Evidence Based Interventions for Breast Cancer Screening
(Adapted from the Community Guide)

- **Client Reminders** – printed or telephone communications that tell people that they are due or late for screening
  - Some Client Reminders only tell people that screening is due or late, others provide additional information such as benefits of screening, ways to overcome barriers to screening or help with appointment scheduling

- **Small media campaigns** – defined as videos or printed communications such as letters, brochures, leaflets, pamphlets, flyers or newsletters.
  - They can be are distributed from healthcare systems or other community settings.
  - They convey educational or motivational information that promote cancer screening in targeted population
  - They may contain messages that describe screening procedures, provides reasons for the benefits of screening, and suggest ways to overcome barriers to screening
  - They can address a general target population, or address unique circumstances and characteristics of specific individuals that are identified through individual assessments

- **One to one education** – defined as communication of information to individual clients by telephone or through face-to-face encounters, conducted by a healthcare or allied health professional (e.g., health educator) or by a lay health advisor or volunteer.
  - Clients receive the information in clinical settings, homes, or local gathering places.
    - One-on-one education can be supplemented by the use of:
      - brochures
      - informational letters, or
      - reminders (printed or telephone).
  - The education content can:
    - address a general target population (untailored messages), or
    - address unique circumstances and characteristics of specific individuals that are identified through individual assessments (tailored messages).

- **Group Education** - conveys information on indications for, benefits of, and ways to overcome barriers to screening with the goal of informing, encouraging, and motivating participants to seek recommended screening.
  - Group education is usually conducted by health professionals or by trained laypeople who use presentations or other teaching aids in a lecture or interactive format, and often incorporate role modeling or other methods. Group education can be given to a variety of groups, in different settings, and by different types of educators with different backgrounds and styles.
• **Reducing Structural Barriers** – Interventions to reduce structural barriers are activities (other than economic) that make it easier for people to access preventive services in a clinical or non-clinical setting.
  - Structural barriers may include location, distance, hours of operation, lack of daycare for dependents, navigation through the medical system, appointment scheduling, language, culture, work schedule, phone calls, and postage.
  - Interventions to reduce structural barriers are based on the idea that making access to screening easier will increase demand for, and use of, screening. Examples include interventions that:
    - reduce time or distance to delivery setting
    - modify hours of service to meet client needs
    - offer services in alternative, nonclinical setting (e.g., mobile vans)
    - eliminate or simplify administrative procedures (e.g., scheduling help, transportation, translation), or
    - provide secondary support, such as education or ways to reduce out-of-pocket costs.

• **Reducing out of pocket Costs** – Interventions to reduce out-of-pocket costs decrease the cost of cancer screening or its administration directly, through insurance coverage, or by reducing clients’ co-payments for screening services.
  - These interventions can include:
    - providing vouchers to pay part of the fee for screening tests
    - reducing the costs of the screening tests
    - reimbursing clients or clinics for completed screenings, or
    - changing the cost of federal or state insurance coverage.
  - These interventions are based on the idea that reducing the cost of screening will:
    - increase demand for and use of the services
    - increase repeat cancer screening, and
    - increase the likelihood of clients following the recommended cancer screening schedule.

• **Provider reminder/recall systems** – (provider reminders) inform health care providers that patients or clients are:
  - due (reminder), or
  - overdue (recall) for specific cancer screening tests.
  - Reminders may be:
    - generated electronically or manually
    - delivered in client charts, by computer, mail, other means, or noted in client charts to initiate in-person discussion, and
    - can vary in format and content (notation, flow chart, electronic message, or checklist).
  - Reminders can occur before, during, or after a scheduled visit.