SC Increasing Service Delivery in Remote and Rural Areas

The Best Chance Network

Selena L. Lowery, MBA

Rural Landscape of South Carolina

- How do we reach areas of the state where resources may be limited?
- How do we gain trust in unfamiliar communities?
- How can a staff of 18 screen 15,000 women?

Partnerships



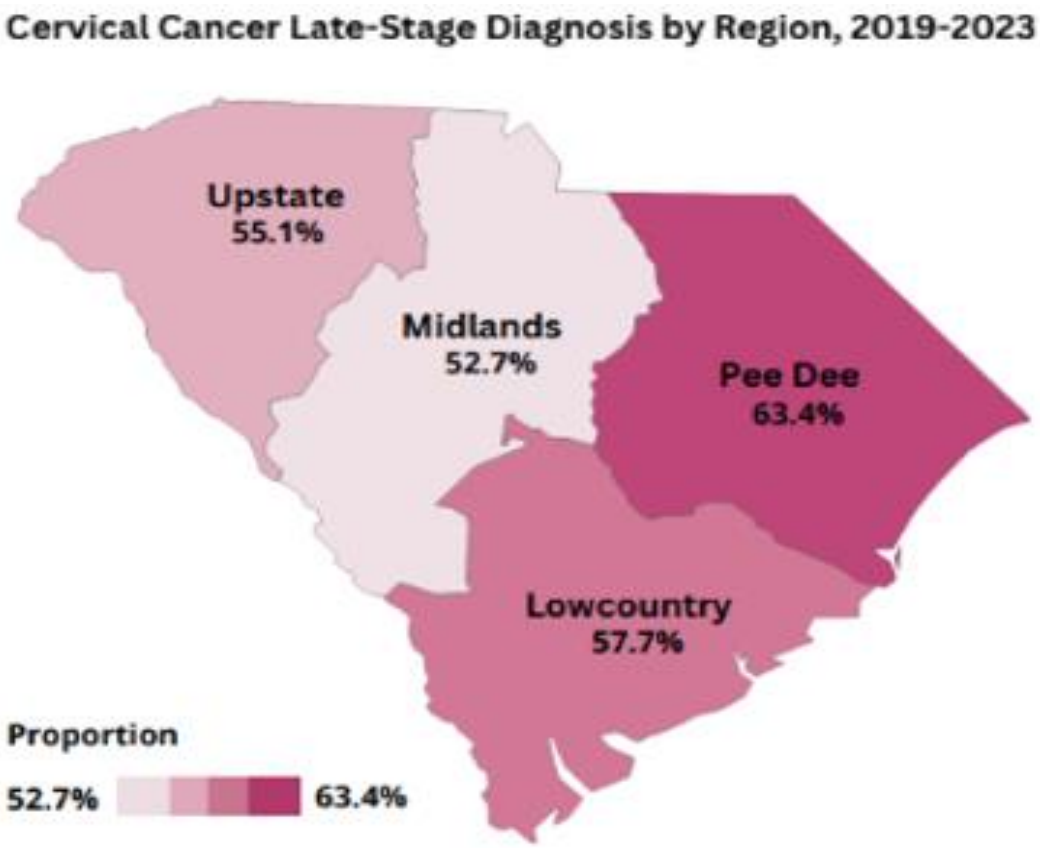
Transportation Assistance

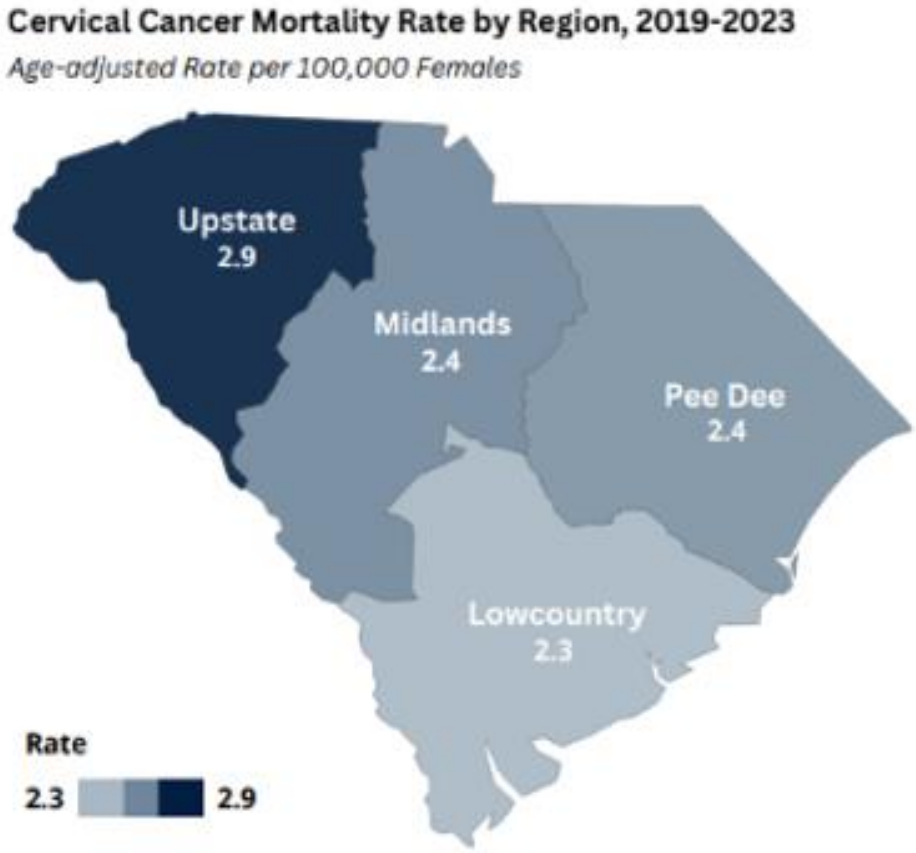
- **Prioritize patients with no vehicle access, mobility limitations, and patients in rural or transportation scarce areas**
- **Public transit passes, ride-share services (Uber Health/Lyft Healthcare), taxi services and/or gas cards**

Pink Palmetto Project

- Salon-based, community health education program
- Utilizes the trusted messenger evidence-based outreach practice
- Increase awareness of breast and cervical cancer
- Encourage early detection and screening
- Share accurate, easy-to-understand information
- Connect communities to trusted resources and support

