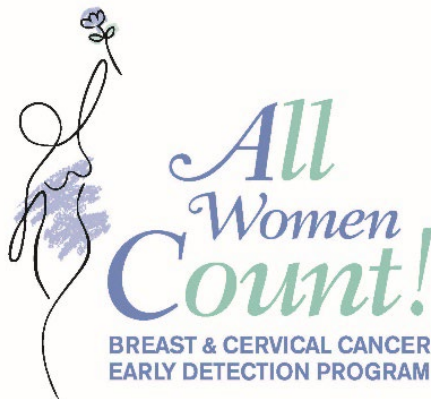


South Dakota Department of Health

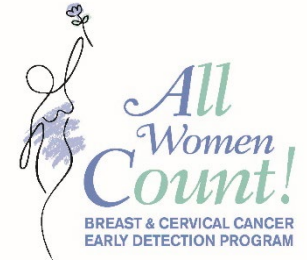
All Women Count! (AWC!) Program

1-800-738-2301

www.getscreenedsd.org/awc

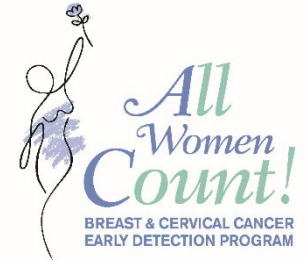


December 3, 2024



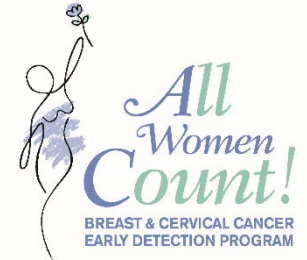
Overview

- Meet the team
- AWC! Program overview
- County-level reach and opportunities
- What's new in 2025
- Q&A



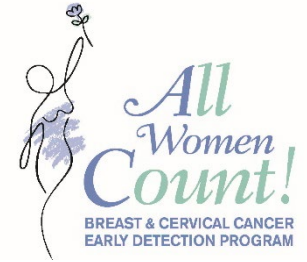
AWC! Team

- Sarah Quail, Cancer Programs Director
- Tyann Gildemaster, AWC! Data Manager
- Roberta Hofeldt, AWC! Clinical Coordinator
- Dawn Nordquist, AWC! Program Coordinator
- Caleb Nordquist, Cancer Screening Outreach Coordinator



How to contact us:

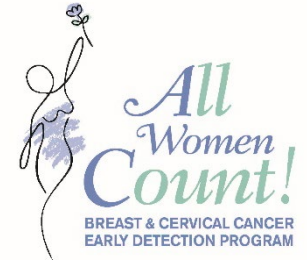
- 1-800-738-2301
- SDAllWomenCount@state.sd.us



What is the All Women Count! Program?

AWC! is a program offered by the SD Department of Health, designed to help women get timely breast and cervical cancer screenings.

It is part of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) www.cdc.gov/cancer/nbccedp



Who is Eligible?

There are two requirements for the AWC! program:

Age

- South Dakota women ages 30-64
 - Women 30-64 are eligible for cervical cancer screening as well as an annual office visit
 - Women 40-64 are also eligible for an annual mammogram

Income

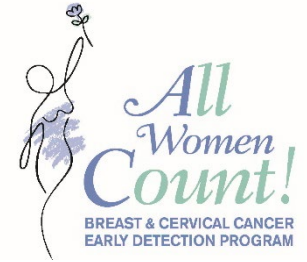
- 250% Federal Poverty Level
- Updated every calendar year
- www.getscreenedsd.org/awc#Service

2024 AWC! Program Income Guidelines

- Household combined income before taxes should be at or below levels listed for family size.
- Single income before taxes should be at or below levels listed for family size.
- For those with business expenses (farm or ranch) should use annual adjusted income after expenses.

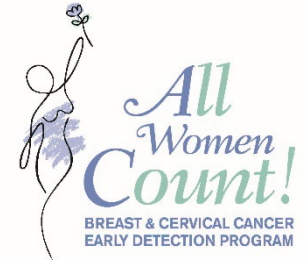
FAMILY SIZE	ANNUAL INCOME	MONTHLY INCOME	WEEKLY INCOME
1	\$ 37,650	\$ 3,138	\$ 724
2	\$ 51,100	\$ 4,258	\$ 983
3	\$ 64,550	\$ 5,379	\$ 1,241
4	\$ 78,000	\$ 6,500	\$ 1,500
5	\$ 91,450	\$ 7,621	\$ 1,759
6	\$ 104,900	\$ 8,742	\$ 2,017
7	\$ 118,350	\$ 9,863	\$ 2,276
8	\$ 131,800	\$ 10,983	\$ 2,535
9	\$ 145,250	\$ 12,104	\$ 2,793
10	\$ 158,700	\$ 13,225	\$ 3,052
11	\$ 172,150	\$ 14,346	\$ 3,311
12	\$ 185,600	\$ 15,467	\$ 3,569
13	\$ 199,050	\$ 16,588	\$ 3,828
14	\$ 212,500	\$ 17,708	\$ 4,087
15	\$ 217,880	\$ 23,008	\$ 4,190

Effective Feb. 1, 2024



What if she has insurance?

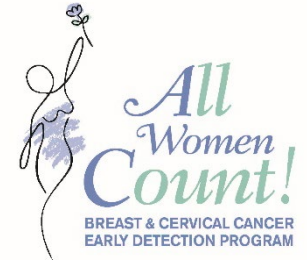
- A woman will **not** be disqualified for this program if she has other health insurance.
- **Exception:** If she has Medicaid or Medicare Part B, this program won't provide any additional benefit.
- If she has insurance, AWC will act as secondary insurance for covered services only. We can help with expenses that her primary insurance doesn't cover at 100%, such as expenses associated with a biopsy.
- Being enrolled in AWC also gives the woman a safety net if she loses her primary insurance.



Do We Need Proof of Her Income?

- **No.** We do not require proof of income for the AWC! program.
- We only ask that you look at the income the patient reported on her enrollment form and compare it to the income chart: www.getscreenedsd.org/awc

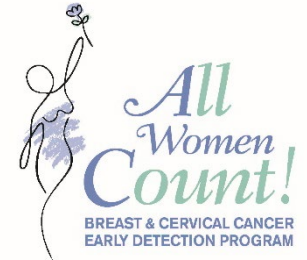




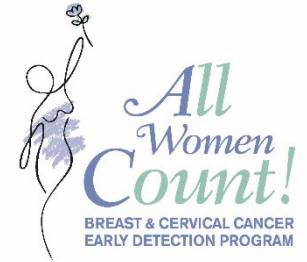
Covered Services:

- Annual office visit for women 30-64
- Cervical cancer screening for women 30-64:
 - *Pap tests and/or HPV tests on the recommended schedule*
- Annual screening mammograms for women aged 40-64*
 - *The program also covers screening mammograms for women aged 30-39 if she has an abnormal clinical breast exam that is suspicious for cancer or has a first degree relative ever diagnosed with breast cancer. Please call 1-800-738-2301 for pre-authorization.

