

# MAINE STATE LEGISLATURE

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## **Cervical Cancer Prevention, Detection, and Education**

### **Initial Report to the Joint Committee on Health and Human Services**

**Submitted pursuant to consideration of LR 914, Requiring the Maine Center for Disease Control and Prevention to Report on Activities to Implement the Recommendations of the Task Force to Study Cervical Cancer Prevention, Detection, and Education**

**Presented during the First Regular Session of the 124th Legislature**

**January 30, 2009**

## **Introduction**

Recently there has been substantial progress in the prevention, detection, and treatment of cervical cancer. These advances, combined with the persistence of both private and public health professionals, have resulted in a clear reduction of cervical cancer incidence across the United States. Maine saw a 33% drop in cervical cancer incidence from 1990 to 2003<sup>1</sup>. As the knowledge and resources surrounding this disease change, however, so must the efforts put forth in regards to education, prevention, and detection: “while Maine is doing relatively well in the areas of cervical cancer prevention, detection, and education, there is an opportunity for the State to further reduce the rate of cervical cancer given the current technology and to move toward complete eradication of cervical cancer”<sup>1</sup>. This sentiment was the motivation behind the formation of The Task Force to Study Cervical Cancer Prevention, Detection, and Education, and it continues to be an important part of public health programs throughout Maine.

The recommendations of the Task Force reflect the state’s continuing effort to eliminate cervical cancer among its women. As part of this effort, several programs within the Department of Health and Human Services and the Maine Center for Disease Control and Prevention dedicate time and resources to cervical cancer-related education and intervention. These programs include MaineCare, Maine Breast and Cervical Health Program, Maine Comprehensive Cancer Control Program, Maine Cancer Registry, and the Maine Immunization Program. With the exception of Maine Immunization Program, (which was required to submit its initial report in January 2008), the contributions of each of these programs are detailed in this report as required by Section 8 of LR 914, “Resolve, Requiring the Maine Center for Disease Control and Prevention To Report on Activities To Implement the Recommendations of the Task Force To Study Cervical Cancer Prevention, Detection, and Education”.

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<sup>1</sup>State of Maine. Task Force to Study Cervical Cancer Prevention, Detection, and Education. *Final Report*. Nov 2006.

**Sec. 1 Human papillomavirus vaccination; MaineCare reporting.**

MaineCare Data: (Data Request #18520)

<b>Number of eligible female members age 11-19 since 01-Jan-2006 in MeCMS</b>	39,796
<b>Number of eligible female members age 11-19 since 01-Jan-2006-rec'd procedure (rec'd at least one Gardasil vaccination)</b>	3,541
<b>Percent (%) of eligible female members age 11-19 who rec'd procedure</b>	8.90%

Note: During 2007 and 2008, 88 girls age 9-10 and 601 women age 20-26 also received at least one Gardasil vaccination through MaineCare.

#### **Sec. 4 Report on public education provided regarding cervical cancer.**

The mission of **Maine Breast and Cervical Health Program** is to provide breast and cervical cancer screening and diagnosis services to underserved women, to provide public and professional education, and to support community partnerships to enhance statewide cancer control activities. The goals of the program are:

- To reduce breast and cervical cancer morbidity and mortality through early detection, public and professional education, quality assurance, and surveillance
- To provide breast and cervical cancer screening and follow-up services to low-income Maine women
- To provide public education to encourage all Maine women to obtain regular breast and cervical cancer screening
- To provide professional education in breast and cervical cancer control issues
- To provide assistance and support to health professionals and health care organizations to assure the quality of services delivered
- To implement surveillance and evaluation systems to monitor the status of the diseases and progress of the program
- To link women diagnosed with breast or cervical cancer to MaineCare for treatment

Many of these are accomplished through statewide public education efforts regarding prevention and early detection. However, Maine Breast and Cervical Health Program (MBCHP) is funded by the National Breast and Cervical Cancer Early Detection Program (NBCCEDP)/Centers for Disease Control and Prevention to implement a comprehensive breast *and* cervical cancer early detection program. Accordingly, when conducting statewide public education efforts, all activities address *both* the importance of cervical cancer *and* breast cancer screening. Also, the defined priority population for MBCHP is women between the ages of 50 and 64. As a means of cervical cancer prevention, the human papillomavirus (HPV) vaccine is only recommended for girls and women between the ages of 11 and 26 (and also approved for girls ages 9-10)<sup>2</sup>. Therefore, education regarding the availability of the vaccine does not fall under the scope of the MBCHP work plan; education regarding the importance of cervical screening is a major focus of the program. Examples of specific statewide public education efforts regarding cervical cancer prevention and early detection (in the context of the breast and cervical comprehensive education strategy for women age 35 and up) is provided below.