Cervical Cancer

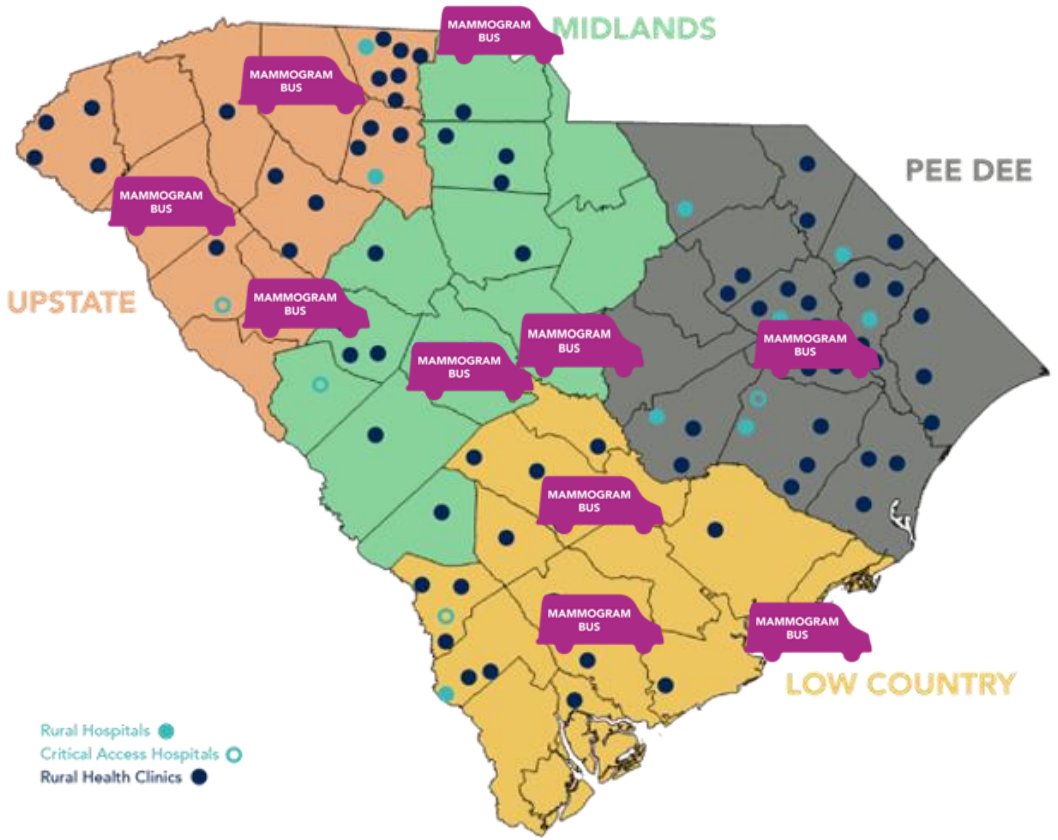




SC Office of Rural Health

- Mobile mammography qualitative analysis
- Share updates about BCN and office hours in the rural listserv and the Rural Focus newsletter
- Closing the Gap: Primary Care Cancer Screening Acceleration Collaborative

BCN Mobile Partners



Wrap up

- You must know the landscape of your state
- You need the right partners involved
- The needs of the rural and remote communities may look different
- Don’t be afraid to try different ideas

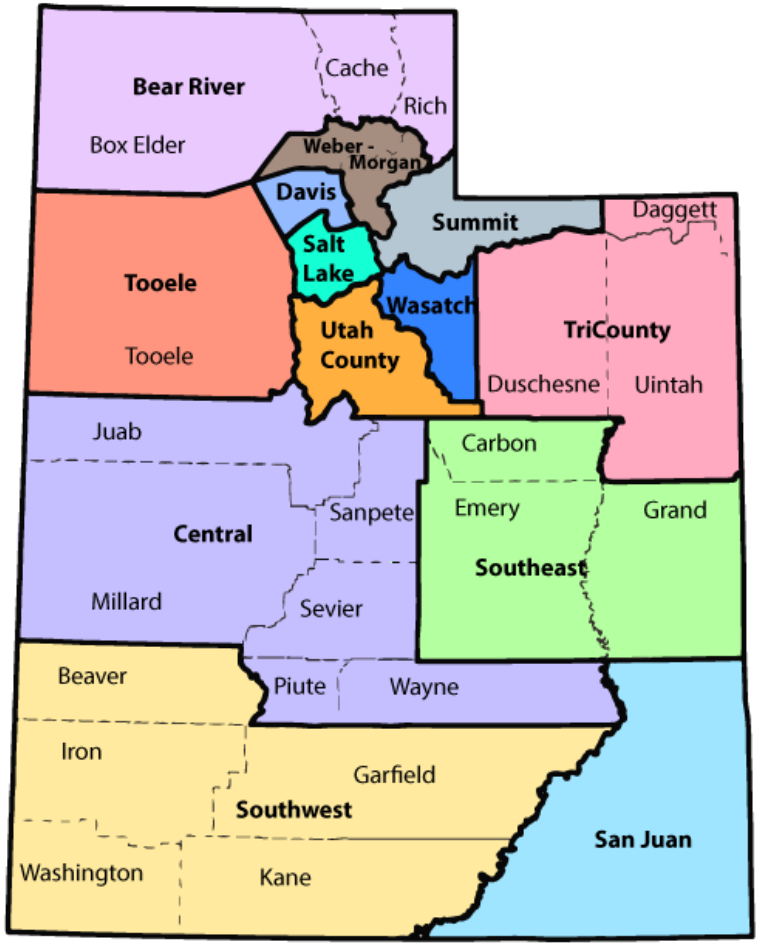
Increasing Service Delivery in Remote and Rural Areas

