

# Using Data to Reduce Disparities in Breast Cancer Mortality in Arizona

**ASTHO Breast Cancer Learning Community**

October 2016





**Arizona Department of Health Services**

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**STAKEHOLDERS:**

- AHCCCS (Medicaid)
- American Cancer Society
- Arizona Alliance for Community Health Centers
- Arizona Department of Health Services
- Arizona State University
- ASTHO
- Bag It
- Breast Center of Southern Arizona
- Centers for Disease Control
- Department of Education
- Ebony House
- Gila River Indian Community
- Health Net Health Plan
- Hispanic Nurses Association
- Hopi Tribe
- Hospice of the Valley
- Invitae
- Komen Arizona
- Maricopa County Dept. of Public Health
- Maricopa Integrated Health Services
- Mayo Clinic Cancer Center
- Mountain Park Community Health Center
- Navajo Nation
- Pilgrim Rest
- San Carlos Apache HealthCare Corporation
- Southwest Prostate Foundation
- Tohono O’odham Nation
- University of Arizona Cancer Center

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# ABSTRACT

Arizona held two levels of stakeholders' meetings in March 2016: one with a small group for planning purposes and then a larger gathering of all stakeholders. The event was standing room only; as stakeholders shared information about the meeting, more partners requested to participate. The room was moved due to escalating interest and still was not large enough to comfortably accommodate the group.

Preliminary data was shared during the initial stakeholder meeting on March 25, 2016. Arizona's data demonstrate that women of color (specifically including African American, Hispanic, and American Indian women) are diagnosed with breast cancer at a younger median age than non-Hispanic white women. Their cancer type is also more aggressive. American Indian women in some cases had a longer time period between diagnosis and treatment initiation.

## Screening Breakout

The meeting had distinct focused work group sessions. The first work group focused on screening. During that discussion, some unanswered questions included: how do we tailor screening efforts to these populations? Which genetic risk tool should be used and promoted? Are there environmental factors involved? How does economic status relate to late stage diagnosis and mortality rate? Who monitors imaging quality (is there a consolidated listing)? There were also additional stakeholders listed for inclusion in subsequent meetings.

## Follow up: Time to Diagnosis/Treatment Initiation

Questions raised during this break out session included: why do those with access to screening not take advantage? How do we access Commission on Cancer ("CoC") data for Arizona? Is mobile chemo an alternative mode of treatment? How are different tumor types related to age? Could we examine incidence to mortality ratios? What is the link between insurance status and stage at diagnosis? Again, additional partners for future involvement were discussed and included private insurance, CoC-accredited hospitals, and Arizona State University Health Informatics.

## Quality of Treatment

Arizona has nine CoC-accredited hospitals serving 7 million people. There are now more hospitals looking at securing this level of accreditation, but this will take a long time. Some questions arising during this breakout session included: how can we know whether patients are receiving the correct treatment counseling? How do we know the quality of mammography services being provided? Travel distance to services is significant in many areas; does access to FQHCs make a difference? Additional stakeholders to invite to the table included insurance companies (payers), clinical researchers, and those conducting clinical trials. There is a great deal of interest in CoC aggregate data from Arizona facilities.

## Impact to Date

Arizona continues to collect data related to these issues. Contact has been made with the CoC to determine who does/does not have CoC accreditation in Arizona. While the CoC informed us who is working on future accreditation, it is unclear what CoC facility data is available for Arizona right now.

## Lessons Learned

1. Arizona's women of color are diagnosed with breast cancer at a median age seven years younger than non-Hispanic whites.
2. When diagnosed with breast cancer, their tumor types are more aggressive than those of non-Hispanic whites.
3. In Arizona, it is not feasible for this population to be screened using USPSTF guidelines (beginning at age 50).

## Next Steps

1. Continue working with CoC to determine the levels of Arizona specific data available.
2. Complete white paper on the steps/costs associated with becoming a CoC accredited facility.
3. Continue gathering and sharing related data to inform the stakeholders.

## BACKGROUND

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Fifteen counties are represented in the data sets. In some cases the data listed apply only to Maricopa, Pima and Yuma counties. The difference is clearly stated in the charts.

<b>Apache</b>	<b>Mohave</b>
<b>Cochise</b>	<b>Navajo</b>
<b>Coconino</b>	<b>Pima</b>
<b>Gila</b>	<b>Pinal</b>
<b>Graham</b>	<b>Santa Cruz</b>
<b>Greenlee</b>	<b>Yavapai</b>
<b>La Paz</b>	<b>Yuma</b>
<b>Maricopa</b>	

The following data sources were included in this analysis:

- Arizona Cancer Registry, 2010-2013
- Arizona Health Status Vital Statistics, 2013
- U.S. Census Bureau 2014 Poverty and Median Household Income Estimates, 2014
- BRFSS, 2014
- American College of Surgeons, 2016

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# ARIZONA STATE DATA REPORT

## Arizona Overview

Arizona is an extremely diverse state in regards to both geography and population.

According to the 2015 United States Census, the total population in Arizona was approximately 6.8 million. Arizona has fifteen large counties, and while each county varies greatly in population density, it is important to note that 80 percent of the total population lives in Maricopa and Pima counties (the respective locations of the cities of Phoenix and Tucson). The map on page 8 illustrates population by county.

Arizona's residents vary greatly by race and ethnicity. The table below depicts the population characteristics for the state.

Race/Ethnicity	Percent (US Census Data, 2015)
White, not Hispanic or Latino	55.8%
Hispanic or Latino	30.7%
American Indian or Alaska Native	5.3%
Black or African American	4.8%
Asian	3.4%
Two or More Races	2.7%

Note: Due to rounding, percentages may not add up to 100%.

In addition to being a racially and ethnically diverse population, Arizona's residents possess unique characteristics that may present distinctive challenges to accessing culturally and linguistically-appropriate health care, including cancer screening, diagnostics, and treatment. For example, the US Census Bureau estimates that in 2010-2014, about 27% of Arizona residents speak a language other than English at home.

Arizona is also home to 22 sovereign American Indian Communities. The map on page 9 depicts the locations of tribal communities across the state.

## Cancer Programs at ADHS

The Arizona Department of Health Services (ADHS) manages several programs working collaboratively to address the burden of cancer in Arizona. The Bureau of Public Health Statistics, Office of Health Registries, houses the Arizona Cancer Registry at the ADHS. The Office of Cancer Prevention and Control resides in the Division of Public Health Services, Bureau of Health Systems Development, at ADHS. Together, these programs make up the Arizona Cancer Prevention and Control Team. The Arizona Cancer Registry (ACR) supports the collecting of cancer cases (incidence) and deaths (mortality) from cancer providers across the state of Arizona. Cancer reporting became mandatory on January 1, 1992. All cancer cases are reported to the ACR by providers, hospitals, pathology laboratories, and clinics across the state. The ACR reviews data accuracy, provides statistical support, responds to data requests, and monitors trends.



# ARIZONA STATE DATA REPORT

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## **Cancer Programs at Arizona Department of Health Services, Cont.**

The Office of Cancer Prevention and Control oversees two CDC-funded programs: the Comprehensive Cancer Control Program and the Breast and Cervical Cancer Early Detection Program.

The Arizona Comprehensive Cancer Control Program enabled the development of the [Arizona Cancer Coalition](#) (ACC), a statewide group of public health professionals, providers, medical directors, survivors, and patients, working to reduce the incidence and mortality of cancer in Arizona. The ACC is composed of six “Action Teams” having specific cancer-related goals: Policy, Prevention, Early Detection, Treatment, Survivorship, and Research.

The Breast and Cervical Cancer Early Detection Program, known locally as the Well Woman HealthCheck Program (WWHP), provides breast and cervical cancer screening and diagnostic services and linkage for treatment to uninsured Arizonans. The WWHP has been offered in Arizona since 1993 and screens 7,000 women each year across the state. The WWHP is offered in all fifteen counties of Arizona through contracted federally qualified health centers (FQHCs) or county health departments. To view a listing of contracted providers and to learn more about the program, visit [wellwomanhealthcheck.org](http://wellwomanhealthcheck.org).

If a woman is diagnosed with breast or cervical cancer, Arizona offers the [Breast and Cervical Cancer Treatment Program](#) (BCCTP). Patients are enrolled in an AHCCCS-health plan at no cost to them; the patient’s cancer treatment is completely covered. If a woman does not qualify for the BCCTP, she may be eligible for treatment support through community grant programs funded by Susan G. Komen Arizona. To learn more about the BCCTP, please visit the [BCCTP Eligibility](#) webpages.

In addition, the Office of Cancer Prevention and Control seeks to educate providers and the community about the importance of timeliness of services and appropriate patient follow up, systems change approaches, and effective electronic health record (EHR) system utilization within federally qualified health centers (FQHCs).

## **Cancer Stakeholders**

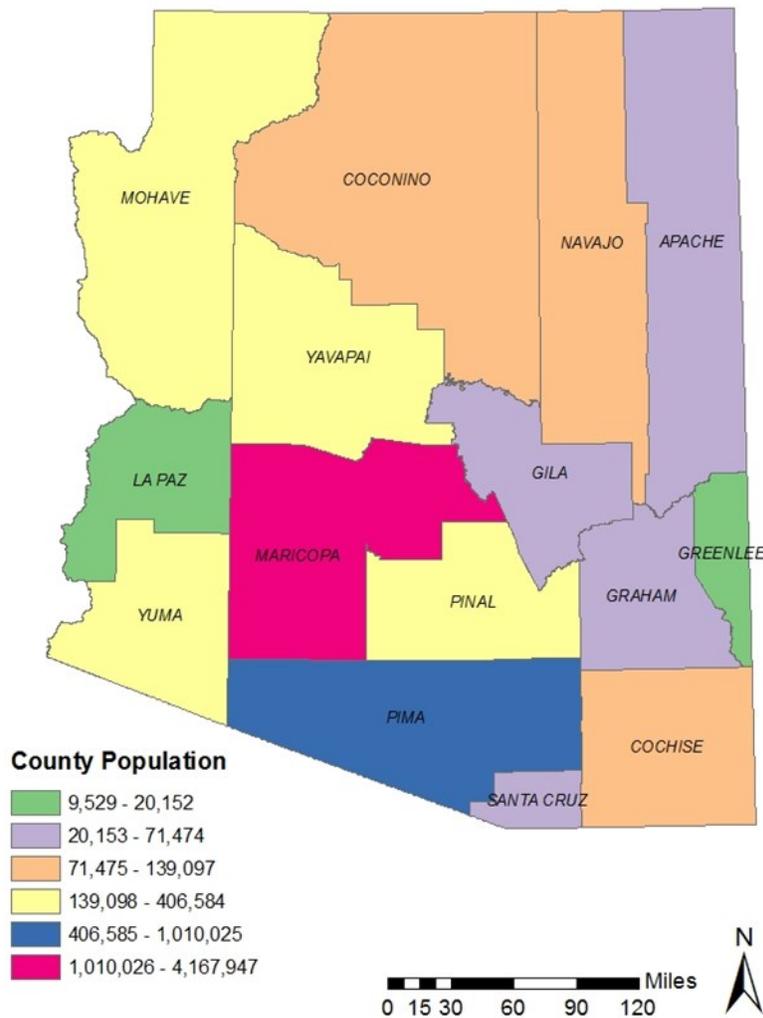
The Arizona Cancer Prevention and Control Team is fortunate to collaborate frequently with many partners across the state that address cancer. Many of our core stakeholders participate in Work Groups within the Arizona Cancer Coalition and the Melanoma Task Force.

