



Early Detection and Screening Workgroup

Increasing Breast Cancer Screening in Idaho

Messaging Toolkit

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TOOLKIT OVERVIEW AND PURPOSE

The Comprehensive Cancer Alliance for Idaho (CCAI) Early Detection Workgroup is pleased to offer the Increasing Breast Cancer Screening in Idaho Messaging Toolkit. The toolkit is designed to assist clinicians, public health, community based organization and others in effectively talking to the rarely or never screened with messages that are based on market research. With these messages, we intend to help educate, empower and mobilize the unscreened.

This toolkit is not intended to replace any previous messaging efforts. However, the CCAI Early Detection Workgroup encourages the use of standardized messaging, data and resources to increase Breast Cancer screening in Idaho.

Components of this toolkit have been adapted from the National Colorectal Cancer Roundtable “80% by 2018: Effective Messaging to Reach the Unscreened” and Susan G. Komen “Breast Cancer Education Toolkit.”

CHARACTERISTICS OF THE UNSCREENED

There are many factors that contribute to Breast Cancer disparities. The most apparent factors are linked to medical care and a lack of health care coverage. In Idaho there still remains a gap in coverage for people who do not qualify for the State Breast and Cervical Cancer Early Detection Program (BCCEDP) or Medicaid. Factors affected by social and racial inequalities such as education, income and the quality of neighborhood environments may also play a major role in health disparities. In addition, language and cultural barriers and mistrust of the medical field may prevent some women from getting screened.

In a recent study by Susan G. Komen Idaho Montana, key stakeholders help identify issues in high risk Idaho communities. Health care providers identified lack of education and access to screening services as barriers for their patients receiving Breast Cancer screenings. Women over 40 identified distance to travel for screening services as a barrier to annual mammography. Finally, Breast Cancer survivors identified lack of survivorship and post treatment support as a limitation in their continuum of care.

The counties in Idaho with highest risk of late-stage Breast Cancer diagnosis and/or Breast Cancer death are:

- Bannock
- Blaine
- Bingham
- Bonneville
- Cassia
- Gem
- Idaho
- Minidoka
- Payette
- Shoshone
- Twin Falls

Death rates and trends summary

Overall, the Breast Cancer death rate in Idaho is similar to that observed in the U.S. as a whole and the death rate trend was not available for comparison with the U.S. as a whole. For the United States, Breast Cancer death rates in Blacks/African-Americans are substantially higher than in Whites overall. The most recent estimated Breast Cancer death rates for Asian Pacific Islanders (APIs) and American Indian Alaska Natives (AIANs) were lower than for Non-Hispanic Whites and Blacks/African-Americans. The most recent estimated death rates for Hispanics/Latinas were lower than for Non-Hispanic Whites and Blacks/African-Americans. There were not enough data available within Idaho to report on Blacks/African-Americans, APIs and AIANs so comparisons cannot be made for these racial groups. Also, there were not enough data available within Idaho to report on Hispanics/Latinas so comparisons cannot be made for this group.

Late-stage incidence rates and trends summary

Overall, the Breast Cancer late-stage incidence rate in Idaho is slightly higher than that observed in the U.S. as a whole and the late-stage incidence trend was lower than the U.S. as a whole. For the United States, late-stage incidence rates in Blacks/African-Americans are higher than among Whites. Hispanics/Latinas tend to be diagnosed with late-stage Breast Cancers more often than Whites. For Idaho as a whole, the late-stage incidence rate was lower among APIs than Whites. There were not enough data available within Idaho to report on Blacks/African-Americans and AIANs so comparisons cannot be made for these racial groups. The late-stage incidence rate among Hispanics/Latinas was lower than among Non-Hispanics/Latinas.

