



OKLAHOMA BREAST & CERVICAL CANCER
PREVENTION & TREATMENT ADVISORY COMMITTEE
ANNUAL REPORT · STATE FISCAL YEAR 2013

Dear Governor Fallin, Speaker Shannon, President Pro Tempore Bingman, and State Board of Health:

I am pleased to present the Annual Report for State Fiscal Year (SFY) 2013. This report fulfills the requirements set forth by the Oklahoma Legislature (63 O.S. §1-556) and contains the efforts of the Oklahoma Breast and Cervical Cancer Prevention and Treatment Advisory Committee (BCCPT) which include:

- Facilitation of accessible and acceptable statewide early detection services
- Referral for abnormal findings
- Support of epidemiological studies
- Promotion of research studies
- Partnerships with community groups
- Promotion of healthcare professional trainings
- Public education
- Development of public policy related to breast and cervical cancer

I wish to thank our partners and legislators for their continued support as we work together to ensure all underserved women in Oklahoma have access to breast and cervical cancer screening and early detection. I also wish to acknowledge the BCCPT Annual Report Committee for providing input for the development of the Annual Report SFY 2013 and special thanks to Amber Sheikh, MPH; Tia Yancey, MPH, CHES; Anne Pate, PhD; Susan Lamb, BA; Janet Pulliam and William Dooley, MD, FACS for preparing the Annual Report.

Respectfully,

A handwritten signature in black ink that reads "Christy Southard". The signature is written in a cursive, flowing style.

Christy Southard, Chair
Oklahoma Breast and Cervical Cancer Prevention and Treatment Advisory Committee

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Executive Summary

The Breast and Cervical Cancer Prevention and Treatment (BCCPT) Advisory Committee is comprised of legislators, breast and cervical cancer survivors, family members of those with cancer, healthcare providers, community organizations and state agencies working together tirelessly to reduce the burden of breast and cervical cancer in the lives of Oklahoma women.

The BCCPT Advisory Committee works directly with the Take Charge! program, located at the Oklahoma State Department of Health (OSDH). Take Charge! is one of three breast and cervical cancer screening programs located in Oklahoma. Cherokee Nation and Kaw Nation also have breast and cervical cancer screening programs. Each program has distinctive eligibility guidelines. Though the eligibility guidelines differ, the three programs have a shared overarching goal to provide breast and cervical cancer screening for Oklahoma women that are at highest risk and who meet program guidelines.

The populations at highest risk for breast and cervical cancer include women who have non-modifiable risk factors such as being female and increasing age, and modifiable risk factors such as lack of physical activity, poor nutrition, and tobacco use.

According to data reviewed from the Oklahoma Central Cancer Registry (OCCR), Centers for Disease Control and Prevention (CDC) and Behavioral Risk Factor Surveillance System (BRFSS), women in Oklahoma are receiving less breast and cervical cancer screenings than the rest of the United States (U.S.). Breast and cervical cancer incidence in Oklahoma is not decreasing at the same rate as the rest of the U.S. Public education and outreach efforts need to be targeted toward African American women and Native American women as the incidence of breast cancer is higher in these races in comparison to the other races and ethnicities in Oklahoma.

With the passage of House Bill 1467, the BCCPT Advisory Committee is changing. The BCCPT Advisory Committee as it currently stands will be eliminated. The elimination of the committee is opening the door to a new advisory council created in House Bill 1467, the Advancement of Wellness Advisory Council. The Advancement of Wellness Advisory Council will consist of Governor and legislative appointments including a member that is knowledgeable about breast and cervical cancer issues. The BCCPT Advisory Committee is optimistic about the future with the new advisory council and the opportunity to work with new partners to affect the health of all Oklahomans.

Purpose

The Oklahoma Breast and Cervical Cancer Act 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. §1 554-558). The Oklahoma Breast and Cervical Cancer Act also established the Breast and Cervical Cancer Prevention and Treatment Advisory Committee (BCCPT). The mission of the BCCPT Advisory Committee is to increase the quality of breast and cervical cancer prevention and treatment programs statewide. The objectives of the BCCPT Advisory Committee are as follows:

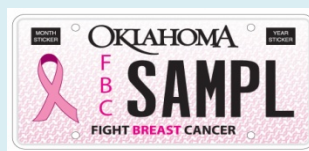
- Promote access to quality early detection services statewide;
- Promote epidemiological studies that reflect the trends of breast and cervical cancer, incidence, prevalence, and survival statewide;
- Promote breast and cervical cancer research studies;
- Collaborate with organizations that focus on breast, cervical, and other women's cancer related issues to provide accessible, acceptable, and available early detection services statewide;
- Translate, develop, and promote public policy related to breast and cervical cancer; and
- Collaborate with breast and/or healthcare organizations to facilitate medical referral for women with abnormal findings for additional services or assistance.

"My mom had cancer and I would always worry about it but could never afford the mammogram." – Take Charge! Client



In conjunction with the BCCPT Advisory Committee, the Oklahoma Breast and Cervical Cancer Act established the Breast and Cervical Cancer Act Revolving Fund. The monies in the revolving fund consist of gifts, donations, and contributions from individual income tax returns. Twenty dollars of each *Fight Breast Cancer License Plate* sold is put into the Breast and Cervical Cancer Act Revolving Fund. A sample of the *Fight Breast Cancer License Plate(s)* is provided below. All monies in the revolving fund are appropriated to the Oklahoma State Department of Health (OSDH) to support the implementation of the Oklahoma Breast and Cervical Cancer Act. Prior to expenditure of monies by OSDH, the BCCPT Advisory Committee reviews expenditure proposals and provides recommendations. Past expenditures of funds have paid for breast and cervical cancer screening and diagnostic services for women enrolled in the Take Charge! program.

"I drove... miles to get here. I'm glad you guys have this program or I would never get a mammogram." – Take Charge! Client



Populations at Highest Risk for Breast and Cervical Cancer

Breast Cancer Risk Factors

According to the Centers for Disease Control and Prevention (CDC), there are several factors that increase the risk for developing breast cancer. The risk factors include: female gender, increasing age, genetic risk factors, family or a personal history of breast cancer, and sedentary lifestyle.¹ Additional information and a complete listing of breast cancer risk factors can be found on the CDC website at <http://www.cdc.gov>.

Cervical Cancer Risk Factors

According to the CDC, there are several factors that increase the risk for developing cervical cancer. The risk factors related to cervical cancer include: behaviors related to exposure to Human Papilloma Virus (HPV), lack of HPV immunization, immunosuppression, and smoking.^{2,3}

Additional information and a complete listing of cervical cancer risk factors can be found on the CDC website at <http://www.cdc.gov>.