We held our first Breast Cancer Collaborative Stakeholder Meeting on March 25, 2016, with the support of the following partners: American Cancer Society, Arizona Health Care Cost Containment System (Arizona’s Medicaid program), Arizona Alliance for Community Health Centers, Arizona State University, Bag-It!, Breast Center of Southern Arizona, Centers for Disease Control and Prevention, Department of Education, Ebony House, Gila River Indian Community, Health Net Health Plan, Hopi Tribe, Hospice of the Valley, Hispanic Nurses Association, Invitae, Maricopa Integrated Health Services, Maricopa County Department of Public Health, Mayo Clinic Cancer Center, Mountain Park Community Health Center, Navajo Nation, Pilgrim Rest, San Carlos Apache HealthCare Corporation, Southwest Prostate Foundation, Susan G. Komen Arizona, Tohono O’odham Nation, and The University of Arizona Cancer Center.

# ARIZONA STATE DATA REPORT

## Population by County

Arizona is a very diverse state in terms of the size and population of our counties. The total population of Arizona is 6,828,065. Our least populated county is Greenlee County with 9,529 residents and our most populated county is Maricopa County with 4,167,947 residents. Pima County also has over one million residents with a population of 1,010,025.



Source: United States Census, 2015

# ARIZONA STATE DATA REPORT

## Arizona Tribal Lands and Reservations

The state of Arizona has 22 sovereign American Indian Communities. With 5% of the state's population identifying as American Indian, Arizona ranks third in the nation for states with the largest American Indian population.

### Tribal Communities

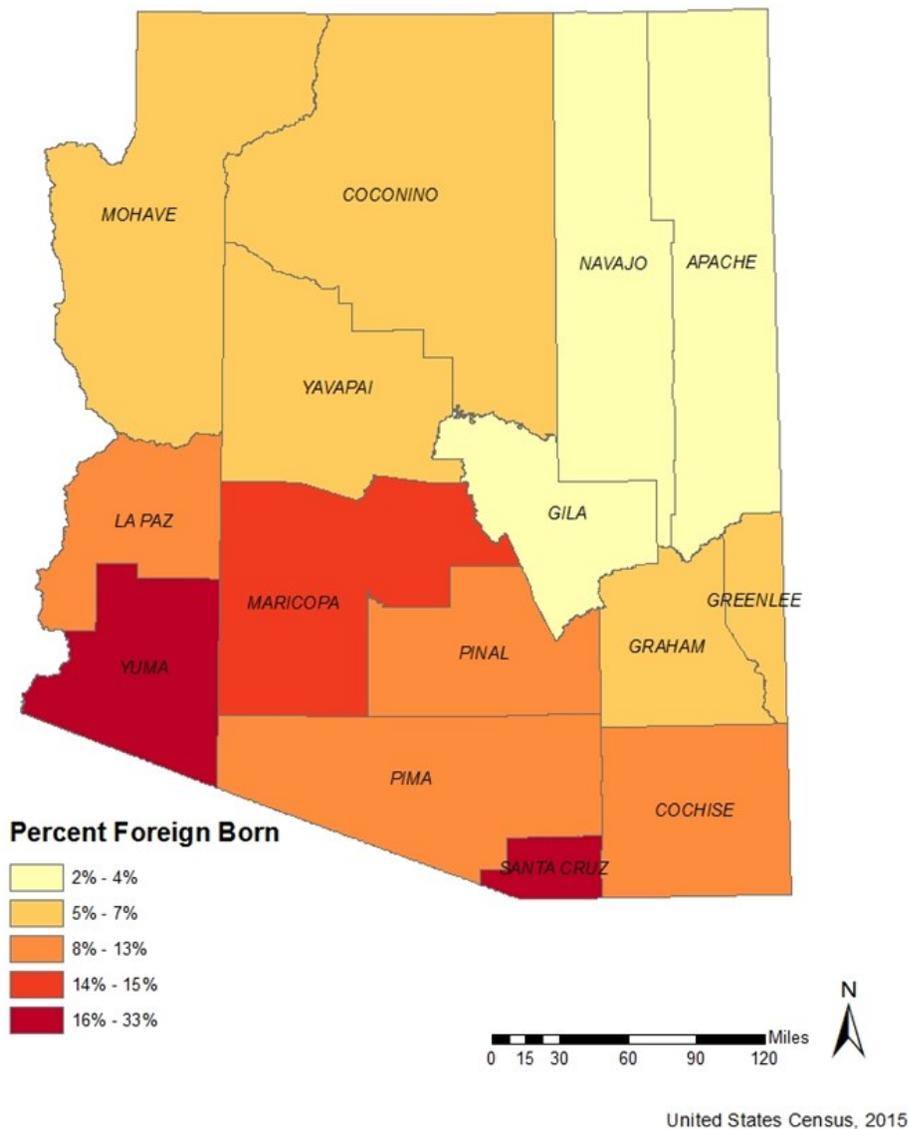
-  Ak-Chin Indian Community
-  Cocopah Tribe
-  Colorado River Indian Tribe
-  Fort McDowell Yavapai Nation Reservation
-  Fort Mojave Indian Tribe
-  Fort Yuma Quechen Tribe
-  Gila Bend
-  Gila River Indian Community
-  Havasupai Tribe
-  Hopi Tribe
-  Hualapai Tribe
-  Kaibab-Paiute Tribe
-  Navajo Nation
-  Pascua Yaqui Tribe
-  Salt River Pima-Maricopa Indian Community
-  San Carlos Apache Tribe
-  San Xavier
-  Tohono O'odham Nation
-  Tonto Apache Tribe
-  White Mountain Apache Tribe
-  Yavapai-Apache Nation
-  Yavapai-Prescott Indian Tribe
-  Zuni Pueblo



# ARIZONA STATE DATA REPORT

## Percent of Foreign Born Persons

Arizona has a significant amount of variation in the percent of foreign born individuals living in each county. The county with the highest percentage of foreign born residents is Santa Cruz County with 32.6% of residents being born outside of the United States. The county with the smallest percentage of foreign born residents is Apache County with 2.0% of residents being born outside of the United States.



## Screening

**Chart 1: Time Since Last Mammogram by Race/Ethnicity**

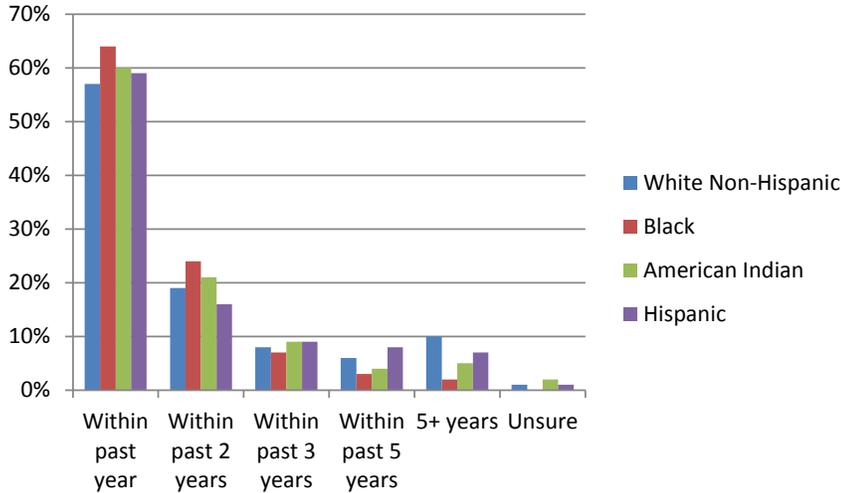
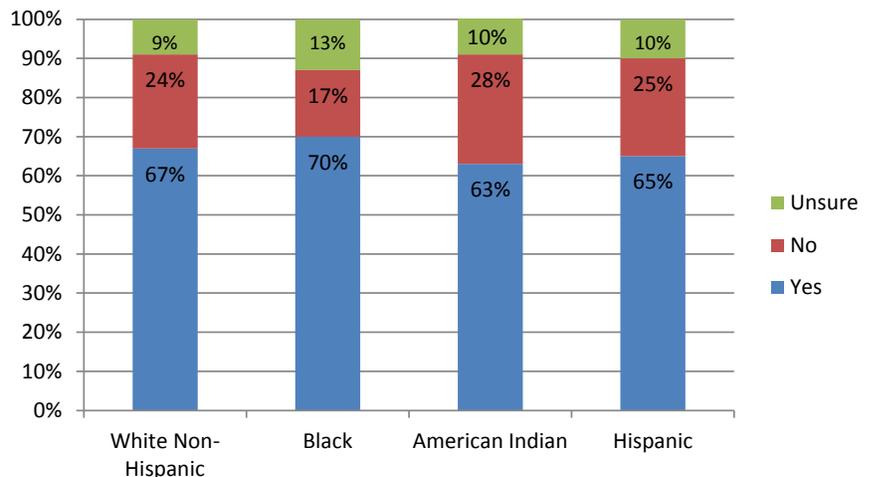


Chart 1 shows that Black/African American, American Indian, and Hispanic women are more likely to have received a mammogram within the past year compared to White Non-Hispanic women. Black/African American women surveyed were most likely to have had a mammogram within the past year or past two years at 88%.

\* Note: BRFSS data is based on self-reported Race/Ethnicity. Therefore there is not a specified definition of Hispanic origin provided to survey participants.