IDAHO AND THE UNITED STATES

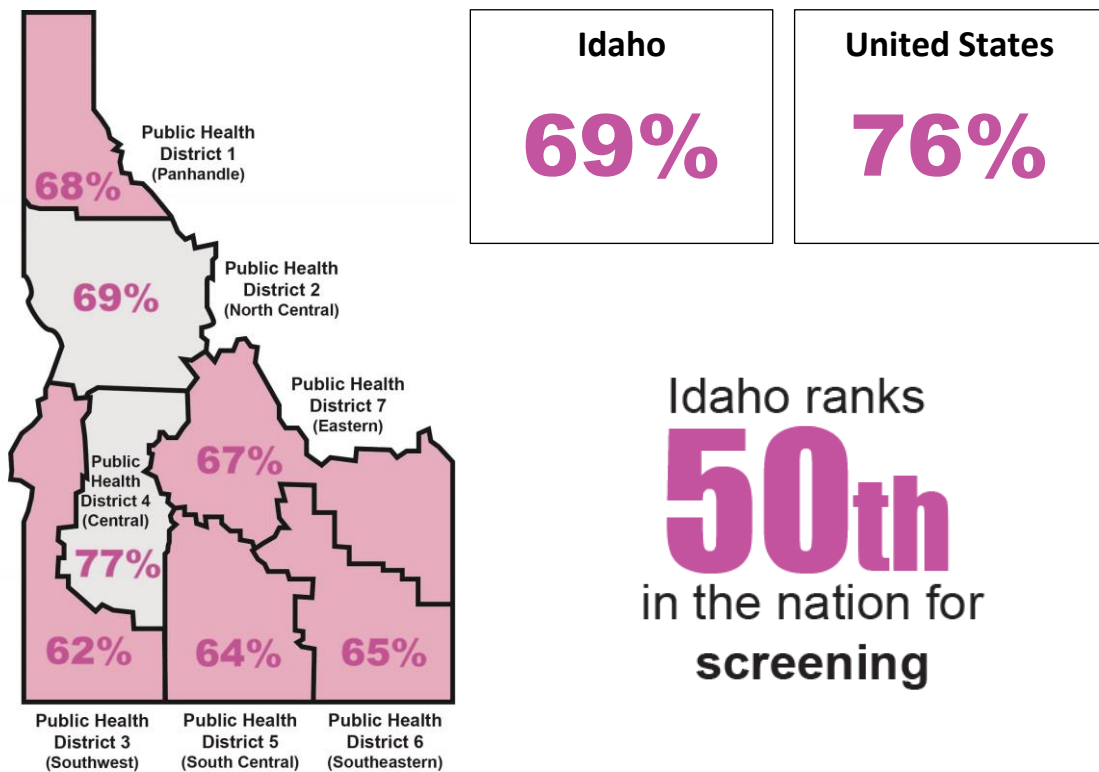
- Breast Cancer is the **2nd leading cause of cancer death** in Idaho women
- The most common risk factors for Breast Cancer are **being a woman** and **getting older**.

SCREENING

Percent of females aged 50-74 who had a mammogram in the past two years, 2014

Did you know?

- More than **139,000** women in Idaho still need to be screened for Breast Cancer

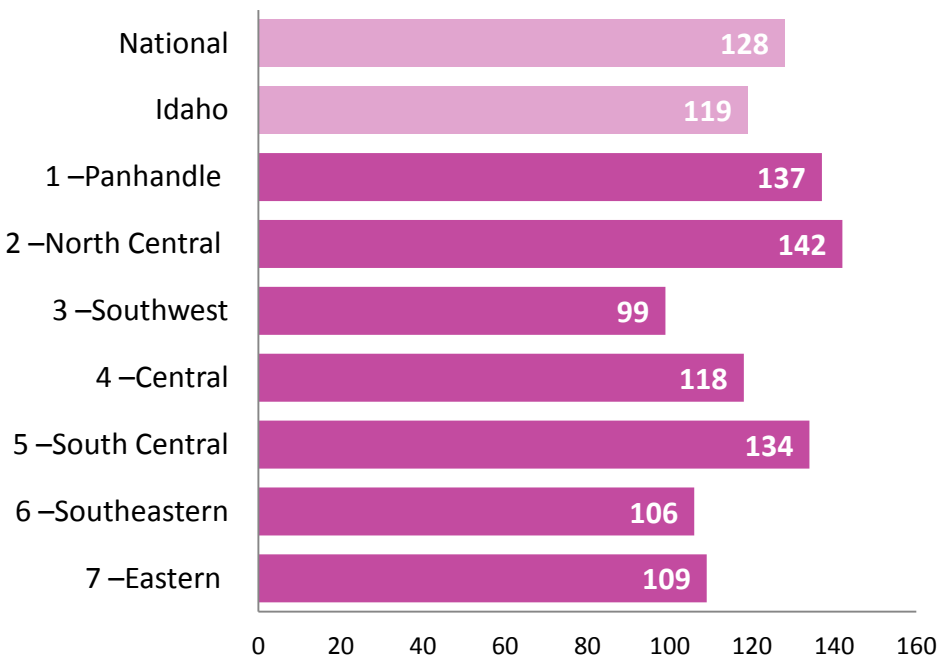


Notes: Age-adjusted to 2000 U.S. Standard Population age groups 50-64 and 65-74.