Additional Covered Services:



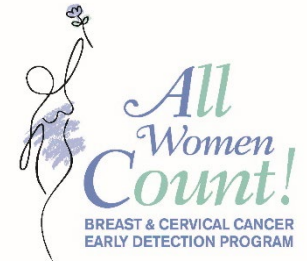
- Cervical cancer diagnostic services:
 - Cervical biopsies
 - Colposcopy
 - LEEP
 - Cone biopsy
- Breast cancer diagnostic services:
 - Diagnostic mammograms
 - Breast Ultrasounds
 - Breast Biopsies
- Screening MRI for High-Risk women only
 - Pre-authorization from AWC! required
 - Case-by-case basis; documentation may be requested
 - *In conjunction with screening mammogram*



Services We Don't Cover:

- Diagnostic Breast MRI
- BRCA Testing
- HIV & STD Testing
- Pelvic/transvaginal ultrasound
- PET scan
- Pregnancy Test
- Vaginal cultures
- Vaginal or vulvar biopsy
- Wet mount
- X-rays
- Blood draws (*i.e. cholesterol, glucose, creatine, thyroid*)





What if she needs cancer treatment?

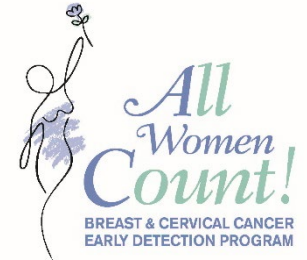
- AWC! Program staff will work to enroll women in need of treatment in the SD Medicaid program. To qualify:
 - She **MUST** be enrolled in All Women Count! prior to diagnosis
 - Diagnosed with *breast* or *cervical* cancer
 - No credible health insurance coverage
 - Must provide proof of income at this point
 - Must be a U.S. citizen



Strong Families - South Dakota's Foundation and Our Future



Visit Form



**ALL WOMEN COUNT!
VISIT FORM
WOMEN AGES 30-64
(800) 738-2301**

AWC! Office Use Only
 Enrollment
 Re-Enrollment/Return Visit

Encounter Number _____

Read, complete and sign consent at bottom of form.

1) Last Name	2) First Name	3) MI	4) Maiden Name/Other Name
5) Date of Birth Age _____	6) Social Security Number	7) Address	
8) City	9) State	10) Zip Code	11) County
13) Race(s) - (check all that apply)		14) Text Alerts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American		<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown	
15) Are you of Hispanic/Latina/Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		16) Number Living in Household (including yourself)? _____	
17) Total Gross Monthly Household Income (before taxes)? \$ _____ <i>By signing on bottom of form, I confirm that the reported income above is true and accurate.</i>		18) Do you have private health insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Health insurance does not prevent eligibility.</i>	
19) Do you have Medicare B or Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, STOP. Not eligible for AWC!</i>		20) Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Living with someone <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other	
21) Education <input type="checkbox"/> Less than 9th grade <input type="checkbox"/> High School Graduate or Equivalent <input type="checkbox"/> Unknown <input type="checkbox"/> Some High School <input type="checkbox"/> Some College or Higher		22) Referral Source (check all that apply) <input type="checkbox"/> Self/Friend/Family <input type="checkbox"/> AWC! Reminder letter <input type="checkbox"/> Patient Navigator with Clinic <input type="checkbox"/> Clinic/Hospital <input type="checkbox"/> Media Campaign (Radio, Newspaper, TV, Social Media) <input type="checkbox"/> 211 Helpline Referral	
23) Prior to today's visit, have you ever had a Pap smear? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		24) Date of <u>LAST</u> Pap smear ____/____/____	
25) Have you had a Hysterectomy? <input type="checkbox"/> Yes <input type="checkbox"/> No		26) If Yes, reason for Hysterectomy? <input type="checkbox"/> Cervical Cancer <input type="checkbox"/> Non-Cancer <input type="checkbox"/> Pre-Cancer <input type="checkbox"/> Unknown	
27) Are you a smoker/tobacco user? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Former			

Informed Consent and Release of Medical Information
 By agreeing to take part in the All Women Count! Program, I give my permission to any and all of my medical providers, clinics, and/or hospitals to provide all information concerning my breast or cervical screening and any related diagnosis or treatment to the Program. Any information provided to the Program will remain confidential, which means that the information will be available only to me and to the employees of the South Dakota Department of Health working with this Program. The information will only be used to meet the purposes of the Program, and any published reports which result from the Program will not identify me by name or social security number. This consent is valid for one (1) year unless otherwise specified by me, the program participant, or my legal representative. By signing below, I affirm that the information and reported income listed above is true and accurate.

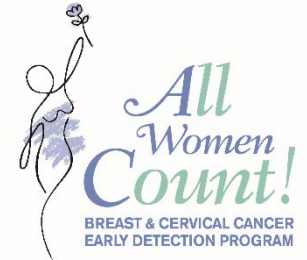
Program Participant Signature _____ Date _____ Print Name _____ Date of Birth _____

The patient will complete page 1

- Confirm that the patient is between the ages of 30-64 for cervical screening or 40-64 for breast screening (Question 5)
- Review the patient's answers to questions 16 and 17 to see if she meets the income guidelines
- Make sure all questions have been answered and that the woman has signed the bottom of the form.



Visit Form



Please return form immediately to:
All Women Count!
 615 E. 4th St.
 Pierre, SD 57501-1700
 (800) 738-2301

Encounter Number

ELIGIBILITY DETERMINATION, PATIENT HISTORY & TODAY'S SERVICES - CLINIC USE ONLY

Name _____ Visit Date ____/____/____
month day year

PATIENT HISTORY

Screening prior to this visit:	Yes	Record	No prior exam/test	Don't know if done
Pap smear.....	<input type="checkbox"/>	____/____ <small>mm / yyyy</small>	<input type="checkbox"/>	<input type="checkbox"/>
1) High Risk for Cervical Cancer?*	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Assessed / Unknown
<small>* Defined as prior DES exposure and immunocompromised patients.</small>				
2) High Risk for Breast Cancer?*	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Assessed / Unknown
<small>* Defined as a woman with BRCA mutation, a first-degree relative who is a BRCA carrier, a lifetime risk of 20-25% or greater as defined by risk assessment models, radiation treatment to the chest between ages 16-36, or personal or family history of genetic syndromes.</small>				
3) Did you refer to the SD Quitline?	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
4) Did you refer to the Marketplace (health insurance)?	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable

ELIGIBILITY DETERMINATION

5) Age between 30-64 Yes (Eligible) No (Not Eligible)

6) Eligible by Income (refer to question 16) Yes (Eligible) No (Not Eligible)

Name of person verifying eligibility (Please Print) _____

BREAST DATA

Breast exam done this visit? <input type="checkbox"/> Yes Findings for this exam: ↓ <input type="checkbox"/> Normal/benign: no diagnostic evaluation to r/o breast cancer required. <input type="checkbox"/> Abnormal: not suspicious for cancer (i.e. fibrocystic disease). <input type="checkbox"/> Abnormal: suspicious for cancer, diagnostic evaluation required (two diagnostic tests required) <input type="checkbox"/> No <input type="checkbox"/> Patient refused	Mammogram ordered or done this visit?*	MRI for High Risk Screening (Refer to question 2 above) <input type="checkbox"/> Screening MRI for High Risk Women Only Authorization # _____ Pre-authorization required 1-800-738-2301
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient refused <small>*Pre-authorization is necessary for any woman age 30-39 for a mammogram and allowed only if she has an abnormal clinical breast exam that is suspicious for cancer or has a first degree relative ever diagnosed with breast cancer. Please call 1-800-738-2301 and ask for All Women Count!</small>		

CERVICAL DATA

Pap Smear done this visit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient refused <input type="checkbox"/> No, Patient has had a hysterectomy for benign disease <input type="checkbox"/> HPV done as co-testing <input type="checkbox"/> HPV only	Colposcopy done this visit? <input type="checkbox"/> No <input type="checkbox"/> Yes, with Biopsy and ECC <input type="checkbox"/> Yes, with Biopsy only <input type="checkbox"/> Yes, with ECC only <input type="checkbox"/> Yes, no pathology sent <input type="checkbox"/> Endometrial Biopsy (needs pre-authorization) Loop <input type="checkbox"/> Yes <input type="checkbox"/> No Cone Biopsy <input type="checkbox"/> Yes <input type="checkbox"/> No	Indications for Follow-Up/Abnormal Pap results <input type="checkbox"/> ASC-US <input type="checkbox"/> HPV positive with ASC-US (reflex) <input type="checkbox"/> LSIL <input type="checkbox"/> HSIL <input type="checkbox"/> AGUS <input type="checkbox"/> + hr HPV testing Abnormal Pap date ____/____/____ <small>month day year</small>
---	---	--

Was Cervical Cancer Screening done as follow up to a previous abnormal? Yes No

RESCREEN PLAN (Date you would rescreen patient if test(s) done or ordered today are normal): Mammogram _____ Cervical Cancer Screen date _____

Provider site completes Page 2

- Verify eligibility (Questions 5 and 6), then print your name under Question 6.
- Review her chart for the date of her last Pap or HPV Test and enter it under question 23 on front of form.
- Place an encounter sticker in the top right corner of the page. Encounter numbers identify the clinic and the patient.



SOUTH DAKOTA DEPARTMENT OF HEALTH

Mammogram Summary

Patient name (Last, First, MI) _____ DOB _____



ALL WOMEN COUNT!
Breast and Cervical Cancer
Control Program
MAMMOGRAM SUMMARY
(800) 738-2301

Encounter Number

A. TO BE COMPLETED BY MAMMOGRAPHY FACILITY	
Facility where mammogram done: _____	Radiology #: _____
Mammogram date: ____/____/____ <small>month day year</small>	
Mammogram occurred: <input type="checkbox"/> Stationary/In House <input type="checkbox"/> Mobile Unit	
B. RADIOLOGIST'S ASSESSMENT (To be completed by Radiologist)	
ACR ASSESSMENT CATEGORY	RECOMMENDATION
<input type="checkbox"/> 0 Assessment is incomplete- need additional imaging evaluation	<input type="radio"/> ③ Magnification views <input type="radio"/> ④ Additional projections <input type="radio"/> ⑤ Spot compression <input type="radio"/> ⑥ Ultrasound examination <input type="radio"/> ⑦ Comparison with previous films
<input type="checkbox"/> 1 Negative	<input type="radio"/> ① Mammogram in ____ year(s)
<input type="checkbox"/> 2 Benign finding	<input type="radio"/> ① Mammogram in ____ year(s)
<input type="checkbox"/> 3 Probably benign finding- short interval follow-up suggested	<input type="radio"/> ② Mammogram in ____ month(s)
<input type="checkbox"/> 4 Suspicious Abnormality- biopsy should be considered	<input type="radio"/> ③ Surgical consult/biopsy
<input type="checkbox"/> 5 Highly suggestive of malignancy- appropriate action should be taken	<input type="radio"/> ③ Surgical consult/biopsy

COMMENTS:

Radiologist name (please print) _____
Radiologist signature _____ Date dictated ____/____/____
month day year
Radiologist Group (please print) _____

Please return form immediately to:
All Women Count!
615 E. 4th St.
Pierre, SD 57501-1700

Jan 2019

Pap/HPV Summary

Patient name (Last, First, MI) _____ DOB _____



ALL WOMEN COUNT!
Breast and Cervical Cancer
Control Program
PAP/HPV SUMMARY
(800) 738-2301

Encounter Number

Date Specimen collected:
____/____/____

A. PAP SMEAR INFORMATION (To be completed by cytotechnologist or pathologist)
Lab name: _____ Specimen #: _____
SPECIMEN TYPE: <input type="checkbox"/> Conventional Pap smear <input type="checkbox"/> Liquid based (<i>ThinPrep</i>) [®]
SPECIMEN ADEQUACY <input type="checkbox"/> Satisfactory for evaluation <input type="checkbox"/> Unsatisfactory (If unsatisfactory, not covered)
INTERPRETATION RESULTS
<input type="checkbox"/> Negative for intraepithelial lesion or malignancy <input type="checkbox"/> Infection/Inflammation/Reactive Changes (Beth 1991) <input type="checkbox"/> Atypical squamous cell of undetermined significance (ASC-US) <input type="checkbox"/> Low Grade SIL (including T1PV changes) <input type="checkbox"/> Atypical squamous cells cannot exclude HSIL (ASC-H) (Beth 2010) <input type="checkbox"/> High Grade SIL <input type="checkbox"/> Squamous Cell Carcinoma <input type="checkbox"/> Atypical Glandular Cells (Beth 2014) <input type="checkbox"/> Adenocarcinoma in Situ (AIS) (Beth 2014) <input type="checkbox"/> Adenocarcinoma (Beth 2014) <input type="checkbox"/> Other <input type="checkbox"/> Endometrial cells (in women > 40 yr old)
B. HUMAN PAPILLOMAVIRUS
HPV Test Date: _____ HPV Test Reason: <input type="checkbox"/> Co-Test or Screening <input type="checkbox"/> Reflex <input type="checkbox"/> Test Not Done
HPV Test Result: <input type="checkbox"/> Positive with genotyping not done <input type="checkbox"/> Negative <input type="checkbox"/> Positive with positive genotyping (types 16 or 18) <input type="checkbox"/> Positive with negative genotyping (positive HPV, but not types 16 or 18)

