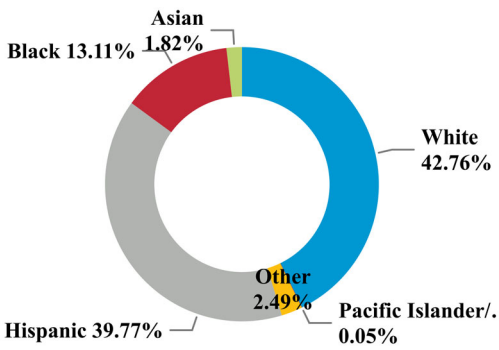
Breast and Cervical Cancer Project (BCCP)

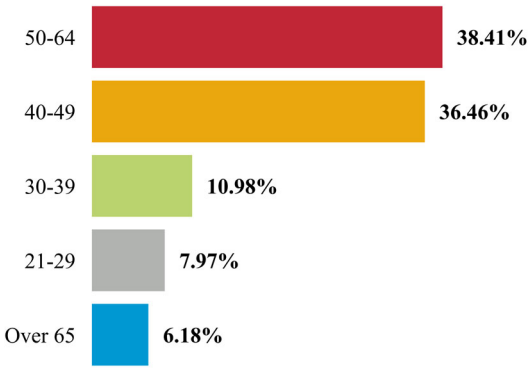
Year in Review (July 1, 2024- June 30, 2025)

Demographics

Percent Distribution of Women Receiving Services by Race/Hispanic Orgin



Percent Served by Age Range



Overall Reach



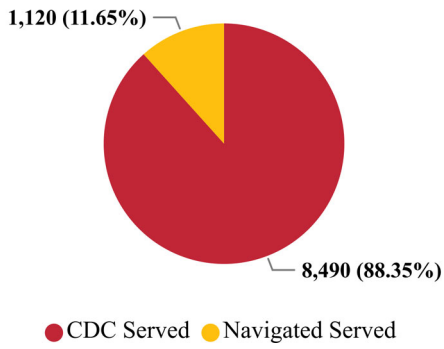


8,906

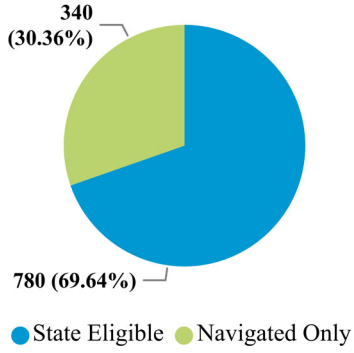
Total Screened

Women Served by Eligibility Status

CDC Served Versus Navigated



Navigated Type Breakdown



7,240

Mammograms

2,944

Pap Tests

Number of Breast and Cervical Pre-Cancer and Cancers Diagnosed

Invasive Breast Cancer

115

Cervical Pre-Cancer

100

Ductal Carcinoma, in situ

30

CIN III/Carcinoma in situ

32

Lobular Carcinoma in situ

3

Invasive Cervical Cancer

5

Program Eligibility Guidelines

All BCCP Clients

- Ohio resident.
- Age 21+ (21-39 for breast with high risk status or symptomatic).

CDC Eligible.

- Uninsured or under-insured
- Income at or below 250% FPL.

Navigated Only

1) State Eligible.

- Uninsured or under-insured
- Income between 250% and 300% FPL.
- Services paid by State of Ohio funding.

2) Navigated Only.

- Services not covered by Ohio BCCP.
- Income above 300% FPL or services covered by Ohio Medicaid.

Updated: 8/10/2026

Ohio Department of Health

Ohio BCCP Hotline:
1-844-430-BCCP (2227)