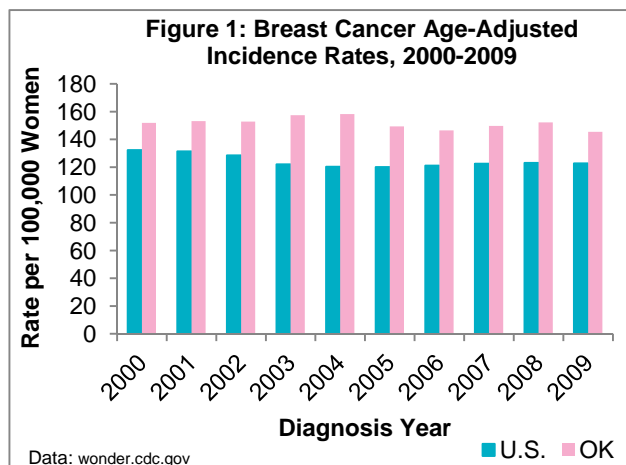
“Having this program has made it possible for me to get a mammogram since I don’t have insurance. Otherwise I would not be able to afford one.” – Take Charge! Client



Breast Cancer Burden in Oklahoma

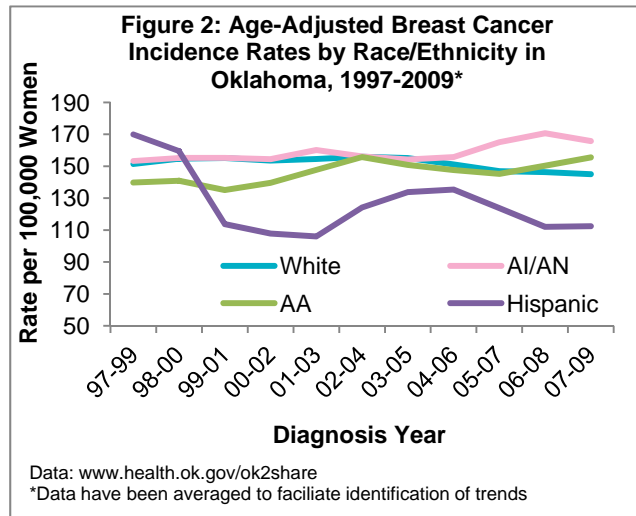
The following figures represent data collected by the Oklahoma Central Cancer Registry (OCCR) and CDC. The OCCR is a statewide central database of information on all cancers diagnosed or treated in Oklahoma since January 1, 1997. The latest cancer incidence data is available through 2009. The latest cancer mortality data is available through 2010 from Wide-ranging Online Data for Epidemiological Research (WONDER). The Behavioral Risk Factor Surveillance System (BRFSS) data is through 2010.

There were 3,129 new cases of breast cancer and 203 new cases of cervical cancer diagnosed in Oklahoma in 2009. The U.S. age-adjusted incidence rate for female breast cancer gradually decreased by 7.1% between 2000 and 2009. In Oklahoma, the age-adjusted incidence for female breast cancer decreased by 4.2% between 2000 and 2009 (Figure 1). The burden of breast cancer in Oklahoma is decreasing, but at a slower rate than the rest of the U.S.

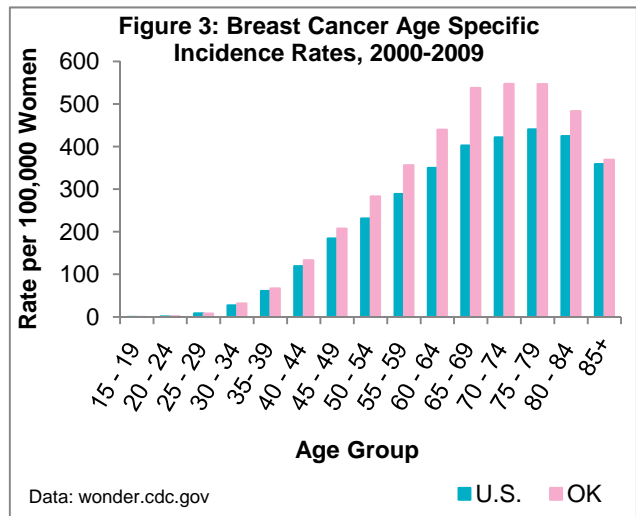


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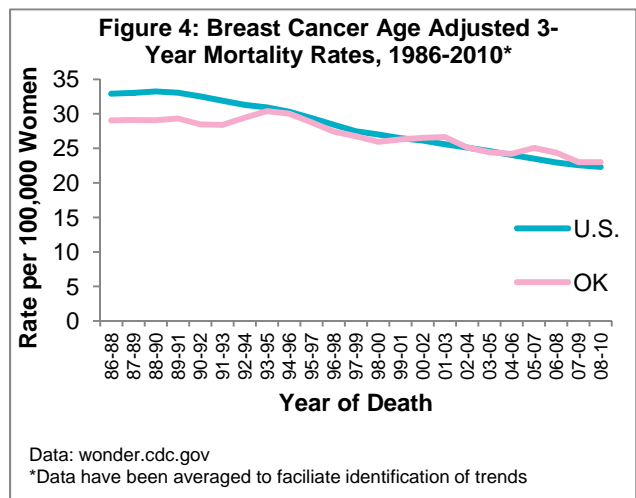
Incidence of breast cancer differs by race and ethnicity. Breast cancer incidence in Oklahoma is highest among American Indian/Alaska Native (AI/AN) women. Similar to the AI/AN incidence, rates have been steadily increasing among African American (AA) women in Oklahoma. As of 2006-2008, breast cancer incidence among both AI/AN and AA women exceeded White women for the first time in the last decade. Simultaneously, rates among White women have been declining since 2005. Hispanic women, however, have the lowest incidence of any racial/ethnic population in Oklahoma (Figure 2).



Breast cancer incidence increases significantly with increasing age, peaking at 75-79 years old (Figure 3). These trends are similar in both Oklahoma and the U.S; however, rates are higher in Oklahoma than the U.S.



Both U.S. and Oklahoma breast cancer mortality rates have declined over time (Figure 4). The rate of decline has been similar for Oklahoma and the U.S. While the rates continue declining, there is still a need for improvement for detecting breast cancer at the earliest stage through high quality screening and receiving treatment for breast cancer effectively and efficiently.



“Thank God for programs like this. I would never have been able to afford the mammogram.”
– Take Charge! Client

Screening rates for breast cancer have increased over time in both the U.S. and Oklahoma with a very slight decrease in recent years (between 2008 and 2010) (Figure 5). The proportion of women screened in the U.S. is on average 7% higher than in Oklahoma. The Guide to Community Preventive Services (Community Guide) suggests evidence-based recommendations that may assist with reducing the barriers of women not receiving mammograms (example: extending clinic hours).

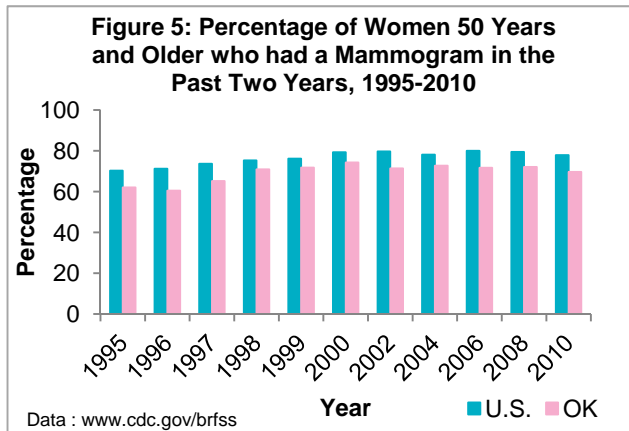
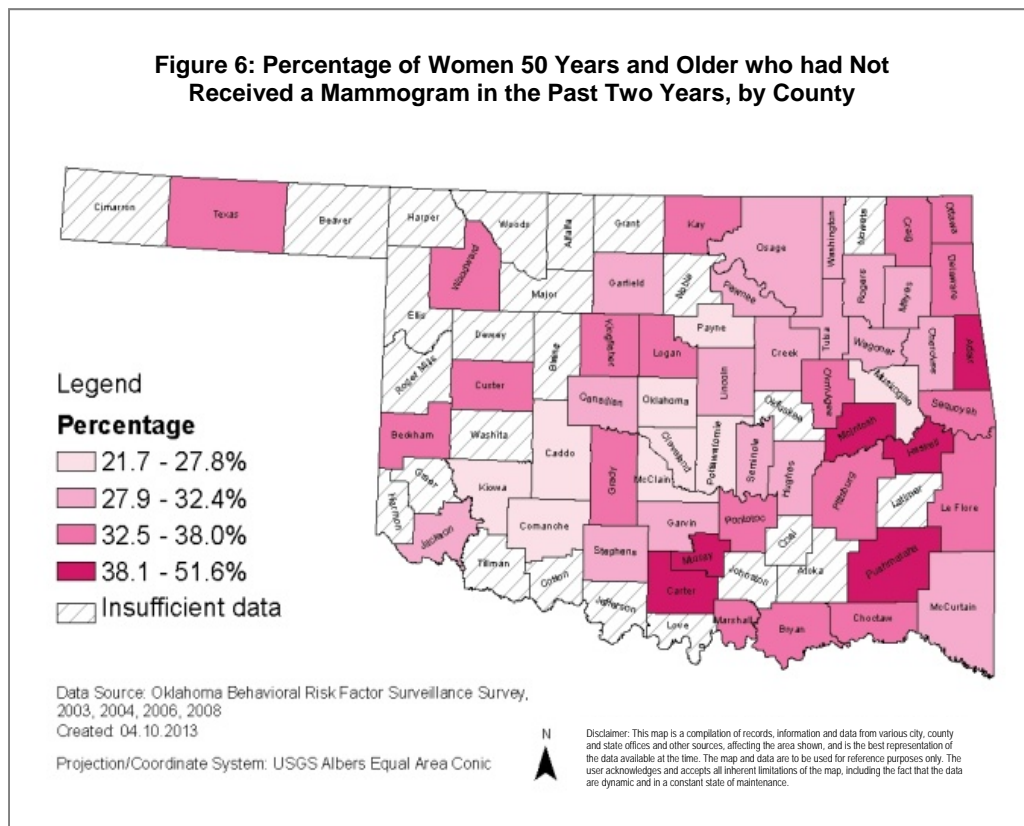