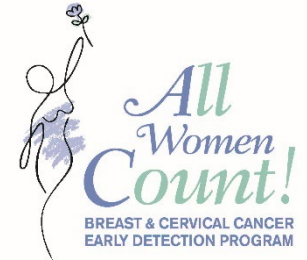
COMMENTS:

Pathologist name _____ Date Reported ____/____/____
month day year

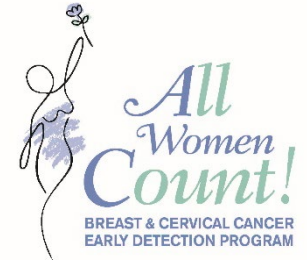
Please return form immediately to:
All Women Count!
615 E. 4th St.
Pierre, SD 57501-1700

Jan 2019

Billing

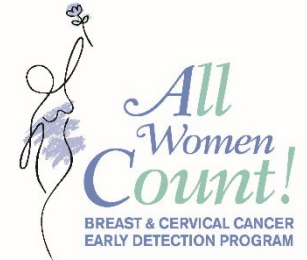


- AWC! is a payer of last resort. We can cover deductibles, copays, or other unpaid charges for insured women, as well as screening services listed for uninsured women.
- AWC! pays Medicare Part B rates.
- Complete a CMS 1500 or UB92
- Billing questions:
1-800-738-2301 or Tyann.Gildemaster@state.sd.us



Submitting Claims

- Payments sent out by MaxTrac Data Systems
 - Jeff Lewis: jlewis@maxtracdata.com
- Effective November 1, 2023, AWC! accepts electronic claims via Claim MD.
 - Payer ID: SDAWC
- Can continue mailing claims, but payment will be a bit slower



Finding Eligible Women

- Women won't enroll in the program if they don't know about it
- SD DOH offers free promotional materials to help raise awareness
 - Rack cards
 - Posters
 - Magnets

Order materials at doh.sd.gov, Order & Download Materials, choose Cancer from the toolbar

- The All Women Count! Program's online learning module has been updated on TRAIN:
<https://www.train.org/sd/course/1120865/details>
- Individual clinic-level training also available upon request. Email Caleb Nordquist: cnordquist@bhssc.org if interested

CANCER SCREENING REPORT

County-Level Review of Screening Rates, Screening Access,
and Reach of the All Women Count! Program

MAY 2024

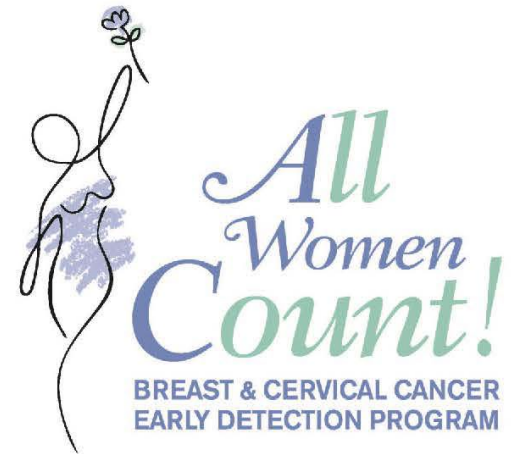
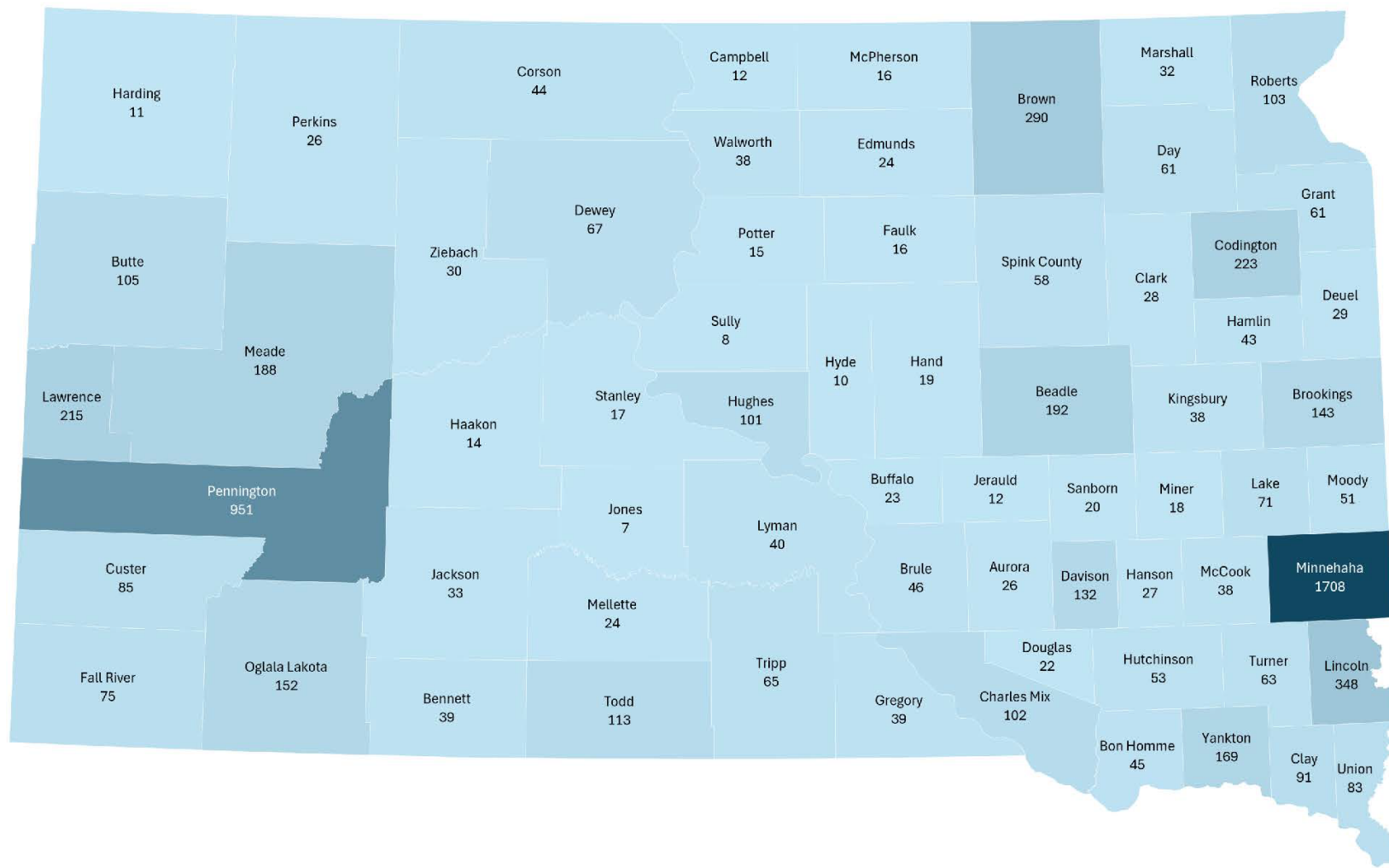


