alignment with NDHHS's organizational role, capacity, and established/emerging relationships with community-based partners. They also represent strategic opportunities to advance equitable access to breast and cervical cancer screening across Hall County.

We invite local partners to share additional ideas, activities, or resources to expand these strategies in a meaningful way.

1. Elevating positive outcomes through trusted community storytelling

- Messaging about screening and catching concerns early
- Use trusted messengers in targeted communities (i.e. Hispanic, Native, Agriculture)
- Share real patient stories

2. Reducing structural barriers to care delivery

- Options for flexible hours for breast imaging outside the workday
- Work with providers to create alternative clinic hours
- Mobile Mammography availability
- Create buddy system where someone can request someone – a buddy – to go with
- Using trusted local messengers in the community that are population specific, personal stories
- Clear messaging about screening recommendations, eligibility and costs
- Incentives for screening

3. Reengage provider and assessing opportunities for local screening

- Work with Medicaid MCOs to develop comprehensive education program
- Provider site visits; offer training, drop off materials
- Work with providers on operational and system processes to ensure reminders for screening due dates are sent out timely
- Send materials to providers for staff meetings
- Statewide clearinghouse of educational materials that providers and health-related organization can use
- Develop statewide/regional provider roundtables
- Recruit more providers
- Present at conference where providers frequent
- Develop newsletter articles

4. Increasing awareness of personal risk and best options for screening

- Dispel myths that cause barriers to screening
- Campaign on the importance of physical activity and the relationship between physical activity, obesity and increased risks for breast and cervical cancer
- Educate on importance of regular screening and where to access screening
- Educate on EWM program guidelines, coverage, services offered

5. Empowering communities to make informed health choices

- Different messages for various populations
- Awareness information about EWM screening/resources
- Education on hereditary risks
- Education on self-exams

6. Family-focused, community-based events; other non-traditional partnerships

- Fundraising for patients who need diagnostic imaging but are not eligible for other programs (ie. privately insured)
- Reach out to cultural centers and food pantries
- Faith based community centers/ ministerial alliance
- Provide education to hair salons
- Engage women at free clinics, food distribution, etc.

7. Improve workplace culture to promote wellness

- Work with employers to provide time off for screening or on-site screening through a mobile unit
- Worksite wellness communications and strategies to promote screening and access
- Create list of champions at organizations to help communicate with worksites/groups
- Educational messaging at large employers and diverse worksites

Data Limitations & Next Steps

This summary may not reflect all local efforts or needs. NDHHS is committed to working with community partners to improve strategies. Next key steps identified include:

- Continued partner and provider engagement and collaboration efforts.
- Partner with state MCOs - as people go off of Medicaid they need to receive information about EWM services.
- Combined campaign about screening and importance of physical activity and reduction of risks and links to breast and cervical cancer.