Source: Idaho Behavioral Risk Factor Surveillance System, 2014

INCIDENCE

Rate per 100,000 of new cases of female invasive Breast Cancer, 2013



Notes: Age-adjusted to the 2000 U.S. Standard Population (19 age groups - Census. P25-1130) standard.

Sources: Cancer Data Registry of Idaho, SEER

Did you know?

- **1 in 8** women will have Breast Cancer
- In 2016, more than **240,000 cases** of invasive Breast Cancer will be diagnosed in women and 2,600 in men in the United States
- **Every 2 minutes**, one case of Breast Cancer is diagnosed in a woman

Additional Data Resources:

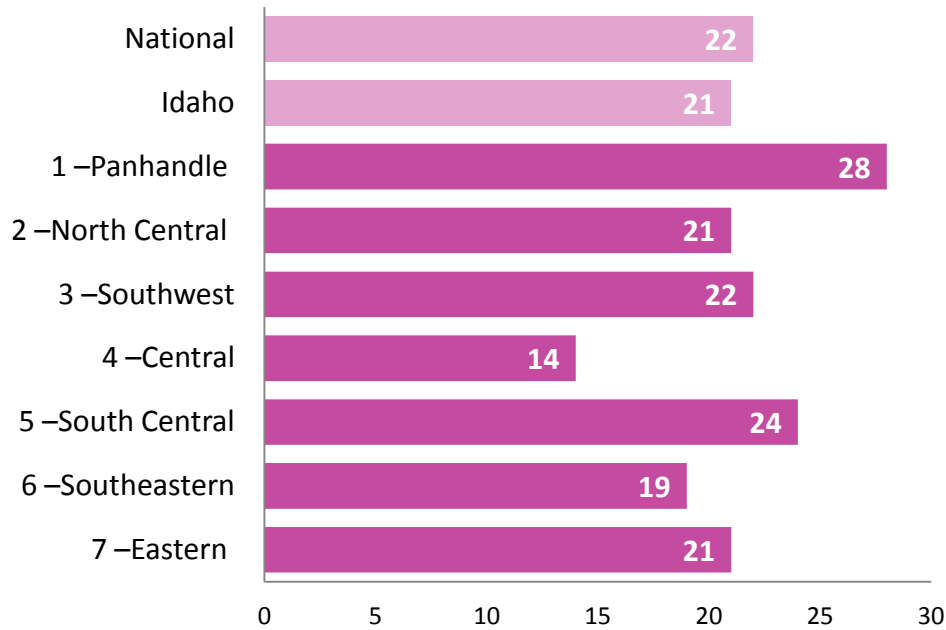
[Breast Cancer in Idaho Factsheet](#)

[Annual Report of the Cancer Data Registry of Idaho: Cancer in Idaho – 2013](#)

- Incidence by county page 20
- Incidence trends in Idaho page 86

MORTALITY

Rate per 100,000 of deaths in females due to invasive Breast Cancer, 2014



Sources: Cancer Data Registry of Idaho, Idaho Department of Health and Welfare Bureau of Vital Records and Health Statistics

191

Idahoans **died**
from breast
cancer in 2014

Nationally, early detection and effective treatment contributed to a **36% decline** in Breast Cancer mortality between 1989-2012.

82%
of Idaho women
will **survive** at
least 5 years
after diagnosis

Currently there are more than
**3 million Breast Cancer
survivors** in the United States

SCREENING GUIDELINES

Breast Cancer screening recommendations for women at average risk

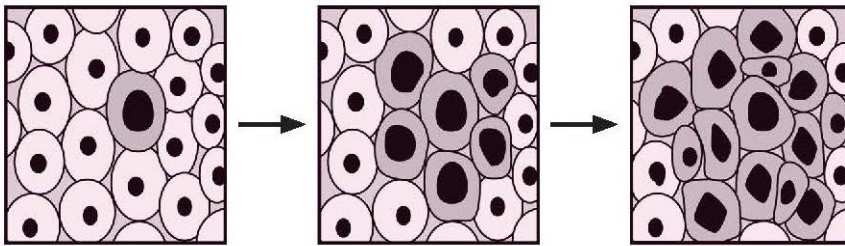
American Cancer Society	National Comprehensive Cancer Network	U.S. Preventive Services Task Force
<u>Mammography</u>		
<p>Informed decision-making with a health care provider ages 40-44</p> <p>Every year starting at age 45-54</p> <p>Every 2 years (or every year if a woman chooses to do so) starting at age 55, for as long as a woman is in good health</p>	<p>Every year starting at age 40, for as long as a woman is in good health</p>	<p>Informed decision-making with a health care provider ages 40-49</p> <p>Every 2 years ages 50-74</p>
<u>Clinical Breast Exam</u>		
<p>Not recommended</p>	<p>Every 1-3 years ages 25-39</p> <p>Every year starting at age 40</p>	<p>Not enough evidence to recommend for or against</p>
<p>Note: Women at higher risk may need to get screened earlier and more frequently than recommended here. Find more on screening recommendations for women at higher risk of Breast Cancer.</p>		

CANCER OVERVIEW

WHAT IS BREAST CANCER?

