



OKLAHOMA
State Department
of Health



OKLAHOMA

Breast & Cervical Cancer Annual Addendum

STATE FISCAL YEAR 2024

ABOUT THE COVER

The Oklahoma State Department of Health works to promote prosperity through health for all Oklahomans. Currently, three of every five Oklahoma deaths are a result of one of five chronic diseases: cardiovascular disease, cancer, chronic lower respiratory infections, Alzheimer's Disease and diabetes. The Chronic Disease Prevention Services division implements programs to prevent and lessen the burden of these conditions and produces a number of chronic disease-related reports. The reports will display a similar cover with a common image to tie them together as chronic disease-related reports distinguished by unique titles and overall color. The graceful state bird, the Scissor-tailed Flycatcher, was chosen as the image for each cover as a representation of hope and the resilience of Oklahomans. The Breast and Cervical Cancer Annual Addendum cover is pink to reflect the color associated with breast cancer.

PURPOSE

The Oklahoma Breast and Cervical Cancer Act (OBCCA) was established in 1994 to implement plans to significantly decrease breast and cervical cancer morbidity and mortality in the state of Oklahoma (63 O.S. §1-554). An amendment to the OBCCA in 2013 shifted the responsibility of producing an annual report from the Breast and Cervical Cancer Prevention and Treatment Advisory Committee to the Oklahoma State Department of Health (OSDH). In April 2021, Governor Stitt, signed SB136 changing the requirement from an annual report to a required report every five years, along with the addition of an annual addendum. The addendum reports updates from the Breast and Cervical Cancer Early Detection Programs in Oklahoma, including but not limited to, budgets, the number of Oklahomans served, and a personal story of an individual benefiting from the services offered by one or more program. The format for the five-year report will remain the same.

Breast & Cervical Cancer Early Detection Programs (BCCEDP)

Take Charge Program
Began 1995

Cherokee Nation
Began 1996

Kaw Nation
Began 2001

Oklahoma has three screening programs serving low-income, uninsured, and underinsured women.

Oklahoma's BCCEDP receives funding through a cooperative agreement with the Centers for Disease Control and Prevention ensuring Oklahomans receive enrollment in the screening program that best fits their needs. The three early detection programs work together, as well as with community organizations, helping eligible Oklahomans access and/or gain referrals to breast and cervical cancer screenings and diagnostic services and treatment.

SCREENING SERVICES PROVIDED

- Clinical Breast Exam
- HPV Co-testing
- Mammogram
- Pelvic Exam
- Pap Test

PURPOSE



Facilitate Early Screening



Ensure Prompt Diagnosis



Improve Access
To Treatment

Services Provided

SFY 2024

Kaw Nation

6,958

eligible women screened since inception

600

breast cancer screenings

333

cervical cancer screenings

Take Charge Program

71,693¹

eligible women screened since inception

765

breast cancer screenings

369

cervical cancer screenings

Cherokee Nation

Services provided in SFY 2024 for Cherokee Nation is currently unavailable.

1. Data variations from previous years related to switch to Med-IT and not all data was transferable.

Funding

SFY 2024

Kaw Nation

\$528,525

FEDERAL

\$176,175

TRIBAL

\$704,700

TOTAL

Federal BCCEDP funds require a \$3 : \$1 match in the amount of \$176,175.

Take Charge Program

\$919,504

FEDERAL

\$298,168

STATE

\$44,386

REVOLVING

\$1,262,058

TOTAL

Federal BCCEDP funds require a \$3 : \$1 match in the amount of \$298,186.