Figure 6 displays the percentage of women aged 50 years and older who had not received a mammogram in the past two years by county. Diagonal hash marks indicate not enough (insufficient) data to report a representative county result. In Oklahoma, 30.3% of women reported not having a mammogram.⁴ This is a larger percentage of the population than was seen in the U.S. There were 34 counties that had a higher proportion of women who did not have a mammogram within the past two years as compared to the state (30.3%). Counties located in the southeast region of the state had a higher proportion of women not receiving breast cancer screening. All the counties, except Caddo County and counties with insufficient data, had a higher proportion of women aged 50 years and older who did not have a mammogram within the past two years as compared to the nation (22.2%).



Cervical Cancer Burden in Oklahoma

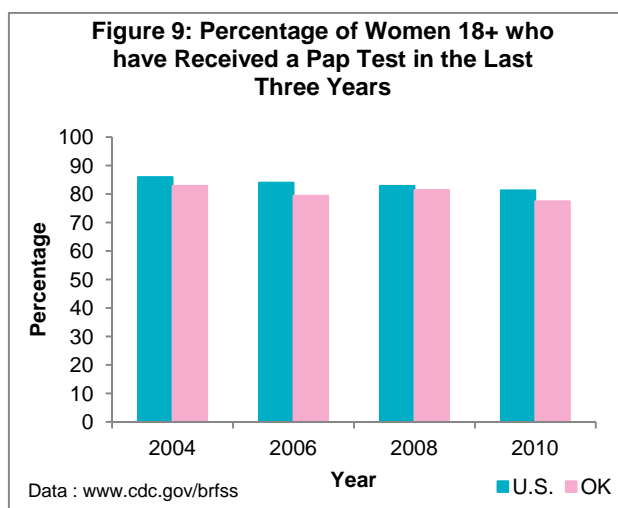
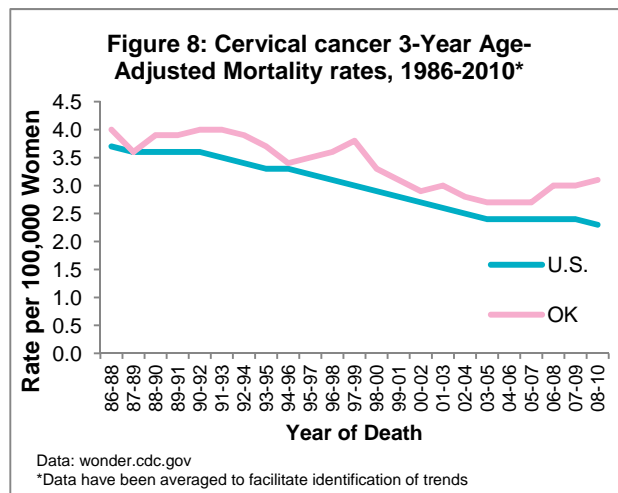
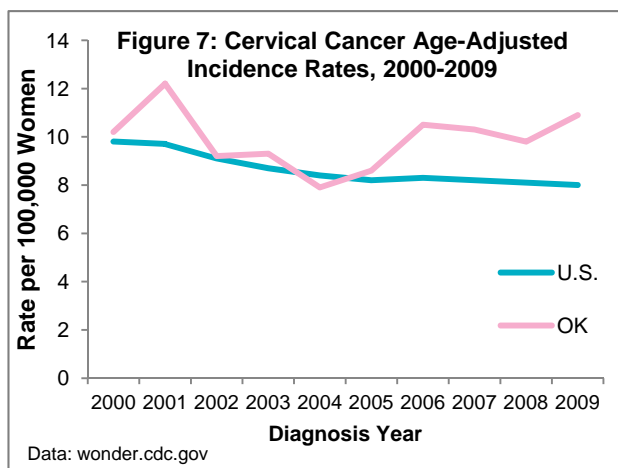
The incidence rate of cervical cancer has been steadily decreasing since 2000 in the U.S. In Oklahoma, however, the rates have not followed the same pattern, with an increasing trend since 2005 (Figure 7). This is of great concern due to the fact that cervical cancer can be prevented through appropriate use of the Pap test and HPV co-testing as well as the HPV vaccine.

In Oklahoma, 27.7% of girls 13-17 years old received three doses of the HPV vaccine in 2011. This is approximately 7% lower than the U.S.⁵ Additional information can be found on the Immunization Service, Oklahoma State Department of Health website at <http://imm.health.ok.gov>.

