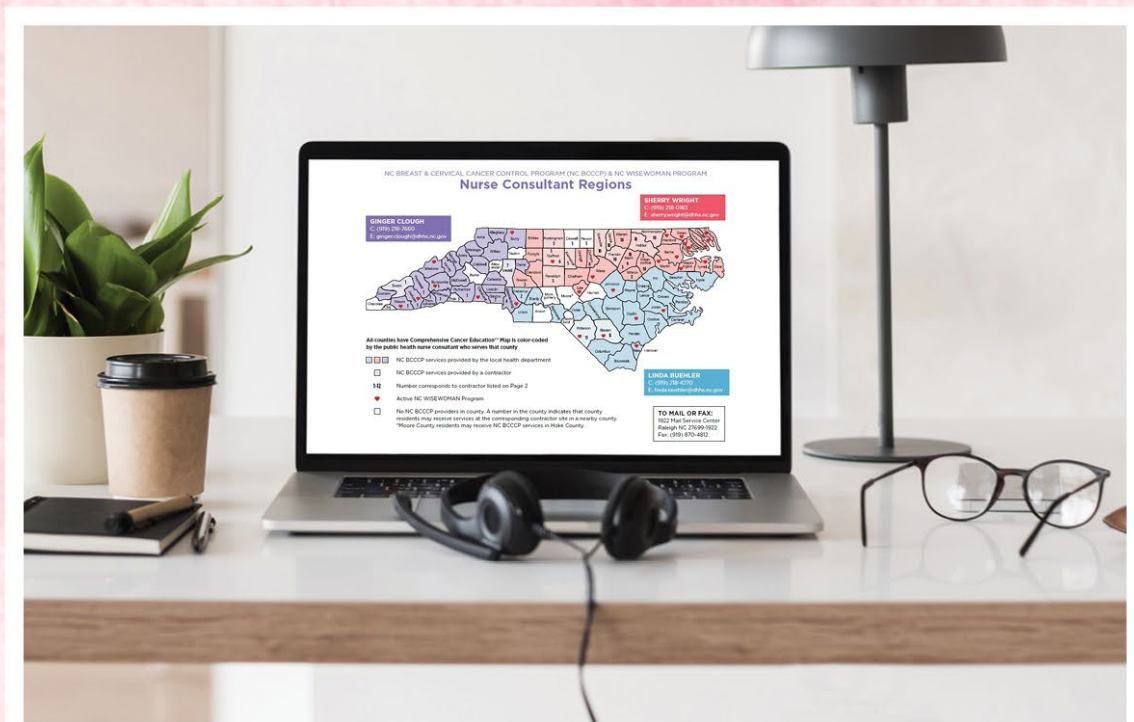


2025

AWARENESS MONTH TOOLKIT



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Public Health



Table of Contents

Introduction	2
Sample Article	3
Sample Proclamation.....	4
Sample Reddit Ask Me Anything (AMA)	5
Sample Social Media.....	6
Sample Social Media Images	7
Breast Cancer and Health Equity.....	7
Resources.....	9

Introduction

This toolkit is designed for NC Breast and Cervical Cancer Control Program (BCCCP) providers to encourage communication with their patients and community members about breast cancer. The resources in this toolkit will provide information on NC BCCCP, early detection, regular screening and genetic testing/knowning your family history.

You can tailor this messaging to your intended audience or audiences. Your organization offers unique strengths and expertise. Make sure to capitalize on them to make your campaign effective.

For more information or additional resources,
contact Syeda Fatima Batool, Fatima.batool@dhhs.nc.gov

Sample Article

(Your organization) recognizes October as Breast Cancer Awareness month. Breast cancer is the most common type of cancer for women in the United States, apart from skin cancer. While breast cancer related deaths have declined with advancements in treatment and care, it remains the second leading cause of cancer death in all women and the leading cause of cancer death in American Indian women. The NC State Center for Health Statistics projects that in 2025, more than 13,111 women in North Carolina will be diagnosed with breast cancer, and over 1,549 will die from this disease. (You may wish to include county projections instead: <https://schs.dph.ncdhhs.gov/data/cancer/projections.htm>)

Mammograms are the most effective screening tool to detect breast cancer early when it is easier to treat. Mammograms are X-ray pictures of your breasts that doctors use to look for early signs of breast cancer. Regular mammograms (also known as screening mammograms) can help doctors find breast cancer early, sometimes up to three years before it can be felt. Medicare, Medicaid, and most private insurance companies cover screening mammograms as part of routine preventive care. If you are uninsured or underinsured, you may qualify for a free mammogram through the North Carolina Breast and Cervical Cancer Control Program (NC BCCCP). NC BCCCP provides free or low-cost breast and cervical cancer screenings and follow-up to eligible individuals. NC BCCCP services are provided at (clinic/organization). Call (number) to see if you qualify and schedule your mammogram.