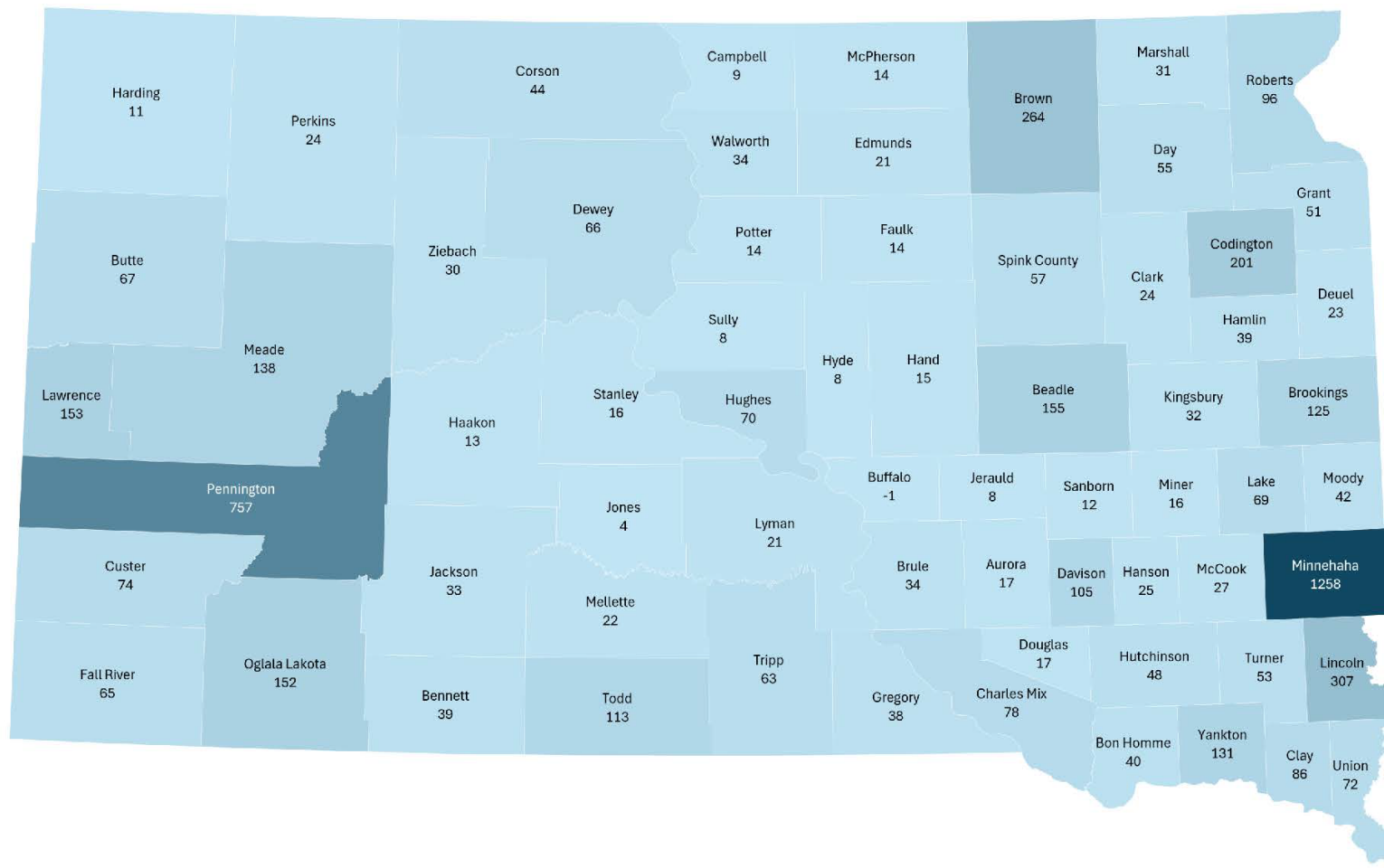
Figure 10. Total Women Eligible for AWC! Program Breast Screening Services in 2023-2024



Note: AWC! Program eligibility for breast screening services based on 2021 SAHIE data, South Dakota, Female, All Races, 40-64, uninsured, 250% FPL. <https://www.census.gov/data-tools/demo/sahie/#/>

Summary: The counties in the highest quartile for total number of women eligible for breast screening services in 2023-2024 include Minnehaha (1,708), Pennington (951), Lincoln (348), Brown (290), Codington (223), Lawrence (215), Beadle (192), Meade (188), Yankton (169), Oglala Lakota (152), Brookings (143), Davison (132), Todd* (113), Butte (105), Roberts (103), and Charles Mix (102). Twenty-three out of sixty-six (nearly 35%) of SD counties had fewer than 30 women eligible for AWC! breast screening services in 2023-2024 under the new 250% FPL eligibility change. Justification of resource allocation may be challenging in these areas. *AWC! does not directly focus efforts in Dewey, Todd, or Ziebach counties as they are already served by other federal Breast and Cervical Cancer Early Detection Programs.

