



*Breast***Care**

education, screening
& diagnosis

FY2009

JULY 1

2008

—THROUGH—
JUNE 30

2009

COMMITTED TO BETTER HEALTH FOR ARKANSAS WOMEN



Women without the means to access regular screening and early treatment have worse health outcomes than those who do. The Breast Cancer Act of 1997, passed by the Arkansas General Assembly, sought to remedy this inequity by creating a vehicle to deliver effective breast health services to underserved women in our state. As a result of this important piece of legislation, the Governor's Breast Cancer Control Advisory Board established guidelines making breast cancer screening, diagnostic and treatment services available to underserved Arkansas women through the BreastCare program.

BreastCare, administered through the Arkansas Department of Health and under the oversight of our advisory board, is a comprehensive early detection and treatment program providing free breast and cervical cancer screenings to Arkansas women 40 years and older, with incomes at or below 200% of the federal poverty level and little or no health insurance. In 2009, nearly 14,000 women received services, and 116,197 calls were processed through the call center, pushing the total number of calls since the program's inception to more than one million.

Thanks to the collaborative efforts of the BreastCare team and statewide health care partners, women screened and diagnosed with cancer while in the BreastCare program have better outcomes than those who come to the program after they have already been diagnosed. We can and do make a difference in the lives of Arkansas women evidenced by the fact that women in the BreastCare program who receive treatment of early stage cancers have a higher survival rate.

There is still work to be done. Although there were 5,749 new enrollees in 2009, there are still too many eligible women who are not receiving services. In the

year ahead, efforts must redouble to bring the BreastCare message of the importance of early detection and treatment to Arkansas women.

IT'S ALL ABOUT SAYING "YES"

Until there is an effective way to prevent breast cancer, saying "Yes" to annual mammograms makes sense for women, their families and our state. Regular Pap tests prevent cervical cancer. The cost associated with treating later stage cancer, both in dollars and in disruption to lives, makes early detection the best means we have of limiting the devastating effects of these diseases.

For this reason, in 2009 effective outreach efforts urged women who were qualified to say "Yes" to free Pap tests and annual mammograms.

Being able to provide screening, diagnostic and treatment services to women across the state requires an extensive network of health care providers. There are currently 2,174 dedicated public and private providers – including local health units, community health centers, area health education centers, primary care providers and specialists – that cover all five public health regions of the state and provide services through the BreastCare Program.

Qualifications for BreastCare:

- 40 years of age or older
- Income at or below 200% of federal poverty level
- No health insurance or insurance that does not cover breast and cervical cancer screening



The Most Important Call Many Women Will Ever Make

The BreastCare call center is the point of entry for women who respond to our "Say Yes" message. When they call 1-877-670-CARE, women who meet program guidelines are enrolled and scheduled for clinical breast exams, Pap tests and mammograms through a BreastCare provider in their area. As with any screening program, there is inevitably a small percentage of women who receive abnormal results. The five regional care coordinators provide case management to these women and, if they receive a diagnosis of breast or cervical cancer, assist them throughout the treatment process and beyond.

Those women who do not qualify for BreastCare services are given information about low cost screening options from providers in their areas.

THE BOTTOM LINE IN FY 2009

48,140

women eligible to receive services

12,561

women enrolled

5,749

new enrollees

116,197

calls processed

13,872

women served

14,542

mammograms performed

5,590

Pap tests performed

252

women diagnosed with breast or cervical cancer*

\$2,425,705

spent on screening, diagnostic and treatment services

SINCE FEBRUARY 1999

1,105,686

calls processed

129,065

mammograms performed

63,020

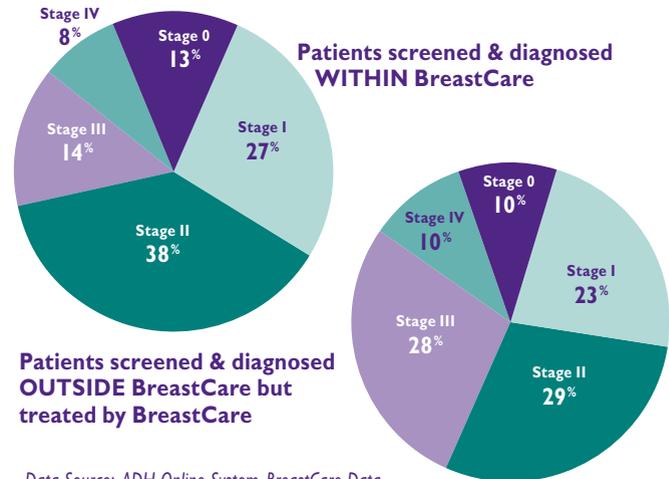
Pap tests performed

2,241*

cases of breast or cervical cancer diagnosed and/or treated

*Some women were enrolled into the program to receive treatment for a cancer diagnosed outside of BreastCare. Excludes women with a diagnosis of pre-cervical cancer.