Every day, cells in our bodies divide, grow and die. Most of the time, cells divide and grow in an orderly manner. However, sometimes cells grow out of control. Breast Cancer occurs when cells in the breast divide and grow abnormally and form malignant (cancerous.) tumors.

To illustrate what this means, look at the pictures below.



The light circles represent normal breast cells and the dark-shaded circles represent cancerous breast cells. As the cancerous cells grow and multiply, they develop into a malignant (cancerous.) tumor within the breast.

WHAT CAUSES BREAST CANCER?

Researchers have found many factors that increase Breast Cancer risk and a few factors that lower risk. However, we still do not understand what exactly causes Breast Cancer to develop at a certain time in a certain person. It is likely a combination of risk factors, though it is still unclear why a certain combination of factors might cause cancer in one person but not another.

Although no one has complete control over whether s/he gets Breast Cancer, people can be empowered to make important breast care decisions by:

- Knowing their risk,
- Getting screened,
- Knowing what is normal for them, and
- Making healthy lifestyle choices.

SIGNS AND SYMPTOMS

http://www.cdc.gov/cancer/breast/basic_info/symptoms.htm

- New lump in the breast or underarm (armpit).
- Thickening or swelling of part of the breast.
- Irritation or dimpling of breast skin.
- Redness or flaky skin in the nipple area or the breast.
- Pulling in of the nipple or pain in the nipple area.

- Nipple discharge other than breast milk, including blood.
- Any change in the size or the shape of the breast.
- Pain in any area of the breast.

RISK FACTORS

http://www.cdc.gov/cancer/breast/basic_info/risk_factors.htm

- Being a woman
- Getting older
- Genetic mutations
- Early menstrual period
- Late or no pregnancy
- Starting menopause after age 55
- Not being physically active
- Being overweight or obese after menopause
- Dense breasts
- Using combination hormone therapy
- Taking oral contraceptives
- Personal history of Breast Cancer
- Family history of Breast Cancer
- Previous treatment Using radiation therapy
- Women who took the drug diethylstilbestrol (DES)
- Drinking alcohol

WAYS TO REDUCE RISK

http://www.cdc.gov/cancer/breast/basic_info/prevention.htm

- Keeping a healthy weight
- Exercising regularly
- Getting enough sleep
- Reducing alcohol intake
- Avoiding exposure to chemicals that can cause cancer (arsenic, asbestos, radon etc.)
- Limiting exposure to radiation from medical imaging tests like X-rays, CT scans, and PET scans
- Breastfeeding

TARGET AUDIENCES

Messaging to women, based on age:

<p>Women Under Age 40</p>	<ul style="list-style-type: none"> • The majority of women with Breast Cancer are diagnosed later in life. • Women under the age of 40 who are of average risk may not yet need a mammogram. If they are over the age of 20 and of average risk, then they should be getting a clinical breast exam at least every three years.
<p>Older women</p>	<ul style="list-style-type: none"> • Some women think that as they get older, they no longer need to get screened for Breast Cancer. • However, risk of Breast Cancer increases with age, and mammography continues to be beneficial. • There is no agreement about when women should stop getting mammograms, largely because there are few studies. Generally, women in good health and who would benefit from treatment if diagnosed with Breast Cancer should continue to get mammograms. • Older women should talk with their doctor each year about the recommendation to get a mammogram.

Messaging to Males:

- Breast Cancer in men is rare, but it does happen. Only about 1 percent of Breast Cancer cases in the U.S. occur among men.
- However, men often have women in their lives — mothers, aunts, sisters or partners — and can be affected by Breast Cancer through them.
- Men can coach or support the women in their lives to get screened and find the breast care support they need

Messaging to LGBT populations:

- Eliminate discriminatory and arbitrary exclusion from screening procedures due to discordance between gender markers and anatomy.
- Work with the local LGBT communities to identify and reduce regional and specific barriers to timely cancer screening.
- Tailor screening messages and utilize effective media with particular attention to diverse sub-groups within **LGBT** communities.
 - For example, involve screening messengers, ambassadors, and witnesses known as credible in their respective communities
- Educate the **LGBT** communities about the importance of cancer screening, with emphasis on malignancies that disproportionately affect **LGBT** individuals, using a variety of media and campaigns shown to be effective or promising with **LGBT** communities in general and/or with specific sub-groups.