**Chart 2: Women 40+ Who Have Had a Mammogram in the Past 2 Years**

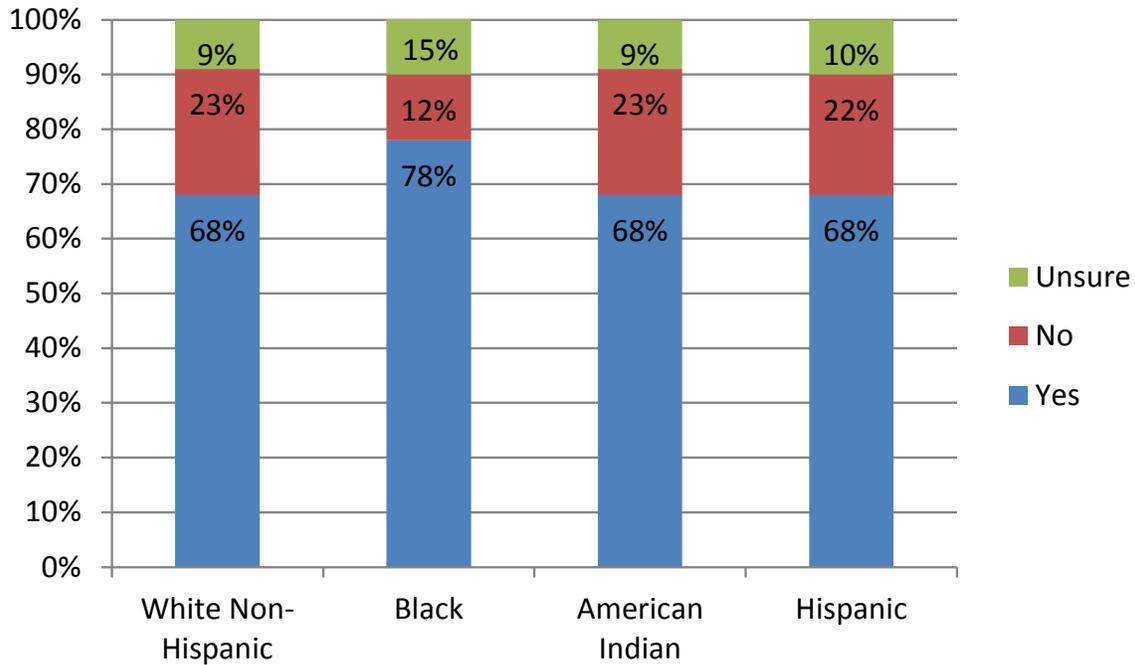
Looking more specifically at age differences, it can be observed that 70% of Black women over the age of 40 have had a mammogram in the past two years. White Non-Hispanic women were the next highest group at 66% followed by Hispanic women at 65% and American Indian women at 63% (Chart 2).



Note: Due to rounding, percentages may not add up to 100%.

## Screening, Cont.

Chart 3: Women 50+ Who Have Had a Mammogram in the Past 2 Years



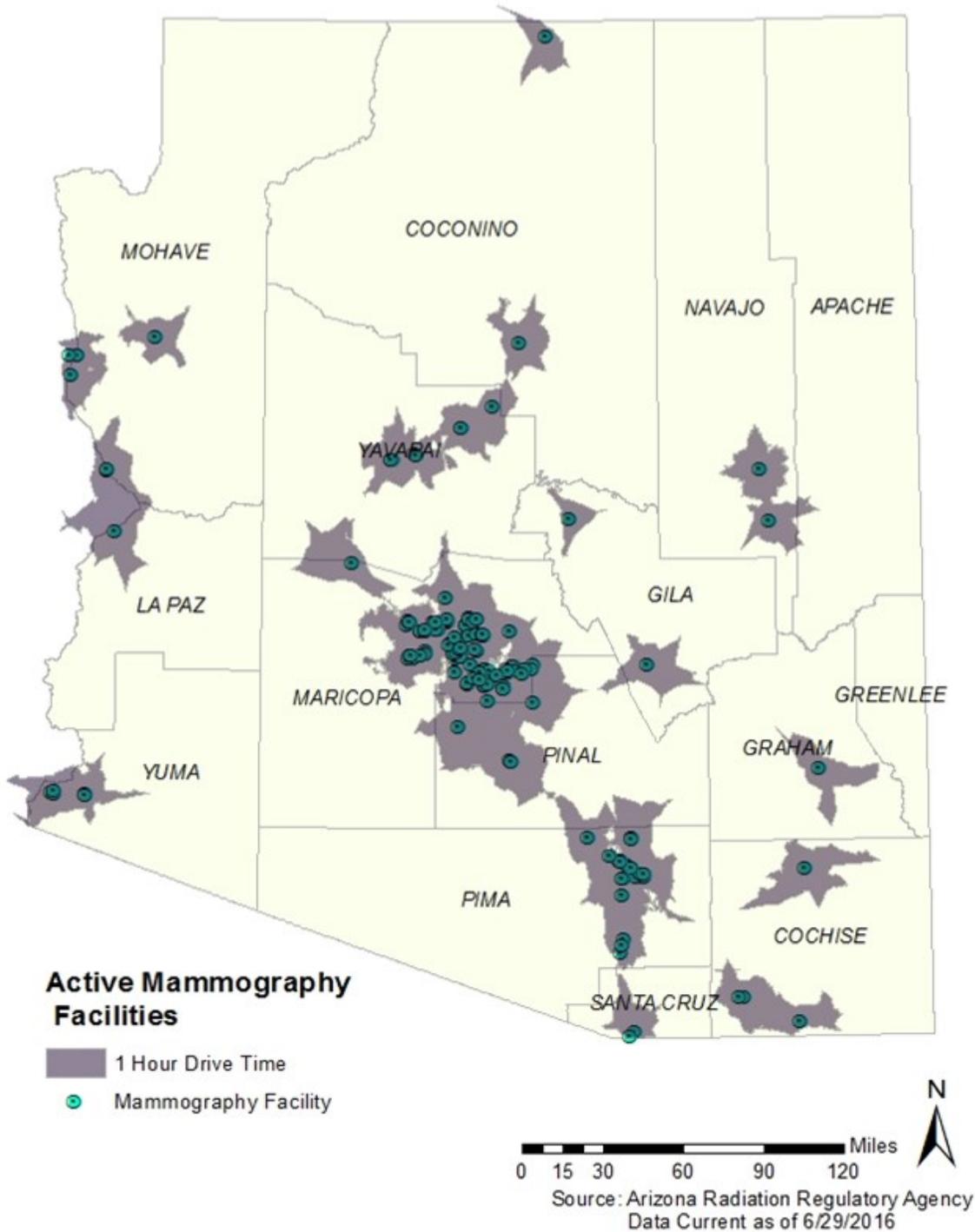
Source: BRFSS, 2014

The survey results for women over the age of 50 had similar results as women over the age of 40. Black women had the highest reports of having a mammogram in the past 2 years at 78%. This was followed by White Non-Hispanic, American Indian, and Hispanic women all at 68%. All of the examples given so far go against the original hypothesis that minority women in Arizona had worse screening rates when compared to other (specifically White Non-Hispanic) women (Chart 3).

# ARIZONA STATE DATA REPORT

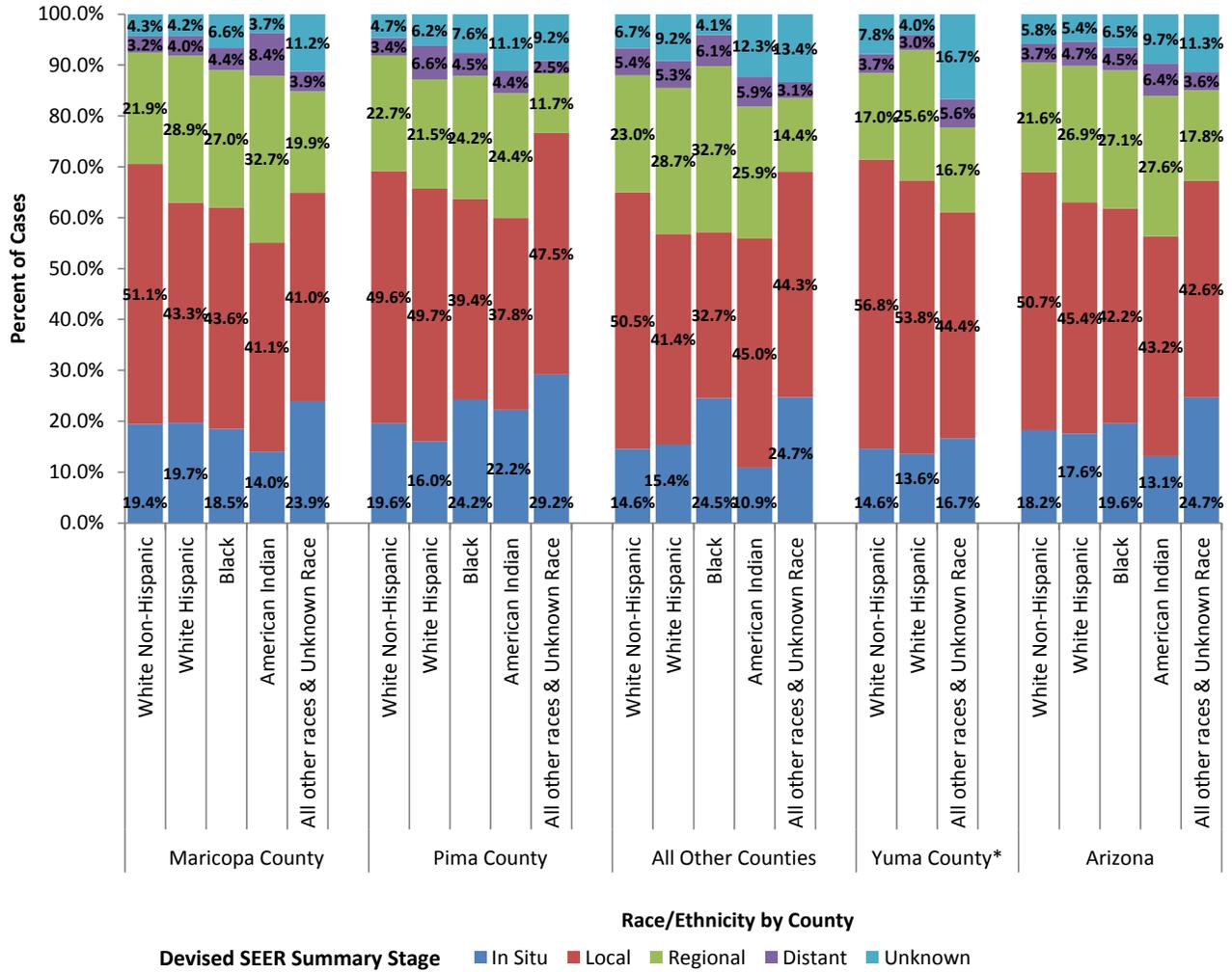
## Active Mammography Facilities and Drive Time

This map shows the locations of the 160 licensed mammography facilities in the state of Arizona as of 6/29/2016. The map also includes a gray driving zone representing an hour drive from the closest mammography facility. This shows areas of the state where mammograms are not easily available to residents.