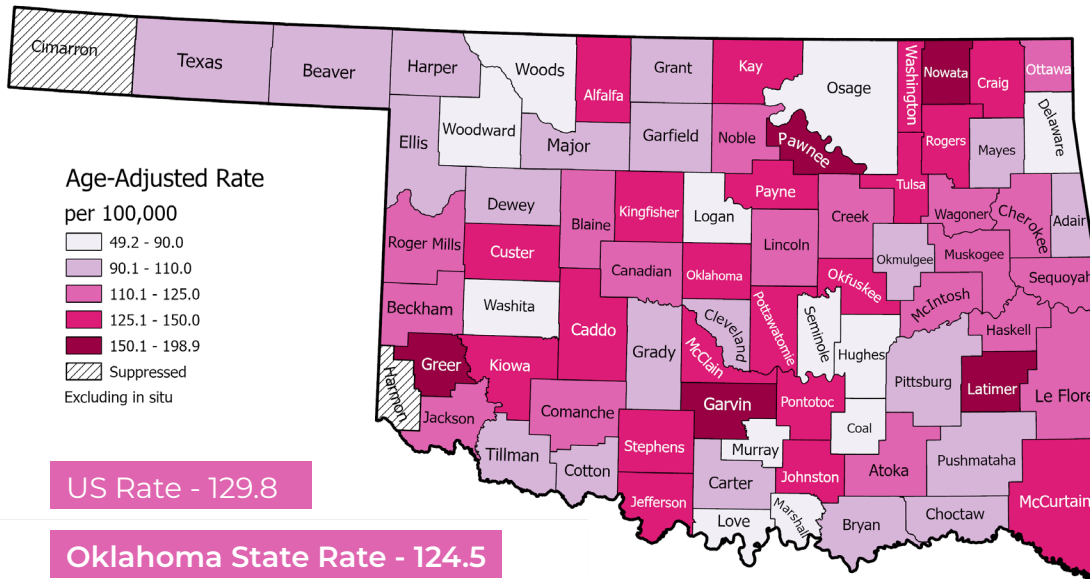
Cherokee Nation

Services provided in SFY 2024 for Cherokee Nation is currently unavailable.

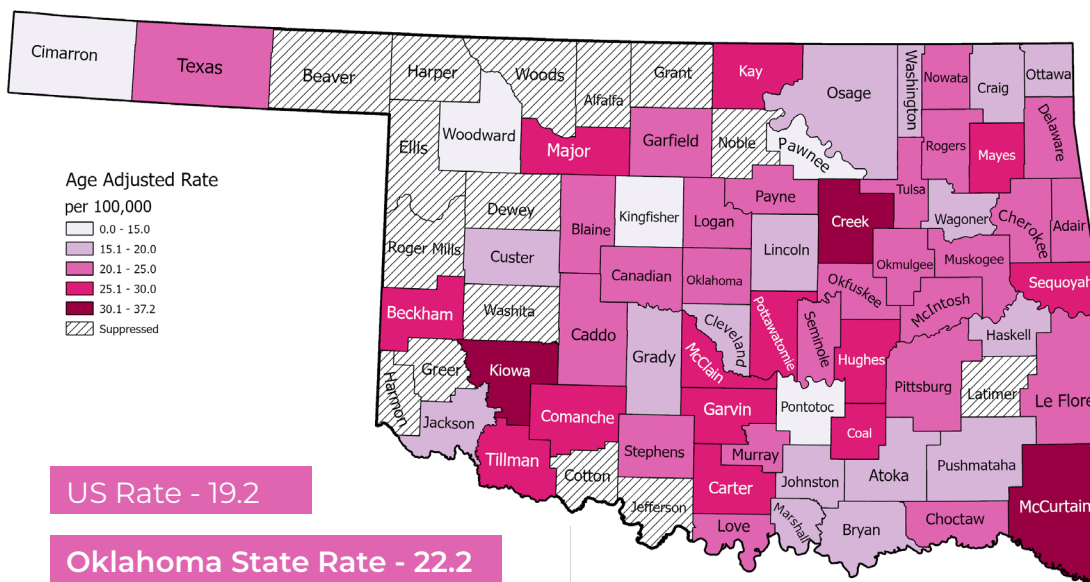
Incidence and Mortality Rates

BREAST CANCER

Female Breast Cancer Incidence Rates Per 100,000 | 2017 - 2021 |



Female Breast Cancer Mortality Rates Per 100,000 | 2018 - 2022 |



Oklahoma data - Oklahoma State Department of Health (OSDH), Center for Health Statistics, Oklahoma Central Cancer Registry (OCCR) (incidence data) and Health Care Information, Vital Statistics (mortality data), on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share> on July 2024.

US Rates - U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; <https://www.cdc.gov/cancer/dataviz>, released in June 2024.

