

**Breast Cancer Control Advisory Board
Regular Third Quarter Meeting**

**January 27, 2015
Minutes**

Attending Board Members:

Dr. Jerri Fant, Sarah Faitak, Sharon Parrett, Dr. Ronda Henry-Tillman (via teleconference), Alicia Storey (via teleconference), Debra Walden (via teleconference), and Dr. John Lynch (via teleconference)

Absent Board Members:

Dr. Hope Keiser

Arkansas Department of Health (ADH):

Alysia Dubriske, Vada Harrell, Rachel Johnson, Joanne Jones, David Kern, Polly Lockett-Fox, Cheryl Roland, Reginald A. Rogers, Melinda Russell, Dr. Patricia Scott and Brandy Sutphin.

Other Organizations:

Royce Pinkard (Hewlett Packard (HP)), Jeremy Fleckenstein(HP), Heather Bailey (The Communications Group (TCG)), Lisa Van Hook (TCG), and Dana Rogers (TCG)

I. Call to order:

Dr. Jerri Fant, Co-Chair, called the meeting to order at 5:06 p.m.

A. Welcome and Introductions:

Joanne Jones, Arkansas Department of Health (ADH) Community-Clinical Linkage Domain Lead/ BreastCare Program Director, introduced Dr. Patricia Scott, the new ADH Director of the Center for Health Advancement. Ms. Jones said the re-appointment requests for Sarah Faitak and Dr. Fant, whose terms expired, have been sent.

B. Comments from members of the public

There were no comments from the public.

II. Board Business

A. Review and Approval of Minutes from the October 28, 2014, meeting

Sharon Parrett asked that the minutes be amended to correctly show on page 9 that Sarah Faitak mentioned that the Ozark affiliate of the Komen Foundation is working on a needs assessment, and that Dr. Hope Keiser said she has information that Komen Arkansas and Komen Texarkana are working on community profiles for needs assessments. The draft of the minutes indicated that other board members made the comments. Debra Walden made a motion to approve the minutes, as corrected, from

the October 28, 2014, meeting and Sarah Faitak seconded the motion. The motion to approve the minutes was approved unanimously without further discussion.

B. 2014-2015 BreastCare Non-Federal Revenues and Expenditures

Ms. Jones said the program has spent 33 percent of its budget through the first half of the fiscal year, through December 31, 2014.

If the program has only used 33 percent of its money through half of the year, Dr. Fant reminded the board that Dr. Ronda Henry-Tillman had previously stated that the program needed to investigate how to spend its funds in an environment where more women have insurance coverage -- through the Affordable Care Act, which they did not have before -- so the program does not lose its funding.

Ms. Jones said the program application for continued funding is due by the end of February and that federal officials are announcing forthcoming criteria for states that want to implement policies to cover underinsured women, especially for diagnostic testing. Written federal guidelines have not been presented, but federal officials said federal money could not be used for payment of premiums, but it would be up to states to come up with their own definitions of who was underinsured and to determine which services would be covered for them.

Dr. Fant noted that the current financial report indicates that less money was spent on clinical services than was spent on administrative costs. The purpose of the funds was to care for patients and not to administrate. Over her years on the board, she said members held heated arguments about how to distribute the funds, when administrative costs were trending up and clinical services costs trending down. She said the program still has quite a lot of money to decide how to use for the rest of the fiscal year. The more the Department doesn't utilize the funds available, Dr. Fant said, the harder it makes to argue a case that it should continue to have those funds.

Alysia Dubriske, Chief of the ADH Chronic Disease Prevention and Control Branch, said one of the results of the November site visit by Centers for Disease Control and Prevention representatives is that the CDPC Branch has formed a committee which meets regularly to discuss how to serve hard-to-reach populations. The committee is putting together a strategic plan to reach those women. A meeting with all the mobile mammography units in the state has been scheduled, Ms. Dubriske said.

Vada Harrell, ADH BreastCare Program Administrator, said the Department also is working with Komen Foundation officials and The Communications Group to better schedule and promote events to try to reach more women. Ms. Dubriske said the Department is considering going to worksites and looking at ways to reach Hispanic and Marshallese populations, which have been outside the mainstream of populations targeted by media campaigns.

Dr. Fant urged the Department to try to find a way to help women who are barely surviving, but whose income does not qualify them for Medicaid.