Fiscal Year 2009



Data Source: ADH Online System, BreastCare Data

Early Detection Means Early Treatment

Breast cancer is categorized as Stage 0, Stage I, Stage II, Stage III or Stage IV, in ascending degrees of severity, according to the size of the tumor, the status or involvement of lymph nodes and metastasis. When detected at an early stage, breast cancer can be treated successfully and cost-effectively, so regular screening is a critical factor in realizing good treatment outcomes.

Women who participate in BreastCare and are subsequently diagnosed with breast cancer have a higher percentage of earlier stage cancer compared to those who receive a diagnosis from outside of BreastCare. In 2009, 78% of the women who received a diagnosis of cancer while in the BreastCare program had an earlier stage breast cancer compared to the 62% diagnosed outside of BreastCare. With results like these, BreastCare is proud of making breast cancer screening an annual, lifesaving option for thousands of Arkansas women.

BETTER OUTCOMES MATTER

Having a program that delivers breast and cervical cancer screening and treatment services in a cost-effective manner to women across the state is a win-win for us all. Relative to programs in other states, BreastCare is a good example of program efficiency.

CORE PROGRAM PERFORMANCE INDICATORS			ARKANSAS RESULTS	
Indicator Type	Program Performance Indicator	CDC Standard	Percentage	Standard Met?
Screening	Initial Program Pap Tests; Rarely or Never Screened	≥ 20%	39.1%	YES
	Screening Mammograms Provided to Women > 50 Years of Age	≥ 75%	94.2%	YES
Cervical Cancer Diagnostic Indicators	Abnormal Screening Results with Complete Follow-Up	≥ 90%	100.0%	YES
	Abnormal Screening Results; Time from Screening to Diagnosis > 60 Days	≤ 25%	5.9%	YES
	Treatment Started for Diagnosis of HSIL, CIN II, CIN III, CIS, Invasive	≥ 90%	100.0%	YES
	HSIL, CIN II, CIN III, CIS; Time from Diagnosis to Treatment > 90 Days	≤ 20%	0.0%	YES
	Invasive Carcinoma; Time from Diagnosis to Treatment > 60 Days	≤ 20%	0.0%	YES
Breast Cancer Diagnostic Indicators	Abnormal Screening Results with Complete Follow-Up	≥ 90%	94.6%	YES
	Abnormal Screening Results; Time from Screening to Diagnosis > 60 Days	≤ 25%	9.4%	YES
	Treatment Started for Breast Cancer	≥ 90%	98.3%	YES
	Breast Cancer; Time from Diagnosis to Treatment > 60 Days	≤ 20%	6.9%	YES

Data Source: ADH Online System, BreastCare Data, October 2009 MDE Submission

MDE Performance Indicators

Continued federal funding of programs such as BreastCare is closely tied to performance. The Centers for Disease Control and Prevention established routine data collection standards that must be met by states receiving funds from the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). These standards pertain to 11 core clinical indicators of women who are served by state programs. For the second year in a row, BreastCare met all of these clinical indicator standards.



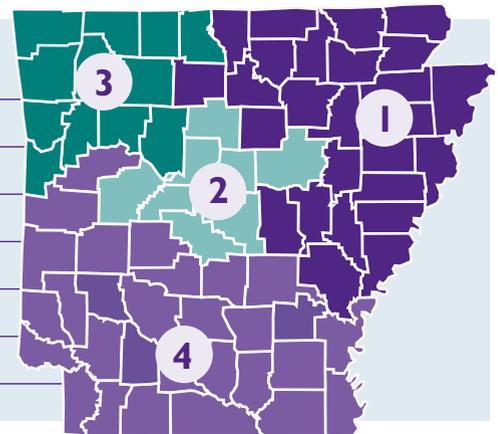
A GOOD INVESTMENT IN WOMEN'S HEALTH

Where The Money Goes

In challenging economic times, funding needed to meet the demand for services isn't always possible. This makes allocating funds critical to achieving our goals. Clinical Services accounted for the largest share of BreastCare's budget.



BREAST CARE NUMBERS PER CONGRESSIONAL DISTRICT	1st District	2nd District	3rd District	4th District
Total State Funds Spent	\$393,867	\$333,578	\$331,225	\$351,857
Total Federal & State Funds Spent ¹	\$720,477	\$561,546	\$536,886	\$606,798
Counties in District	26	8	12	29
Women Eligible for Services ²	11,314	10,302	13,676	12,848
Clients Served ³	4,741	3,057	3,502	4,317
Clients with Cancer Diagnosis ⁴	64	50	70	68
BreastCare Providers	496	821	489	368



More for Less

Getting the greatest possible value for the dollars spent often makes the difference in being able to deliver services to those women in need. In 2009, more than \$3.8 million was spent on covered services valued at more than \$7.7 million dollars. That means that for every dollar spent, BreastCare received \$2.26 in services from our more than 2,100 providers across the state.

Additional Funding Makes Things Happen

Volunteers are indispensable in bringing breast and cervical health education and services to underserved women in Arkansas. With funds from organizations such as Susan G. Komen for the Cure, Inc. and the University of Alabama, Birmingham, BreastCare conducted training for more than 100 volunteers and was able to implement a needs assessment in historically underserved counties such as Desha, Chicot, Lincoln and Crittenden.

