

# DC Cancer Consortium Breast Cancer Conference

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Capital Breast Care Center

Screening Programs - What's  
Available?

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# Priorities for DC - Komen/Delmarva Report

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- Physician education about screening
- Access to screening to improve compliance
- More free breast cancer screening programs
- More education and screening for the elderly
- More education for foreign born residents
- Navigation and support programs for minorities
- More community education about nutrition & obesity
- More quality of life and breast cancer support programs



# Capital Breast Care Center

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*Mission: To provide and maximize comprehensive culturally-appropriate breast cancer screening services and promote breast health to women of the DC metropolitan area, regardless of the ability to pay, through clinical services, education and research.*



# Capital Breast Care Center

- A comprehensive approach to breast cancer
- Improve breast cancer screening rates across the city for women who have never, or do not regularly practice breast cancer prevention and screening
- Services are provided from a holistic perspective
- CBCC is grant funded - resources are available to women in need
- The CBCC has the greatest concentration of staff and resources focused on breast health in the District of Columbia



# Capital Breast Care Center

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- Centrally located in Ward 6 on two major bus lines and across from Eastern Market Metro
- Only community-centered mammography screening facility in the city
- Services are delivered via community education and outreach, clinical services, and patient navigation



# Capital Breast Care Center

- **Fully bilingual within the three main service areas**
- **Community Health Education**
  - Promote healthy lifestyles (nutrition, physical activity)
  - Educate on breast health and awareness regarding breast cancer risk
    - One By One Project
  - Targeting areas and special events where we can reach underserved women in the District
- **Clinical Services**
  - Clinical breast examinations
  - Mammography
  - Cervical Cancer Screening for DC residents



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## ■ Patient Navigation Services

- Through community health education services and community partnerships we navigate women into screening
- All patients identified with a breast abnormality upon screening is navigated into diagnostics and treatment when necessary



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- CBCCC has screened over 4,700 women since 2004
- Annual screening is approximately 2,000 women
- 20% of women screened have abnormal mammograms requiring further diagnostics
- CBCCC has identified 48 cases of breast cancer since 2004
- Double the national incidence rate for breast cancer screening



# Patient Population - 2008

- **Residence:**

- 37% DC
- 32% Montgomery Cty (MD)
- 28% Prince George's Cty (MD)
- 13% (Other MD)

- **Insurance:**

- 70% uninsured
- 4% Medicaid
- 5% Medicare
- 20% private insurance

- **Average Age: 49**

- **Race/Ethnicity**

- 55% Latina
- 39% African-American
- 4% Caucasian

- **Patient Navigation**

- 134 Patients are currently being navigated
- Five biopsies have been scheduled during month of October
- 30% of CBCC's cancer cases have been identified this year



# Capital Breast Care Center

- Patient volume
  - Average 188 mammograms/month
    - (240 for the month of October)
- Outreach activities
  - Since June 2008 have reached over 5,000 women (individual contacts) resulting into 650 potential appointments for CBCC
- Establish research base for improving breast cancer screening rates and prevention



# Capital Breast Care Center

- Eligibility
  - CBCC primarily targets women who are underinsured or uninsured and who live in DC
  - Underinsured women are defined as women who have Medicare, Medicaid, or DC Alliance
  - CBCC will take women with private insurance
  - Women living outside of the District will be seen - MD/VA suburbs - limited appointment slots
  - CBCC is a Project WISH provider in the District and a Every Women's Life provider in Virginia



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## ■ Challenges

### ■ Patient Population

- Difficulty in getting women to show up for appointments
- Difficulty with follow-up for diagnostic care
- Competing needs in hectic and chaotic lives
- Disputing myths about breast cancer and dealing with the “victim syndrome”
- Transportation



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## ■ Lessons Learned

- Follow-up with patients is important - establishing a relationship is necessary
- Information must be delivered in easy to understand terms - “providers must break it down”
- Patients level of consciousness is raised regarding breast cancer risks
- Environment of facility is key - break down as many barriers as you can