For more information on cancer screening among LGBT populations visit: <http://www.lgbthealthlink.org/>

ADDRESSING BARRIERS

The Susan G. Komen Community Profile identified various barriers to screening that impact women in Idaho. The following messages to Increase Breast Cancer Screening address the barriers identified within the Community Profile.

Barrier	Suggested Response
<p>Afraid of finding Breast Cancer</p>	<p>Fear is a perfectly normal feeling when faced with the unknown. You may be able to use this fear to make a decision to do what you can do — get screened.</p> <p>Your fear of Breast Cancer should prompt you to get screened. Finding Breast Cancer early is the best way for women to increase their chances of survival. Screening tests can find Breast Cancer early, when it's most treatable.</p> <p>Try and let fear become your friend. Think about all those you love so dearly and the fact that if cancer is diagnosed at a late stage, it could take you away from them. If you have cancer and find out you have it, you can do something about it.</p>
<p>I don't have time for a mammogram</p>	<p>Is there anything in particular that is making your life busier than normal?</p> <p>The mammogram itself Usually takes about an hour from the time you walk into the facility until the time you walk out. You might check with the imaging center to learn what days and times are Usually less busy and try to schedule your appointment then.</p> <p>A mammogram is important. It is the best screening tool Used today to find Breast Cancer. Mammography can find cancers at an early stage, when they are small (too small to be felt) and most responsive to treatment. Getting regular screening tests is the best way for women to lower their risk of dying from Breast Cancer.</p>
<p>Language barrier with healthcare provider</p>	<p>All hospitals and medical centers should provide medical interpreters for people who are limited- or non-English speakers. Medical interpreters should be available for most languages and are free-of-charge to the patient. These services may be provided in person or over the telephone.</p> <p>I'd be happy to help you find some clinics or hospitals that have interpretation services or someone that has staff that speak Spanish. Let's find an organization that has trained Spanish-speaking promotoras/community health workers that can help you set up an appointment and even attend with you.</p>
<p>Confusion regarding mammography guidelines</p>	<p>Despite the numerous confusing messages in the media, we know that mammograms can find Breast Cancer early — and that finding it early can lead to more treatment options and better survival. Mammograms save lives. Let's talk about what screening looks like for you.</p>

Cost	<p>Reassure her there are options to help her pay for the mammograms or clinical breast exams, and assistance if she needs follow-up exam tests.</p> <p>Do you have Medicare? Medicare pays for most of the cost of your mammogram.</p> <p>Do you have insurance? Call the number on the back of your card to find out if they will cover your mammogram. If not, call your local Susan G. Komen® <i>Affiliate</i> or the Susan G. Komen® Breast Care Helpline at 1-877 GO KOMEN (1-877-465-6636) for assistance.</p> <p>Also, the Women’s Health Check Program provides access to Breast Cancer screening to low-income, uninsured and underinsured women here in Idaho. Visit www.womenshealthcheck.dhw.idaho.gov for information on eligibility and how to enroll.</p>
Denial about ever getting Breast Cancer	<p>Can you tell me more about why you don’t think you’ll get Breast Cancer?</p> <p>I’ve talked to some women who think that. The fact is there is no way to tell who will get Breast Cancer. All women are at risk. And in the U.S., 1 in 8 women will get Breast Cancer in her lifetime.</p> <p>We have learned a lot about Breast Cancer, but we still do not understand what causes Breast Cancer to develop at a certain time in a certain person. And if it does occur, mammograms can find Breast Cancer early — often before it can be felt.</p> <p>Getting regular screening tests is the best way for women to lower their risk of dying from Breast Cancer. Screening tests can find Breast Cancer early, when it’s most treatable.</p>
Doctor never recommended	<p>Don’t assume just because your doctor hasn’t told you to have a mammogram, he or she doesn’t believe it’s important.</p> <p>While each of U.S. likes to totally depend on our doctor to tell U.S. when it’s time to have tests and to schedule them, part of the responsibility is ours. Most doctors appreciate being reminded about their patient’s need for mammograms.</p> <p>You can call your doctor’s office and speak to the secretary or the nurse about getting a mammogram. How do you feel about doing this? When do you think you might be able to do this?</p> <p>Here in Idaho you do not need a referral to have a mammogram. If you are due for a screening you can contact the mammography facility directly to set up an appointment.</p> <p>Once your appointment is made, you could go ahead and sign up to get a reminder for your tests for next year. Susan G. Komen - Reminders</p>

