



*Breast***Care**

**A Voice for Underserved
Arkansas Women**

FY2010

JULY 1

2009

—THROUGH—

JUNE 30

2010

WOMEN'S HEALTH STILL OUR #1 PRIORITY

Thirteen years ago something extraordinary happened that would change the lives of a generation of underserved Arkansas women. The Arkansas General Assembly passed the Breast Cancer Act of 1997 establishing the Governor's Breast Cancer Control Advisory Board. Under the direction of this board, guidelines were established making breast cancer screening, diagnostic and treatment services available through the BreastCare program to Arkansas women who had little or no health insurance or who could not otherwise afford these critical services. Since BreastCare began providing services in February of 1999, thousands of Arkansas women have been enrolled in the program and are receiving services annually.

What is BreastCare?

BreastCare is a comprehensive early detection and treatment program providing free breast and cervical cancer screenings to Arkansas women over age 40 who have no health insurance coverage and a household income at or below 200% of the federal poverty level. The BreastCare team strives to educate these underserved women about the importance of regular breast and cervical cancer screening.

Working with a network of healthcare providers and other partners, the BreastCare team delivers the message to eligible women that education, diagnostic and treatment services are available for them. And women are getting the message. In 2010, more than 108,000 calls were processed through the BreastCare call center and 9,749 women were served at a cost of approximately \$3.9 million dollars.

It is evident that BreastCare is making a difference in the health of underserved women in Arkansas.



FACT: Breast cancer screening is still the best vehicle for early diagnosis and treatment.

FACT: BreastCare participants' cancers are diagnosed early when treatment is less costly and has a higher likelihood of long-term success.

Still Much to Do

The number of underserved, eligible women in Arkansas is nearly 50,000. These 50,000 women are the mothers, sisters, wives, daughters, or simply the women next door. Most Arkansans would agree that these friends and loved ones should have access to breast and cervical cancer screening services. BreastCare continues to provide these services to as many women as possible and to make the best use of allocated funding while coping with the increased costs.

Early Diagnosis and Treatment are the Keys

Early detection and early treatment remain our best allies to reduce the harmful effects of breast and cervical cancer on Arkansas women and their families. Getting women to say "Yes" to annual mammograms and regular Pap (cervical cancer screening) tests is the first step.

Program Qualifications:

- 40 years of age or older
- Income at or below 200% of the federal poverty level
- No health insurance
- Arkansas residence



Making the Call Makes a Difference

Eligible women who call the BreastCare call center are enrolled in the program's available appointment slots. Women who do not qualify receive information about low cost screening options from providers in their areas. Once enrolled, a qualifying woman is scheduled for a clinical breast exam, Pap test and mammogram through a BreastCare provider in her area. With more than 2,321 providers in 202 cities, women have access to services in all areas of the state. As with any screening program, there will be some women who receive abnormal results. BreastCare's regional care coordinators and case managers provide follow-up case management to these women and, if they receive a diagnosis of breast or cervical cancer, assist them throughout the treatment process and beyond.

THE BOTTOM LINE IN FY 2010

48,140

women eligible to receive services¹

8,100

women enrolled²

2,948

new enrollees²

108,612

calls processed²

9,749

women served²

6,388

mammograms performed²

3,892

Pap tests performed²

277

women diagnosed with breast or cervical cancer³

\$3,881,117

spent on screening, diagnostic and treatment services⁴

SINCE FEBRUARY 1999

1,214,298

calls processed

135,453

mammograms performed

66,912

Pap tests performed

2,518

cases of breast or cervical cancer diagnosed and/or treated

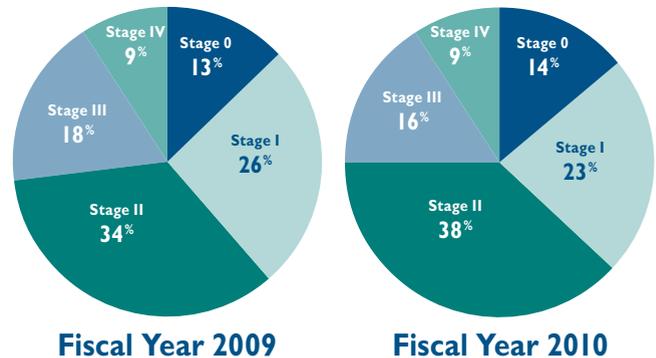
¹ Small Area Health Insurance Estimates by demographics, income, State and County, 2005 US Census Bureau.

