



My Life Matters: Mammogram for Life!



## CONTEXT

**Goal:** Mayo Clinic, Red Lake Comprehensive Health Services, and Red Lake Indian Health Service (IHS) work to reduce late-stage breast cancer through increasing American Indian women’s participation in mammograms and increasing adherent participation (obtaining an annual mammogram beginning at age 40).

**Causes:** Within the context of numerous causes of health disparities, Red Lake women have lacked tribe-specific, systematic, evidence-based, long-term programs to promote breast mammography and adherence to mammogram guidelines.

**Population:** Approximately 1,500 American Indian women live in the Red Lake service area and are age-eligible for mammograms.

**Issue:** Breast cancer is the most common cancer in Minnesota women. Tribal women of the Northern Plains Region of the Indian Health Services region have higher mortality rates (26.2 vs 22.8 per 100,000) and higher mortality rates across every age (0-31 years to 65 and older), compared to the region’s non-Hispanic white women. The mortality to incidence ratio (0.23 vs 0.18) shows that AI women in the region are more likely to die from the disease than are non-Hispanic white women.

## APPROACH



Promoting mammograms through tribe-specific, low-tech messaging using elements from five theoretical models of health behavior. Messaging formats include posters, videos, promotional materials, and events celebrating life.

### ROOT CAUSES/ CONDITIONS FOR HEALTH

Addresses the social and economic conditions for health (also known as the social determinants of health). This often happens by changing local, regional or state policy, changing the way systems work or changing the environment.

### ORGANIZATIONAL/ INSTITUTIONAL CHANGE

Addresses a health area by changing policies or systems in a school, clinic, hospital, etc. to support healthy behaviors and individual risk/protective factors.

### HEALTH PROMOTION/ DIRECT SERVICE

Addresses individual or family-level risk/protective factors through health education, programming, case management, etc.

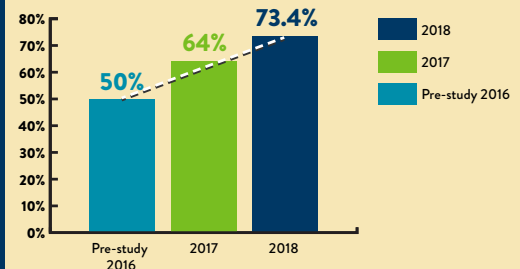
*“When I get to be 40, I will definitely get my mammograms. I hope you keep doing these posters, ‘cause, they are such a good reminder that my life matters right now, and because it does, I need to take care of it.”*

– program participant

## IMPACT

- Mammogram no-show rates declined from 46% to 41%
- Mammograms performed grew from 430 to 477
- Highly positive evaluations by program participants:
  - 98% look forward to new monthly messages
  - 95% thought the messages were personally important
  - 98% thought messages were important for other women to receive.
- Adherence increased beyond the goal of 20%:

**Average Mammogram Adherence in Women ≥ 40 Years of Age**





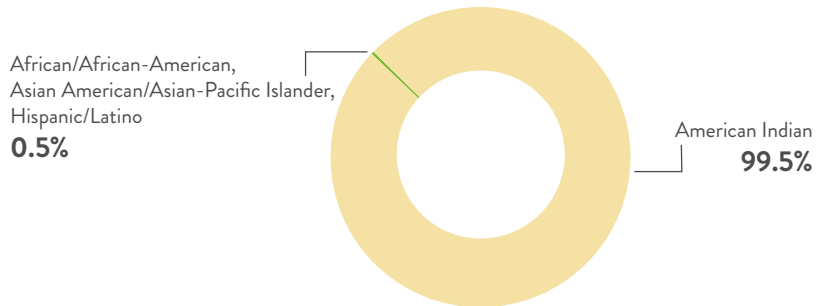
Mayo Clinic is a nonprofit organization committed to clinical practice, education and research, and providing expert, compassionate care in accord with its primary value: “The needs of the patient come first.”



## PRIORITY HEALTH AREA SPOTLIGHT

Breast cancer is the second leading cause of cancer-related deaths for women in Minnesota. Among African American women, mortality rates are 24% higher than for white women, and a greater proportion are diagnosed at later, less treatable stages. Annually in Minnesota, close to 140 women develop invasive cervical cancer and nearly 50 die from it. Cervical cancer incidence and death rates are higher among African American, American Indian, and Asian American women than among non-Hispanic white women.

**Collective Impact:** 161,300 individuals were reached through the work of four grantees addressing this priority health area in 2017-18. The proportions of individuals reached by race/ethnicity are shown in the figure below.



EHDI grantees addressing breast and cervical cancer screening identified common measures to track and report. Collective results include:

- ★ 761 breast cancer screenings
- ★ 298 cervical cancer screenings

## MDH ELIMINATING HEALTH DISPARITIES INITIATIVE

The Eliminating Health Disparities Initiative (EHDI) grant program was created to address health inequities for populations of color and American Indians across eight different priority health areas. Since 2001, the EHDI approach has been to support organizations and projects run by and for communities of color and American Indians to develop and implement strategies that are effective in reaching their communities. Every few years, the program reallocates the competitive grants to organizations and tribes across the state of Minnesota. The current grant cycle is from 2016-2019.