Ms. Jones said the Department received \$2 million to spend on treatment for women who otherwise could not afford it. Ms. Dubriske said that money was provided to help bridge that gap, and the Department is navigating them to receive services.

Ms. Parrett asked if there was a way for that money to be paid in deductibles and co-pays directly to the provider. Ms. Dubriske said that the Department is reviewing claims on a case-by-case basis.

Dr. Fant and Dr. Henry-Tillman said many patients qualify for BreastCare screening services, but their deductibles and co-pays are so high that they cannot afford diagnostic services. Is there an answer to that, Dr. Fant asked.

Ms. Jones said the CDC has recognized the problem, and Dr. Patricia Scott, ADH Director of the Center for Health Advancement, said she was not aware of federal grants which could be used to pay for premiums for patients who have insurance.

Dr. Fant said she guessed the answer to the question is that there is no answer.

Ms. Dubriske said the \$2 million can be used to cover the gap until the funds run out and 90 percent of it is going to treatment. She said the board has discussed, at as many as its last three meetings, if the Department would consider paying premiums, and the Department has considered that and determined the agency did not have the infrastructure to handle this.

Ms. Parrett asked how the Department was communicating with providers that the money is being available on a case-by-case basis. Ms. Jones said the BreastCare social worker and case manager have talked to hospitals and providers, the same parties to whom they talked when Medicaid 07 funds were available. Dr. Fant suggested that providers be emailed about the program.

C. BreastCare Second Quarter Enrollment Report

Cheryl Roland, BreastCare Program Data Manager, gave the enrollment report. During the second quarter, the program enrolled 1,317 women and through the first two quarters of the fiscal year, the program has enrolled 2,734 women. General enrollment is down, but that is not a surprise to anyone, she said. Enrollment fluctuates between 40-50 percent of where the figure was at this time last year. That's better than some states and worse than some states.

Dr. Fant asked what other states were doing when they have decreases like this.

Ms. Jones said all states have felt a similar impact. Some, like Arkansas, are working more on Medicaid expansion. One of the things federal officials are looking at, in view of more women being insured, is changing the requirement that 60 percent of grant money be spent on clinical services and 40 percent on administration. This way, the Department can spend more money on outreach and finding the hard- to-reach women. The federal side has always prohibited using its grant money for treatment and that will continue.

Dr. Fant asked when the Department will have a plan in place to do more to reach these underserved, more remote populations.

Ms. Harrell said the Department is working with Latino groups, grassroots organizations; talking to the Catholic Diocese of Little Rock and other religious and faith-based organization; contacting different counties, and getting information out to clinics, providers and hospitals.

One effective way to reach the Latino population is through their radio stations. The BreastCare Health Educator and The Communications Group are working to develop a radio script to reach more Hispanic people, Ms. Harrell said. The health educator also is contacting schools and English as a Second Language (ESL) coordinators.

III. Other Board Business

A. Contractor Reports

1. The Witness Project

Ms. Harrell said The Witness Project has held three outreach events during the past quarter, in North Little Rock, Little Rock and Blytheville.

2. Hewlett Packard (HP)

HP has been doing provider training to assist providers with billing.

3. The Communications Group (TCG)

Ms. Harrell said the BreastCare Program annual report would be distributed this spring.

The Department will be updating its email addresses for individuals and providers who want to receive E-Blasts, information about the program through email, and a radio public service announcement will be going out February 2 through the Arkansas Broadcasters Association which gives the Department bonus coverage, amounting to double the coverage for which the association bills. The main message is that the BreastCare Program is still active.

Lisa Van Hook of The Communications Group, said it has targeted hard-to-reach populations on a map and is pinpointing them by county, age and ethnicity groups. She said the agency is trying to make the crossover from the communication and messages – importance of screening and the incidence of breast cancer, packaged into the annual

Josetta Wilkins award -- and get it out to more people than those who attend the event or see the news on the night of the event. Ms. Van Hook discussed the concept of what she called a "virtual event," involving Donna Terrell of the Fox News television network affiliate in Little Rock.

Ms. Parrett asked if a date had been set for the Josetta Wilkins Award event. Ms. Van Hook said no date has been set and the event has been on "standby" and that it is typically in April. The application and nomination process is open year-round on the ADH BreastCare website.