² HP Enterprise Services, BreastCare Data.

³ Women diagnosed with invasive breast and cervical cancers; represents those enrolled in Medicaid category 07, DHS.

⁴ BreastCare funding sources include state tobacco excise and sales taxes, federal grant, and Komen grant.

Breast Cancer Stage at Time of Diagnosis for BreastCare Patients



Data Source: ADH Online System, BreastCare Data

Early Detection for Better Outcomes at Lower Cost

Breast cancer is categorized as Stages 0, I, II, III or IV according to the size of the tumor and the involvement of lymph nodes and other organs. Because early stage breast cancer can be treated successfully and cost effectively, early detection is critical. Annual screening mammograms are the best tool we have currently to help assure breast cancer is detected early.

The value of the BreastCare screening program is evident when we consider that in Fiscal Year 2010, 75% of the women diagnosed while in the BreastCare program had an early stage (0, I or II) cancer. This is an improvement over Fiscal Year 2009 when that figure was 73%.

The high cost and poor outcomes associated with late stage diagnosis and treatment make a strong case for annual breast cancer screening. Better outcomes and lower treatment costs will yield results, and that just makes good sense for our women and our state.

BREASTCARE MEETS PERFORMANCE STANDARDS

Federal funding for programs such as BreastCare is tied closely to performance. In order to assess program 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. These 11 core clinical indicators reflect how well women are served by state programs. For the third consecutive year, BreastCare met or exceeded all of these clinical standards.



CORE PROGRAM PERFORMANCE INDICATORS January - December 2009			ARKANSAS RESULTS	
Indicator Type	Program Performance Indicator	CDC Standard	Percentage	Standard Met?
Screening	Initial Program Pap Tests; Rarely or Never Screened	≥ 20%	33.2%	YES
	Screening Mammograms Provided to Women ≥ 50 Years of Age	≥ 75%	78.6%	YES
Cervical Cancer Diagnostic Indicators	Abnormal Screening Results with Complete Follow-Up	≥ 90%	96.4%	YES
	Abnormal Screening Results; Time from Screening to Diagnosis > 90 Days	≤ 25%	7.4%	YES
	Treatment Started for Diagnosis of HSIL, CIN II, CIN III, CIS, Invasive	≥ 90%	95.5%	YES
	HSIL, CIN II, CIN III, CIS; Time from Diagnosis to Treatment > 90 Days	≤ 20%	11.8%	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%	93.5%	YES
	Abnormal Screening Results; Time from Screening to Diagnosis > 60 Days	≤ 25%	7.8%	YES
	Treatment Started for Breast Cancer	≥ 90%	98.7%	YES
	Breast Cancer; Time from Diagnosis to Treatment > 60 Days	≤ 20%	1.4%	YES

Data Source: ADH Online System, BreastCare Data, October 2010 MDE Submission

INVESTING IN WOMEN'S HEALTH

Providers Make it Happen

Thanks to the generosity of BreastCare providers, we were once again able to provide crucial screening and diagnostic services at well below the average cost. In fact, BreastCare saved \$1.81 for every dollar spent in clinical services in Fiscal Year 2010.

Where the Money Goes

The allocation of federal, state and private funds to maximize services remains a priority. As in the past years, clinical services received the largest portion of funds in Fiscal Year 2010.

