

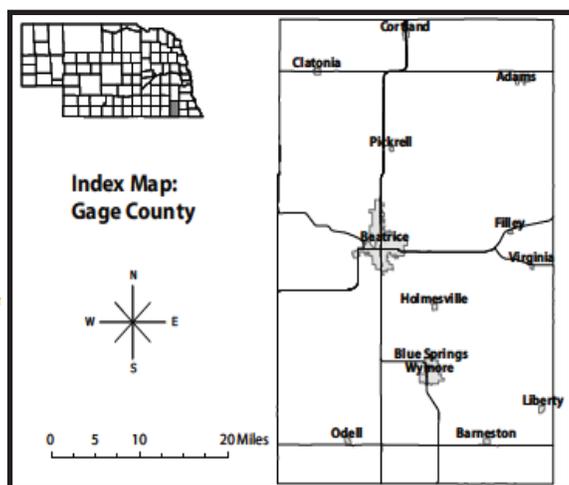
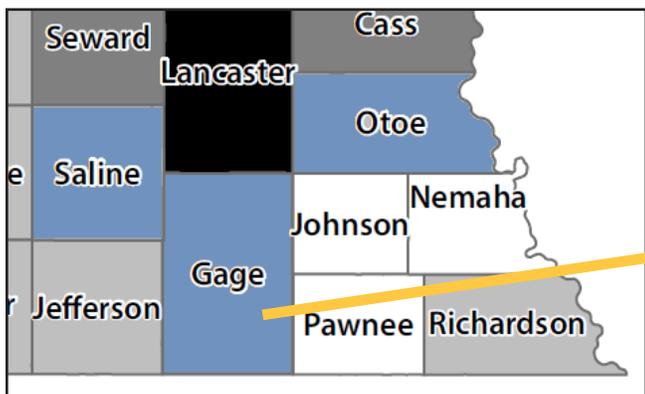
# Breast & Cervical Cancer Engagement

## Quick Facts Snapshot for GAGE COUNTY

### GAGE COUNTY: Key Points

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

- Smoking and obesity rates higher than state rate - both increase risk factors for breast/cervical cancer
- Gage County had -2.7 population growth rate - is this relate to job growth or ?
- Gage county has the most agriculture / farms



### GAGE COUNTY: Screening Data



GAGE County	State Rate	National Rate	Goal
<b>Mammography Screening Rates:</b>			
62.9%	67.6%	70.2%	76%
<b>Breast Cancer Mortality Rates:</b>			
18.4%	19.5%	19.3%	15.3%
<b>Cervical Cancer Screening Rates:</b>			
70.1%	77.7%	77.7%	84%



Number of Participating EWM Clinics: 4



Gage County Program-Eligible Female Population Distribution for Breast Cancer Screening: 185

Gage County Program-Eligible Female Population Distribution for Cervical Cancer Screening: 345

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 11/13/25. 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 Gage 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, using trusted messengers in targeted communities (i.e. Hispanic, Agriculture)
- Develop statewide communications campaign that is fresh, new and used by all providers and local health departments
- Braid breast and cervical screening goals and activities into existing grant programs (chronic disease, rural health transformation, etc.)

### 2. Reducing structural barriers to care delivery

- Using trusted local messengers in the community that are population specific, personal stories
- Clear messaging about screening recommendations
- Transportation assistance if needed for women to have screenings

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

- Build trust with providers and facilities
- Provider site visits; offer training, drop off materials
- Specific training/education to Community Health Workers
- Annual presentation on EWM program to Nebraska Association of Local Health Directors (one of the CoP groups)
- Ongoing communication with providers - providers change and messages get lost
- Onsite visits with each clinic to reengage
- Provide awards/recognition to high performing providers and clinics
- Providers need to take advantage of referring clients with barriers to a CHW for navigation

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

- HPV Vaccination campaign (Otoe County)
- Educate on importance of regular screening
- Educate on EWM program guidelines, coverage, services
- Messages need to include physical activity/nutrition/healthy choices and how they relate to breast and cervical cancer risk
- Nebraska Extension Women in Ag Program; ag related messages to businesses – grain elevators

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

- Awareness information about EWM screening and other resources available

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

- Faith based community centers/ ministerial alliance
- Messages need a faith-based component for outreach and education
- Connect with established library groups for women/moms

### 7. Improve workplace culture to promote wellness

- Worksite strategies to promote screening and access
- Work with employers to provide time off for screening or on-site screening through a mobile unit
- 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.
- Assess where existing providers are - re-engage current providers.
- Research potential for mobile mammography opportunities in order to create access to resources..