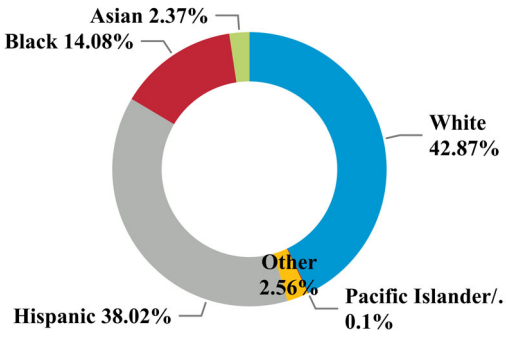
bccp@odh.ohio.gov

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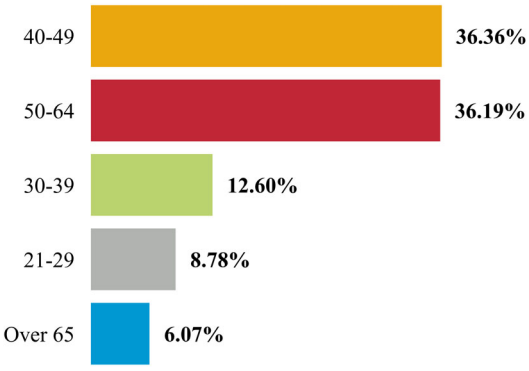
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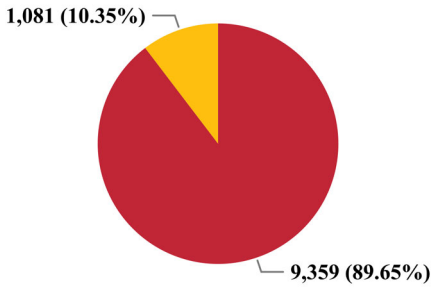




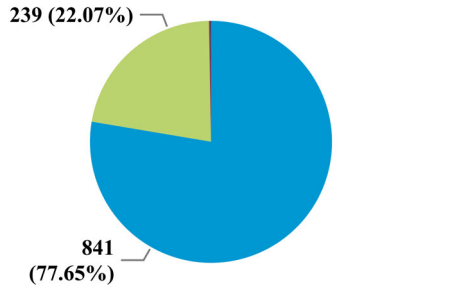
9,683
Total Screened

Women Served by Eligibility Status

CDC Served Versus Navigated



Navigated Type Breakdown



7,656
Mammograms

3,486
Pap Tests

Number of Breast and Cervical Pre-Cancer and Cancers Diagnosed

Invasive Breast Cancer
157

Cervical Pre-Cancer
130

Ductal Carcinoma, in situ
34

CIN III/Carcinoma in situ
35

Lobular Carcinoma in situ
1

Invasive Cervical Cancer
2

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Updated: 8/10/2026

Ohio Department of Health

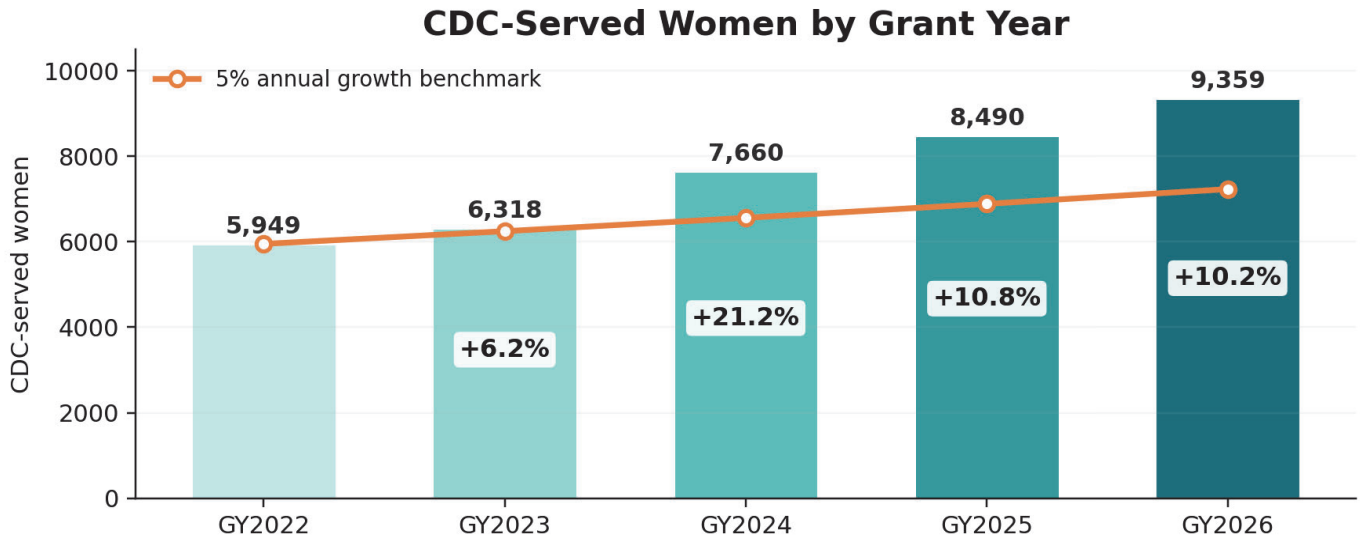
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bccp@odh.ohio.gov