Marie Nagata
Program Manager
Utah Cancer Programs

Department *of* Health
& Human Services

Utah

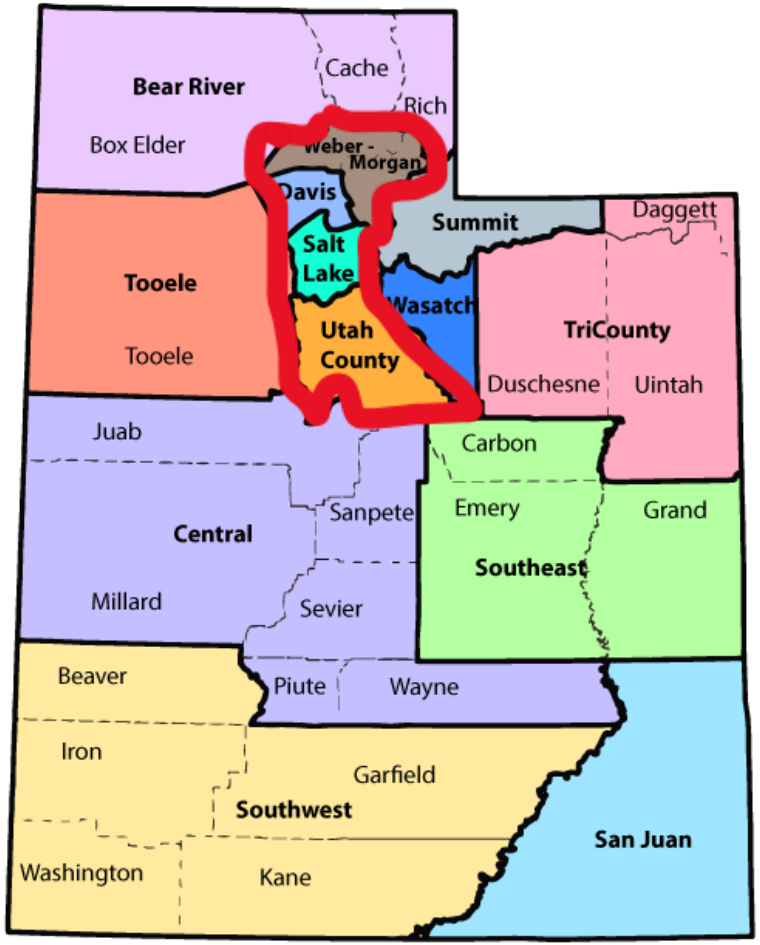
29 counties



Utah

29 counties

75% live along Wasatch Front

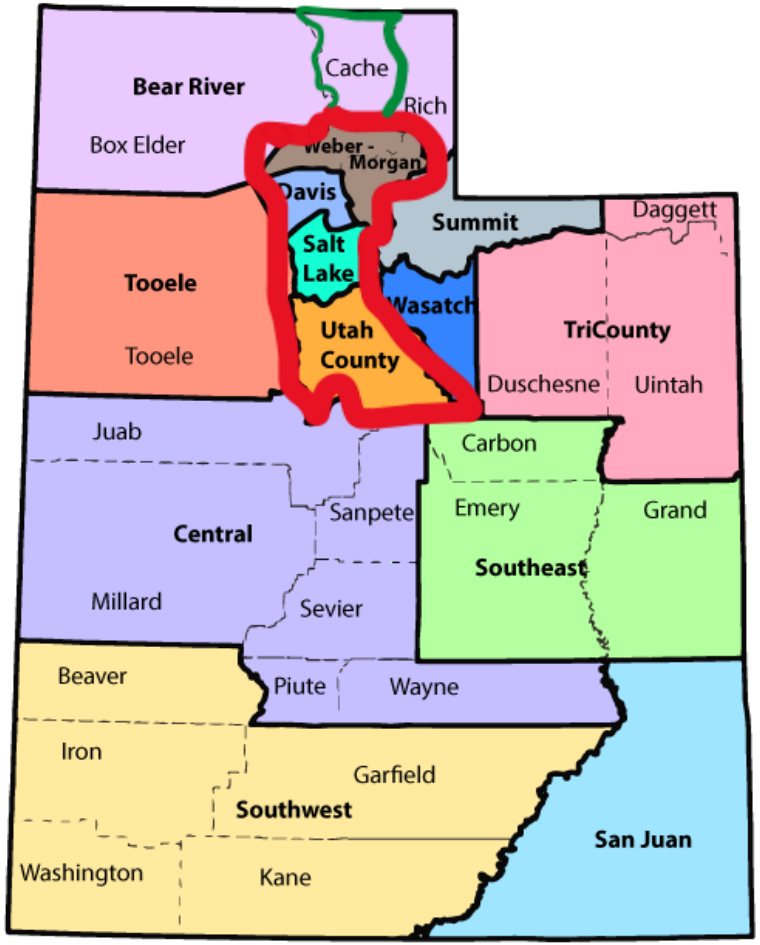


Utah

29 counties

75% live along Wasatch Front

5 of 29 counties urban



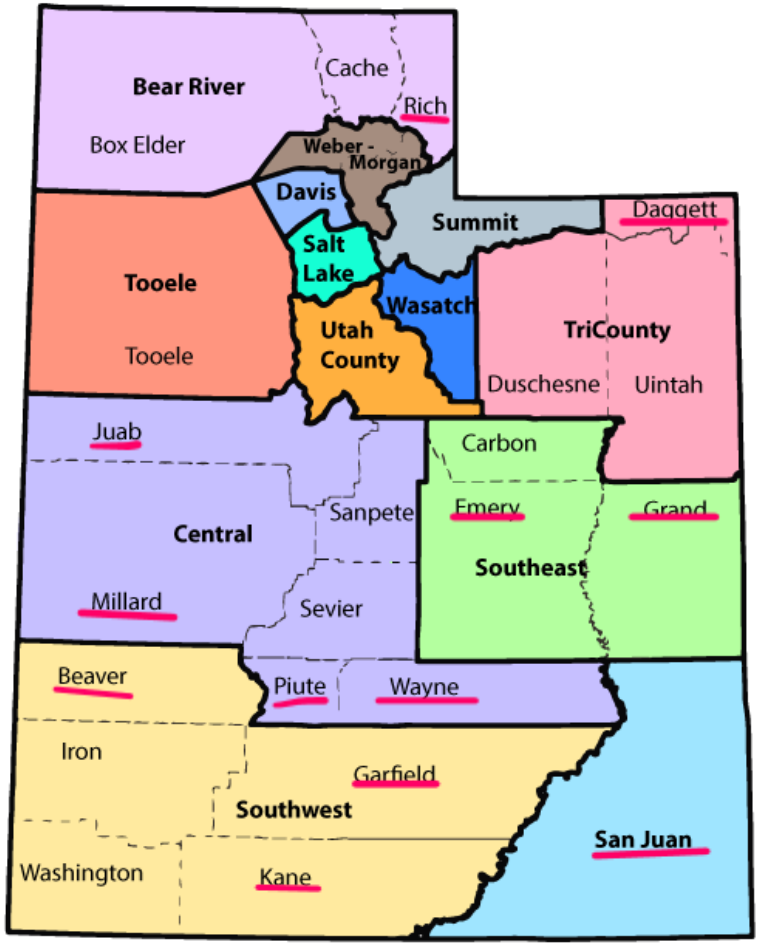
Utah

29 counties

75% live along Wasatch Front

5 of 29 counties urban

12 frontier counties



Iowa BCCEDP: Care for Yourself- Breast and Cervical Cancer Screening Program (CFY-BCC)

Increasing Service Delivery in Remote and Rural Areas Panel

August 2026 NBCCEDP Business Meeting

Denise Attard Sacco

Program Manager Iowa BCCEDP

IOWA | Health and Human Services



Iowa BCCEDP Program Structure

- Iowa HHS contracts with **21** local board of health to cover all 99 counties - Each board of health covers one or more counties.
- Each regional program has a program coordinator and additional staff who are responsible for:
  - Participant enrollment
  - Patient navigation
  - Connecting participants to screening/diagnostic services; participant tracking; follow-up
  - Data collection and data entry into the Iowa BCCEDP database.
  - Community education and outreach
  - Provider education and outreach
- Each regional program receives a specific number of screenings annually. This number is based on regional needs and previous years
- Iowa HHS manages a provider enrollment system. Enrolled providers deliver program services to participants.

Iowa BCCEDP Eligibility and Services

- Ages 21-64
  - Breast cancer services eligibility: 40-64 years of age

    - Those symptomatic or at high-risk under the age 40 years and those over 64 who do not have Medicare Part B may also receive services.