<p>Doesn't understand the importance of mammograms</p>	<p>Most women who get Breast Cancer have no family history of the disease. In fact, the majority of women who are diagnosed with Breast Cancer have NO risk factors aside from being female and getting older. The purpose of a mammogram is to find Breast Cancer early (when there are no symptoms) and when it's most treatable.</p> <p>Mammograms can find Breast Cancer before either you or your doctor can feel a lump. Breast Cancer is more treatable when it is found early. Getting regular screening tests is the best way for women to lower their risk of dying from Breast Cancer.</p>
<p>Doesn't want to know if something is wrong</p>	<p>Could you tell me a little more about what you mean?</p> <p>Maybe you think you would rather not know if you have Breast Cancer. Maybe you prefer not to deal with the fears and cost that come with Breast Cancer treatment. Some women think as long as they feel fine they don't need to go looking for trouble.</p> <p>It's better to find Breast Cancer early before there are any symptoms. Breast Cancer does not go away on its own. When Breast Cancer is found early, you have more treatment options. And, the sooner you do something about Breast Cancer, the more likely the treatment can be simpler, easier and more effective than if you wait.</p> <p>How does hearing all of this make you feel about having a mammogram?</p>
<p>No family history</p>	<p>Some women believe they don't need mammograms because no one in their family has had Breast Cancer.</p> <p>The truth is most women who get Breast Cancer have no family history of the disease. While the risk of Breast Cancer increases with age, all women are at risk of getting Breast Cancer. As women get older, their chances of getting Breast Cancer increase whether or not anyone in their family has had it.</p> <p>Getting regular screening tests is the best way for women to lower their risk of dying from Breast Cancer. Screening tests can find Breast Cancer early, when it's most treatable. This is why it's so important to have regular mammograms to find Breast Cancer early.</p>
<p>Transportation problems</p>	<p>Getting around is difficult if you don't have a car or anyone to take you places. This problem makes scheduling your mammogram difficult. Fortunately your local Susan G. Komen® <i>Affiliate</i> may provide you with information about grantees who may be able to assist you with transportation to and from the mammogram facility. Or you can call the Susan G. Komen® Breast Care Helpline at 1-877 GO KOMEN (1-877-465-6636) learn about possible sources of assistance in your area.</p> <p>Also, mobile mammography vans travel throughout Idaho. When you make your appointment ask if a mammography van will be in your area.</p>

MAKE IT YOUR OWN

MIYO (make it your own) is a free, web based platform for creating tailored educational materials utilizing evidence-based strategies and messaging. MIYO can help you create posters, postcards, social media graphics and more.

Visit www.miyoworks.org to get started!



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Since 2007, organizations have been using MIYO to create customized health information for the specific populations they serve. MIYO assures high quality by standardizing the look and feel of materials and using evidence-based strategies recommended by the U.S. Centers for Disease Control and Prevention. MIYO delivers industry-standard, production-ready files for print, web and interactive applications.

Our goal

Effective, targeted health information for all segments of the American public.



I stay healthy so I can be there for my family.

That's why I get regular screenings for colon cancer. It's something I do for them and for myself.

Take care of your health and get tested for colon cancer if you're 50 or older.

HCI

Call us at 1.888.555.5555.

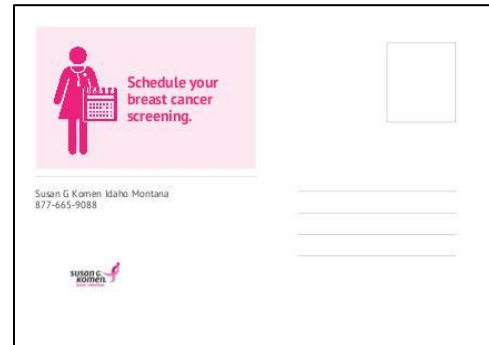
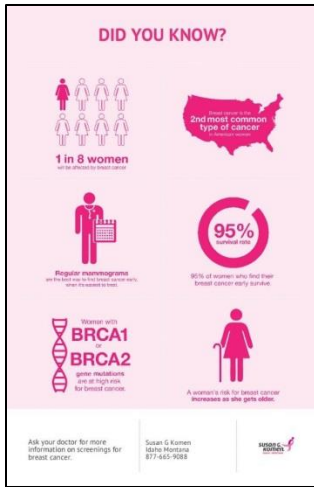
GET STARTED

What can I make with MIYO?