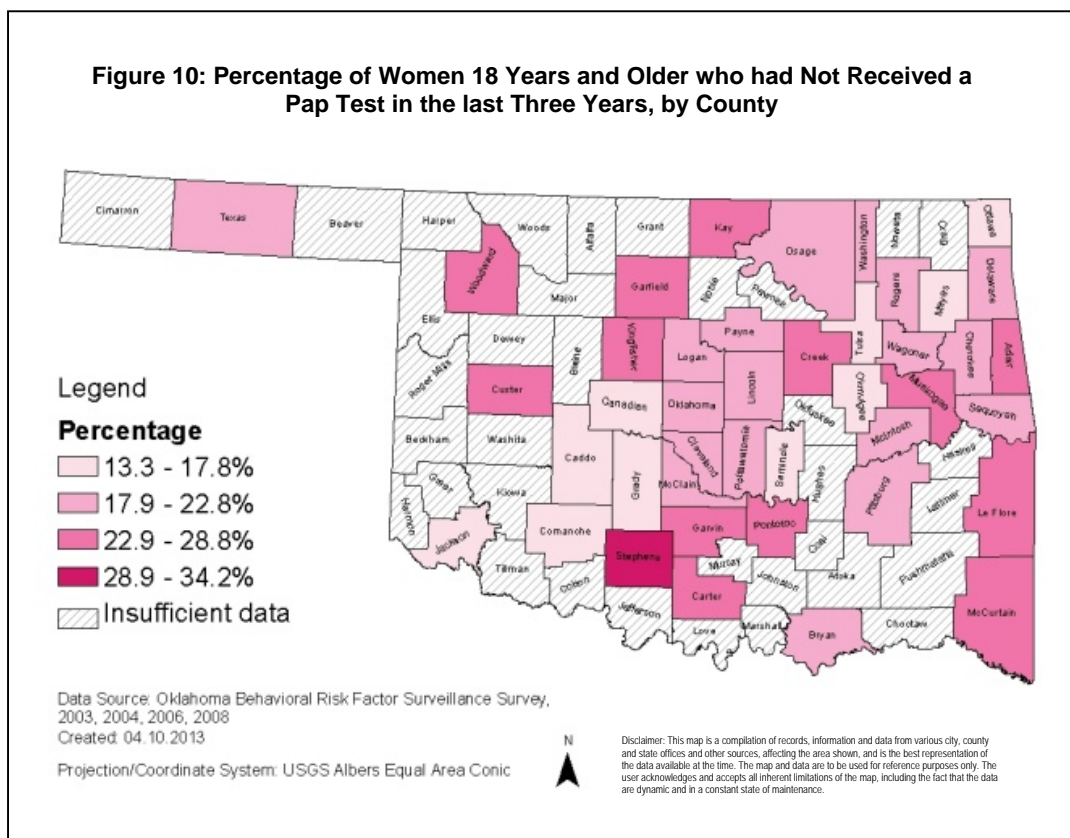
While there is an overall declining trend in mortality, Oklahoma's cervical cancer mortality rates remain higher than the U.S. (Figure 8).

Based on data from the Behavioral Risk Factor Surveillance System (BRFSS), there is a higher percentage of women 18 years and older in the U.S. that are being screened for cervical cancer than among women in Oklahoma. Screening rates for cervical cancer in Oklahoma and in the U.S. appear to be declining over time (Figure 9). Screening for cervical cancer in Oklahoma declined from 82.9% in 2004 to 77.5% in 2010. The percentage of Oklahoma women receiving Pap tests has consistently remained lower than women throughout the U.S. The U.S. Preventive Services Task Force (USPSTF) currently recommends cervical cancer screening for women 21-65 years old every three years instead of annually. USPSTF further recommends that women 30-65 years old who have a normal Pap test and HPV test may lengthen the testing interval to every five years.

In 2010, 22.5% of Oklahoma women aged 18 years and older had not received a Pap test within the last three years. This is a larger percentage of the population in Oklahoma who



did not receive a Pap test in the last three years as compared to the United States (19%).⁶ There were sixteen counties that had a higher proportion of women who had not received a Pap test within the past three years when compared to the state (Figure 10).⁷ There were 31 counties that had a higher proportion of women who had not received a Pap test within the past three years when compared to the U.S. (19%).



“Client stated she was very nervous and embarrassed about having to use a free program. She had always had insurance in the past, but recently lost it due to a divorce. After her interaction with the front staff and the Take Charge! nurse she was more at ease and was very impressed with the way the program works.” – Take Charge! Provider



Oklahoma Breast and Cervical Cancer Early Detection Programs

Oklahoma has three breast and cervical cancer early detection programs (BCCEDP). These are Cherokee Nation (CN BCCEDP), Kaw Nation Women's Health Program, and the OSDH Take Charge! Program. These three screening programs receive funding through a Cooperative Agreement with the CDC. A total of 60% of the funds are for direct services. Support services such as health education and data collection constitute up to 40% of the funds. No more than 10% of the funds for support services are for administrative use. Funding is restricted to screening services and diagnostic services per guidance from the CDC Cooperative Agreement.

The screening programs serve low-income, uninsured, and underinsured women. The screening programs provide access to breast and cervical cancer screening services including a clinical breast exam, mammogram, pelvic examination, and Pap test as appropriate. The purpose is to facilitate earlier screening, ensure prompt diagnosis, and improve access to treatment for breast and cervical cancer.

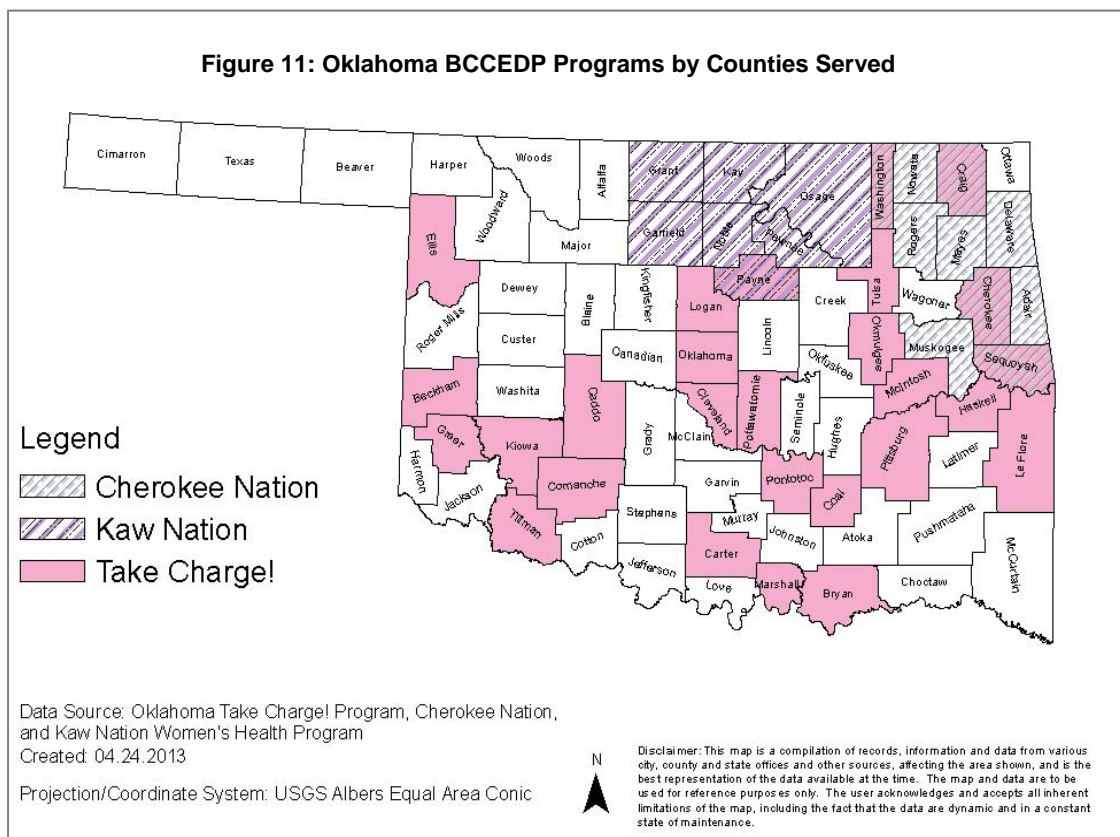
Women with abnormal findings on breast and/or cervical cancer screening examinations receive a referral and access to diagnostic services. Women in need of diagnostic or treatment services are encouraged to apply for the Oklahoma Cares (SoonerCare program). CN BCCEDP will often provide diagnostic services for women that are screened regardless of their eligibility for the Oklahoma Cares. Take Charge! provides diagnostic services for women that are screened through Take Charge! who are ineligible for Oklahoma Cares. The three screening programs encourage women in need of diagnostic or treatment services to apply for Oklahoma Cares. The funding for the three screening programs are restricted to screening and diagnostic services per guidance from the CDC Cooperative Agreement.