## Breast Cancer Diagnosis Data

**Chart 4: All Female Breast Cancer, 2010-2013: Race/Ethnicity by Derived SEER Summary Stage and County Groups**



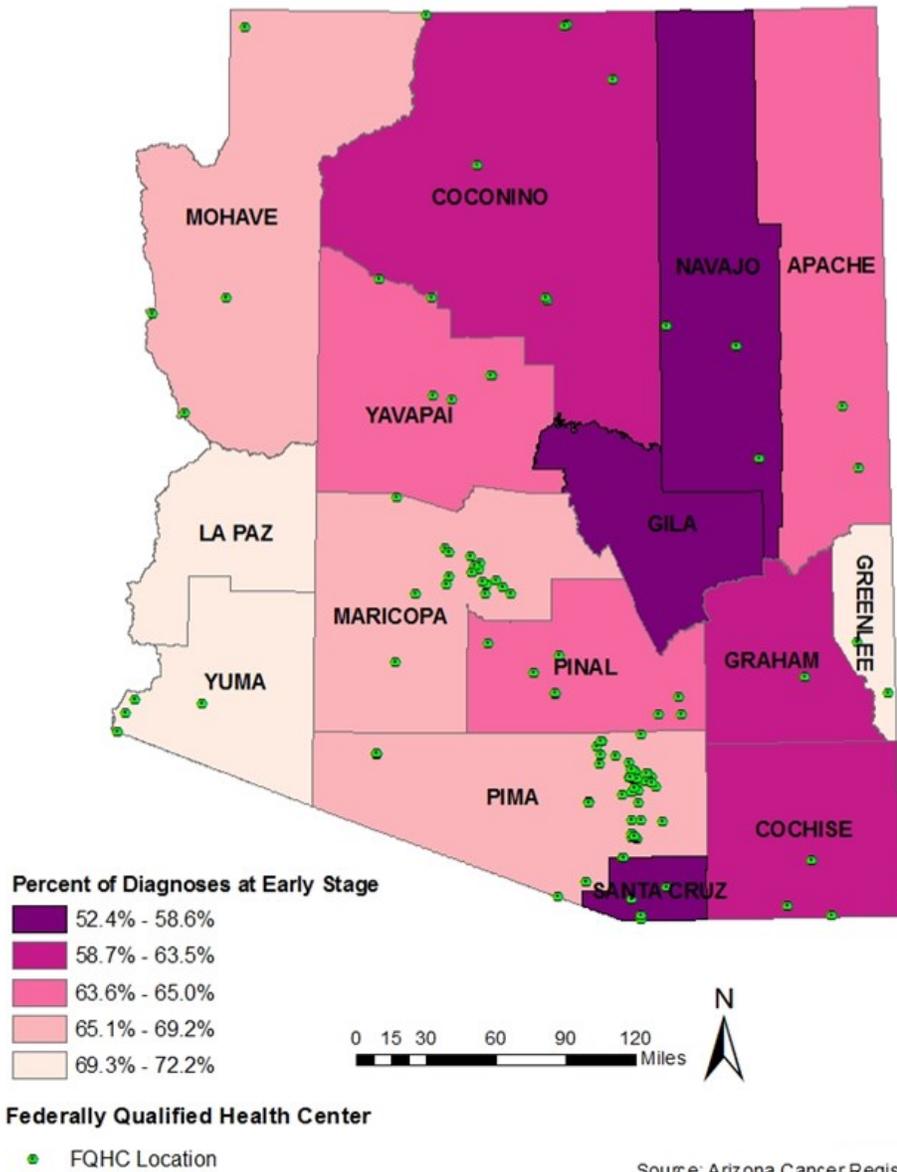
Source: AZ Cancer Registry Data

\*Note: The Arizona Cancer Registry defines White Hispanic as White Race or Race indicated as Other and an Ethnicity Code of: Mexican, Puerto Rican, Cuban, South or Central American, Other Spanish, or Spanish 'NOS'

# ARIZONA STATE DATA REPORT

## Breast Cancer Diagnosis Data, Cont.

### Early Stage Breast Cancer Diagnosis by County Compared to Federally Qualified Health Center (FQHC) Locations, 2010-2013



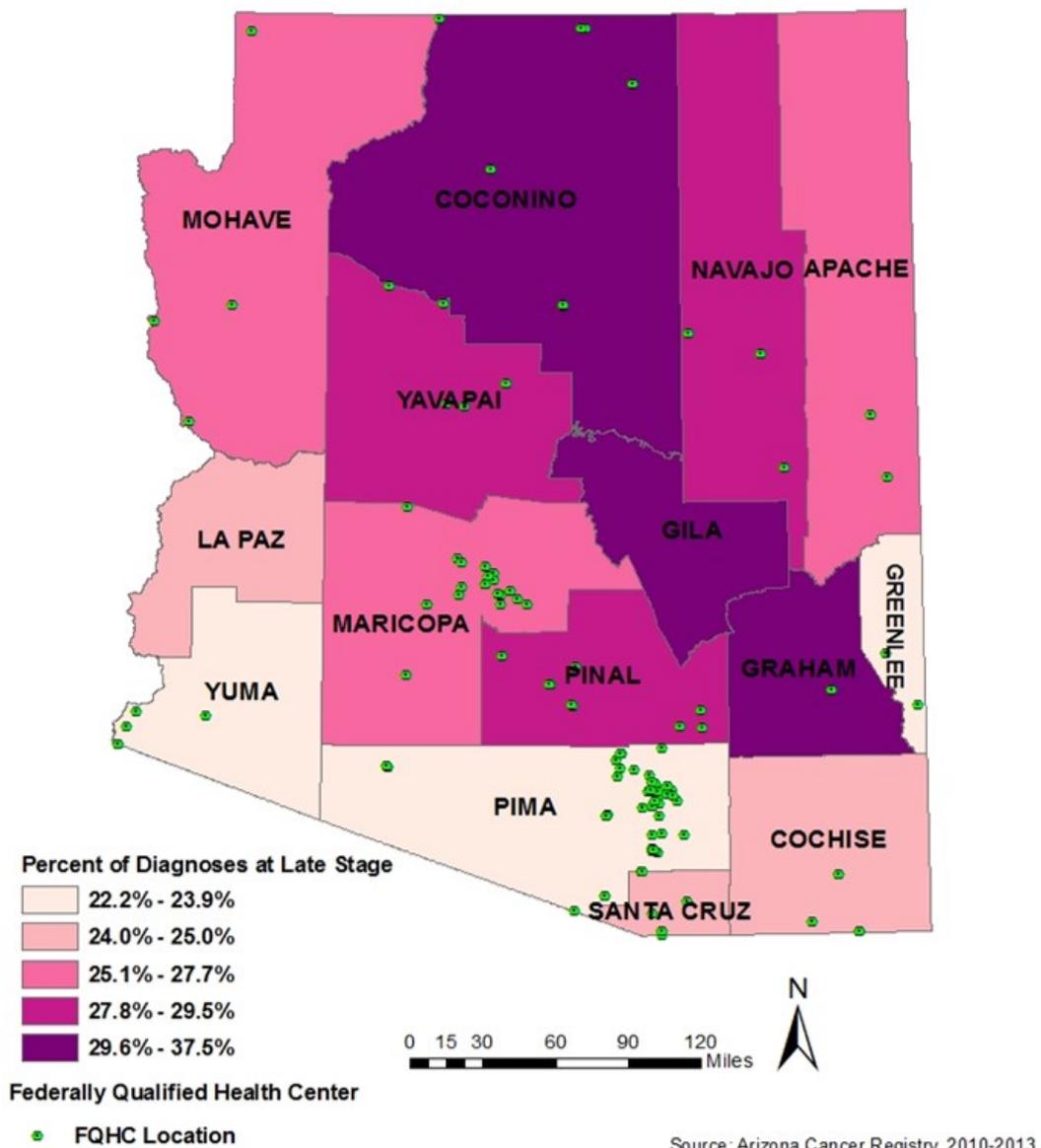
\*Note: The Arizona Cancer Registry defines an Early Stage Diagnosis as a diagnosis at the In Situ or Local Stage using SEER Summary Stage.

# ARIZONA STATE DATA REPORT

## Breast Cancer Diagnosis Data, Cont.

The color scheme has been adjusted back to the format of the rest of the maps with the least desirable outcome being the highest percentage or rate and represented in dark purple. Similar to the previous map, this indicates the locations of FQHCs in comparison to late stage cancer diagnoses.

**Late Stage Breast Cancer Diagnosis by County Compared to Federally Qualified Health Center (FQHC) Locations, 2010-2013**



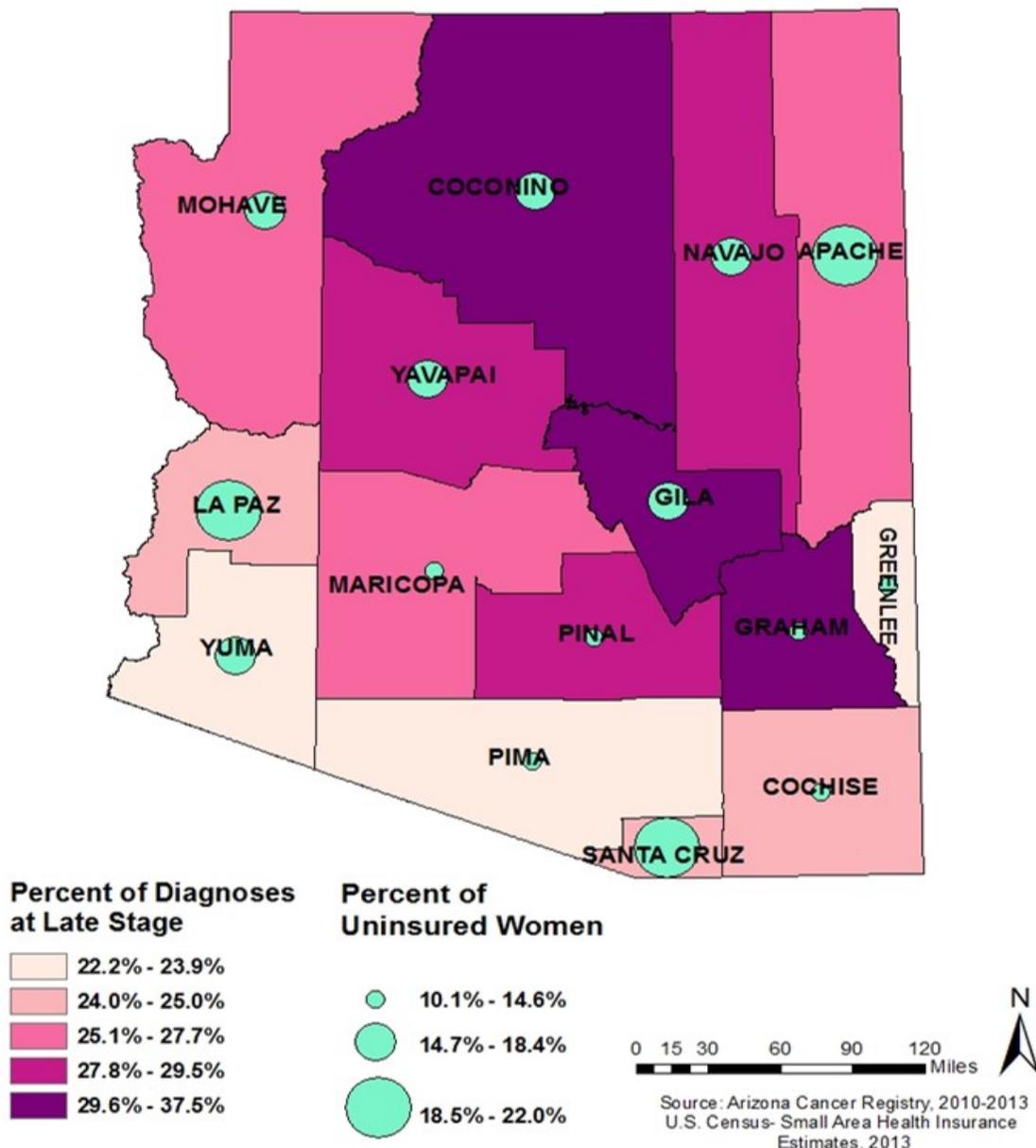
Gila County has an FQHC but this layer file was compiled with data from 2013.