Figure 11. Projected Estimate of Remaining Unserved Women Eligible for AWC! Breast Screening Services in 2023-2024

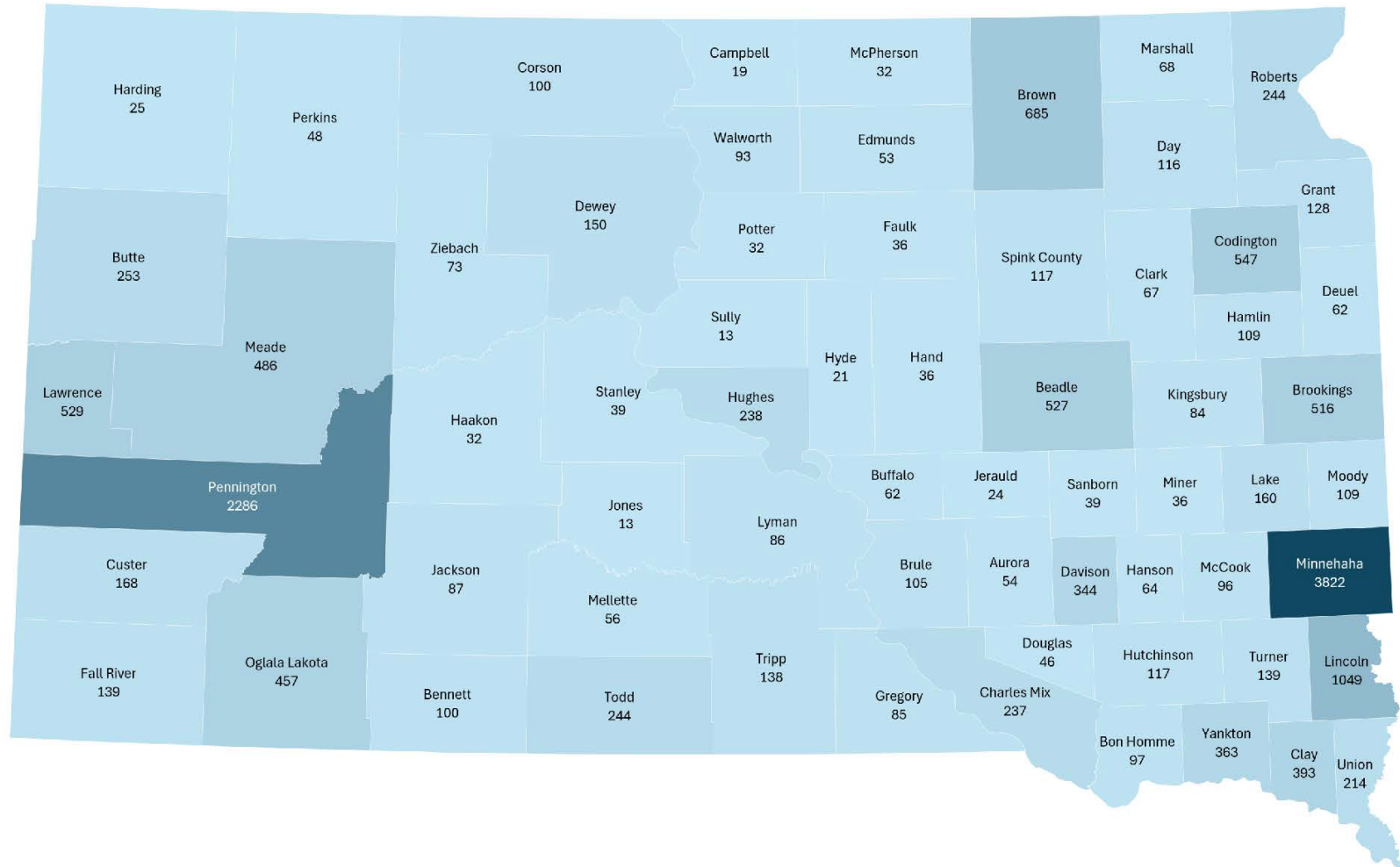


Note: Projected estimate of remaining unserved women eligible for AWC! breast screening services in 2023-2024 based on the total number of women eligible for breast screening services in 2023-2024 from Figure 10 and applying the same program breast screening reach from 2022-2023 as outlined in Figure 7.

Summary: The projected estimate of remaining unserved women eligible for AWC! breast screening services in 2023-2024 indicate that program resources would be best allocated in the quartile of counties with the most remaining unserved women, including Minnehaha (1,258), Pennington (757), Lincoln (307), Brown (264), Codington (201), Beadle (155), Lawrence (153), Oglala Lakota (152), Yankton (131), Brookings (125), Todd* (113), Davison (105), Roberts (96), Clay (86), and Charles Mix (78). *AWC! does not directly focus efforts in Dewey, Todd, or Ziebach counties as they are already served by other federal BCCEDPs.

Limitation: Hughes County projected estimate of remaining unserved women eligible for breast cancer screening is underestimated due to an overestimated calculation of reach caused by the inclusion of AWC! services provided to female inmates at the South Dakota Women’s Prison located in Hughes County.

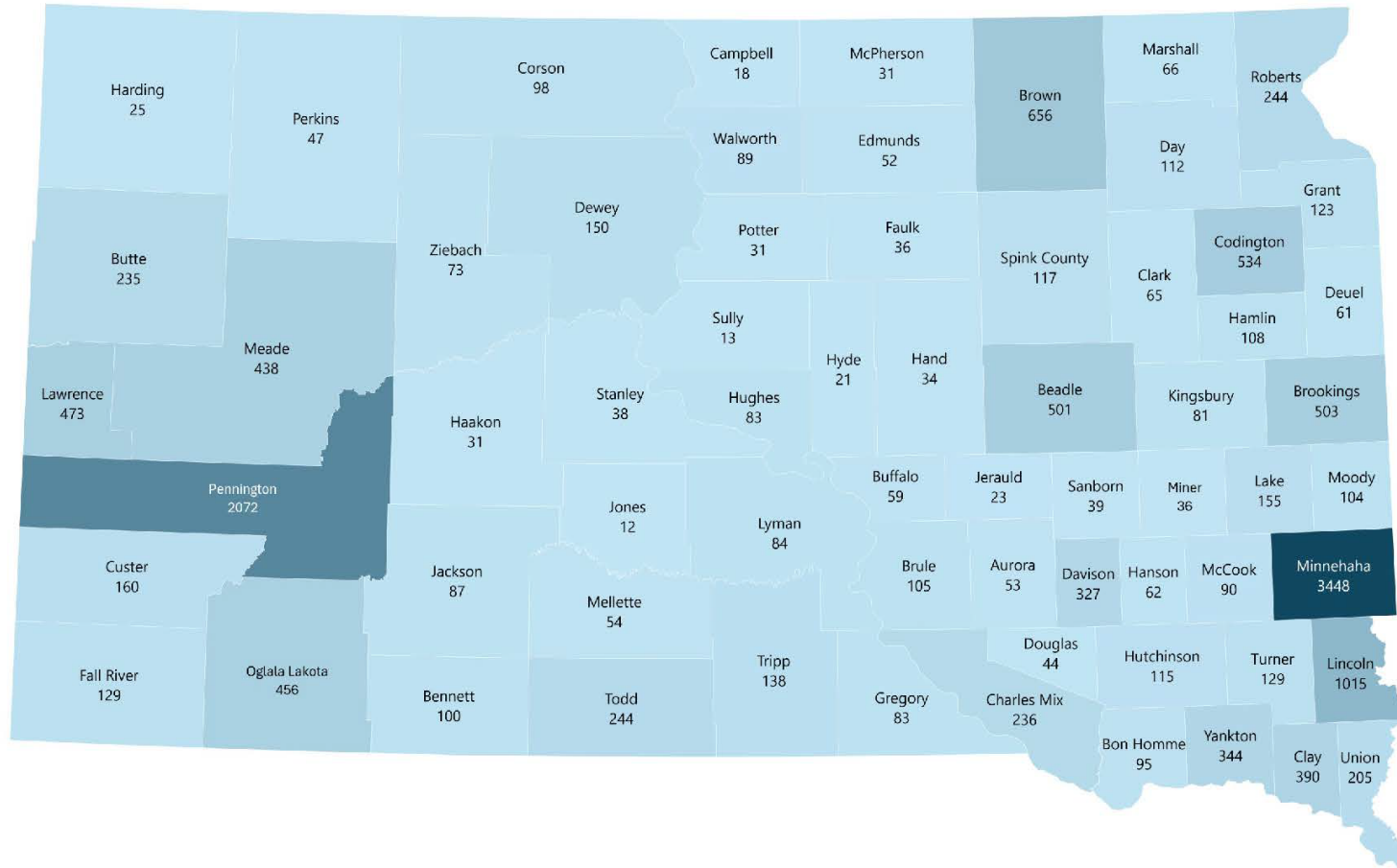
Figure 18. Total Women Eligible for AWC! Program Cervical Screening Services in 2023-2024