Choose from a menu of proven approaches and a large library of audience-tested designs to **Make It Your Own.**

Product types	Health topics
Flyers	Colorectal Cancer Screening
Inserts	Breast Cancer Screening
Posters	Cervical Cancer Screening
Postcards	HPV vaccination
Question cards	Tobacco Cessation
Web banner ads	And more...
And more...	

Sample Materials include:



MEDIA TEMPLATES

SAMPLE ANNOUNCEMENT FOR NEWSLETTER, LISTSERV, OR MEDIA RELEASE

Cut and paste this text into your newsletter, listserv, or media release. Add local details and quotes from your organization.

This October, **[your organization]** is proud to participate in National Breast Cancer Awareness Month. Breast Cancer is the second most common kind of cancer in women. About 1 in 8 women born today in the United States will get Breast Cancer at some point.

The good news is that many women can survive Breast Cancer if it's found and treated early.

- If you are a woman age 40 to 49, talk with your doctor about when to start getting mammograms and how often to get them.
- If you are a woman age 50 to 74, be sure to get a mammogram every 2 years. You may also choose to get them more often.

Talk to a doctor about your risk for Breast Cancer, especially if a close family member of yours had breast or ovarian cancer. Your doctor can help you decide when and how often to get mammograms.

- **[Add details about your local activities.]**
- **[Include a quote from your organization.]**

For more information, visit **[insert your organization information]**.

SOCIAL MEDIA

WHY USE SOCIAL MEDIA?

Quoting directly from the CDC's [The Health Communicator's Social Media Toolkit](#), "Using social media tools has become an effective way to expand reach, foster engagement and increase access to credible, science-based health messages. Social media and other emerging communication technologies can connect millions of voices to:

- Increase the timely dissemination and potential impact of health and safety information.
- Leverage audience networks to facilitate information sharing.
- Expand reach to include broader, more diverse audiences.
- Personalize and reinforce health messages that can be more easily tailored or targeted to particular audiences.
- Facilitate interactive communication, connection and public engagement.
- Empower people to make safer and healthier decisions. "

Using social media throughout the year is a great way to continually highlight a health issue; however increased reach may be experienced during Breast Cancer awareness month, October 1st - October 31st.

CREATE A SOCIAL MEDIA STRATEGY

Create Your Social Media Strategy

CDC's [SocialMediaWorks](#) is a great web-based tool to think through step-by-step and establish your social media strategy. Below is a template and example of a social media strategy for your use, courtesy of CDC's [SocialMediaWorks](#):

Template:

I need fill in the name of the project initiative to engage specify target age groups, gender, race/ethnicity and socioeconomic groups with specify project content to get them to specify project outcomes. I will achieve my overall goal with specify time hours of staff time, specify financial investment and be ready to begin in specify time. The duration of this initiative will be specify time.

Example:

I need the Breast Cancer awareness month initiative to engage all age groups, females, all races and ethnicities and all socioeconomic groups with daily mix of relevant links, engaging infographics, photos, videos and messages to get them to become more aware of Breast Cancer prevention and our organization's efforts to support Breast Cancer survivors. I will achieve my overall goal with 5 hours of staff time, \$0 (other than staff time) and be ready to begin in one month. The duration of this initiative will be one month.

SAMPLE SOCIAL MEDIA MESSAGES

The following section was taken directly from [GW Cancer Control TAP Breast Cancer Awareness Social Media Toolkit, October 2016](#).

Facebook

- If you are over 50 years old, the sooner you have a mammogram, the greater your chances of finding cancer in its early stages and making a full recovery. Talk to your doctor about Breast Cancer screening that is right for you. <http://goo.gl/OYJm3l>
- With no-cost mammograms available throughout Idaho for those who qualify, there's no reason to wait. If you can't afford a mammogram, Women's Health Check can help! Visit www.womenshealthcheck.dhw.idaho.gov for more information.
- What is Breast Cancer? What increases the risk of Breast Cancer? What are the symptoms? Find out the answers to these questions and more here: <http://goo.gl/riLFs2>
- Here is a simple factsheet of what you need to know about Breast Cancer, including factors that increase your risk and symptoms: <http://goo.gl/W1lw51>
- Cancer is a disease in which cells in the body grow out of control. When cancer starts in the breast, it is called Breast Cancer. Other than skin cancer, Breast Cancer is the most common cancer in American women. Read more about this disease here: <http://goo.gl/jtY4fE>