\*As of 2015

## Breast Cancer Diagnosis Data, Cont.

A factor that may influence a late stage breast cancer diagnosis is lack of insurance. This map compares the percent of late stage diagnoses by county to the percent uninsured from that county. Interestingly, the three counties with the highest percentage of late stage diagnoses were in the lower two categories for percent uninsured.

**Late Stage Breast Cancer Diagnosis by County Compared to Percent of Uninsured Women, 2010-2013**



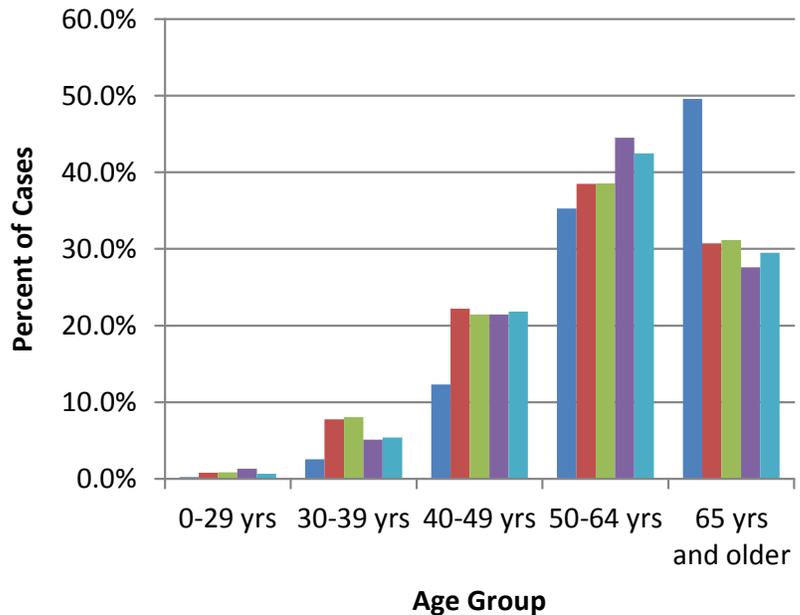
# ARIZONA STATE DATA REPORT

## All Female Breast Cancer Cases by Race/Ethnicity and Age, 2010-2013

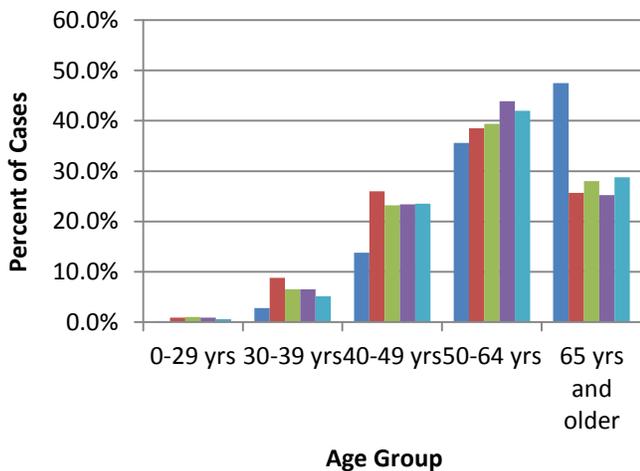
The following tables on pages 18 and 19 break down breast cancer diagnoses by Race/Ethnicity as well as age groups. Due to case counts, only certain counties were retrieved. The remaining 12 counties were aggregated to an “All Other Counties” section.

### Arizona

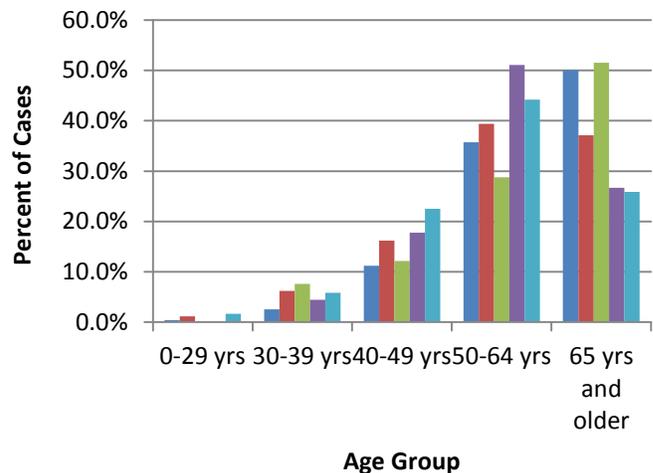
- White Non-Hispanic
- White Hispanic
- Black
- American Indian
- All other races & Unknown Race



### Maricopa County

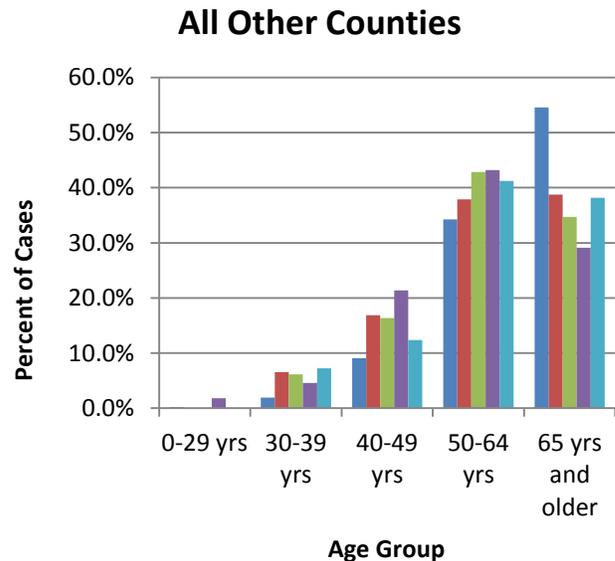
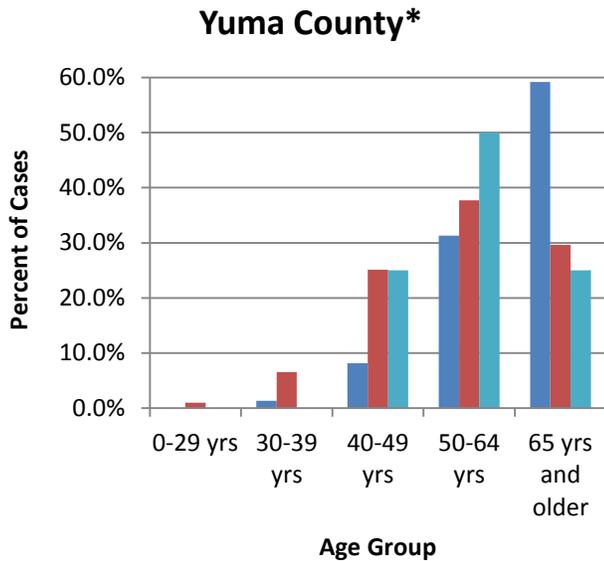


### Pima County



# ARIZONA STATE DATA REPORT

## (Continued) All Female Breast Cancer Cases by Race/Ethnicity and Age, 2010-2013



\*Because of small case counts, Blacks & American Indians are placed in All other races & Unknown races in Yuma County.

■ White Non-Hispanic ■ White Hispanic ■ Black ■ American Indian ■ All other races & Unknown Race

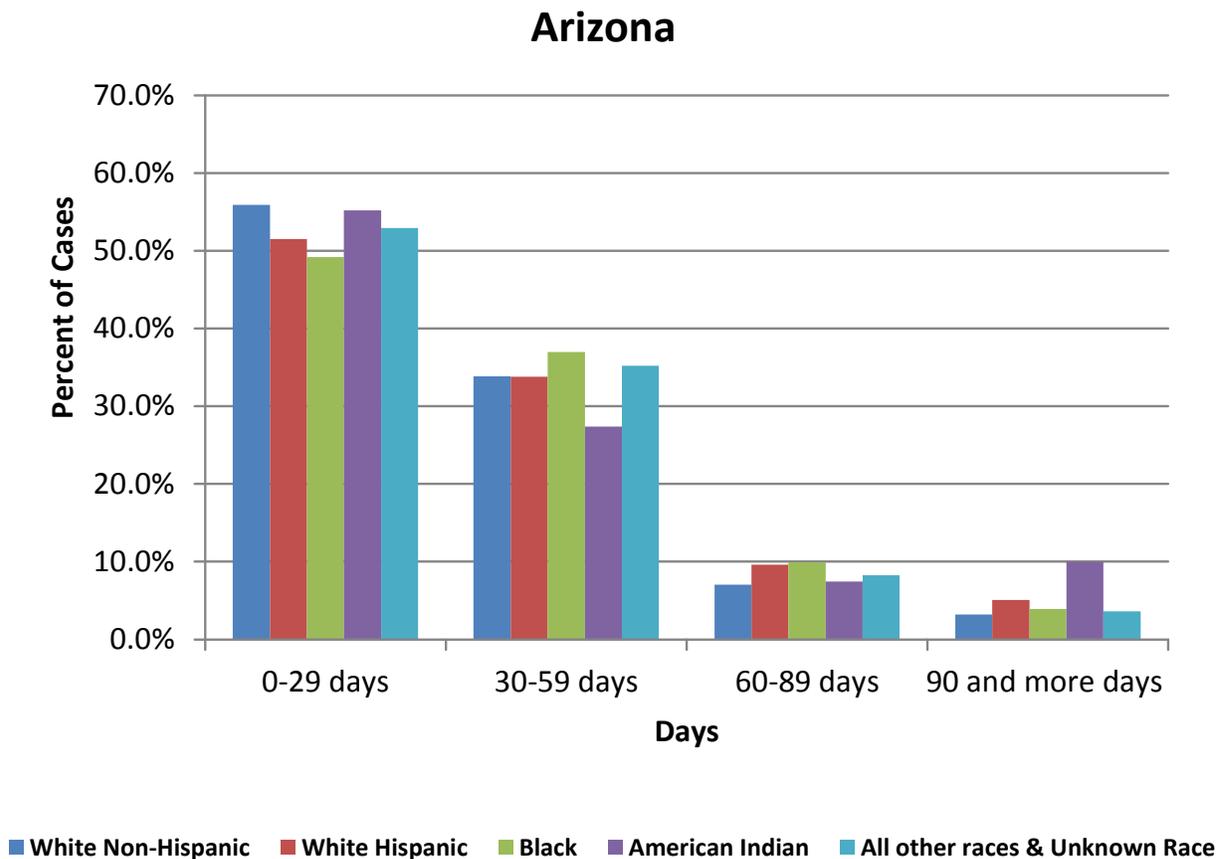
### Median Age of Diagnosis

Particularly interesting to note is the apparent difference in the age of diagnosis among the different Races/Ethnicities. The table below illustrates the median age of breast cancer diagnosis by Race/Ethnicity.