"An older African American patient was seen at our last Take Charge! clinic with redness, enlargement and inflammation of the breast. The patient went to two different emergency rooms and on the first instance was told to see a primary care physician to do a mammogram and ultrasound. Because she had no insurance and apparently was not aware of Take Charge!, she did not follow up. The breast enlarged more and became quite swollen and she went to INTEGRIS Southwest. The physician personally made her an appointment with our Take Charge! program as Southwest Medical Center works in collaboration with our office and the patient could not afford an ultrasound (all they did was a bedside quick view). The patient was seen in clinic and given the gravity of the situation; we scheduled an ultrasound the same day. A biopsy was done the same day that indicated Ductal Carcinoma with inflammatory response. The patient has been informed and has applied for the Oklahoma Cares Program. The patient is very low income and this was a barrier in her seeking and obtaining care. I am thankful to the emergency room physician who referred the patient to Take Charge! so that she can get the necessary care."— Take Charge! Provider



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The three screening programs work in partnership with each other to ensure Oklahoma women are enrolled in the screening program that best fits their needs. The three screening programs often promote all screening programs together on small media products. Figure 11 is a map of the geographic coverage area of the three programs.



Oklahoma BCCEDP programs strive to serve women who are at highest risk for breast cancer, which includes women with increasing age and women in minority populations. In state fiscal year (SFY) 2012, a greater proportion of minority populations received screening than are represented in the general population of the state (Table 1). Of particular note is the disproportionately larger percentage of African American, American Indian, and Hispanic women served in comparison to their population size.

Table 1: Racial/Ethnic Distribution of Take Charge! Clients and the Oklahoma Population, SFY 2012

Race/Ethnicity	Program Percentage	Population Percentage
White	57.2%	75.8%
African American	8.9%	7.7%
American Indian	30.9%	8.9%
Asian/Pacific Islander	1.0%	1.8%
Hispanic	26.0%	9.2%
Other/Unknown	2.0%	NA
> 1 Race	0.2%	5.7%

Data Source: Cancer Screening and Tracking System (CaST)/ Census.gov

The priority population, types of services provided, contracting facilities and funding level of each BCCEDP program is described in table 2.

"Thank you for all your hard work and seeing that I get to all my appointments." – Take Charge! Client

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Table 2: Description of BCCEDP Programs

BCCEDP Program	Priority Population	Contracts	Services Provided	Funding- FY 12
Cherokee Nation – Began: 1996	<p>Breast cancer screening: American Indian (AI) women enrolled in a federally recognized tribe, 40-64 years of age, with an income at or below 250% of federal poverty level (FPL), and uninsured or underinsured.</p> <p>Cervical cancer screening: AI women enrolled in a federally recognized tribe, 21-64 years of age who have not had a Pap test in five or more years, with the same income and insurance guidelines as breast cancer screening.</p>	Provided services through Cherokee Nation Health Facilities, Cherokee Nation healthcare providers, an Indian Health Service Hospital and a mobile mammography facility.	Screened over 19,600 eligible women since inception. In FY 2012 provided 3,223 breast cancer screenings and 1,392 cervical cancer screenings. Provided 264 diagnostic referrals.	Federal:\$846,660 Tribal: \$282,220 Total: \$1,128,880 Federal BCCEDP funds require a \$3:\$1 match in the amount of \$282,220.
Kaw Nation- Began: 2001	<p>Breast cancer screening: AI women 50-64 years of age, with an income at or below 250% of FPL, and uninsured or underinsured.</p> <p>Cervical cancer screening: AI women 21-64 years of age who have not had a Pap test in five or more years, with the same income and insurance guidelines as breast cancer screening.</p>	Provided services through Kanza Clinic and clinics located within the Ponca Tribe, Pawnee Tribe, Osage Tribe and Iowa Tribe through memorandums of understanding (MOU).	Since inception screened over 2,651 eligible women. In FY 2012 provided 285 breast cancer screenings and 255 cervical cancer screenings. Provided 100 diagnostic referrals.	Federal:\$369,358 Tribal: \$123,119 Total: \$492,477 Federal BCCEDP funds require a \$3:\$1 match in the amount of \$123,119.
Take Charge! Program Began: 1995	<p>Breast cancer screening: Oklahoma women 50-65 years of age, with an income at or below 185% of FPL, and uninsured or underinsured.</p> <p>Cervical cancer screening: Oklahoma women 35-65 years of age who have not had a Pap test in five or more years, with the same income and insurance guidelines as breast cancer screening. Oklahoma women not included in the priority population may qualify for services based on appointment availability and funding resources.</p>	Provided services through healthcare providers, federally qualified health centers, health care organizations, laboratories, surgical consultants, mammography facilities, and colposcopy providers.*	Since inception screened over 63,000 eligible women. In FY 2012 provided 8,137 breast cancer screenings and 7,053 cervical cancer screenings. Referred 1,262 breast cancer screenings and 430 cervical cancer screenings for further diagnostic tests for abnormal results.	Federal: \$1,369,940 State: \$ 456,647 Revolving:\$152,625 Total: 1,979,212 Federal BCCEDP funds require a \$3:\$1 match in the amount of \$456,647. *The list of current contracts with healthcare providers is located on the Take Charge! website (http://takecharge.health.ok.gov).

Oklahoma Diagnostic and Treatment Program

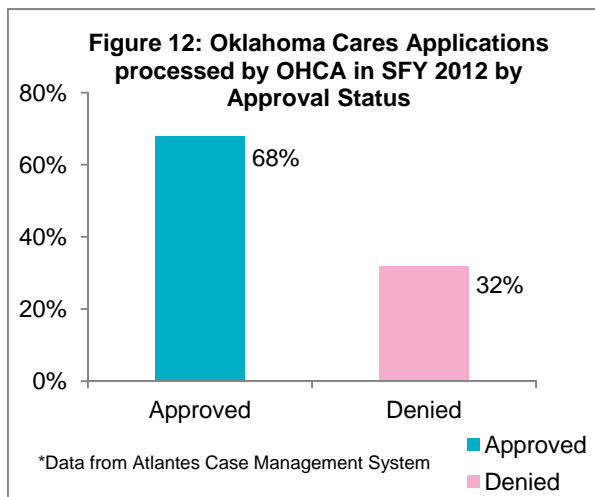
The passage of the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106-354) provided medical assistance through SoonerCare Medicaid for women screened through any of the BCCEDP in the state that need assistance with breast and cervical cancer treatment. Oklahoma implemented the SoonerCare program, Oklahoma Cares, in January 1, 2005.

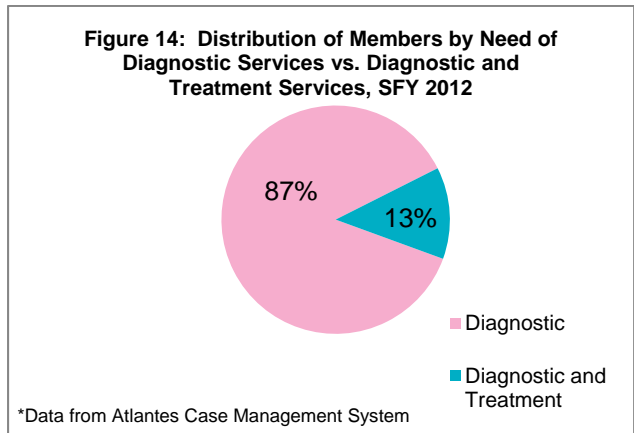
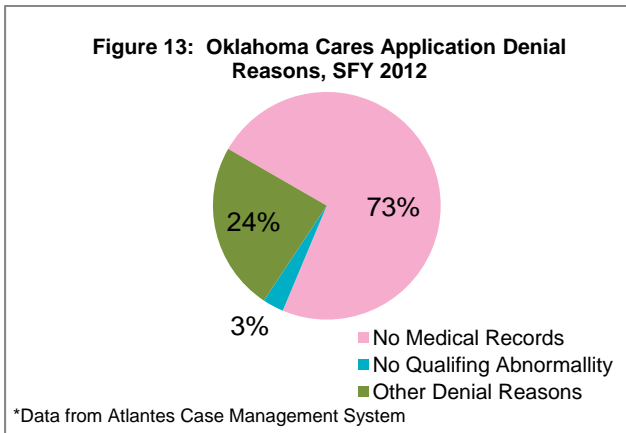
Oklahoma Cares

