Using Maps to Enhance Program Planning, Identify Disparate Populations, Engage Partners and Share Outcomes in the Kansas National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

Cynthia Snyder, MA, Julie Sergeant, PhD, Mickey Wu, MPH
Bureau of Health Promotion, Kansas Department of Health and Environment

Background
Kansas NBCCEDP is a federally funded breast and cervical screening program that provides free screening and diagnostic services to Kansas women who are ages 40-64, under 250% of federal poverty level and uninsured/underinsured. The program enrolls approximately 7,000 eligible women each year. Maps are used within the program to improve program reach by focusing outreach/education efforts, assessing barriers and recruiting new partners.

Methods
Kansas NBCCEDP enrollment and service use data were maintained in a cloud-based data system developed by Spectrum Health Policy Research. ArcGIS ArcMap 10.2 was used to create maps, perform spatial analysis and share results. Since 2014, several map projects were implemented to inform KS NBCCEDP program planning and evaluation.

Results
Maps increased program planning capacity and improved communication within the program and with partners. Maps were shared during a staff workshop and used to select potential communities for focused intervention. For example, Butler County was identified on several maps as having potential for increased program reach and provider engagement. Butler County had higher concentrations of target age residents. The program-eligible women were underserved compared to the state average. The Wyandotte County Task Force recruited a radiology group to support mobile mammography in the urban core. The radiology group became a program provider and regional program staff focused community outreach activities to improve access to breast health services.

Conclusions
Maps are a valuable tool for the presentation of service use data and assessment of program needs of program staff, local coalitions, providers and funders. Maps enhance the ability to:
• Share statewide outcomes in an easy to understand format other than a table
• Home in on areas where disparities and barriers impact access to care
• Engage staff and partners in health promotion and outreach activities
• Assess areas for change and impact
• Facilitate understanding and capture interest of stakeholders who “think” they do not like data.

Acknowledgements
The Kansas Breast and Cervical Cancer Early Detection Works Program is funded through the Centers for Disease Control and Prevention, Cooperative Agreement number NU51DD02588 and through funding from the State of Kansas and Susan G. Komen. The views expressed do not necessarily reflect the official policies nor imply endorsement by funders.