  - Cervical cancer services eligibility: 21-64 years of age.
- Uninsured or underinsured, family income equal or below 250% of the FPL
- Services:
  - Baseline: clinical breast exam, mammogram, pap/HPV testing, tobacco cessation referrals.
  - Diagnostic testing: diagnostic mammograms, biopsies, Ultrasound, fine needle cyst aspiration, breast MRI, colposcopy (with/without biopsy), LEEP, cold knife cone.
  - Referrals to treatment under the BCCT Act, when needed.

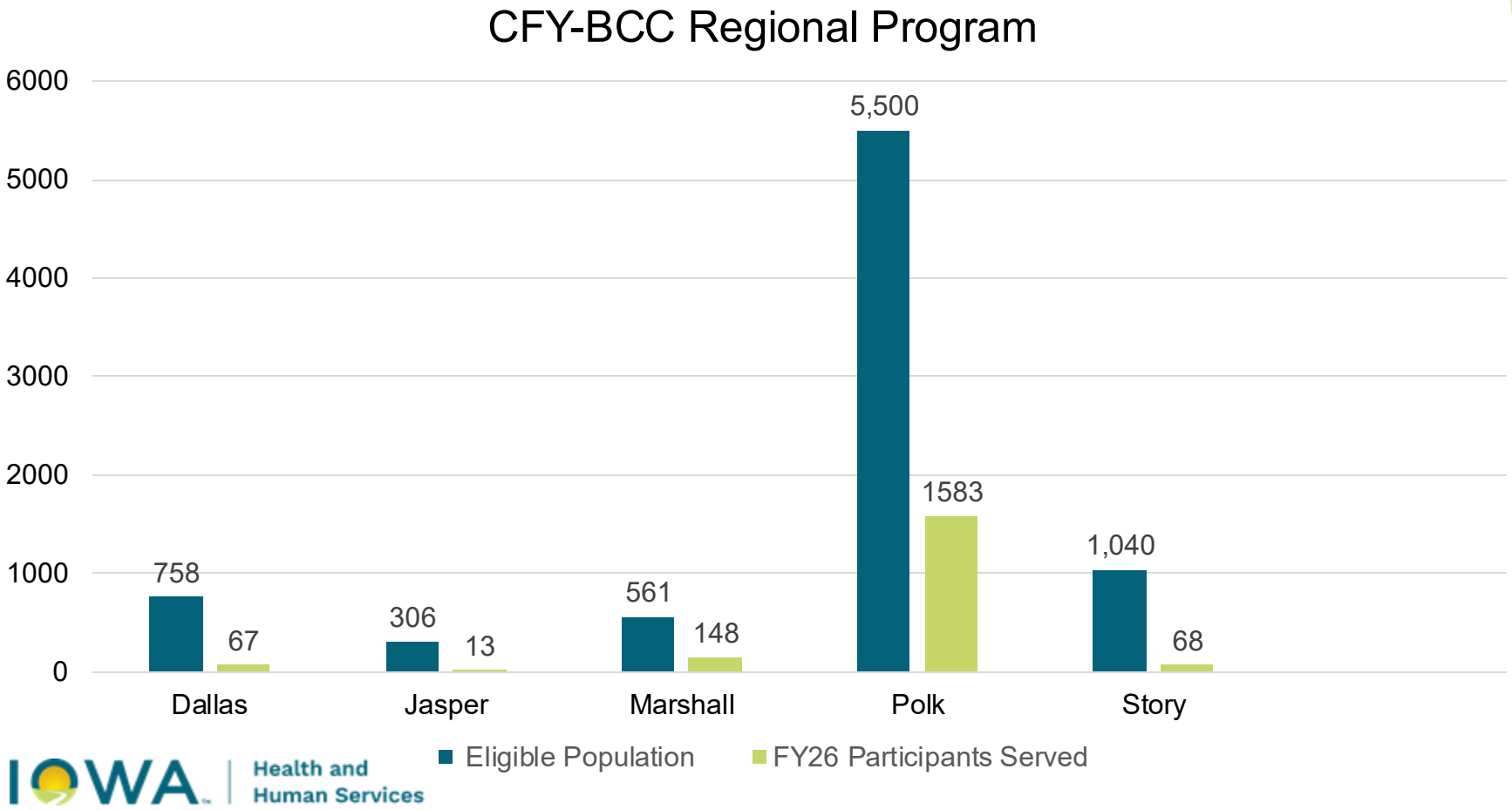
Barriers and Needs - Rural Areas

Program Evaluation

- Data collected from:
  - Quarterly local program reports.
  - 3 focus groups with local program coordinators.
  - Provider survey
- Barriers
  - Insufficient time for program outreach (esp. to travel to all service area counties) – competing work priorities.
  - Insufficient providers enrolled in Iowa BCCEDP within rural areas.
  - Lack of standardized provider program-education.
- Needs
  - More granular data.
  - Support in identifying innovate outreach/engagement strategies for rural communities.
  - Social media templates or customizable outreach materials.

Providing Granular Data by County

- Prepared county-level program eligibility charts using age eligibility and insurance coverage data for women.
- Enabled programs visualize the number of eligible women they could serve.

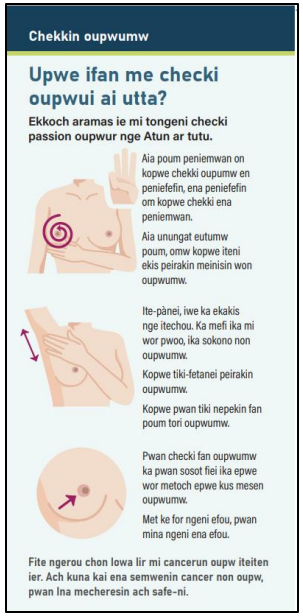


IOWA | Health and Human Services

Providing Standardized Outreach Materials

- Competing work priorities at the regional program level left insufficient time to create outreach materials.
- We worked with the Iowa HHS Communications team to develop:
  - Social media templates; rack cards; brochures; Posters; bookmarks; press release templates for breast/cervical cancer awareness months.
  - Available in multiple languages
  - Housed within a Microsoft Teams channel for easy access.









IOWA Health and Human Services

Identifying Rural Program Needs

- During FY26, in addition to having quarterly all program meetings we also started to hold individual regional program meetings. Through these meetings, we:
  - Identified rural regional program areas that required targeted assistance.