Oklahoma Cares provides diagnostic and treatment services for eligible women with abnormalities indicating a breast or cervical pre-cancerous condition or cancer. To be eligible to enroll in Oklahoma Cares, women must be screened by a healthcare provider in accordance with Take Charge!, CN BCCEDP or Kaw Nation Women’s Health Program. Women must be ages 19-64, not insured, low income, and meet medical eligibility guidelines. Women enrolled in the Oklahoma Cares program receive full scope SoonerCare coverage inclusive of diagnostic and treatment services. Additional information about the Oklahoma Cares program can be found on the Oklahoma Health Care Authority (OHCA) website at <http://www.okhca.org>.

The Case Management Unit within the Population Care Management Department at OHCA participates heavily in the administration of the Oklahoma Cares Program. Senior level Exceptional Needs Coordinators review all incoming applications to determine clinical eligibility for the program. Once clinical eligibility is determined, the SoonerCare Eligibility Unit processes the application for review of financial and other eligibility criteria. In state fiscal year 2012, OHCA’s Case Management Unit provided clinical review for 1,539 applications (Figure 12). The majority of applications received for Oklahoma Cares were approved. Common reasons for denial other than lack of a qualifying abnormality included the woman being over income or the woman not providing correct documentation of citizenship (Figure 13).

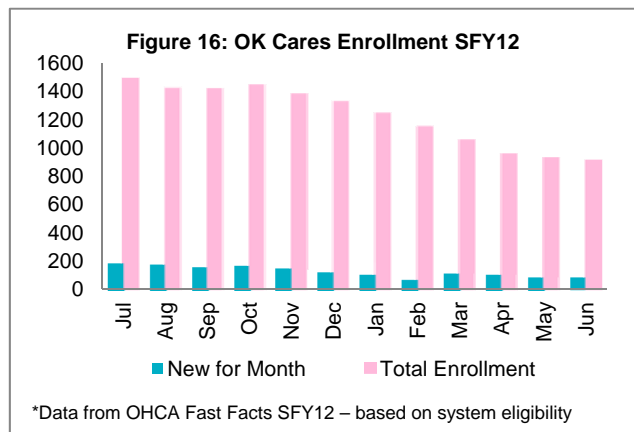
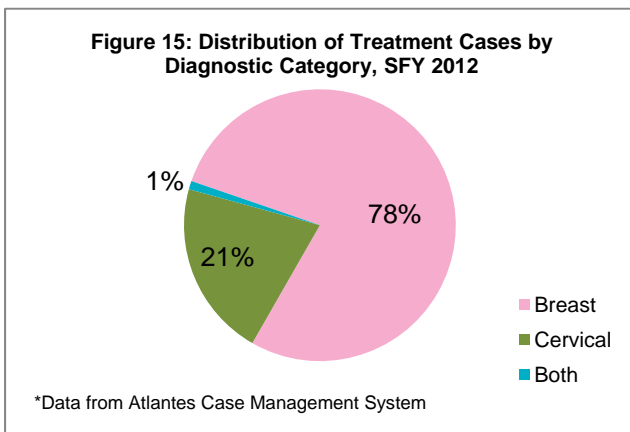
“She let me know how grateful she was for our help and said thanks many times because she was afraid of not being able to get help. I told her ‘you have come to the right place and we will help you get the tests that you need.’ She just said ‘thank goodness’ and you could sense the feeling of relief in her voice.”– Take Charge! Provider





Once approved for Oklahoma Cares eligibility, a woman has 60 days to obtain diagnostic services to confirm the diagnosis. OHCA’s Exceptional Needs Coordinators monitor claims and review medical records to determine diagnostic outcomes and subsequent ongoing eligibility to obtain treatment services (Figure 14).

In state fiscal year 2012, the OHCA Case Management Unit served approximately 1743 women for both diagnostic and treatment services. The following figures display the distribution of cases by diagnostic category (Figure 15) and enrollment in Oklahoma Cares by month (Figure 16).



Statewide Breast and Cervical Cancer Activities

Throughout the state, more than 16,000 Oklahomans participated in public education and awareness campaigns provided by partners. In addition, partners provided 4,000 targeted outreach activities along with training and education for 364 healthcare professionals. The partners included: American Cancer Society, Susan G. Komen for the Cure, Oklahoma State University (OSU), Take Charge!, and SoonerCare.

"What you girls do is awesome." – Take Charge! Client

Epidemiological Trend Studies

The following epidemiological trend studies have requested data from the OCCR, specifically including data related to breast and cervical cancer, during FY 2013.

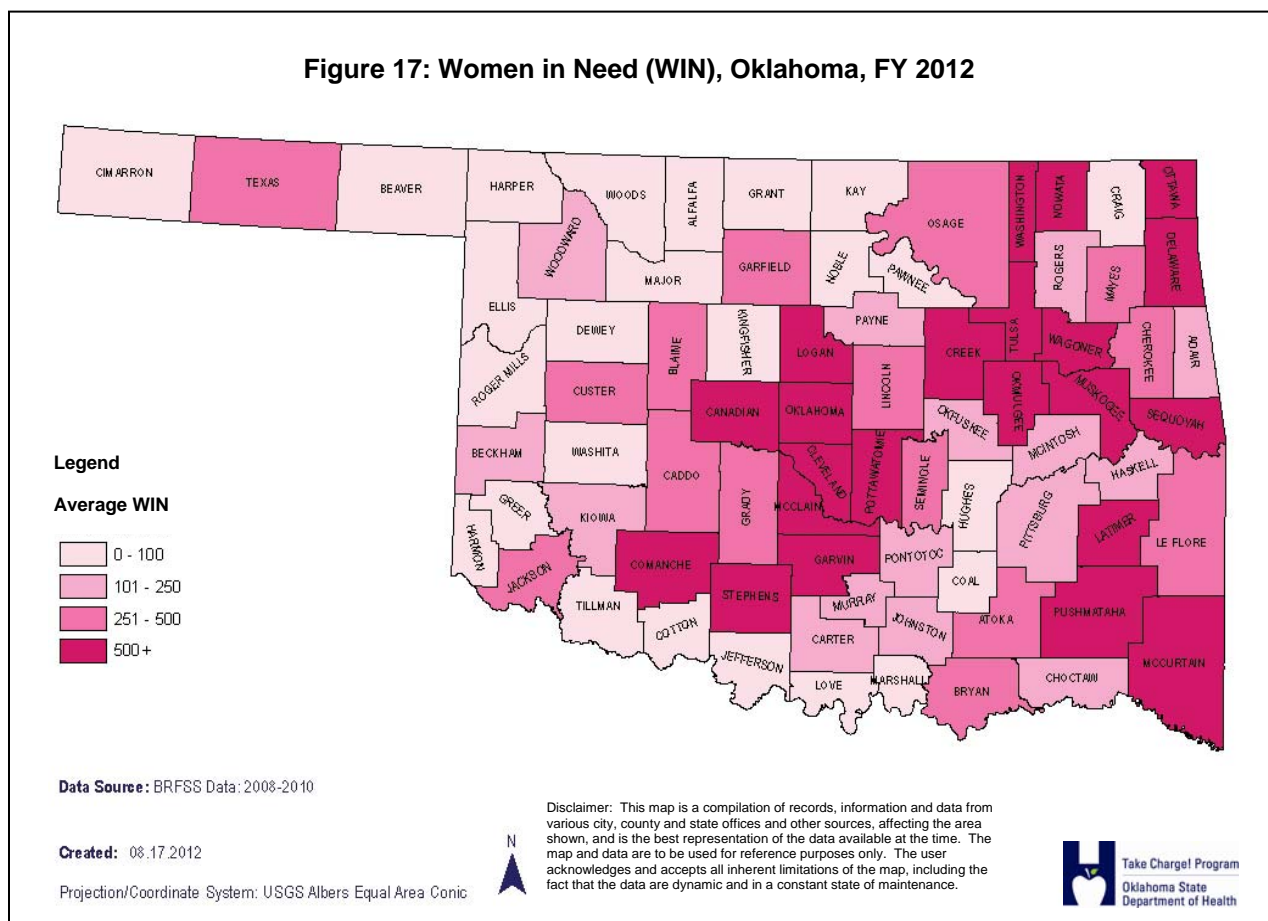
- A. Assessing the relationship between poverty and cancer using the census tract poverty indicator.
 - Investigator: Francis P. Boscoe
 - Data requested: September 6, 2012
 - Description: Measure socioeconomic status gradients for all cancer sites and whether these gradients are consistent across states and regions.
- B. Weighting method to handle missing values in estimating tumor stage distributions in population based cancer registration.
 - Investigator: Qingzhao Yu
 - Data requested: September 7, 2012
 - Description: To propose a novel weighting strategy to deal with unknown stage cases so that stage distribution can be estimated accurately.
- C. Priorities for Cervical Cancer Control based on disparities in race, social position, screening, vaccination, incidence and mortality.
 - Investigator: Jonathan Kish
 - Data requested: December 12, 2012
 - Description: Examine the trends in rates for incidence, mortality and screening during the period of introduction of the HPV vaccine, to document geographic priority areas for cervical cancer control and prevention programs.
- D. Publication of stage specific incidence rates in Cancer in North America (CINA).
 - Investigator: Glenn Copeland
 - Data requested: April 12, 2013
 - Description: State- and stage-specific cancer incidence rates for cervix, colon and rectum, female breast, lung and bronchus, and prostate cancers will be published in CINA.