Rather than going to an auditorium for an event, which would have a limited shelf-life, Ms. Van Hook said her agency is considering packaging a program which would include Dr. Wilkins and over which the Department would have complete control and which it could play over and over again at different times and different parts of the state to reach more people, especially hard-to-reach populations. It could be shown in clinic waiting rooms and on social media venues.

Ms. Van Hook said Ms. Terrell had not yet been contacted about a change in the event format, and that the agency was gathering information to support what it was proposing. Ms. Dubriske asked board members for advice on the project, so that the Department could decide the best use of its resources.

Dr. Fant said the event has been done very well, but the problem is that it reaches a limited audience, and the people who are there are not the ones who need the message. She said she does not think it serves the purpose of its objective any more. Ms. Faitak said it has always been difficult to reach the population in the northwestern part of the state and the new approach could be a way to reach them.

Dr. Henry-Tillman reminded board members that the reason for the annual event was to honor Dr. Wilkins, a former state representative and pioneer in breast care screening. Ms. Van Hook said she regrets use of the word "virtual," and that she was proposing a project, whose purpose was to honor Dr. Wilkins, and to also inform people and celebrate the success of early cancer detection. It would look like a 30-minute television program without all the introductions, and Donna Terrell would be the host. Dr. Wilkins would still be involved perhaps with a public service announcement or a short interview. She would still be an integral part of that outreach and it would include more health department and BreastCare Program messaging. It could be used online, on YouTube, in a clinic, during training, workshops, professional development, and regional care coordinators could use it.

Dr. Henry-Tillman said she thought 30 minutes was too long. Ms. Van Hook said it could be re-bundled and re-packaged for each particular use and a 30-second public service announcement could be fashioned from the program.

Dr. Henry-Tillman said she was open to change, but that she needed more information about the proposal. The next board meeting is scheduled for April 28, and that would be too late to decide on a program about the time that it should be occurring.

Ms. Van Hook asked for board approval before proceeding with the plan.

Ms. Walden suggested that the Department maintain the same format as last year for this year and consider plans to reformulate it next year.

Reginald Rogers, ADH Legal Counsel, said options could be presented to the board and that it could have a special meeting or vote by telephone.

Ms. Parrett suggested that the board vote to allow The Communications Group to explore the new proposal and get back to members with a detailed plan by email so that there would be enough time for planning the actual event, if the board voted against the virtual event proposal. The event, as held in previous years, was estimated to cost about \$22,000. Ms. Van Hook said a month would be a reasonable amount of time to address Ms. Parrett's suggestion.

Dr. Fant made a motion that The Communications Group within the next four weeks provide information to board members in email for two options, one an actual event, the other a virtual event, in April and that the board would decide on one of the options after communication with Dr. Wilkins about her views on the matter. Dr. Henry-Tillman seconded the motion, and the board approved the motion on a voice vote without dissent.

Mr. Rogers said the Board must notify the news media if there will be an email vote, and if there is discussion, reporters need to know about it and be able to witness the discussion.

B. Other Updates

1. BreastCare Program Staff

Ms. Jones introduced Melinda Russell as a new BreastCare Nursing Program Coordinator and said that Crystal Foreman, a Nursing Program Coordinator, has left the Department.

2. Report on the \$2 million in treatment money the General Assembly approved.

BreastCare produced a report giving demographics of the 105 women who have been assessed through the \$2 million treatment program the General Assembly approved. From March 13 through December 31, 2014, there were 41 cases in the Northwest Region, 32 in the Central Region, 19 in the Northeast Region, eight in the Southeast Region and five in the Southwest Region.

ADH staff explained why the numbers may be lower in certain regions, including that women in the Southwest Region may go to Texarkana, Texas for treatment and that the Southwest and Southeast regions do not have the large populations present in the Northwest and Central regions.

3. Community Needs Assessments

Ms. Parrett asked what the Department did to follow up on the board request for community needs assessments. Ms. Jones said language for community needs assessments has been included in a request for proposals for marketing and public relations which will go out for work during the next grant year.

4. Annual Vote on Travel Reimbursement for 2015

Dr. Fant made a motion and Ms. Parrett seconded a motion to continue through 2015 reimbursement of members' travel to the meetings. The motion was approved on a voice vote.

IV. Closing

Dr. Fant adjourned the meeting at 6:16 p.m.

The next regular quarterly meeting of the board is April 28, 2015.