Regional Facebook Messaging:

- Breast Cancer claimed more than <insert regional Breast Cancer mortality statistic> lives in <insert region> in 2013. More lives could be saved if people were diagnosed at an earlier stage. Do you know the signs? Know what to look for: <insert shortened link>
- Most women with Breast Cancer face some level of emotional challenge both during and after treatment. Patients may worry about the possibility that the cancer will return, or may be concerned about physical changes or psychological and social well-being. Support groups are available for patients, families, friends and caregivers in <insert region>. For more information, visit <insert shortened link>

Twitter

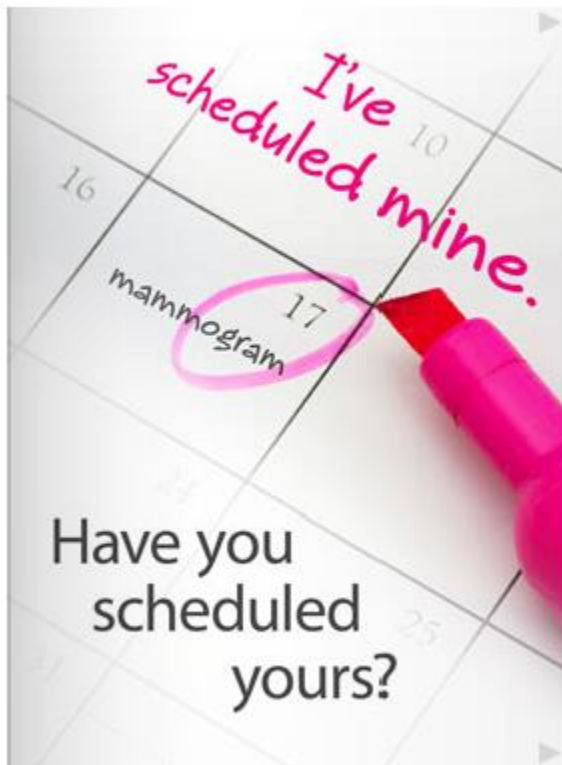
- What is #BreastCancer? What is a normal breast? Find out more here: <http://goo.gl/jtY4fE>
- Other than some kinds of skin cancer, #BreastCancer is the most common cancer in women in Idaho. Learn more: <http://goo.gl/SIhhYK>
- #BreastCancer is the most common cancer among Idaho women. Talk to your doctor about when you should get a mammogram: <http://goo.gl/VEN4It>
- Can't afford a #BreastCancer screening? Women's Health Check may be able to help: www.womenshealthcheck.dhw.idaho.gov
- Q. What are mammograms? A. Mammograms are x-rays of the breast that check for Breast Cancer. <http://1.us.a.gov/13uheVg>
- If breast or ovarian cancer runs in your family, talk with your doctor. Find out more: <http://1.usa.gov/XuC3NE>
- Did you know? Breast Cancer can occur in men. Over 2,000 men are diagnosed each year. Find out more: <http://1.usa.gov/1pMJvou>

- Worried about cost? Mammograms are covered for women over age 40 under the health care reform law. Learn more: <http://1.usa.gov/159zd67>
- Not sure where to go for mammograms? Find a mammogram facility near you: <http://1.usa.gov/1hj7ZWc>.

Regional Twitter Messaging:

- #BreastCancer claimed more than *<insert regional Breast Cancer mortality statistic>* lives in *<insert region>* in 2012 but early diagnosis saves lives. Visit: *<insert shortened link>*
- There were *<insert regional Breast Cancer incidence statistic>* #BreastCancer cases diagnosed in *<insert region>* in 2012. Know the symptoms: *<insert shortened link>*

E-CARD



Free mammography e-cards and reminders available via healthfinder.gov and [Susan G Komen Health Reminders](#)

RESOURCES

Community Resources

[American Cancer Society](#)

[Comprehensive Cancer Alliance of Idaho](#)

[Susan G Komen Idaho Montana](#)

[Women's Health Check](#) – Free breast and cervical cancer screening program for eligible women.

Breast Cancer Data

[Cancer Data Registry of Idaho](#)

[Idaho Comprehensive Cancer Plan 2016-2020](#), Comprehensive Cancer Alliance of Idaho

[Community Profile Report 2015](#), Susan G Komen Idaho Montana