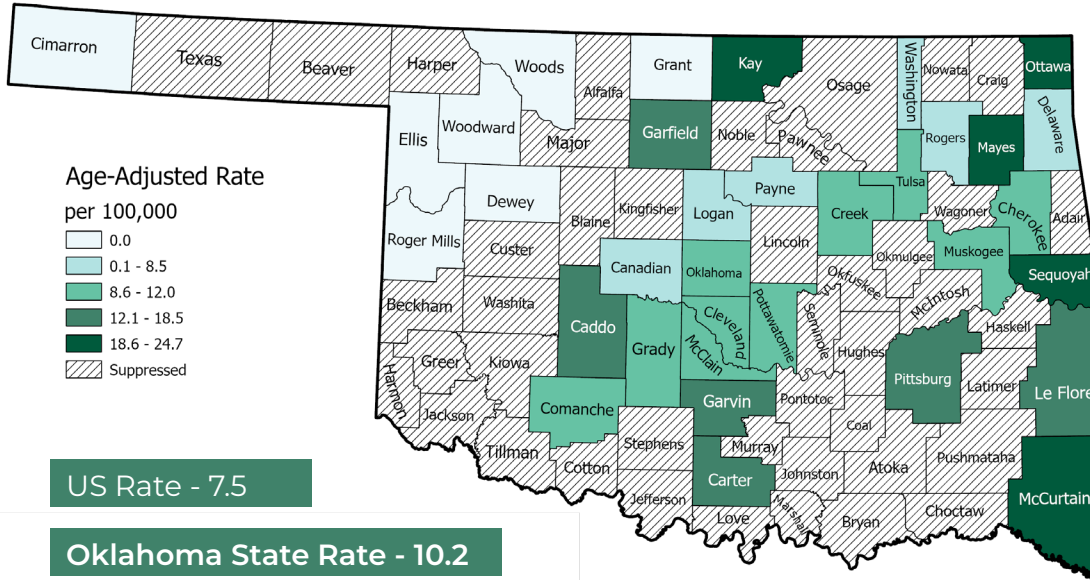
Age-adjusted using 2000 US Standard Population.

Incidence and Mortality Rates

CERVICAL CANCER

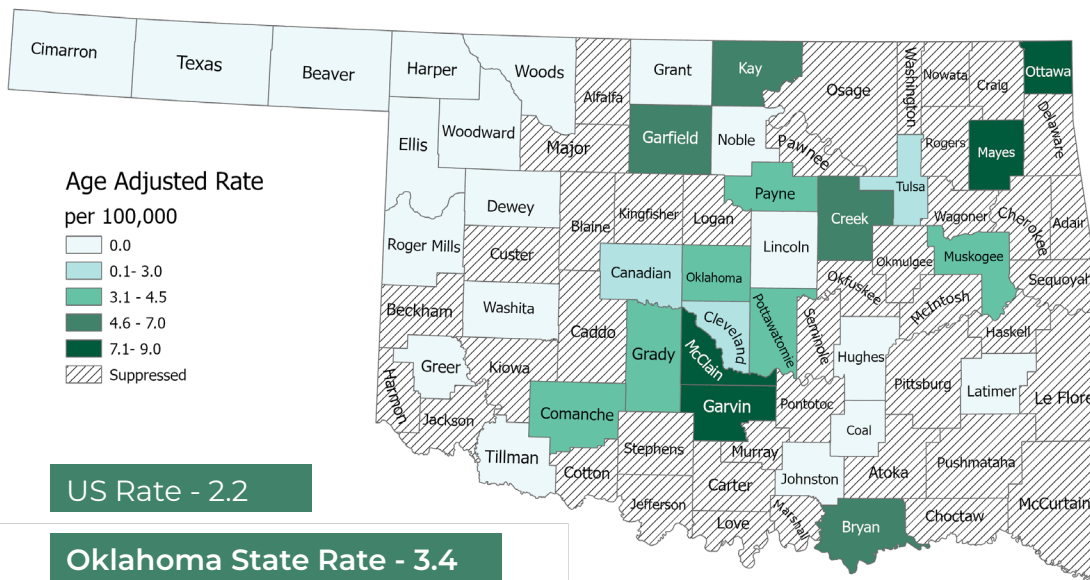
Cervical Cancer Incidence Rates Per 100,000

| 2017 - 2021 |



Cervical Cancer Mortality Rates Per 100,000

| 2018 - 2022 |



Oklahoma data - Oklahoma State Department of Health (OSDH), Center for Health Statistics, Oklahoma Central Cancer Registry (OCCR) (incidence data) and Health Care Information, Vital Statistics (mortality data), on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share> on July 2024.