Even with regular screening mammograms, it is important to talk to your doctor about your risk factors for developing breast cancer. The main risk factors for developing breast cancer include being a woman, being older (most breast cancers are found in women who are age 40 and up) and having changes in your BRCA1 or BRCA2 gene. The good news is that there are several things you can do to help lower your risk of developing breast cancer.

- Keep a healthy weight and exercise regularly
- Don't drink alcohol or limit the amount of alcohol you drink
- If you are taking hormone replacement therapy or birth control pills, ask your doctor about the risks
- Breastfeed your baby/babies, if possible
- If you have a family history of breast cancer or inherited changes in your BRCA1 and BRCA2 genes, talk to your doctor about other ways to lower your risk.

Talk with your doctor about your risk factors and they can help you decide how often to get a screening mammogram. For more information about NC BCCCP visit <https://bcccp.dph.ncdhhs.gov/>. For more information about NC BCCCP services at (organization name), or to schedule a mammogram, call (number).

Sample Proclamation

If you want to reach out to your local elected leaders to help elevate awareness, here's a proclamation template you can customize for local audiences. Please fill in local data and name/title as appropriate. Breast cancer data specific to your county can be found in the [Projected New Cancer Cases and Deaths for Selected Sites by County, 2025](https://schs.dph.ncdhhs.gov/data/cancer/projections.htm) table located on the NC State Center for Health Statistics website under North Carolina Cancer Projections (<https://schs.dph.ncdhhs.gov/data/cancer/projections.htm>).

BREAST CANCER AWARENESS MONTH

A SAMPLE PROCLAMATION

(For local governments) WHEREAS, in 2025, more than xx women in xxxxxxx County were projected to be diagnosed with breast cancer and xx were expected to die from this disease; and

WHEREAS, in the United States, there is a one-in-eight lifetime risk of developing breast cancer, and breast cancer is the second leading cause of cancer deaths for women in North Carolina, which impacts Black women at a higher rate than White women; and

WHEREAS, disparities such as income, education, access to health care, along with stress and racism are among causes of poor health among minorities on many health measures, leading to a greater need for screening and early detection of breast cancer; and

WHEREAS, the North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) in the N.C. Department of Health and Human Services provides free or low-cost breast and cervical cancer screenings and follow-up to eligible uninsured or underinsured women; and

WHEREAS, with routine mammogram screening and follow-up testing, the disease can be detected early when it can be most effectively treated and save lives; and

WHEREAS, being aware of the health information, education, treatment and support methods available can help individuals find and receive the appropriate care and resources they need to improve their quality of life;

NOW, THEREFORE, I, (Local Elected Leader Name/Title) do hereby proclaim October 2025, as BREAST CANCER AWARENESS MONTH" in xxxxxx County and commend its observance to all our citizens.

Sample Reddit Ask Me Anything (AMA)

If someone in your organization is familiar with Reddit, hosting an *Ask Me Anything* (AMA) is a great way to provide information on breast cancer and NC BCCCP. Your organization can post an introduction in the *r/AMA* sub and other users can respond with questions or comments. Users can also “upvote” other questions/comments to show that they’re interested in knowing the answer to those questions as well. Schedule your AMA to have a set start/stop time so you can have someone monitor the post for interactions.

Consider having one of your providers, a cancer survivor, or a patient who utilizes the program co-host with you to answer a wider variety of questions.

I'm a (job title) in the North Carolina Breast and Cervical Cancer Control Program (NC BCCCP). I help provide free or low-cost breast and cervical cancer screenings and follow-ups for eligible women in North Carolina. AMA

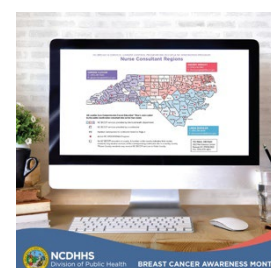
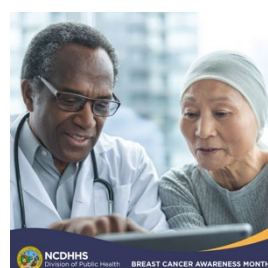
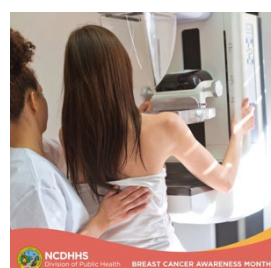
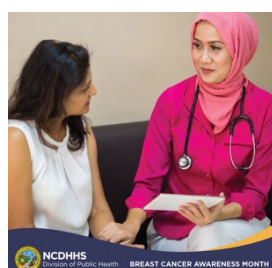
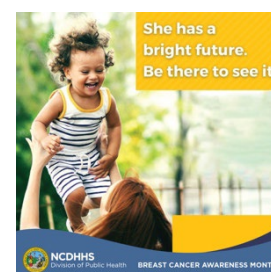
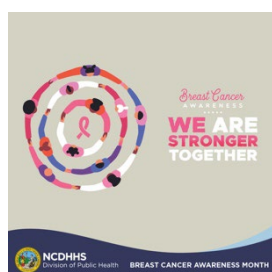
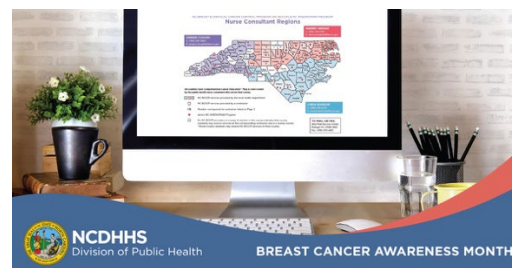
Sample Social Media

If your organization uses social media sites such as Facebook, Instagram, X, LinkedIn, or Threads, Breast Cancer Awareness Month is a great time to engage with your audience and educate about your services. Communication surrounding breast cancer should consider health literacy, promote patient-provider discussions of family history, risk and encourage early detection.

Sample Social Media Posts

1. October is Breast Cancer Awareness Month. You may be able to reduce your risk of breast cancer by taking care of your health. To learn more: <https://bcccpc.dph.ncdhhs.gov/breastcancer.htm>
2. Other than skin cancer, #BreastCancer is the most common cancer in women in the US regardless of race or ethnicity. Black and African American women are more likely to die from breast cancer than all other races/ethnicities. Learn more: <https://www.cancer.org/research/cancer-facts-statistics>
3. Regular cancer screenings are the best tests doctors use to find cancer early but scheduling them can be confusing! Talk to your doctor about when you should start regular mammograms and colon cancer screenings: <https://www.cdc.gov/cancer/prevention/screening.html>
4. The North Carolina Breast & Cervical Cancer Control Program (NC BCCCP) provides free or low-cost breast & cervical cancer screenings & follow-up to eligible individuals. Learn more: <https://bcccpc.dph.ncdhhs.gov/Eligibility.asp#eligibility>
5. Ten years after her breast cancer diagnosis, Carletta looks back on how her definition of bravery has changed. In [this video](#), she discusses how she managed the highs and lows of being a cancer survivor and learned how to ask for help

Sample Social Media Images



Breast Cancer and Health Equity

Breast Cancer Health Equity IN NORTH CAROLINA

BREAST CANCER is a significant public health concern in North Carolina, as it is across the United States. While advancements in detection and treatment have improved outcomes for many, disparities in breast cancer incidence, treatment, and survival rates persist, particularly among certain populations. Along with prostate cancer, breast cancer is the most common new cancer diagnoses for all people in North Carolina. Addressing these disparities is crucial for achieving health equity in the state.

Key Statistics

- Breast Cancer Incidence:** In North Carolina, the age-adjusted incidence rate of female breast cancer is approximately 154 cases per 100,000 women, significantly higher than the national average of 133.8 per 100,000.
- Mortality Rates:** The breast cancer mortality rate in North Carolina is 19.9 per 100,000 women. However, this rate is slightly higher for African American women, at 26.5 per 100,000, compared to 18.6 per 100,000 for white women – a rate indicating African American women are 1.4 times more likely to die from the disease.
- Screening Disparities:** African American women in North Carolina are less likely to receive timely mammograms compared to their white counterparts, contributing to later-stage diagnoses and poorer outcomes.

Disparities in Breast Cancer Outcomes:

- Racial Disparities:** African American women in North Carolina are less likely to be diagnosed with breast cancer than white women but have higher mortality rates. This is due to factors like limited access to care, socioeconomic differences, and the prevalence of more aggressive cancer types, like triple-negative breast cancer.
- Geographic Disparities:** Women in rural North Carolina have lower screening rates and higher mortality rates than those in urban areas. They face barriers like limited health care access, fewer specialists, and longer travel times.
- Socioeconomic Disparities:** Women with lower incomes or no health insurance are less likely to get preventive services, leading to later-stage diagnoses and lower survival rates.

Initiatives to Address Disparities

- NC Breast and Cervical Cancer Control Program (NC BCCCP):** This state-run program provides free or low-cost breast and cervical cancer screenings and diagnostic services to eligible patients, who are uninsured or underinsured and meets age and income guidelines.
- Community Health Worker Programs:** These programs employ trained community members to provide health education, facilitate access to screening services, and offer support throughout the treatment process. They are particularly effective in reaching underserved populations.
- Partnerships with Local Health Departments and Organizations:** Collaborative efforts between NC Department of Health and Human Services, Division of Public Health and local health departments and organizations aim to increase breast cancer awareness, promote early detection, and reduce barriers to care through targeted outreach and education campaigns for underserved populations.

A Call to Action

We call upon healthcare providers, policymakers, community leaders, and all stakeholders to unite in a comprehensive effort to achieve health equity in breast cancer outcomes for African American women in North Carolina.

Women of color in North Carolina face higher mortality rates from breast cancer, often due to later-stage diagnoses. This is preventable. We urge health care providers, policymakers, and community leaders to work together for health equity in breast cancer outcomes.

- Expand Access to Screening:**
 - Invest in mobile mammography units for underserved areas.
 - Subsidize mammograms for uninsured women.
 - Partner with local groups to promote early detection.
- Provide Culturally Competent Care:**
 - Train healthcare providers in cultural sensitivity.
 - Offer patient navigation services to help overcome care barriers.
- Address Social Determinants of Health:**
 - Support policies that improve economic conditions and healthcare access.
- Focus on Research and Data:**
 - Fund research on factors contributing to disparities.
 - Use data to create targeted solutions.
- Advocate for Policy Change:**
 - Promote state and federal policies for health equity and breast cancer care access.

Together, we can close the gap in breast cancer outcomes for African American women in North Carolina.

Citations

- North Carolina Rural Health Research Program. (2023). *Analyzing the Racial Healthcare Disparities of Rural Areas in North Carolina: Healers and Patients in North Carolina (LINCAS)*.
- American Cancer Society. (2023). *"Cancer Facts & Figures for African Americans"*.
- Centers for Disease Control and Prevention (CDC). (2022). *"Breast Cancer and African American Women"*.
- NC Central Cancer Registry. 2018-2022 North Carolina Cancer Mortality by Race and Ethnicity per 100,000 Population, Age-Adjusted to the 2000 U.S. Standard Population. North Carolina Department of Health and Human Services, August 2024.
- North Carolina Department of Health and Human Services (NCDHHS). "North Carolina Health Disparities ANALYSIS REPORT - 2024" (Data Resource Center). (NCDHHS).
- National Cancer Institute. (2023). *"Breast Cancer Statistics in the United States"*.

Logos: NC DEPARTMENT OF HEALTH AND HUMAN SERVICES, VCCCP, Comprehensive Cancer Control Collaborating to Conquer Cancer.

www.ncdhhs.gov - NCDHHS is an equal opportunity employer and provider. • 10/2024

Equidad en la salud del cáncer de mama EN CAROLINA DEL NORTE

EL CÁNCER DE MAMA es un importante problema de salud pública en Carolina del Norte, al igual que en todo Estados Unidos. Si bien los avances en la detección y el tratamiento han mejorado los resultados para muchos, persisten las disparidades en la incidencia, el tratamiento y las tasas de supervivencia del cáncer de mama, particularmente entre ciertas poblaciones. Junto con el cáncer de próstata, el cáncer de mama es el nuevo diagnóstico de cáncer más común para todas las personas en Carolina del Norte. Abordar estas disparidades es crucial para lograr la equidad en salud en el estado.

Estadísticas claves

- Incidencia de cáncer de mama:** En Carolina del Norte, la tasa de incidencia de cáncer de mama femenino, ajustada por edad, es de aproximadamente 154 casos por 100,000 mujeres, significativamente más alta que el promedio nacional de 133.8 por 100,000.
- Tasas de mortalidad:** La tasa de mortalidad por cáncer de mama en Carolina del Norte es de 19.9 por cada 100,000 mujeres. Sin embargo, esta tasa es ligeramente más alta para las mujeres afroamericanas, con 26.5 por 100,000, en comparación con 18.6 por 100,000 para las mujeres blancas, una tasa que indica que las mujeres afroamericanas tienen 1.4 veces más probabilidades de morir a causa de la enfermedad.
- Disparidades de detección:** Las mujeres afroamericanas en Carolina del Norte tienen menos probabilidades de recibir mamografías oportunas en comparación con sus contrapartes blancas, lo que contribuye a diagnósticos en etapas más avanzadas y peores resultados.

Disparidades en los resultados del cáncer de mama

- Disparidades raciales:** Las mujeres afroamericanas en Carolina del Norte tienen menos probabilidades de ser diagnosticadas con cáncer de mama que las mujeres blancas, pero tienen tasas de mortalidad más altas. Esto se debe a factores como el acceso limitado a la atención, las diferencias socioeconómicas y la prevalencia de tipos de cáncer más agresivos, como el cáncer de mama triple negativo.
- Disparidades geográficas:** Las mujeres en las zonas rurales de Carolina del Norte tienen tasas de detección más bajas y tasas de mortalidad más altas que las de las zonas urbanas. Se enfrentan a barreras como el acceso limitado a la atención médica, menos especialistas y tiempos de viaje más largos.
- Disparidades socioeconómicas:** Las mujeres con ingresos más bajos o sin seguro médico tienen menos probabilidades de recibir servicios preventivos, lo que lleva a diagnósticos en etapas más avanzadas y menores tasas de supervivencia.

Iniciativas para abordar las disparidades

- El Programa de control del cáncer de mama y de cuello uterino de Carolina del Norte (NC Breast and Cervical Cancer Control Program, o NC BCCCP, o sus siglas en inglés):** Este programa estatal proporciona exámenes de detección y servicios de diagnóstico de cáncer de mama y cuello uterino gratuitos o de bajo costo a pacientes elegibles, que no tienen seguro o tienen seguro insuficiente y cumplen con las pautas de edad e ingresos.
- Programas de Trabajadores de la Salud Comunitarios:** Estos programas emplean a miembros de la comunidad capacitados para proporcionar educación sobre la salud, facilitar el acceso a los servicios de detección y ofrecer apoyo durante todo el proceso de tratamiento. Son particularmente eficaces para llegar a las poblaciones desatendidas.
- Alianzas con departamentos y organizaciones de salud locales:** Los esfuerzos de colaboración entre el Departamento de Salud y Servicios Humanos de Carolina del Norte, la División de Salud Pública y los departamentos y organizaciones de salud locales tienen como objetivo aumentar la conciencia sobre el cáncer de mama, promover la detección temprana y reducir las barreras a la atención a través de campañas de divulgación y educación dirigidas a las poblaciones desatendidas.

Una llamada a la acción

Hacemos un llamado a los proveedores de atención médica, legisladores, líderes comunitarios y todas las partes interesadas para que se unan en un esfuerzo integral para lograr la equidad en la salud en los resultados del cáncer de mama para las mujeres afroamericanas en Carolina del Norte.

Las mujeres de color en Carolina del Norte enfrentan tasas de mortalidad más altas por cáncer de mama, a menudo debido a diagnósticos en etapas más avanzadas. Esto se puede prevenir. Pedimos a los proveedores de atención médica, a los legisladores y a los líderes comunitarios trabajar juntos por la equidad en la salud en los resultados del cáncer de mama.

- Ampliar el acceso a los exámenes de detección:**
 - Investir en unidades móviles de mamografía para áreas desatendidas.
 - Ofrecer subsidios para mamografías a las mujeres sin seguro.
 - Aliarse con grupos locales para promover la detección temprana.
- Proporcionar atención culturalmente competente:**
 - Capacitar a los proveedores de atención médica en sensibilidad cultural.
 - Ofrecer servicios de navegación al paciente para ayudar a superar las barreras de atención.
- Abordar los determinantes sociales de la salud:**
 - Apoyar políticas que mejoren las condiciones económicas y el acceso a la salud.
- Esforzarse en la investigación y los datos:**
 - Financiar la investigación sobre los factores que contribuyen a las disparidades.
 - Utilizar los datos para crear soluciones específicas.
- Abogar por un cambio de política:**
 - Promover políticas estatales y federales para la equidad en la salud y el acceso a la atención del cáncer de mama.

Juntos, podemos cerrar la brecha en los resultados del cáncer de mama para las mujeres afroamericanas en Carolina del Norte.

Referencias

- Programa de Investigación de Salud Rural de Carolina del Norte. (2023). *"Analizando las Disparidades de Salud en las Zonas Rurales de Carolina del Norte: Healers and Patients in North Carolina (LINCAS)"* (Análisis de las disparidades raciales en la atención de la salud en las zonas rurales de Carolina del Norte. [Sentados y pacientes en Carolina del Norte (LINCAS)]).
- Sociedad Americana contra el Cáncer. (2023). *"Cancer Facts & Figures for African Americans (Datos y cifras sobre el cáncer para afroamericanos)"*.
- Centros para el Control y la Prevención de Enfermedades (CDC). (2022). *"Breast Cancer and African American Women (Cáncer de mama y mujeres afroamericanas)"*.
- Registro Central de Cáncer de Carolina del Norte. 2018-2022 North Carolina Cancer Mortality by Race and Ethnicity per 100,000 Population, Age-Adjusted to the 2000 U.S. Standard Population (Mortalidad por cáncer en Carolina del Norte por raza y etnia por cada 100,000 habitantes, ajustada por edad a la población estándar de los Estados Unidos del 2000). Departamento de Salud y Servicios Humanos de Carolina del Norte, agosto 2024.
- Departamento de Salud y Servicios Sociales de Carolina del Norte (NCDHHS, por sus siglas en inglés). "Informe de Análisis de Datos sobre Disparidades de Salud - 2024" (Centro de recursos de datos). (NCDHHS).
- Instituto Nacional del Cáncer. (2023). *"Breast Cancer Statistics in the United States (Estadísticas del cáncer de mama en Estados Unidos)"*.

Logos: DEPARTAMENTO DE SALUD Y SERVICIOS HUMANOS DE CAROLINA DEL NORTE, VCCCP, Comprehensive Cancer Control Collaborating to Conquer Cancer.

www.ncdhhs.gov - NCDHHS es un empleador y proveedor que ofrece igualdad de oportunidades. • 10/2024

Resources

Centers for Disease Control and Prevention. 2021. Breast Cancer Basics. Available at: <https://www.cdc.gov/breast-cancer/> [Accessed 18 August 2025].

NC DPH: Breast and Cervical Cancer Control Program. *Breast and cervical cancer control program*. Available at: <https://bcccp.dph.ncdhhs.gov/> [Accessed 18 August 2025].

NC DPH: NC State Center for State Statistics. *North Carolina Cancer Projections*. Available at: <https://schs.dph.ncdhhs.gov/data/cancer/projections.htm> [Accessed 18 August 2025].

NC Department of Health and Human Services

919-707-5330 Office

919-870-4812 Fax

fatima.batool@dhhs.nc.gov

5505 Six Forks Road
1922 Mail Service Center
Raleigh, NC 27699-1922



NC Department of Health and Human Services ■ Division of Public Health ■ Chronic Disease and Injury Section ■ Cancer Prevention and Control Branch ■ Breast and Cervical Cancer Control Program ■ www.publichealth.nc.gov ■ NCDHHS is an equal opportunity employer and provider. October 2025