Ohio BCCP: Sustained Growth in CDC-Served Women

Service-delivery growth across GY2022-GY2026

57.3%	3,410	Every Year
increase from GY2022 to GY2026	additional CDC-served women	Ohio exceeded 5% year-over-year growth



Making Enrollment Easier



Region-specific posters and postcards use QR codes that can take clients directly to electronic enrollment packets.

Multiple enrollment pathways remain available. Clients may scan, call their regional enrollment agency, or request paper forms.

Technology adds access rather than replacing it. FormDr, CareMessage, QR codes and standardized outreach help shorten the path from outreach to enrollment.



Front



Back

Statewide business-size contact card

Designed for broad distribution. The front highlights the statewide BCCP hotline; the back provides a QR code and reinforces the choice to scan or call.

Data status: Grant Year 2026 data were pulled as of August 10, 2026. GY2026 data are not yet finalized and may change slightly as final program data are completed and validated.

Ohio BCCP: Strategies Supporting Service Growth

Ohio's growth reflects multiple connected improvements - not one single intervention.

STATEWIDE INFRASTRUCTURE

4 Regional Enrollment Agencies provide statewide reach and BCCP-focused enrollment, case management, results follow-up, claims support and recall.

Providers participate through agreements and are reimbursed for covered services.

TECHNOLOGY THAT REMOVES BARRIERS

FormDr electronic enrollment allows clients to complete and sign enrollment packets by phone or computer.

CareMessage, QR codes and standardized electronic outreach make it faster to connect clients with enrollment.

ONE STATEWIDE DATA SYSTEM

Med-IT replaced fragmented regional databases and gives Ohio and its regions timely information about enrollment, services, results, claims and follow-up.

The statewide system also supports reporting and checks and balances.

CLIENT-CENTERED RECALL & RETENTION

Regional staff run **BCCP-specific recall reports** to identify clients coming due for services.

Outreach can begin by text and is followed by another contact method, such as telephone or standardized letter.

DATA-DRIVEN PROGRAM IMPROVEMENT

Power BI dashboards + Med-IT data are used continuously to review performance, identify gaps and look for opportunities to improve.

Data are used as a management tool - not only for required reporting.

TEST • LEARN • ADAPT

Ohio evaluates strategies and changes course when results are not improving.

An earlier CHW approach was redesigned after three years of evaluation and provider feedback into a model supporting **100% BCCP-dedicated capacity within FQHCs**.

CONTINUOUS IMPROVEMENT CYCLE

LOOK AT THE DATA Monitor performance → **IDENTIFY BARRIERS** Ask what is getting in the way → **MAKE A CHANGE** Implement a practical solution → **MEASURE AGAIN** Keep, refine or redesign

AN EARLY LOOK AT A NEWER STRATEGY

146 total served	65 breast served	109 cervical served	52.6% rarely/never screened*

Redesigned FQHC CHW/navigation strategy: Year 1 results are encouraging, particularly the ability to reach women who are rarely or never screened. This is a newer strategy and does not explain Ohio's multi-year service growth; it represents the next phase of continuous improvement.

*Rarely/never screened percentage is based on the applicable cervical-served population age 30+. **Data status:** Grant Year 2026 data were pulled as of August 10, 2026 and are not yet finalized. Counts and percentages may change slightly as final program data are completed and validated.

KEY TAKEAWAY: Build the infrastructure. Use the data. Remove barriers. Keep improving.