US Rates - U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; <https://www.cdc.gov/cancer/dataviz>, released in June 2024.

Age-adjusted using 2000 US Standard Population.

Outreach / Education Highlight

Site visits have been held in person with three providers (OU Health Partners, Health and Wellness Clinics, and Variety Care) that cover 12 clinics across the state. Each site visit provided insight into the processes and functionality of each clinic. This understanding guided future collaboration and improved efficiency for not only clinics visited, but all Take Charge partnerships. In addition, Take Charge staff were able to provide guidance and education on current guidelines and updated procedures to help enhance service delivery for Take Charge patients.

Two of the key outcomes of these site visits were :



Communication Enhancement

- Misunderstandings were identified through conversations with clinic providers and staff.
- The provider and Take Charge staff worked through challenges to find resolutions that worked for both parties.
- Doors were open for future communication between the provider and Take Charge.



Renewed Excitement to Partner & Promote Take Charge

- Take Charge staff reminded providers of the many services and opportunities offered that may have been forgotten or underutilized.
- Expansion of services and/or clinic locations offering Take Charge.

Helping Oklahomans

TAKE CHARGE PROGRAM

In August 2023, a 58-year-old Hispanic female with no medical insurance and no social security number called Take Charge for eligibility. She was connected through the Take Charge Patient Navigator to a contracted clinic in Poteau, OK to receive screening services (clinical breast exam, pap smear, pelvic exam, HPV test and referral for a screening mammogram). Upon completion of her screening mammogram, it was determined a diagnostic mammogram and ultrasound were also needed. The client's diagnostic mammogram and ultrasound results were a BiRads 4 with a recommendation to have a surgery consult and biopsy on her left breast. Take Charge navigated this patient's care to get her the needed consultation and the surgeon's recommended lumpectomy. Due to her lack of insurance, access to these screenings would have been limited, but with the resources Take Charge provided, she was able to do the screening and detect her breast cancer at an earlier stage. She is currently undergoing chemotherapy treatments for her breast cancer.

In November 2023, a 31-year-old Hispanic female was referred to Take Charge in the middle of care after being seen at a non-contracted clinic. Her pap smear results were abnormal, and the provider recommended she receive a colposcopy with biopsy. Take Charge was able to determine she was eligible for services and referred her to OU Dysplasia for her needed care. After receiving a colposcopy with biopsy and an Ectrodactyly-Ectodermal Dysplasia-Clefting Syndrome (ECC), it was determined she had high grade dysplasia and needed a surgical consultation for further care plans. Follow up services included a repeat colposcopy with biopsy, loop electrosurgical excision procedure and ECC. With these screenings, the result was focal adenocarcinoma in situ. Another surgical consultation was held to review and discuss results from all of her screenings, and a recommendation was made for her to have a hysterectomy because there was a risk she would develop cervical cancer. Having access to Take Charge services helped this patient get the screening and care needed to help prevent the development of cancer in her future.

Advancement Of Wellness Advisory Council

RECOMMENDATIONS

Continue to increase outreach participation and coordination for cancer screening with Tribal Nations in Oklahoma.

Expand access to breast and cervical cancer screenings by increasing the number of screening facilities available and strategically working to reduce barriers.

Partner with organizations within Oklahoma communities to increase outreach and awareness of screening opportunities within rural communities.



This publication is issued by the Oklahoma State Department of Health, as authorized by Keith Reed, Commissioner of Health. Copies have not been printed but are available on the Oklahoma State Department of Health website at www.health.ok.gov. The Centers for Disease Control and Prevention (CDC) provides financial support under Cooperative Agreement NU58DP007125-01-00. The contents of the Breast and Cervical Legislative report are solely the responsibility of the authors and do not necessarily represent the official views of the CDC or US Department of Health and Human Services.