Description of Accomplishments (October, 2007 – December, 2008):

- Press Release  
A DHHS Press Release was issued in January for Cervical Cancer Awareness Month. Please see Attachment I for the complete text of the Cervical Cancer Awareness Month press release.

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<sup>2</sup>Markowitz LE, Dunne EF, Saraiya M, Lawson HW, Chesson H, Unger ER. “Quadrivalent human papillomavirus vaccine: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR*. 2007; 56:1-24.

- Media/Materials/Displays/Presentations

- Media

In November, 2007 MBCHP renewed its contract with the Maine Association of Broadcasters (MAB). Two new radio Public Service Announcements (PSAs) and two previously developed TV PSAs were distributed to MAB member stations for airing in January-April, 2008.

In May-June, 2008 MBCHP designed a newspaper advertisement promoting program enrollment and describing program services. This ad was published in eight community newspapers in Androscoggin, Hancock, Oxford, and Somerset Counties. Selection criteria used for the targeting of this media intervention were 1) counties with a large estimated eligible population, 2) counties with MBCHP Primary Care sites with sufficient enrollment capacity, and 3) counties that did not have a MBCHP Community Partnership. Please see Attachment II for the complete content of this advertisement.

- Materials

In December, 2008 MBCHP prepared a Cervical Cancer Awareness Packet (including materials that cited the importance of both breast and cervical cancer screenings). These packets were distributed to over fifty libraries statewide for display in January, 2009. Please see Attachment III for a list of packet distribution sites.

- Displays and Presentations

Maine Breast and Cervical Health Program and/or MBCHP Community Partnership Coordinators attended over fifty events throughout Maine with the purpose of providing public education to encourage all Maine women to obtain regular breast and cervical cancer screening. During these events print and multimedia materials were distributed to attendees, including community members and healthcare providers. Representatives of MBCHP were available to speak with any interested members of the public one-on-one or in a group setting. Please see Attachment IV for a list of these events.

- “In-Reach”

During the specified time period, over 1900 women were newly enrolled in MBCHP. More than 25% of these women reported a history of “never/rarely screening” for cervical cancer. Maine Breast and Cervical Health Program defines “never screened for cervical cancer” to include women who have never received a Pap test and “rarely screened for cervical cancer” to include women who have not received a Pap test at any time in the last five years. In order to increase utilization of MBCHP services and to reinforce the importance of early detection for these high-risk women, MBCHP staff personally contacted all women enrolled in the program with a never/rarely cervical cancer screening history who had not yet received an initial Pap test.

## **Sec. 5 Maine Breast and Cervical Health Program screening initiatives.**

Description of Accomplishments (October, 2007 – December, 2008):

### **1. Family Planning Association of Maine (FPAM), Inc. Collaboration**

During the specified time period, MBCHP contracted with four FPAM clinic sites: Augusta (new site added as of July, 2008), Belfast, Damariscotta, and Rockland. In total, FPAM sites serve 202 MBCHP clients. During the reporting period, over 70 Pap tests were performed and zero cancers were detected.

In addition, the following family planning agencies also contract with MBCHP. In total, family planning agencies served approximately 40% of MBCHP's clients and performed 43% of all Pap tests provided. Below is a summary of the clients served and Pap tests performed during the reporting period:

#### **Aroostook Community Action Program, Inc.**

- Sites in Fort Kent, Houlton, and Presque Isle
- 242 MBCHP clients served
- 123 Pap tests performed and one cervical cancer detected

#### **Downeast Health Services**

- Sites in Calais and Ellsworth
- 125 MBCHP clients served
- 47 Pap tests performed and zero cervical cancer detected

#### **Penquis Health Services**

- Sites in Bangor, Dexter, Dover-Foxcroft, Lincoln, and Millinocket
- 250 MBCHP clients served
- 112 Pap tests performed and zero cervical cancer detected

#### **Planned Parenthood of Northern New England**

- Sites in Biddeford, Brunswick/Topsham, Portland, and Sanford
- 223 MBCHP clients served
- 90 Pap tests performed and one cervical cancer detected

#### **Western Maine Community Action Health Services**

- Sites in Farmington, Lewiston, Norway, and Rumford
- 104 MBCHP clients served
- 58 Pap tests performed and zero cervical cancer detected

During the reporting period, MBCHP legislative rules and funds were restricted to payment for screening services only for women age 35 and older. Budget and staffing limitations for both the MBCHP and FPAM prevented exploration of new funding opportunities to deliver cervical cancer screening to women under age 35.

### **2. Special Screening Days**

During the specified time period MBCHP held 17 community-based screening days. Eighty-six women were newly enrolled and screened through these events. Of these 86 women, 27 (31.4%) reported a never/rarely screening history for cervical cancer. Please see Attachment V for a list of screening days and number of new enrollees by date and county.

### 3. Clinical Guidelines Update

In October, 2007 The American Society for Colposcopy and Cervical Pathology (ASCCP) released two Consensus Guidelines:

1. *2006 Consensus Guidelines for the Management of Women with Abnormal Cervical Cancer Screening Tests*
2. *2006 Consensus Guidelines for the Management of Women with Cervical Intraepithelia Neoplasia or Adenocarcinoma In Situ*

The National Breast and Cervical Health Program/Center for Disease Control and Prevention announced the national program will fully review the new guidelines and, if needed, will issue revisions to NBCCEDP policies. To date no revisions have been received. When NBCCEDP announces changes to the program's services and coverage policy, MBCHP will ensure these changes are integrated into the state program's screening and follow-up guidelines. Although the new guidelines have not changed what services are covered by MBCHP, staff have promoted the availability of the new guidelines from the ASCCP website. MBCHP has requested permission from the national society to post the guidelines on the MBCHP website for easy access by Maine health care providers.

MBCHP's plans to conduct a comprehensive review, and update as necessary, of the current MBCHP screening guidelines was delayed by staff vacancies. In the coming year, MBCHP will explore other resources and partners to conduct a review of the current MBCHP screening guidelines and to update them as needed.

### 4. Stakeholder Group Coordination

In 2007, the Maine Comprehensive Cancer Control Program in collaboration with the Maine Cancer Consortium conducted a planning meeting with the State Employee Health Commission (SEHC) to discuss new opportunities to collaborate on projects such as client reminders for various cancer screenings (including cervical cancer). Following a complete review of current reminder protocols, the SEHC's current health plan carrier (Anthem) reported that they had maximized these efforts. Staffing limitations prevented further exploration of this strategy with additional stakeholders, but it remains a priority for future attention.



## **Sec. 6 Cervical cancer incidence and prevention in racial and ethnic minority populations.**

Three objectives have been identified as imperative components of Section 6:

1. Collection of data on cervical cancer incidence among racial and ethnic minorities
2. Identification of barriers to cervical cancer screening and treatment across different racial and ethnic minorities
3. Identification of best practices in public health education and outreach to racial and ethnic minorities

### **Description of Accomplishments:**

In December, 2006 the Manager of the **Maine Comprehensive Cancer Control Program** (MCCCCP) and the Director of the **Office of Minority Health** met with members of the Native American community to assess their cancer-related needs. Cervical cancer and the need for HPV vaccination for young girls were part of this discussion. Tribal representatives reported that their communities were aware of the risk of cervical cancer and that efforts were already underway to provide further education to community members about the importance of vaccination.

In the summer of 2007, the Maine Migrant Health Program implemented a second American Cancer Society (ACS)/MBCHP mini-grant to conduct outreach activities with minority, migrant, and underserved women. Eight Latina women attended a women's health workshop, and seven Native American women completed in-depth interviews. Of the eight Latina women, two received a Pap test that same day at a local clinic and one scheduled a mammogram for a later date. Of the seven Native American women, six reported completion of a Pap test in the last year and all declined enrollment in MBCHP citing alternate sources of health service as their reason for refusal.

Early in 2008 the MBCHP Community Partnership Coordinator for Cumberland County started work with Portland Public Health's Minority Health Program to reach women in Somali communities through education. About once a month the Community Partnership Coordinator and a Somali outreach worker from Portland Public Health attended a previously organized community meeting for Somali women. The Community Partnership Coordinator and the outreach worker gave culturally sensitive presentations on breast and cervical health, the importance of screening and early detection, and the services offered by MBCHP.

In August, 2008 MCCCCP and MBCHP participated in the Pleasant Point Passamaquoddy Community Health Fair. At this event cervical cancer prevention and early detection information was distributed to young girls, their parents, and other family members. One-on-one conversations took place between Maine CDC staff and many community members including parents and adolescents.

In 2008 **Maine Cancer Registry** (MCR) was contacted by United South and Eastern Tribes (USET), a consortium of 24 federally recognized tribes including five located in Maine. USET was seeking collaboration to determine the rates of cancer among the American Indian populations. Maine was invited to be the pilot state with other Eastern and Southern states hopefully to follow. MCR submitted the protocol for review by the Maine CDC Institutional Review Board and has recently received approval to move forward with linkage of our database


with USET. The transfer of data will occur in February of 2009. MCR will require USET to follow Maine CDC privacy rules and to share data with the cancer registry.

One goal of this collaboration is to reduce the number of misclassified American Indian cancer cases in MCR's database. Because of the small population size of each tribe, MCR anticipates that maximal grouping of ages, diagnoses, and years of diagnosis will be necessary to develop a usable picture of the burden of cancer among Tribal members in Maine. \

MCR has ongoing participation with the Indian Health Services (IHS) to increase identification of \AI cancer cases in Maine, as do many other state cancer registries. As a result, in September 2008, the IHS in collaboration with the national CDC published a supplement to the journal *Cancer* entitled "An Update on Cancer in American Indians and Alaska Natives, 1999 – 2004." (*Cancer*, 2008; 113:1113-1273) Relevant chapters include "Methods for Improving Cancer Surveillance Data in AI/AN Populations" by Espey et al. and "Regional Differences in Cervical Cancer Incidence Among AI/AN, 1999-2004" by Becker et al.

## **Sec. 7 Geographic variation in cervical cancer rates.**

The following table was generated for the Task Force in 2006 to show the geographic diversity in cervical cancer incidence (by county of residence). The two counties highlighted (in pink), Somerset and Washington, had the highest rates and were significantly higher than the rate for Maine. Several counties had lower rates; Cumberland's rate was significantly lower than the statewide rate.

<b>Cervical Cancer Incidence Rates by County, 1995-2003</b>				
	9-Year Count	AAR	Lower 95% CI	Upper 95% CI
Androscoggin	43	8.7	6.3	12.0
Aroostook	33	9.0	6.1	13.0
Cumberland	82	6.2	5.0	7.8
Franklin	12	8.6	4.4	16.0
Hancock	26	10.2	6.6	15.5
Kennebec	50	8.6	6.4	11.6
Knox	13	6.0	3.1	11.0
Lincoln	15	9.0	4.9	15.7
Oxford	33	11.9	8.1	17.3
Penobscot	75	10.7	8.4	13.6
Piscataquis	6	7.2	2.5	17.3
Sagadahoc	9	5.5	2.5	11.3
Somerset	38	15.6	11.0	22.0
Waldo	21	11.4	7.0	18.0
Washington	26	15.0	9.7	22.9
York	59	6.4	4.9	8.4
Maine	542	8.6	7.9	9.4
 County rate is significantly higher than the state rate.				
Notes: All rates are calculated per 100,000 and age-adjusted to the 2000 US Population Standard. AAR = Age-Adjusted Incidence Rates CI = Confidence Intervals, used to assess for significant statistical differences				
Produced by: Maine Cancer Registry, 2006 Maine Center for Disease Control and Prevention, DHHS				

Since then, MCR has been asked to report cancer data for the Public Health Districts which combine most counties into eight districts. The data below covers 3 years (with one year of overlap with the table above). Washington County is included in the Downeast district with Hancock County. Somerset is included in the Central Maine district with Kennebec County.

<b>Cervical Cancer Incidence by District, 2003-2005</b>			
	Rate	Lower 95% CI	Upper 95% CI
Aroostook	6.8	2.8	13.6
Penquis	9.2	5.8	13.7
Downeast	12.9	7.7	20.3
Midcoast	5.9	3.2	10.0
Central	8.7	5.6	13.0
Western	6.4	3.9	10.0
Cumberland	7.8	5.4	11.0
York	6.0	3.7	9.3
Maine	7.7	6.6	9.0
Note: Rates are per 100,000 and age-adjusted to the 2000 US Standard Population			
Produced by: Maine Cancer Registry, 2008 Maine Center for Disease Control and Prevention, DHHS			

In this analysis (above), Downeast has the highest district incidence of cervical cancer. For the next report on LR 914, MCR will prepare an analysis with additional years of data and use both county and district geographic divisions.

For other cancers, Downeast district tends to have high incidence rates. By example in the table below, for all cancers combined, Downeast and Penquis districts have the highest incidence rates; they are significantly higher than Maine's rate.

<b>All Cancer Incidence by District, 2003-2005</b>									
	Male and Female			Male			Female		
	Rate	Lower 95% CI	Upper 95% CI	Rate	Lower 95% CI	Upper 95% CI	Rate	Lower 95% CI	Upper 95% CI
Aroostook	506.7	480.7	533.9	604.4	562.5	648.8	433.2	400.0	468.6
Penquis	572.9	553.0	593.3	678.8	646.2	712.6	491.6	466.6	517.6
Downeast	580.4	554.7	607.0	699.5	657.7	743.4	491.0	458.6	525.2
Midcoast	528.9	509.9	548.5	610.4	580.1	642.0	469.3	444.6	495.0
Central	530.0	511.6	548.9	615.2	585.5	646.1	467.6	444.1	492.1
Western	504.6	487.6	522.0	599.5	571.7	628.3	438.5	416.9	461.1
Cumberland	497.4	482.9	512.2	575.3	551.5	599.8	445.0	426.6	464.0
York	509.6	492.6	527.0	578.9	551.7	607.1	461.0	439.1	483.7
Maine	524.5	517.8	531.2	613.7	602.9	624.7	460.2	451.7	468.8
Note: Rates are per 100,000 and age-adjusted to the 2000 US Standard Population									
Produced by: Maine Cancer Registry, 2008 Maine Center for Disease Control and Prevention, DHHS									

The medical director of the Maine Cancer Registry has been involved in a writing project based at National Center for Disease Control and Prevention to assess the burden of HPV-associated cancers in the United States. With others she is a co-author of “Burden of Cervical Cancer in the United States, 1998-2003,” (*Cancer*, 2008; 113(10):2855-2864).

## Cervical Cancer Awareness Month Press Release

### PRESS RELEASE

#### *The Health of Maine Women: The Importance of Pap Tests*

*Augusta – With the holiday rush over, the Maine Department of Health and Human Services wants to remind Maine women about the importance of regular Pap tests in preventing cervical cancer. January is National Cervical Cancer Awareness Month. Now is the perfect time for women to make an appointment with their doctor for a Pap test especially if it has been five or more years.*

*Women who do not have regular Pap tests are at highest risk of developing cervical cancer. Most cervical cancer is caused by the human papillomavirus (HPV). According to the Department's Maine Center for Disease Control (Maine CDC), cancer of the cervix can almost always be prevented if a woman has regular Pap tests to detect early cell changes.*

*"Many women don't have Pap tests because of the cost and they don't have insurance." said Dora Ann Mills, MD, MPH, Director of Maine CDC, "There is a state program that may be able to provide assistance, all women need to do is call."*

*For women in need of financial assistance, the Maine Breast and Cervical Health Program within the Maine CDC provides free breast and cervical cancer screening for eligible women. To qualify, a woman must be 40 and older; meet certain income guidelines; have no health insurance (including MaineCare and Medicare Part B), or have insurance that does not cover screening services. For more information, women should call 1-800-350-5180.*

*For more information about cancer control efforts, the Maine Comprehensive Cancer Control Program with the Maine CDC provides leadership for, and coordination of, Maine's statewide comprehensive cancer control efforts. The Program is guided by the goals and objective in the Maine Cancer Plan. For more information about the plan, please call 1-207-287-4715 or visit [www.maineccconsortium.org](http://www.maineccconsortium.org).*



May, June, 2008 Newspaper Advertisement

## JUST ONE CALL STARTS IT ALL.

# FREE

- Pap test
- Pelvic exam
- Breast exam
- Mammogram

To qualify, women must be:

- 40\* or older
- Have no health insurance, or insurance with a high deductible
- Meet income guidelines


Women will see a health care provider in their area for an annual exam. After the annual exam, they will be referred for a mammogram.


To learn more call:

## 1-800-350-5180

Press 1

\*Limited openings for women age 35-39 who have seen a doctor and need additional tests for a possible breast or cervical cancer OR for women that have not had a Pap test in 5 or more years.






John E. Baldacci, Governor

Maine Center for Disease  
Control and Prevention

An Office of the  
Department of Health and Human Services

Brenda H. Harvey, Commissioner

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## ATTACHMENT III

### Library Distribution Sites



Albion Public Library  
Bowdoinham Public Library  
Brewer Public Library  
Bridgton Public Library  
Bristol Area Library  
Cape Porpoise Library  
Cushing Public Library  
Edythe Dyer Community Library  
Falmouth Memorial Library  
Freeport Community Library  
Gallison Memorial Library  
Gray Public Library  
Harrison Village Library  
Hartland Public Library  
Ivan O. Davis Liberty Library  
Jay-Niles Memorial Library  
Katahdin Public Library  
Lewiston Public Library (plus 8 branch libraries)  
Louis B. Goodall Memorial Library  
Maine State Library  
Mexico Public Library  
Mildred Stevens Williams Memorial Library  
Millinocket Memorial Library  
New Portland Community Library  
Northeast Harbor Library  
Pembroke Library  
Portland Public Library (plus 5 branch libraries)  
Ricker Memorial Library  
Riverton Branch Library  
Robert A. Frost Memorial Library  
Salmon Falls Library  
Skidompha Public Library  
Southwest Harbor Public Library  
Springvale Public Library  
Stewart Free Library  
Washburn Memorial Library  
Wilton Free Public Library  
Winslow Public Library  
Wiscasset Public Library  
York Public Library



**Maine Breast and Cervical Health Program Displays and Presentations**

10/2007	Display at Bar Harbor Banking and Trust, Lubec
10/2007	Collaboration with Portland Public Health's Infectious Disease Program – Outreach to Crossroads and Amistad
10/2007	Display at Local Beauty Salons, Washington County
10/2007	MBCHP Screening Day, Calais Regional Hospital
10/2007	MBCHP Screening Day, Downeast Regional Hospital
10/2007	Breast Cancer Awareness display, Portland City Hall Rotunda
10/2007	Display TOPS Weight Loss Group, Lubec
11/2007	Annual Hannaford Employees Wellness Day, Portland
11/2007	Downeast Community Hospital Health Fair
11/2007	Local Libraries, Washington County
01/2008	Cervical Cancer Awareness, Washington County MBCHP PCP Providers
01/2008	Collaborated with Portland Public Health's Minority Health Program to reach women from Somali/Latino communities through education
01/2008	Cervical Cancer Awareness display, Portland City Hall Rotunda
04/2008	Community-Based Approaches to Addressing Colorectal and Breast Cancers; sponsored by the American Cancer Society for Healthy Maine Partnerships, Bangor and Portland
04/2008	Franklin Hospital's Breast Care Program and North Star Ambulance - Registry Outreach
04/2008	Healthy Community Coalition's Mobile Health Unit Screening Day, Franklin County
04/2008	MBCHP display at Hannaford, Jordan Lumber Company, Fotter's Market, Moosely Bagels, Surgarloaf USA, Jay/Farmington
04/2008	Town House Apartments, Rangeley
05/2008	American Cancer Society's <i>Living With Cancer</i> Conference, Augusta
05/2008	Franklin Community Health Network's Women's Wellness Event, Farmington
05/2008	Franklin Hospital's Breast Care Program and North Star Ambulance - Registry Outreach
05/2008	Healthy Community Coalition's Mobile Health Unit Screening Day, Franklin County
05/2008	Lesbian Gay Bisexual Transgender Intersex (LGBTI) Summit, Augusta
05/2008	MBCHP display at Hannaford, Jordan Lumber Company, Fotter's Market, Moosely Bagels, Surgarloaf USA, Jay/Farmington
05/2008	MBCHP Screening Day, Rangeley
05/2008	Portland Public Health's Homeless Resource Center during Women's Wellness Week

05/2008 Spring Retreat: Collaborative Planning session of the American Cancer Society, MBCHP, MBCHP Community Partnerships and Comprehensive Cancer Control Program, Hallowell

06/2008 Franklin Hospital's Breast Care Program and North Star Ambulance - Registry Outreach

06/2008 Healthy Community Coalition's Mobile Health Unit Screening Day, Franklin County

06/2008 Healthy Maine Partnership's *Mobilizing for Action through Planning and Partnerships* meeting, Portland

06/2008 MBCHP display at Hannaford, Jordan Lumber Company, Fother's Market, Moosely Bagels, Sugarloaf USA, Jay/Farmington

06/2008 Regional Teacher Conference, Carrabassett Valley

07/2008 Franklin Hospital's Breast Care Program and North Star Ambulance - Registry Outreach

07/2008 Passamaquoddy Tribe's Pleasant Point Health Center's Indian Day Health Fair

07/2008 Regional Golf Tournament, Sugarloaf USA

07/2008 Strawberry Festival, Oquossoc

07/2008 Display at Wal-Mart, Farmington

08/2008 Elderly Housing Units, Phillips

08/2008 Franklin Hospital's Breast Care Program and North Star Ambulance - Registry Outreach

08/2008 Maine's 1st Deaf Health Fair, Monmouth

08/2008 Healthy Community Coalition's Mobile Health Unit Screening Day, Franklin County

09/2008 Franklin Hospital's Breast Care Program and North Star Ambulance - Registry Outreach

09/2008 Healthy Community Coalition's Mobile Health Unit Screening Day, Franklin County

09/2008 MBCHP Screening Day, Rangeley

10/2008 Annual Woman, Infants and Children (WIC) Conference, Augusta

10/2008 Aroostook County Breast Cancer Awareness Walk

10/2008 Breast Cancer Awareness Days, Brewer Wal-Mart

10/2008 *Cancer – There is Hope in Washington County*, Machias

10/2008 Farmington Fair

10/2008 Franklin Hospital's Breast Care Program and North Star Ambulance - Registry Outreach

10/2008 Inland Hospital Health Fair, Waterville

10/2008 Maine Breast Cancer Coalition Celebration, Skowhegan

10/2008 Maine Breast Health Cooperative, Blaine House Silver Tea, Augusta

10/2008 Microdyne Worksite Wellness Event, Bangor

11/2008 Maine Public Health Association Annual Meeting, Augusta

# ATTACHMENT V

## MBCHP Special Screening Days

Number of New Enrollees by Screening Day Date

Date	Number Newly Enrolled
10-24-2007	1
10-25-2007	1
11-1-2007	2
11-3-2007	1
4-12-2008	4
4-17-2008	5
5-14-2008	13
5-15-2008	4
5-29-2008	6
5-30-2008	6
10-16-2008	5
10-17-2008	7
10-19-2008	1
10-21-2008	5
10-24-2008	4
10-25-2008	11
11-1-2008	10

Number of Screening Day New Enrollees by County

County	Number Newly Enrolled at a Special Screening Day
Aroostook	2
Androscoggin	6
Cumberland	9
Franklin	1
Knox	9
Kennebec	1
Oxford	1
Penobscot	3
Piscataquis	8
Somerset	3
Waldo	3
York	40