  - Identified opportunities at the local level for more focus outreach in rural areas – churches, food banks, laundry mats, community centers.
  - Encouraged the use of outreach/program education via videoconferencing for remote program areas.
- During FY26 Iowa HHS conducted digital, radio, podcasts and print outreach campaign:
  - Targeted Iowa rural counties experiencing the highest burden or breast cancer morbidity and mortality.
  - The radio/podcasts campaign reached over 157,000 people
  - Print media campaign reached over 60,000 Iowans.

Provider Coverage in Rural Areas

- Lack of Iowa BCCEDP provider coverage in rural areas
  - Previous cumbersome provider enrollment process:
    - Multiple paper documents emailed/faxed; incomplete mailed in submissions/gaps in application information.
    - Resulted in delays in the issuance of cooperative agreement which impacted service delivery.
  - August 2025 launched a new online health care enrollment process:
    - Enrollment data maintained in a live Microsoft List for real-time tracking and updates.
    - Increased coverage for breast and cervical health care providers within several areas of rural Iowa that did not have previous provider coverage.
- Knowledge on the Iowa BCCEDP among enrolled rural providers
  - FY25 provider survey found inconsistencies in the extent of provider program education provided by the regional programs.
  - Iowa HHS currently developing a standard provider program-education toolkit.

Cross Referrals with the Rural Health Transformation Grant (RHTG)

- Through the RHTG from CMS, Iowa is able to expand Colorectal Cancer and Lung Cancer Screening across the state.
- Iowa HHS will be using this opportunity to create a cross-referral system.
- The cross-referral system will check eligibility for all programs during enrollment and identify and address barriers to accessing care.

Thank you!

Denise Attard Sacco MPH, CHES
Program Manager
Care for Yourself - Breast and Cervical Cancer Screening Program
Division of Public Health
Iowa Department of Health and Human Services
515-371-1384 mobile
denise.attardsacco@hhs.iowa.gov
HHS.Iowa.gov

IOWA Health and Human Services