

# Breast & Cervical Cancer Engagement

## Quick Facts Snapshot for DOUGLAS COUNTY

### DOUGLAS COUNTY: Key Points

Douglas County breast and cervical cancer screening rate is lower than state and national rates.

- Structural Barrier Reduction efforts around transportation
- Understanding importance of preventive screening and insurance coverage
- Gap in population not utilizing benefits or understanding the importance of screening
- Data by race, ethnicity, income, age and insurance status is needed to paint a clear picture
- Structural barriers around timely access for appointments and screening services, mobile mammography options, etc. (non-traditional pathways)



### DOUGLAS COUNTY: Screening



DOUGLAS County	State Rate	National Rate	Goal
<b>Mammography Screening Rates:</b>			
76.1%	67.6%	70.2%	76%
<b>Breast Cancer Mortality Rates:</b>			
19.3%	19.5%	19.3%	15.3%
<b>Cervical Cancer Screening Rates:</b>			
76.1%	77.7%	77.7%	84%

Number of Participating EWM Clinics: 69



Douglas County Program-Eligible Female Population Distribution for Breast Cancer Screening: 4,826

Douglas County Program-Eligible Female Population Distribution for Cervical Cancer Screening: 10,745

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

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## 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 9/18/25. 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 Douglas 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

- Host community wellness workshops where education about wellness and health and include screenings
- Culturally oriented education offered
- Through Our Eyes - share real client stories/experiences
- "Ask Me" booths at community venues
- Use trusted voices and common messages

### 2. Reducing structural barriers to care delivery

- Pathway to preventive care - coordination of well woman visits with mobile mammography unit
- UNMC satellite clinics - travel availability to small towns
- Transportation made available
- Mobile mammography screening made available more often around town
- Expand hours for imaging to evenings/weekends

### 3. Reengage provider and assessing opportunities for local screening

- Utilize CHWs to help navigate clients
- Provider site visits; drop off materials
- Provider training around health literacy
- Provider waiting rooms should offer education
- Client reminders for providers to send out
- Educate on screening guidelines and resources

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

- Social media around importance of screening
- Identify barriers
- Educate on EWM program guidelines, coverage, services
- Social media, television ads, billboards

### 5. Empowering communities to make informed health choices

- Work with community organizations
- Beauty salons/nail salons to offer education
- Partner with local sport venues/teams to offer education and awareness nights
- Education around utilization of self-collected HPV screening options (billing, processes, workflow, etc.)
- Awareness information about EWM screening and other resources

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

- Partner with local schools (non-traditional) to educate parents
- Mobile mammography van at conferences
- Faith based community centers
- Collaborate with cultural centers - offer training, classes and education

## 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.
- Review data by race, ethnicity, income, age and insurance status.
- Assess where existing providers are - are there missing sites and locations where access is an issue
- EWM to partner with local mobile mammography opportunities in order to create access to resources.
- Education around utilization of self-collected HPV screening options (billing, processes, workflow, etc.)
- Assess Douglas and Sarpy County transportation resources and availability.