¹ HP Enterprises Services, BreastCare Claims Data.

² Small Area Health Insurance Estimates/County and State by Demographic and Income Characteristics/2005, US Census Bureau.

³ Women who receive services in more than one congressional district may be counted more than once. Numbers do not include women served by providers in other states or in bordering cities. HP Enterprises Services, BreastCare Data.

⁴ These figures do not include clients diagnosed with pre-cervical cancer. DHS BCC Listing and HP Enterprises Services BreastCare Data.

PEOPLE WHO MAKE A DIFFERENCE

2009 Josetta Wilkins Award Winners

Battling breast cancer happens on many fronts. It requires educating women and their families about the importance of early detection, supporting research into prevention and effective treatment and being a steady voice in support of women's health. Dr. Josetta Wilkins has fought on all of these fronts and was a leader in pushing the legislature to pass the Breast Cancer Act of 1997. In her honor, each year one volunteer, one professional and one organization are recognized for outstanding achievement in the area of breast cancer activism.



(Left to right) Lisa Nims with the Northwest Women's Breast Center of Springdale, co-winner for the organization category; Holly Gillies of Harrison, professional individual winner; Leila Alston of Little Rock, volunteer individual winner; and Kathy Grisham with the Community Clinic at St. Francis Clinic NWA, Inc. of Springdale, co-winner for the organization category.

TRAINING & OUTREACH: ADVOCATES IN THE MAKING

Pink Carnation Sunday

Minority women have long been a key demographic in outreach efforts. Pink Carnation Sunday, a BreastCare program conducted semi-annually in cooperation with churches and various faith-based organizations, has been successful in increasing breast health awareness and the importance of annual mammograms in minority women. Like the first Pink Carnation Sunday back in 2000, on a given Sunday women ages 40 and above still receive pink carnations along with information about the importance of good breast health and are asked to pledge to get a mammogram within the calendar year.

In 2009, as an extension of this effective faith-based approach, BreastCare trained 101 representatives from churches in selected counties in becoming advocates for breast health and in conducting Pink Carnation Sunday events in their respective churches. Volunteers learned from BreastCare staff how to address barriers to breast cancer screening and enroll eligible women in the program. Training volunteers to work within their communities will continue to be an important component of the BreastCare effort toward making sure eligible women receive the services they need.

Breast Cancer Advisory Board

**Tammy Gavin,
Board Chair**

White River Medical Center
Batesville, Arkansas

REPRESENTING

Arkansas Hospital Association
Term expires 1/1/13

**Sondra Bedwell, RN
MNSC, FNP**

University of Arkansas for Medical
Sciences, AHEC-SW
Texarkana, Arkansas

REPRESENTING

Arkansas Nursing Association
Term expires 1/1/12

Barbara Daugherty

Little Rock, Arkansas

REPRESENTING

Susan G. Komen for the Cure
Term expires 1/1/12

Jerri Fant, MD

Breast Health Clinics of Arkansas

REPRESENTING

Arkansas Medical Society
Term expires 1/1/11

John Lynch, MD

Jonesboro, Arkansas

REPRESENTING

Radiation Oncology
Term expires 1/1/13

Ronda Henry-Tillman MD

University of Arkansas for Medical
Sciences

Little Rock, Arkansas

REPRESENTING

Medical Oncology
Term expires 1/1/12

Laura Hutchins, MD

University of Arkansas for Medical
Sciences

Little Rock, Arkansas

REPRESENTING

American Cancer Society
Term expires 1/1/13

Sandra McFadden

Little Rock Arkansas, Arkansas

REPRESENTING

Women's Health Advocacy
Term expires 1/1/11

The BreastCare Team

When it comes to making BreastCare work for thousands of Arkansas women, the BreastCare Team ensures that good quality services are provided. From public education and training to managing countless provider contracts, the BreastCare Team continues to excel in its endeavors to reach its goals.

Barbara Hager, MPH

Program Director

Louise Scott

Program Administrator

Becky Kossover, MA, CVM

Contracts and Accounts Manager

Wanda Lung'aho

Administrative Assistant

Carol Middleton

Budget Coordinator

Shiela Kelley

Accountant

Letha Bell

Administrative Assistant

Rupa Sharma, MSPH, MSc

Senior Epidemiologist

Bamidele Olaleye

Data Manager

Tatiana Swanigan

Health Educator

Adam Nelson

Case Manager

Linda Wilson

Minority Outreach Specialist

Dianne Crippen, RN

Program Nursing Coordinator

Tina Patterson, RN

Program Nursing Coordinator

Care Coordinators

Care Coordinators work with BreastCare clients and function as liaisons between the Arkansas Department of Health and the local providers who provide screening and treatment. They also provide professional education and outreach to existing and potential BreastCare providers.

Debby Vodrazka Harris, RN

Northwest Region

Lisa Martin, RN

Northeast Region

Polly Lockett-Fox, RN

Central Region

Julie Huntley, RN

Southwest Region

Fran Kirk, RN

Southeast Region