“I don’t have any one particular story, but many of the women I see for breast and cervical cancer screenings are uninsured and have not had the opportunity to have an exam for many years. They all express their gratitude for the B & C screening program that we are able to offer here in our clinic. They are provided with a well woman exam including Pap if needed and clinical breast exam and no-cost mammogram. Many of our women living in a rural area are not able to drive a long way for services, so having services here they are able to get the screening services.” – Take Charge! Provider



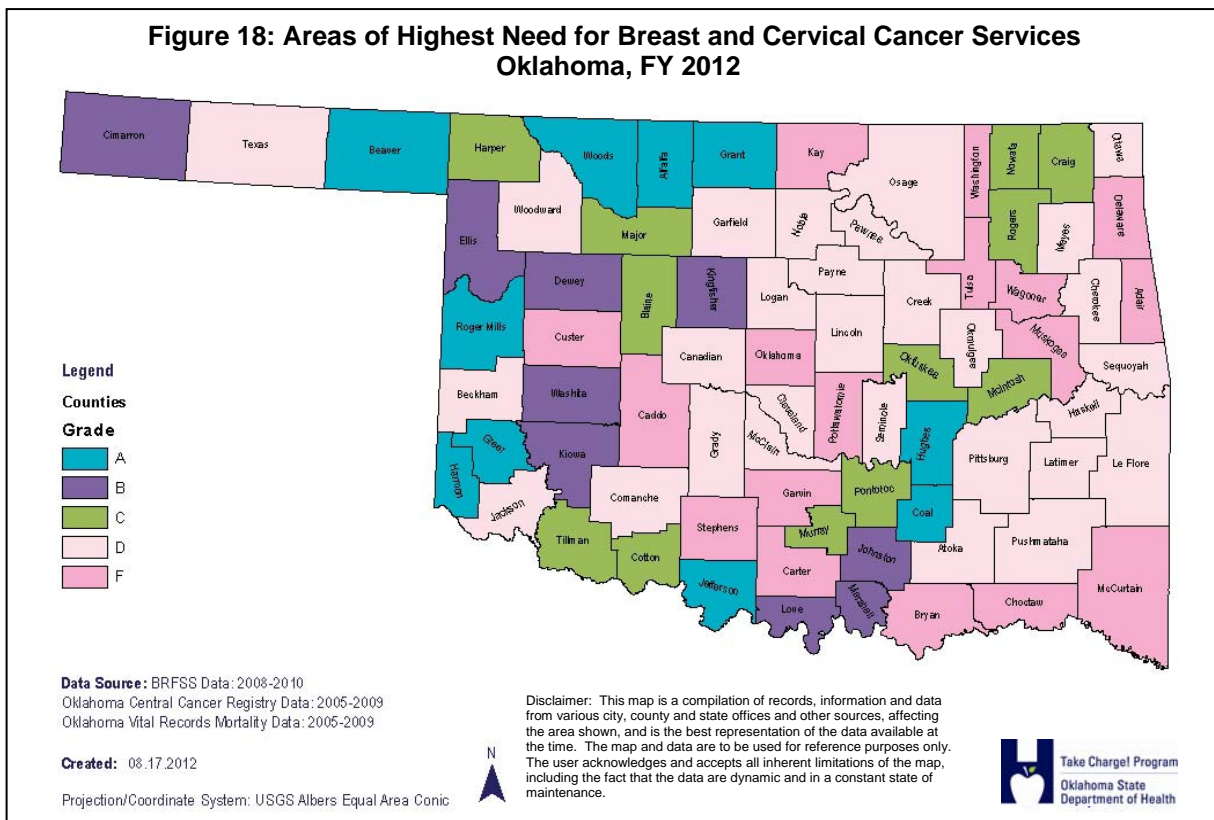
Take Charge! Statewide Provider Recruitment/Outreach

Take Charge! uses multiple methods to ensure screening services are provided to women in the geographic areas of highest need and in the most cost effective manner possible. In order to determine which counties have the highest need, several sources of data are reviewed and analyzed. The following variables are used to identify counties of highest need, listed in order of importance: Women in Need (WIN), proportion of breast cancer cases diagnosed at late stage, mammography screening, breast cancer mortality, cervical cancer screening (Pap tests), and cervical cancer mortality. WIN is calculated by utilizing weighted Behavioral Risk Factor Surveillance System (BRFSS) data for income, insurance status, age, and sex. Figure 17 is a map of average WIN by county level, FY 2012.



Each variable used to identify the counties of highest need is ranked by county and weighted by importance. The resulting totals are split into five quintiles and assigned a letter grade from A to F. The counties with the worst grades are considered highest need (Figure 18). Once the counties are graded, the data are compared to a map of the existing Take Charge! contracted healthcare providers. By comparing the two maps, it becomes evident where contractors are needed in Oklahoma, thus recruitment efforts of healthcare providers continue in highest need counties. Identification of providers is performed by reviewing Oklahoma Cares screener lists,

internet searches, referrals from county health department staff, and existing contracted healthcare providers' referral of potential providers.