Note: AWC! Program eligibility for cervical screening services based on 2021 SAHIE data, South Dakota, Female, All Races, 21-64, uninsured, 250% FPL. <https://www.census.gov/data-tools/demo/sahie/#/>. It should be noted, eligibility estimates among our cervical population are inflated due to the 21-64 population accessed in the SAHIE dataset. Currently, only women 30-64 are eligible for cervical screening and diagnostic services through the AWC! Program.

Summary: The counties in the highest quartile for total number of women eligible for cervical screening services in 2023-2024 include Minnehaha (3,822), Pennington (2,286), Lincoln (1,049), Brown (685), Codington (547), Lawrence (529), Beadle (527), Brookings (516), Meade (486), Oglala Lakota (457), Clay (393), Yankton (363), Davison (344), Butte (253), Roberts (244), and Todd* (244). Six out of sixty-six (9%) of SD counties had fewer than 30 women eligible for AWC! cervical screening services in 2023-2024 under the new 250% FPL eligibility change. Of those, 50% are located in the northeast region of SD. Justification of resource allocation may be challenging in these areas. *AWC! does not directly focus efforts in Dewey, Todd, or Ziebach counties as they are already served by other federal Breast and Cervical Cancer Early Detection Programs.

Figure 19. Projected Estimate of Remaining Unserved Women Eligible for AWC! Cervical Screening Services in 2023-2024

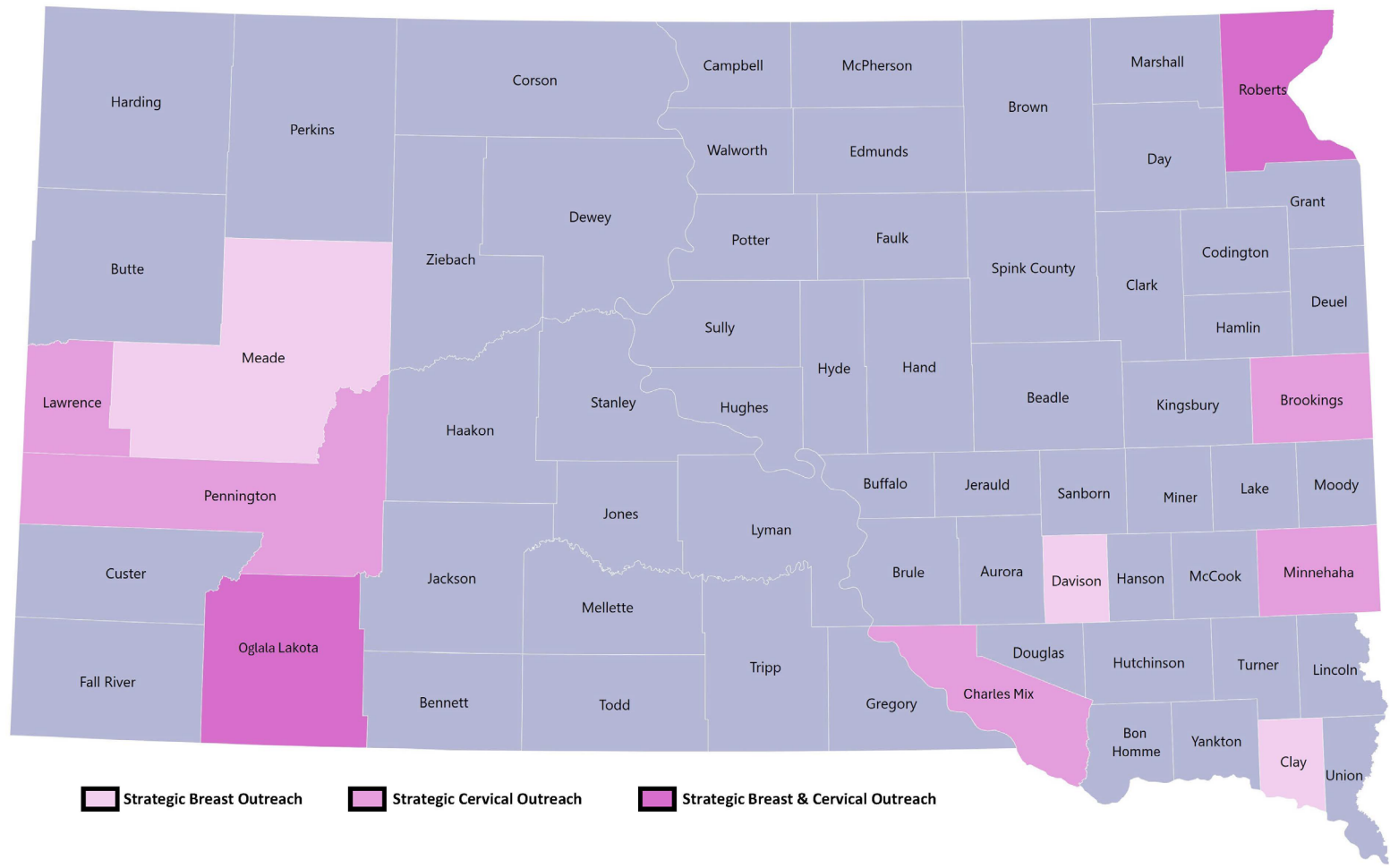


Note: Projected estimate of remaining unserved women eligible for AWC! cervical screening services in 2023-2024 based on the total number of women eligible for cervical screening services in 2023-2024 from Figure 18 and applying the same program cervical screening reach from 2022-2023 as outlined in Figure 15. It should be noted, eligibility estimates among our cervical population are inflated due to the 21-64 population accessed in the SAHIE dataset. Currently, only women 30-64 are eligible for cervical screening and diagnostic services through the AWC! Program.