Median Age by Race/Ethnicity	
White Non-Hispanic	64 Years
White Hispanic	57 Years
Black	58 Years
American Indian	57 Years

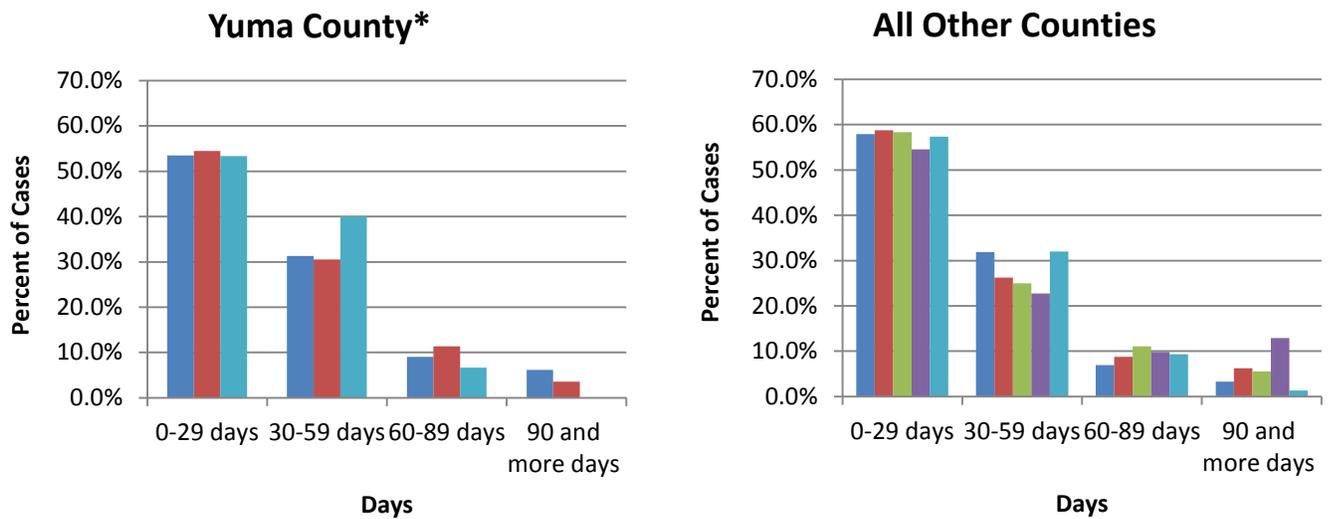
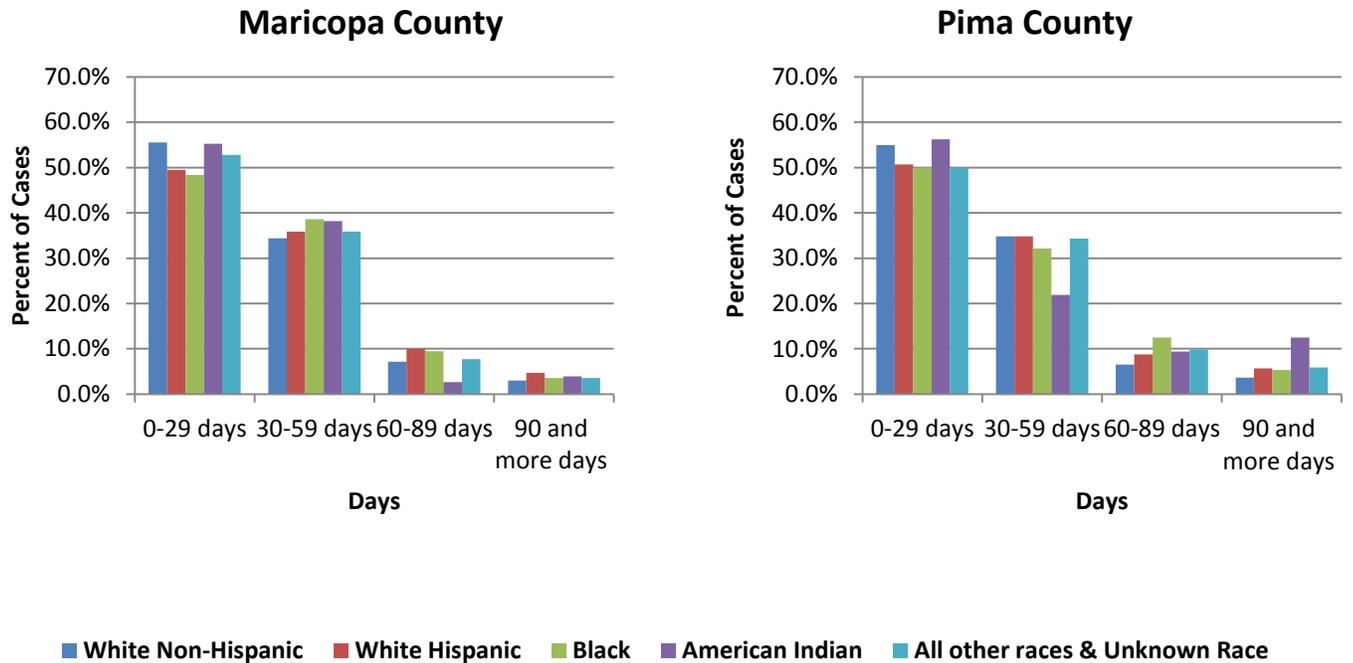
## All Female Breast Cancer, 2010-2013: Race/Ethnicity by Days from Diagnosis to First Course of Treatment

The interval from when a patient receives their cancer diagnosis to the time they begin treatment is important in determining successful patient outcomes. Arizona hypothesized that delayed treatment initiation was perhaps contributing to poorer health outcomes among different racial and ethnic groups. After compiling the data, however, it became apparent that time to treatment did not significantly differ 0-89 days after diagnosis among the various racial/ethnic groups. When treatment was initiated 90 and more days after diagnosis, American Indian women in Arizona, particularly in Maricopa and Pima counties, had the highest percent of cases.



# ARIZONA STATE DATA REPORT

(Continued) Race/Ethnicity by Days from Diagnosis to First Course of Treatment



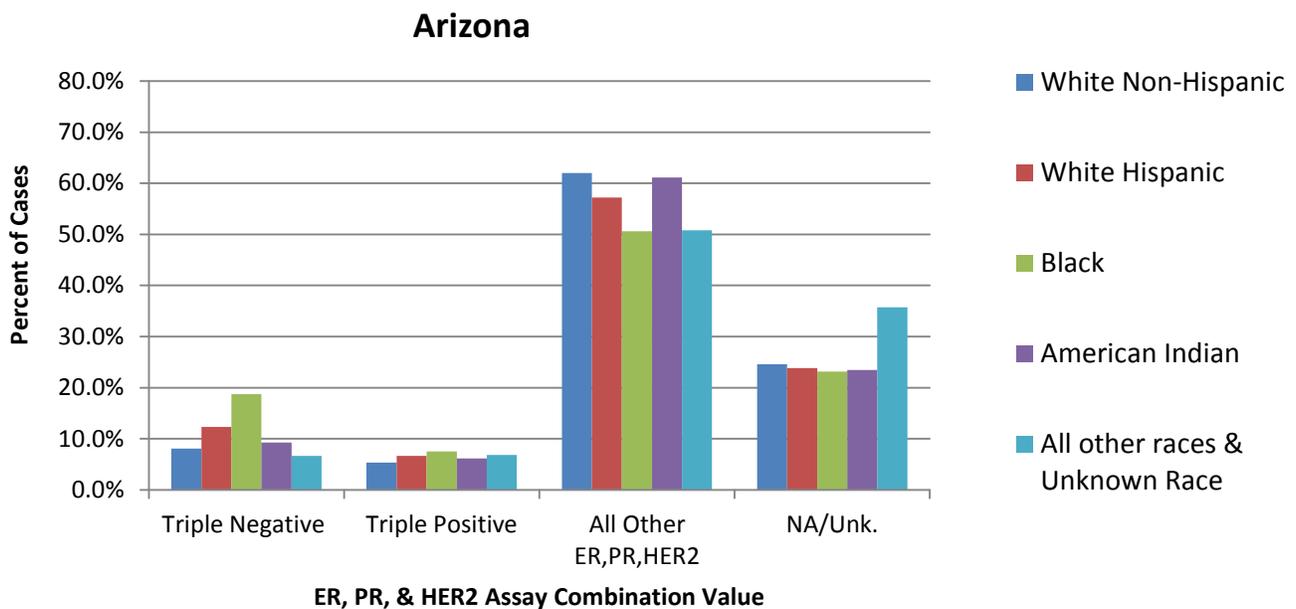
\* Because of Small case counts, Blacks & American Indians are placed in "All Other Races" and "Unknown" races in Yuma County.