Upcoming Priority Strategies

- Increase high quality breast and cervical cancer screening in Oklahoma in collaboration with partners;
- Encourage evidence-based breast and cervical public education and recruitment along with targeted outreach to women at highest risk;
- Utilize policy approaches and health system changes to improve reinforcement of breast and cervical guidelines and practices for healthcare professionals;
- Encourage patient navigation services to assist with access to screening and diagnostic services for Take Charge! eligible women, and provide resources for alternative screening services for those who are not eligible for Take Charge!

“I wish we had this program closer to home.” – Take Charge! Client



Emerging Technology and Strategies to Reduce the Costs of Breast and Cervical Cancer

One of the strategies to reduce the costs of breast and cervical cancer is to prevent late stage diagnosis by promoting breast and cervical cancer screening for early detection. Early detection

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of cancer at in situ, or local stage, provides better chances of five year survival. Furthermore in the case of cervical cancer, screening almost always prevents development of precancerous cells into cancer cells. Figure 19 displays the proportion of late stage cases of breast cancer by Oklahoma counties.

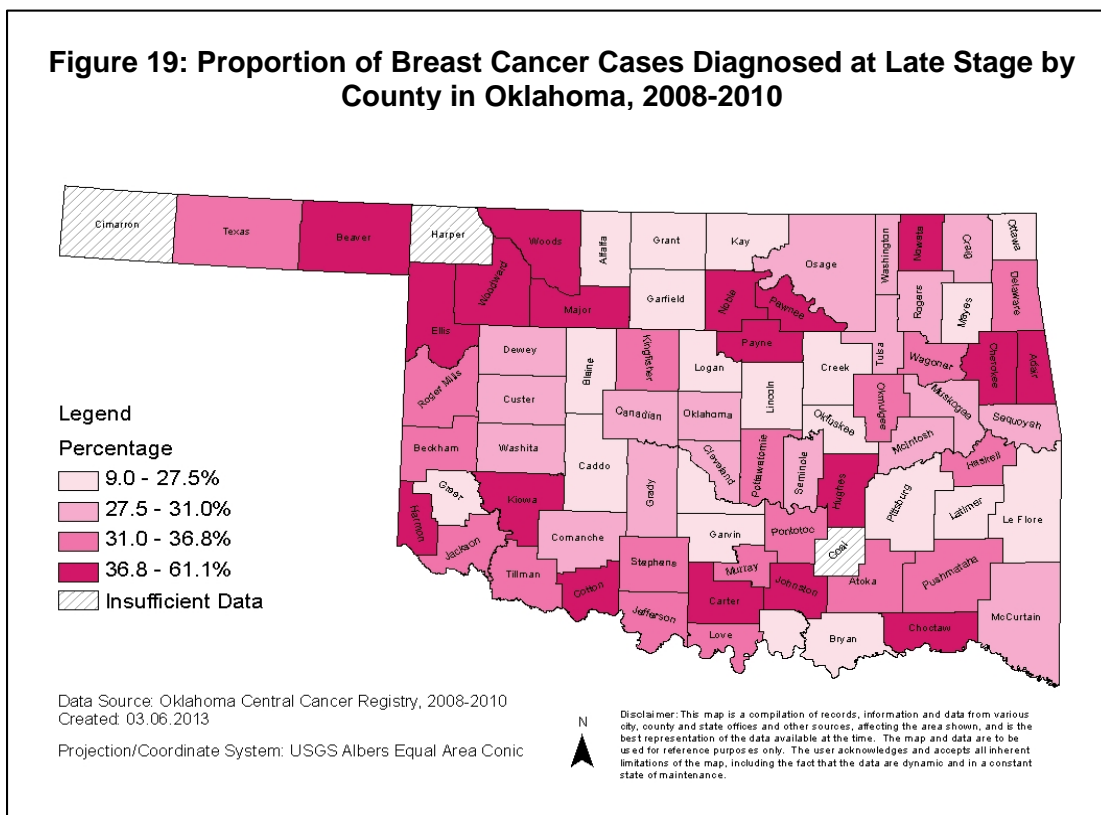


Table 3 describes diagnosed late stage breast cancers by region. The rate of Oklahoma women diagnosed with late stage breast cancer is highest in the southwest region of Oklahoma.

Table 3: Percent of Breast Cancer Cases Diagnosed at Late Stage by Region 2008-2010

29.5%	Central Cleveland and Oklahoma
30.8%	Northeast Adair, Cherokee, Craig, Creek, Delaware, Kay, Lincoln, Mayes, Muskogee, Noble, Nowata, Okfuskee, Okmulgee, Osage, Ottawa, Pawnee, Payne, Rogers, Sequoyah, Wagoner, and Washington
28.5%	Northwest Alfalfa, Beaver, Blaine, Canadian, Cimarron, Custer, Dewey, Ellis, Garfield, Grant, Harper, Kingfisher, Logan, Major, Roger Mills, Texas, Woods, and Woodward
29.3%	Southeast Atoka, Bryan, Choctaw, Coal, Haskell, Hughes, Johnston, Latimer, LeFlore, McCurtain, McIntosh, Marshall, Murray, Pittsburg, Pontotoc, Pottawatomie, Pushmataha, and Seminole
32.2%	Southwest Beckham, Caddo, Carter, Comanche, Cotton, Garvin, Grady, Greer, Harmon, Jackson, Jefferson, Kiowa, Love, McClain, Stephens, Tillman, and Washita
29.7%	Tulsa Tulsa

Oklahoma women living in the southeast part of the state are receiving less mammograms and Pap screening than the rest of the state. The southeast part of Oklahoma is considered a medically underserved area/population.⁶ It has too few primary care providers, high poverty and/or high elderly populations. Women in southeast Oklahoma that are 50 years of age and older, low income, uninsured or underinsured need access to additional screening, diagnostic and treatment services. There are multiple barriers to accessing services in southeast Oklahoma that include: financial, transportation, distance to services, culturally appropriate clinic availability, and clinic hours.

Legislative Update

The passage of House Bill 1467 has created a new opportunity to partner with individuals throughout the State of Oklahoma to improve the health of all Oklahomans. The Advancement of Wellness Advisory Council will have representation from medical professionals, city officials, business and the Tobacco Settlement Endowment Trust. The BCCPT Advisory Committee believes that the barriers and burdens of breast and cervical cancer will be reduced by joining together with one voice through the Advancement of Wellness Advisory Council.

"I had never had a mammogram until I heard about this program." – Take Charge! Client

"To Whom It May Concern:

I would like to tell you what a blessing the program you have for women with breast and cervical cancer was for me. I was diagnosed with breast cancer in April of 2004. I did not have insurance and I went to the Indian Clinic at Pawhuska and they said, oh, no insurance, we will call (nurse name de-identified). They did and she started making appointments for me at Stillwater to have surgery and radiation. I did not know where to go and she chose a very good path for me, it worked out very well. My husband and I are at the age the burden of the expense would have ruined our retirement plans. He has been self-employed all our married life doing oil-related work with bulldozers and the oil was so cheap back in the nineties that we could no longer afford our health insurance so we relied on Indian Health as we both have Indian blood. Then things got a little better and I tried to get some insurance and they would not accept me as I had mild high blood pressure and was overweight.

Then after the surgery, I was given a pill called Arimidex to keep your hormones down so if there are any more cancer cells, they will starve. The problem with it is it is very expensive, like two hundred and fifty dollars a month. After a few months of me buying it, (nurse name de-identified) called and she had a new plan with Medicaid and it paid for it for me and now I have a Medicare drug plan and only a year and a half to go on the medication. So, for me, your program and (nurse name de-identified) have been something that has taken the worry and stress off of me with treating my condition. What a blessing."

- Kaw Nation Women's Health Client

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For additional copies of this report, contact the Chronic Disease Service, Oklahoma State Department of Health, (405) 271-4072 or CancerPCP@health.ok.gov.

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