63% Clinical Services

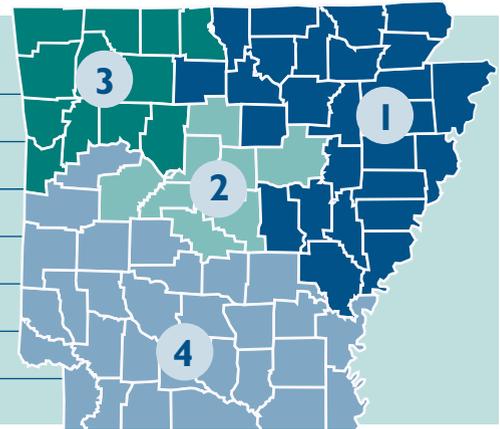
19% Administration

4% Public Education & Health Promotion

8% Professional Education

6% Surveillance/Evaluation/Quality Assurance

BREAST CARE NUMBERS PER CONGRESSIONAL DISTRICT	1st District	2nd District	3rd District	4th District
Total Funds Spent ¹	\$1,020,734	\$838,321	\$1,001,328	\$1,020,734
Total State Funds Spent ²	\$514,874	\$416,689	\$579,585	\$510,919
Counties in District	26	8	12	29
Women Eligible for Services ³	11,314	10,302	13,676	12,848
Clients Served ⁴	2,963	1,911	2,184	2,691
Clients with Cancer Diagnosis ⁵	71	72	68	66
BreastCare Providers	508	871	540	402



¹ BreastCare funding sources include state tobacco excise and sales taxes, federal grant, and Komen grant.

² Funding sources include state tobacco excise and sales taxes.

³ Small Area Health Insurance Estimates by demographic and income characteristics/ 2005 US Census Bureau.

⁴ Number of women served by BreastCare, HP Enterprises Services, BreastCare Data.

⁵ Women diagnosed with invasive breast and cervical cancers; represent those enrolled in Medicaid category 07, DHS.

PEOPLE WHO MAKE A DIFFERENCE

2010 Josetta Wilkins Award Winners

It is difficult to overstate the impact of Dr. Josetta Wilkins as a champion for women's health issues in Arkansas. A breast cancer survivor herself, she was the driving force behind legislative action resulting in passage of the Breast Cancer Act of 1997 and remains active in promoting good breast health practices. In her honor, each year one volunteer, one professional and one organization are recognized for outstanding achievement in the area of breast cancer activism.



2010 Josetta Wilkins Awards Winners: (left to right) Dr. Kent Westbrook, professional winner; Linda Wilson, individual winner; Donna Shields on behalf of Ashley County Cares, organization winner.

CREATING COMMUNITY PARTNERS IN HEALTH

Linking the Community to Health Services

Raising awareness of the importance of good breast and cervical health is especially important in at-risk communities such as Arkansas' African-American community. The *Linking the Community to Health Services* event, which began in May 2009, is an annual collaboration between the African-American faith community and the Arkansas Department of Health, BreastCare, Arkansas Cancer Coalition, American Cancer Society and the American Heart Association. More than 500 community members participated in the 2010 outdoor event in North Little Rock, which focused on physical activity, education, screening and healthy eating. Attendees were free to ask questions about their health concerns, which were answered by healthcare professionals from sponsoring groups. BreastCare representatives talked with hundreds about the importance of regular screening for breast and cervical cancer. The goal of this annual event is forging long-lasting partnerships between members of the community and Arkansas public health organizations as well as conveying our genuine commitment to community members' health and well being.

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

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

Ronda Henry-Tillman, MD

University of Arkansas for Medical
Sciences

Little Rock, Arkansas

REPRESENTING

Medical Oncology
Term expires 1/1/12

The BreastCare Team

The BreastCare Team is committed to ensuring that BreastCare's quality services are available to thousands of underserved Arkansas women. From public education and training to managing countless provider contracts, the BreastCare Team continues to excel in its endeavors to reach this goal.

Barbara Hager, MPH

Program Director

Louise Scott

Program Administrator

Becky Kossover, MA, CVM

Contracts and Grants Coordinator

Dianne Crippen, RN

Program Nursing Coordinator

Tina Patterson, RN

Program Nursing Coordinator

Taniesha Richardson, MPH

Health Educator

Adam Nelsen

Case Manager

Rupa Sharma, MSPH, MSc

Senior Epidemiologist

Bamidele Olaleye

Data Manager

Kenesha Carbage

Medical Records Technician

Shiela Couch

Accountant

Carol Middleton

Budget Coordinator

Wanda Lung'aho

Administrative Assistant

Care Coordinators

Our Care Coordinators work with BreastCare clients and function as liaisons between the Arkansas Department of Health and the local providers who perform the screening and treatment. They also provide 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

