The IN-BCCP can successfully maintain data for breast and cervical cancer screening among low-income women. The IN-BCCP has been successful in increasing the reach of the program to underserved populations. The IN-BCCP has continued to expand the available healthcare landscape to identify the program to meet the needs of low-income women and increase the early detection of cancer. A matched analysis was conducted to determine the reach and scope of the program and identify gaps or areas for improvement.

PURPOSE

The analysis was conducted to examine where IN-BCCP provider screening sites are in relationship to IN-BCCP participants and potentially eligible women not participating in the program.

METHODS

An analysis was conducted using geographic information systems to analyze IN-BCCP data, Indiana State Cancer Registry (ISCR) data, and U.S. Census data from 2009 to 2013. Data was analyzed by the six IN-BCCP Regional Coordination districts and the 10 Public Health Districts (See Figures 1 and 2).

RESULTS

The dataset traveled by IN-BCCP participants in screening sites was explored further by examining the average distance traveled by IN-BCCP participants with incomes between 150 and 200 percent of the federal poverty level (FPL), 100 and 150 percent of the FPL, and under 100 percent of the FPL (Figures 3, 4, and 5). The IN-BCCP data from 2009 to 2013 identically shares throughout the state where women are traveling more than 50 miles to access IN-BCCP screening providers. The map of IN-BCCP participants who earn under 100 percent of the federal poverty level shows clearly that these are several areas around the state where the lowest income women are traveling more than 50 miles and in some cases more than 90 miles, to be screened for breast and cervical cancer, specifically the eastern, northwestern, and southern sections of the state. These regions tend to be rural and have a limited number of providers.

CONCLUSIONS

The IN-BCCP data was used to analyze where IN-BCCP provider screening sites are in relationship to IN-BCCP participants and potentially eligible women not participating in the program. The IN-BCCP dataset was explored further by examining the average distance traveled by IN-BCCP participants with incomes between 150 and 200 percent of the federal poverty level (FPL), 100 and 150 percent of the FPL, and under 100 percent of the FPL. The IN-BCCP data from 2009 to 2013 identically shares throughout the state where women are traveling more than 50 miles to access IN-BCCP screening providers. The map of IN-BCCP participants who earn under 100 percent of the federal poverty level shows clearly that these are several areas around the state where the lowest income women are traveling more than 50 miles and in some cases more than 90 miles, to be screened for breast and cervical cancer, specifically the eastern, northwestern, and southern sections of the state. These regions tend to be rural and have a limited number of providers.

REFERENCES

• IN-BCCP Data
• ISCR
• U. S. Census Bureau

Kate Twenger, M.P.A., Indiana State Department of Health (ISDH), Cynthia Cunningham, B.S., Community Solutions, Inc., Laura Ruppert, M.H.A., ISDH

Using geographic information systems to analyze data to expand the reach of the Indiana Breast and Cervical Cancer Program (IN-BCCP)

BACKGROUND

The IN-BCCP provides breast and cervical cancer screening and diagnostic services to underserved women. The IN-BCCP has been implemented as various individuals gain access to healthcare as a result of the Affordable Care Act and the expanded population data. The IN-BCCP is continually assessing the evolving healthcare landscape to identify the program to meet the needs of low-income women and increase the early detection of cancer. A matched analysis was conducted to determine the reach and scope of the program and identify gaps or areas for improvement.

PURPOSE

The analysis was conducted to examine where IN-BCCP provider screening sites are in relationship to IN-BCCP participants and potentially eligible women not participating in the program.

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An analysis was conducted using geographic information systems to analyze IN-BCCP data, Indiana State Cancer Registry (ISCR) data, and U.S. Census data from 2009 to 2013. Data was analyzed by the six IN-BCCP Regional Coordination districts and the 10 Public Health Districts (See Figures 1 and 2).

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CONCLUSIONS

The IN-BCCP data was used to analyze where IN-BCCP provider screening sites are in relationship to IN-BCCP participants and potentially eligible women not participating in the program. The IN-BCCP dataset was explored further by examining the average distance traveled by IN-BCCP participants with incomes between 150 and 200 percent of the federal poverty level (FPL), 100 and 150 percent of the FPL, and under 100 percent of the FPL. The IN-BCCP data from 2009 to 2013 identically shares throughout the state where women are traveling more than 50 miles to access IN-BCCP screening providers. The map of IN-BCCP participants who earn under 100 percent of the federal poverty level shows clearly that these are several areas around the state where the lowest income women are traveling more than 50 miles and in some cases more than 90 miles, to be screened for breast and cervical cancer, specifically the eastern, northwestern, and southern sections of the state. These regions tend to be rural and have a limited number of providers.

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