## Invasive Female Breast Cancer, 2010-2013: Race/Ethnicity by ER, PR, and HER2 Combination Results and County Groups

When a breast cancer case is reported to the Arizona Cancer Registry, specific laboratory tests and tumor marker information is collected on each breast cancer, including the results of two protein receptor assays, estrogen and progesterone, and HER2 (Human Epidermal growth factor Receptor 2). The registry collects each of these results:

- Estrogen Receptor (ER) Assay: Positive results indicate a favorable response to hormonal therapy.
- Progesterone Receptor (PR) Assay: Positive results indicate a favorable response to hormonal therapy.
- Human Epidermal Growth Factor Receptor 2 (HER2): HER2-positive cancers typically grow and spread more aggressively than other breast cancers. Positive results indicate, however, a favorable response to immunotherapy (Herceptin).<sup>1</sup>

The following graphs focus on the HER2 interpretation by race and ethnicity: positive, negative, or unknown/not reported for Arizona, Maricopa County, Pima County, Yuma County, and All Other Counties. A key finding from this data shows that Black women have the highest percent of Triple Negative results compared to other races/ethnicities in Arizona. In addition, White Hispanic women have the second highest proportion of Triple Negative breast cancer diagnoses in the state. These results are important to note, as Triple Negative breast cancers grow and spread more quickly and are usually not responsive to targeted hormone therapy.<sup>1</sup>

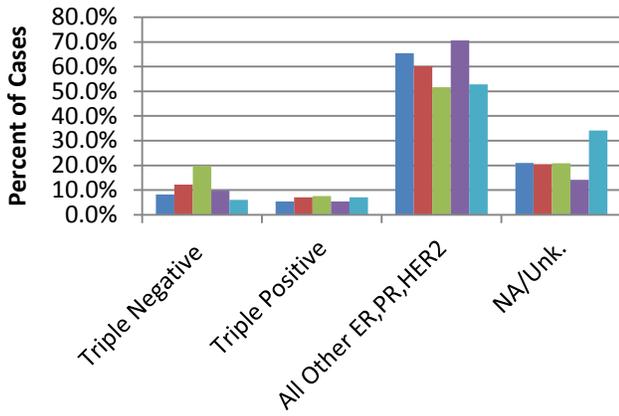


<sup>1</sup> American Cancer Society. How is breast cancer classified? <http://www.cancer.org/cancer/breastcancer/detailedguide/breast-cancer-classifying>. Accessed October 20, 2016.

# ARIZONA STATE DATA REPORT

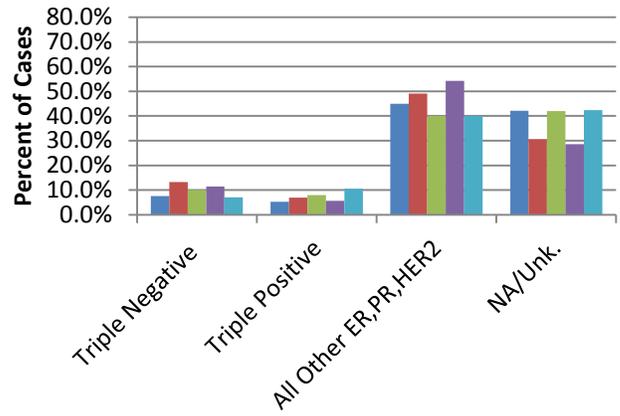
## (Continued) Invasive Female Breast Cancer, 2010-2013: Race/Ethnicity by ER, PR, and HER2 Combination Results and County Groups

### Maricopa County



ER, PR, & HER2 Assay Combination Value

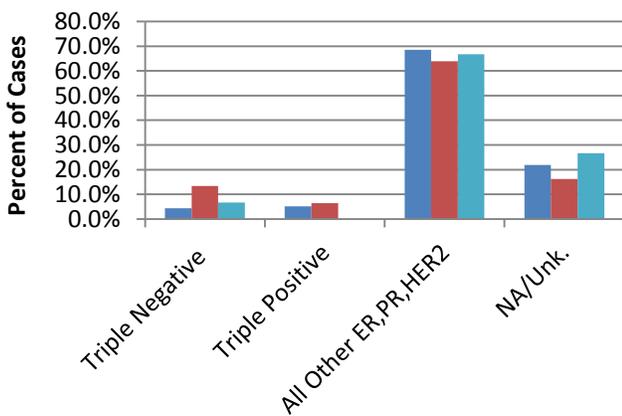
### Pima County



ER, PR, & HER2 Assay Combination Value

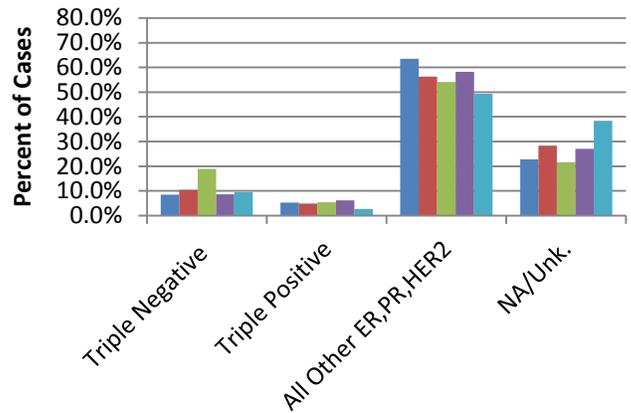
■ White Non-Hispanic ■ White Hispanic ■ Black ■ American Indian ■ All other races & Unknown Race

### Yuma County\*



ER, PR, & HER2 Assay Combination Value

### All Other Counties



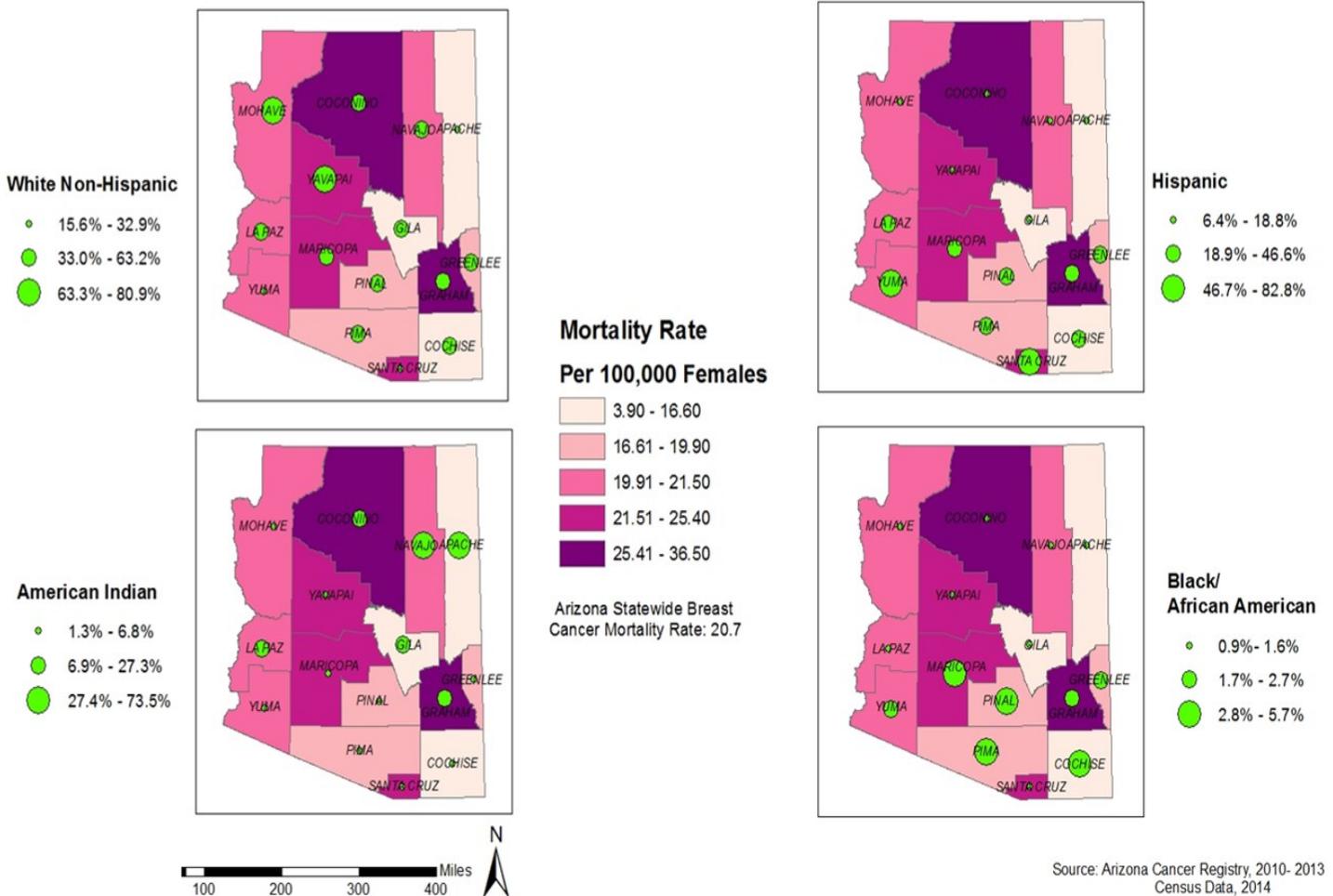
ER, PR, & HER2 Assay Combination Value

\* Because of small case counts, Blacks & American Indians are placed in "All Other Races" and "Unknown" races in Yuma County.

# ARIZONA STATE DATA REPORT

## Breast Cancer Mortality Rates Compared to Race/Ethnicity Population Percentage by County

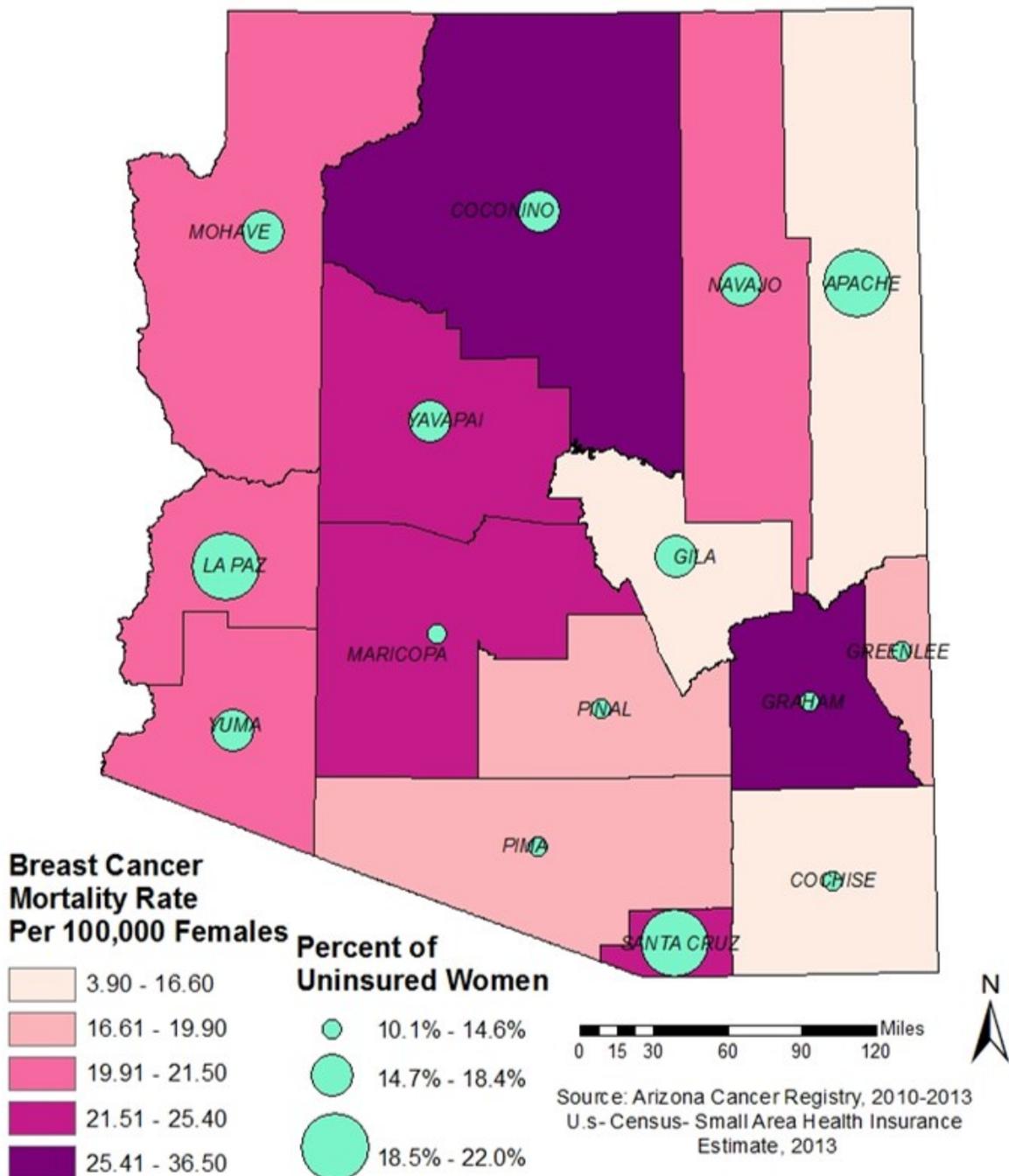
These maps compare breast cancer mortality rates with Race/Ethnicity demographic information taken from the 2014 Census. This not only highlights counties with higher mortality rates but also provides information on potential intervention target groups in individual counties or regions. Hispanic includes unknown race with an ethnicity of Hispanic.



Source: Arizona Cancer Registry, 2010- 2013 Census Data, 2014

## Age-Adjusted Breast Cancer Mortality Rates Compared to Percent of Uninsured Women by County

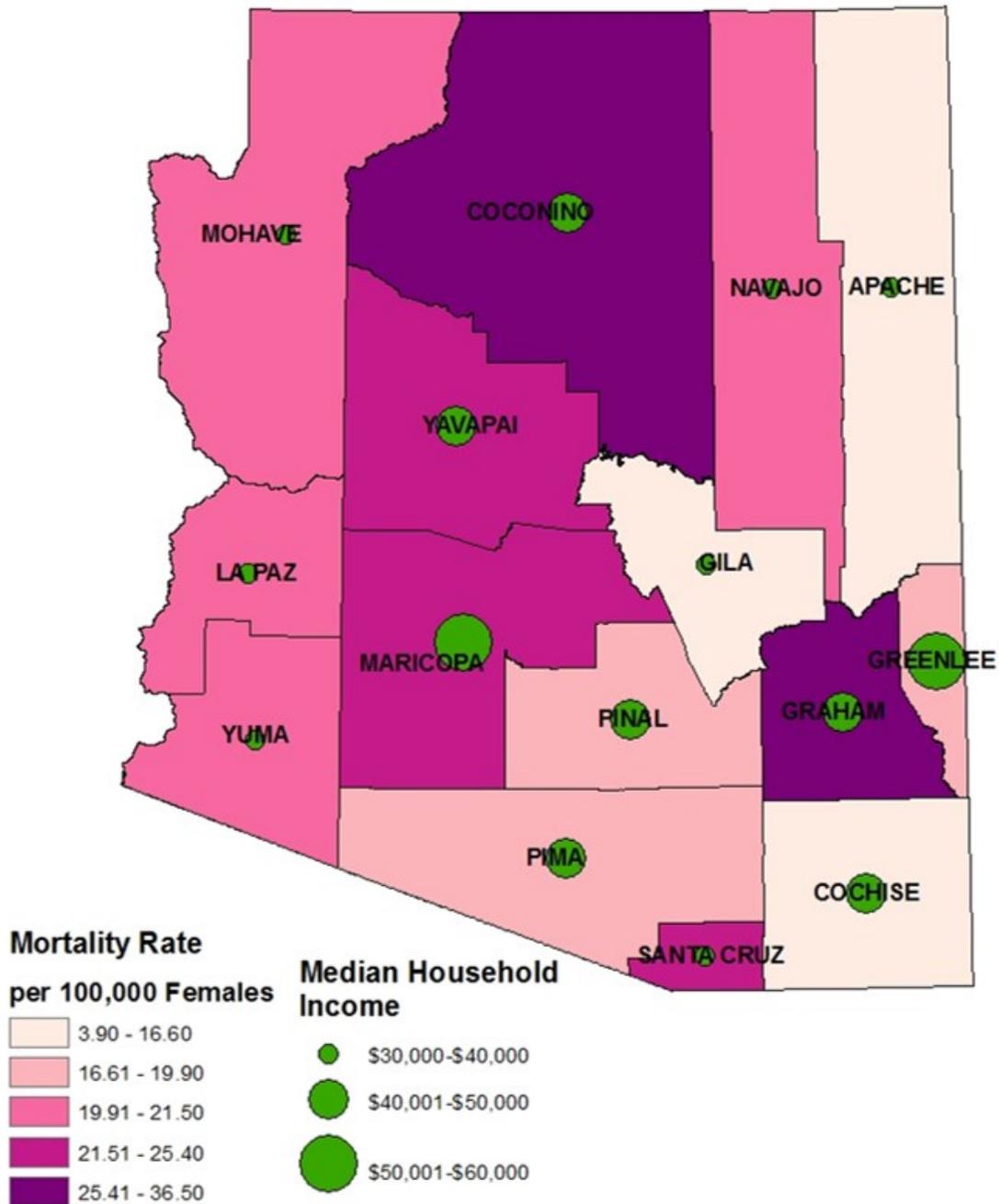
When comparing breast cancer mortality to percent uninsured we find that once again the two counties with the highest mortality rates do not have the highest percent of uninsured individuals. Santa Cruz County represents the strongest visible correlation. Santa Cruz had a mortality rate of 21.6 per 100,000 females and 26% of the county was uninsured (which tied for the highest percentage in the state) in 2013.



# ARIZONA STATE DATA REPORT

## Breast Cancer Mortality Rates Compared to Median Household Income by County

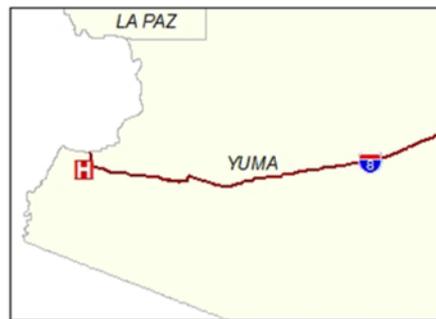
The final mortality map compares median household income to mortality rates. This map examines demographic and socio-economic status data compared to mortality rates. Median household income does not seem to be a strong indicator to higher breast cancer mortality rates in a specific county. Graham County and Coconino County have the highest mortality rates in the state, but neither are in the lowest median household income category represented.



# ARIZONA STATE DATA REPORT

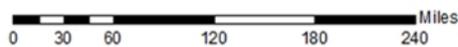
## QUALITY: Commission on Cancer (CoC) Hospitals in Arizona

This map shows the 9 locations of Commission on Cancer (CoC) Hospitals in the State of Arizona. This hospital designation is given by the American College of Surgeons to facilities providing high-quality patient centered care. Through accreditation by the CoC, organizations are showing they have established data-driven performance measures to enhance quality of care. For comparison, there are 9 CoC accredited hospitals just in the city of Atlanta (not including suburbs or the metropolitan area) and there are 14 CoC hospitals located in the city of Chicago. This shows that with a population of nearly 7,000,000 in the state of Arizona, not only is there an uneven distribution of CoC accredited hospitals but also a significant lack in number of CoC accredited hospitals.



**Commission on Cancer Hospitals**

 Hospital Location



Source: American College of Surgeons  
<https://www.facs.org/search/cancer-programs?state=AZ>  
Map created with data obtained on April 19, 2016

<sup>1</sup><https://www.facs.org/search/cancer-programs>

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## **Summary: Project Year One & Initial Stakeholder Meeting Evaluation Results**

Year One of the Breast Cancer Learning Community in Arizona was a success. Arizona gathered important data related to the breast cancer mortality gap and learned a lot about data available in the Arizona Cancer Registry, how to utilize GIS as a mapping tool, and about women in Arizona. Multiple partners including Susan G. Komen Arizona and the Arizona Alliance for Community Health Centers (AACHC) gathered as members of the core team to determine goals for Year One of the project.

ASTHO hosted a stakeholder meeting in Arizona on March 25, 2016. Over 45 attendees were present at the meeting, representing non-profit organizations, hospitals, tribes, and federally qualified health centers from across the state. Arizona shared the preliminary data finding with the meeting attendees, primarily surrounding screening, mortality rates, summary stage, tumor type, and time from diagnosis to first course of treatment.

The evaluation of the stakeholders' meeting yielded highly positive results. The Meeting Evaluation Report shared that the majority of attendees felt that the meeting was "valuable" or "very valuable", that the presentations were informative, that they felt actively involved in the meeting, and that the meeting provided them with opportunities to consider new data sources to share with additional stakeholders. For future meetings, attendees felt that a greater emphasis should be placed on determining next steps for the project.

### **Next Steps in Year Two**

Arizona was selected to participate in both Base and Enhanced Level project opportunities. The Base level project seeks to increase breast cancer screening rates among FQHCs in the state by training and empowering FQHC staff to implement best practice and evidence-based interventions (including a strong focus on patient navigation). The Quality Improvement Committee with the Arizona Alliance for Community Health Centers will be highly involved in this component of the project.

The Enhanced component of the project convenes several key partners, including multiple insurance payers, a hospital system, and others, to address time from diagnosis to treatment initiation. Nationwide, the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), funded by the CDC, has shown that patients experience more positive health outcomes with reduced time to treatment. The local implementation of the NBCCEDP, the "Well Woman HealthCheck Program" or "WWHP", closely monitors time from abnormal test result, final diagnosis, and treatment initiation for all patients enrolled in the program. Lessons learned from the WWHP will serve as a foundation of education for the payer and hospital partners.

# Using Data to Address Disparities in Breast Cancer Mortality in Arizona

ASTHO Breast Cancer Learning Community

October 2016



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