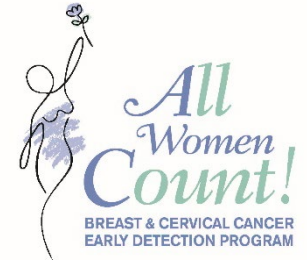
Summary: The projected estimate of remaining unserved women eligible for AWC! cervical screening services in 2023-2024 indicate that program resources would be best allocated in the quartile of counties with the most remaining unserved women, including Minnehaha (3,448), Pennington (2,072), Lincoln (1,015), Brown (656), Codington (534), Brookings (503), Beadle (501), Lawrence (473), Oglala Lakota (456), Meade (438), Clay (390), Yankton (344), Davison (327), Roberts (244), Todd* (244), and Charles Mix (236). *AWC! does not directly focus efforts in Dewey, Todd, or Ziebach counties as they are already served by other federal Breast and Cervical Cancer Early Detection Programs.

Limitation: Hughes County projected estimate of remaining unserved women eligible for cervical cancer screening is underestimated due to an overestimated calculation of reach caused by the inclusion of AWC! services provided to female inmates at the South Dakota Women’s Prison located in Hughes County.

Figure 20. Strategic Outreach Areas for Breast and Cervical Cancer Screening in 2024-2025



Summary: Breast outreach should focus on the counties of Clay, Davison, Meade, Oglala Lakota, and Roberts. These counties represent an overlap of the selected quartiles for lowest breast reach & highest remaining number of eligible women (Clay, Oglala Lakota, and Roberts) and/or an overlap of the selected quartiles for lowest mammography rates & highest remaining number of eligible women (Davison, Meade, and Oglala Lakota). Todd county also falls in both of these categories, but is served primarily by Honor Every Woman. Cervical outreach should focus on the counties of Brookings, Charles Mix, Lawrence, Minnehaha, Oglala Lakota, Pennington, and Roberts. These counties represent an overlap of the selected quartiles for lowest cervical reach & highest remaining number of eligible women (Oglala Lakota and Roberts) or an overlap of the selected quartiles for lowest Pap rates & highest remaining number of eligible women (Brookings, Charles Mix, Lawrence, Minnehaha, Pennington, and Roberts). Todd county also falls in the first category, but is served primarily by Honor Every Woman. Targeted efforts by the Outreach Coordinator in these specific counties will have the largest impact for improving breast and cervical screening services and reach of the AWC! program.



What's New this Year?

- 2025 CPT Codes and Income Guidelines
- AWC! Email Address: SDAllWomenCount@state.sd.us
- Visit Forms now available in English, Spanish, Karen, and Nepali
- Texting capability
- AWC! program assessment- survey coming next week



AWC! Clinical Forms

Please reorder BEFORE you run out. Allow 2 weeks for forms and encounter labels.

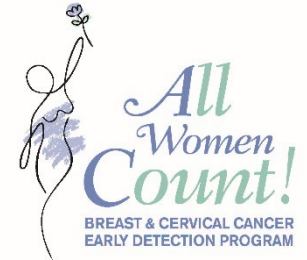
Fill out form and fax to 605-773-8104, or email to Tyann.Gildemaster@state.sd.us

Quantity

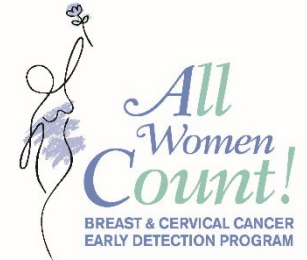
<input type="text"/>	English Visit Form (purple)
<input type="text"/>	Spanish Visit Form (purple)
<input type="text"/>	Karen Visit Form (purple)
<input type="text"/>	Nepali Visit Form (purple)
<input type="text"/>	PAP/HPV Summary Form (blue)
<input type="text"/>	Mammogram Summary (pink)
<input type="text"/>	Encounter Labels: Clinic's 3 letter code <input type="text"/> Last number used <input type="text"/>

Mail to (include contact name):

If you would like to order All Women Count! Program rack cards, posters, or other materials free of charge, visit <https://apps.sd.gov/ph18publications/secure/PubOrder.aspx>.



Fax this form to
605-773-8104 or
email to
Tyann.Gildemaster@state.sd.us



Texting Reminders to Participants

- Enrollment confirmation
- Reminder for services
- Recent abnormal event
- Annual rescreen reminders



POPULATION HEALTH

EVALUATION CENTER



Dear *All Women Count!* Partner:

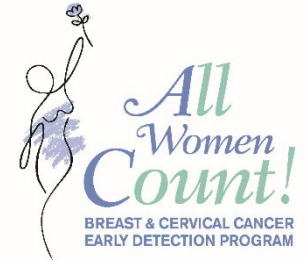
The Population Health Evaluation Center at South Dakota State University is conducting an assessment of the ***All Women Count!*** Program. This project is directed in partnership with the South Dakota Department of Health and the Office of Chronic Disease Prevention and Health Promotion. The specific aims of the assessment are to examine the facilitators and barriers to:

- 1) partnering with the *AWC!* program
- 2) accessing program training and resources
- 3) enrolling eligible women into the *AWC!* program for financial assistance for screening
- 4) and receiving reimbursement for services provided.

As a main contact for your facility, the *All Women Count!* Program has shared your email address with us for invitation to the survey. We invite you to access the survey through this link:

<SurveyLink>

We realize that your time is valuable and have attempted to keep the requested information as brief and concise as possible. The questionnaire will take approximately 30 minutes of your time to complete and has a save and return option. If you should need any assistance with completing the survey, or have any questions about the assessment, please contact Jenna Cowan at 605-688-4513 or by email at Jenna.Cowan@sdstate.edu.



Contact the AWC! Program for additional assistance

- 1-800-738-2301
- <https://www.getscreenedsd.org/awc>

Webinar evaluation:

