

Breast Cancer Screening: Breaking Down the Barriers

Breast Cancer is a fearful and overwhelming diagnosis that brings a woman face to face with an unpredictable disease and an uncertain future. It touches women in all walks of life and cuts across all incomes. With growing awareness that early detection has caused a decline in the number of deaths from Breast Cancer and the swarm of pink ribbons that remind us of that fact, why then does the American Cancer Society report that less than 70% of all women age 40 and above have had a mammogram in the last year? (American Cancer Society Facts and Figures, 2009) Despite our best efforts, barriers to breast cancer screening still exist for many women even in Logan County.

Economic Barriers:

- Low income
- Lack of health insurance and the inability to pay for screenings
- Insurance that does not cover a clinical breast exam and/or mammogram

Personal Barriers:

- Fear and anxiety
- Beliefs and customs which prevent screenings
- Poor experience with the health care system in the past
 - Procrastination
 - Embarrassment

Informational Barriers:

- Lack of doctor's recommendation
- Lack of knowledge of Breast Cancer risk factors and symptoms
- Lack of access to language and literacy appropriate educational materials
- Lack of knowledge about screening tests (self breast exams, clinical breast exams and mammograms)



Structural Barriers:

- Lack of transportation
- Inability to take time off work during the hours that clinics provide the screenings
 - Lack of childcare

The Logan County Department of Public Health, Illinois Breast and Cervical Cancer Program (IBCCP) is committed to assisting women in breaking down these barriers. IBCCP will pay for pap smears, clinical breast exams, and mammograms for uninsured eligible women between the ages of 35 and 64. Younger women may also qualify if they have an abnormal screening test. If women have an abnormal screening test, IBCCP will pay for the tests necessary to determine whether breast or cervical cancer is present and, if present, will assist in obtaining financial help to pay for treatment. The IBCCP staff is also available to provide assistance with the other types of barriers. We can assist with transportation, access to educational materials in the needed language and literacy level, education to physicians in the importance of referring their patients for screening, and education to relieve fear and anxiety.

Women may enroll in the Illinois Breast and Cervical Cancer program by coming to Logan County Department of Public Health to complete an application or by calling 217-735-2317.

Asthma—“Can My Child Participate in Sports?”

Students with asthma should be able to play, run, and participate in all activities when they take proper precautions and their asthma is well managed. Some students with asthma will show signs of an asthma episode with strenuous physical activity. With exercise-induced asthma (EIA), sensitive airways react to sudden changes in temperature and humidity that occur with physical activity, resulting in symptoms of coughing, wheezing, tightness in the chest, chest pain, or shortness of breath. Depending on the severity, symptoms can appear soon after beginning physical activity, or shortly after

Sports that require short bursts of energy and are **less** likely to trigger EIA include:

- Swimming
- Football
- Baseball
- Wrestling
- Short-distance track and field events
- Gymnastics
- Hiking
- Leisure biking
- Golf
- Volleyball

physical activity has ended.

Pre-



ventive medication should be taken prior to physical activity.

Sports that require continuous activity and/or cold weather activities and are **more** likely to trigger EIA include:

- Soccer
- Basketball
- Hockey
- Cross-country skiing
- Long-distance running



Students with EIA should have a warm-up regimen of 5-10 minutes of light physical activity and stretching and a cool-down following physical activity. The student should always have a rescue inhaler within immediate reach, take breaks during activity and drink plenty of water. Physical activity should be restricted when the student has viral infections and when outdoor temperatures are cooler. When temperatures are cooler, a student with EIA should cover his/her nose and mouth to warm and moisten the air reaching the airways. Students with pollen as a trigger should avoid physical activity during high pollen count days.

Exercised-induced asthma can be prevented most of the time if the medical care plan is followed. Parents should provide a copy of the student's Asthma Action Plan for the school/coach. An Asthma Action Plan includes specific information on the child's medications and instructions for decision-making during an asthma episode.

Early recognition of the symptoms and prompt treatment with short-acting medications will minimize the risk of a full

Asthma in the Day Care Setting

Having children with asthma in day care requires collaboration among staff, families and health care providers to ensure that everyone understands and recognizes asthma and is able to manage the care of a child with asthma. Not all children with asthma are affected by the same triggers. It is important to determine what the triggers are in your facility and try to reduce the child's exposure to them. Possible triggers include: dust mites, mold, tobacco smoke, pets, respiratory infections, air pollution, pollen, exercise.

If a child exhibits signs of asthma (cough when the child has no cold, mild wheeze, complaints of a tight chest, unexplained irritability if too young to talk, first signs of a cold) the child care provider should stop, sit and calm the child, follow the child's Asthma Action Plan, and if there are no improvements after 15-20 minutes, call the parents. If a child exhibits signs of breathing hard and fast, nostrils flared, ribs showing, difficulty talking, or lips or fingernails turning gray or blue, the child care provider should call 911, notify parents, and follow the emergency instructions on the Asthma Action Plan.



Parents—If your child has asthma:

- Let the child care provider know that your child has asthma.
- Discuss with your child care provider their medication administration policy and, if your child requires asthma medication, be sure to give the child care provider properly labeled medication accompanied by a Medication Authorization Form to be completed by the child's health care provider.
- Let the child care provider know your child's asthma triggers, medications, and symptoms your child exhibits before an attack.
- Provide a copy of your child's Asthma Action Plan for the child care provider. An Asthma Action Plan (www.lungusa.org; www.idph.state.il.us/about/chronic/AsthmaActionPlan.pdf) includes specific information on the child's medications and instructions for decision-making during an asthma attack. **It is extremely important that child care providers have this information readily available for any child diagnosed with asthma.**
- Make sure the contact information you give your child care provider is current and up to date, in case of emergency.

