susan g. komen®

COMMUNITY PROFILE REPORT 2015

SUSAN G. KOMEN®
NORTHEAST LOUISIANA

Table of Contents

Acknowledgments

The Community Profile Report could not have been accomplished without the exceptional work, effort, time and commitment from many people involved in the process.

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Becky Tripp, Bachelors of Fine Arts in Mass Communication, ULM
Affiliate Coordinator
Susan G. Komen Northeast Louisiana

Patrick Fleniken, Master of Science in Analytics, LSU
SR IT Systems Analyst
CenturyLink

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Report Prepared by:

Susan G Komen® Northeast Louisiana
3421 Medical Park Drive
Monroe, LA 71203
318-966-8130
www.komennela.org
Contact: Becky Tripp

Executive Summary

Introduction to the Community Profile Report

Susan G. Komen® Northeast Louisiana (NELA) was founded in 1996 and serves a 12 parish service area, comprised of Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, and West Carroll Parishes. The Northeast Louisiana Race for the Cure® began two years before the Affiliate was founded and originally had a few hundred participants. It has since grown to upwards of 4,800 registered participants. Since its inception, Komen NELA has been the recipient of numerous awards, including the JCPenney Golden Rule Award, an Affiliate Excellence Award from Komen Headquarters, and a Silver Addy Award from the Northeast Louisiana Ad Club for a Race for the Cure PSA. The Affiliate has also long held the distinction of having the largest 5K Walk/Run in Northeast Louisiana with its largest annual fundraiser, the Northeast Louisiana Race for the Cure.

Overall, the Affiliate has funded more than $3 million in education, screening, treatment assistance and research grants. Over the years, Komen NELA has become known as an advocate for local women through the community grants program, grassroots public policy efforts, educational opportunities, and by supporting local survivorship programs. The Affiliate has been actively involved for many years in the local public policy arena, advocating funding for programs such as the Louisiana Breast and Cervical Health Program. On the local education front, Komen NELA speaks several times a month, throughout the year, at a variety events about breast health, breast cancer risks and local resources.

The Affiliate will use the results of the Community Profile Report to construct a Request for Applications statement for the granting process that will address the most urgent needs of the service area. It is through this statement that the Affiliate will alert health care facilities to the areas of need that have been discovered and how the Affiliate plans to address those needs. The report will also be used to better reach the area's most vulnerable populations through innovative methods of education and outreach, in the hopes of increasing early screening percentages, thereby improving death rates. The Affiliate will also utilize the information found in the report to form lasting partnerships with other like-minded organizations seeking to improve the lives of the populations in Northeast Louisiana. The information in this report will also be instrumental in developing marketing plans and sponsorship efforts, as the Affiliate will be capable of showing sponsors and the public where the areas of need are in a tangible way.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

The Quantitative Data Report findings show that nearly the entire Affiliate service area is considered to be 100 percent medically underserved. This highlights the need for health services programs within the service area, across the continuum of care. The Affiliate is particularly sensitive to providing early detection since service the area has a significantly higher late-stage rate and a significantly lower screening percentage compared to the State of Louisiana as a whole. The target communities chosen by the Komen NELA Team are Lincoln Parish, The Mississippi River Region, which includes East Carroll, Madison and Tensas Parishes, and Morehouse Parish. The target communities have a higher percentage of the population being Black/African-American, which is important due to their higher rates of late-

stage diagnosis and death. These communities were also chosen based on key indicators showing an increased chance of vulnerable populations likely at risk for experiencing gaps in breast health services and/or barriers in access to care. Key indicators the Team reviewed include, but were not limited to, incidence rates and trends, death rates and trends, late-stage rates and trends, screening percentages, residents with an annual income below or near the poverty level, and residents living without health insurance.

Lincoln Parish has a high Black/African-American population, nearly three times the national percentage. The Parish also has higher late-stage and death rates than the national rates. According to Healthy People 2020, Lincoln Parish is not likely to meet the death rate target of 20.6. The Mississippi River Region had very few numbers that were not suppressed regarding screening, late-stage and death rates due to small population sizes. This area was chosen due to having high percentages of poverty and those with less than a high school education. In addition, the Mississippi River Region has a large Black/African-American population, who has a higher likelihood of late-stage diagnosis and death due to breast cancer. Morehouse Parish has a Black/African-American population more than three times the national percentage and more than twice the Affiliate percentage. In addition, the parish also has high percentages of residents in poverty and without health insurance. Healthy People 2020 ranked Morehouse Parish as the highest priority parish for intervention due to a rising late-stage incidence rate and high death rate. Screening percentages for Morehouse Parish are slightly below state percentages, even though late-stage and incidence rates are rising.

Health System and Public Policy Analysis

The strengths of the continuum of care in the target communities are that breast health services are available to residents in all communities, although some have to travel out of their parish to receive some services. There are some programs already in place to assist residents who have to travel and mobile units are eliminating the need to travel for screening in the places they are able to visit. There are still many weaknesses in in the continuum of care in the target communities that need to be addressed including a need for broader access to transportation, further use of mobile mammography units, a great need for treatment options and education for both the general public and health care professionals on services available to residents. Also, only Lincoln Parish has any type of support services for breast cancer survivors. Lincoln Parish's strengths include a local screening service and two financial assistance programs available to residents, one local and one in based in Monroe. The parish's weaknesses are that there are no free or low cost diagnostic or treatment services available in the parish. The strengths of the Mississippi River Region are that they have begun building relationships with mobile mammography providers and have access to a financial assistance program based out of Monroe. The parish has virtually no local resources for accessing the continuum of care as a whole, which summarizes its weaknesses. Morehouse Parish's strengths lie in a local hospital, which has provided mammogram vouchers when grant funds were awarded to them for doing so, and a partnership between a medical clinic and a mobile mammography provider to supply a secondary source for screening. Residents also have access to both a local financial assistance program and a program based out of Monroe. The parish's weaknesses are that the local screening services rely on grant funds and there are no local diagnostic or treatment services available.

The State of Louisiana is still learning all of the implications of the Affordable Care Act, particularly with the State decision not to implement the Medicaid expansion. Nearly half of Louisiana residents are eligible for tax credits in the Marketplace to purchase insurance, allowing more residents access to health care that now includes breast and cervical screening at no cost. Komen NELA will stay on the forefront of conversations regarding the Affordable Care Act and access to the breast health continuum for all residents. The Affiliate has worked on a statewide basis each year to fight for funding for the Louisiana Breast and Cervical Health Program (LBCHP) as it has regularly been at risk of funding cuts. This work will need to continue for years to come to ensure all Louisiana residents have access to breast screening services.

The Health Systems and Public Policy Analysis indicated a great need for transportation services, mobile mammography services, better access to treatment, and support services for survivors. While it is skeletal in places, health systems are available in all target areas for the Affiliate to strategically work with to reach vulnerable populations and provide the support and services they are currently lacking.

Qualitative Data: Ensuring Community Input

The Qualitative Data Report pursued questions along the same themes for all target areas regarding where residents in the target areas seek breast health services, what level of knowledge the average resident has in regards to breast health and which outreach and education methods would work best for each area. Key informant interviews, focus groups and document reviews were conducted for all target areas. The respondents indicated a need for free or low cost services in each target area, in addition to a great need for education and outreach. Services are needed in each area to provide local access to breast health services or flexible transportation to access breast health services outside of the target area. The use of mobile mammography units would be ideal in the more rural communities where the addition of breast health centers is not feasible and there are multiple small communities that need to be reached. Transportation from the more rural areas is either difficult to obtain or nonexistent in some areas; therefore, transportation services that can be scheduled in a flexible manner are also needed for those accessing screening and treatment outside of their area. Many respondents indicated a reason for high late-stage rates may be from the lack of understanding and education on breast cancer risks and mammography. This points to a need for extended education efforts in each target area. Many respondents suggested collaborating with local churches and civic organizations in the target areas to disseminate information regarding breast health and services available in their community.

Mission Action Plan

Statement of Need:
Lincoln Parish, The Mississippi River Region, and Morehouse Parish have high late-stage and death rates for breast cancer, especially in Black/African-American populations, in addition to being 100 percent medically underserved and having high poverty levels. Qualitative data indicates that education and access to services may assist in reducing breast cancer late-stage diagnosis and death rates.

Priority 1: Partner with local community organizations and health care providers to provide outreach and education materials regarding breast health and services available to vulnerable populations. This priority was chosen by studying the trends in the data regarding education. Due to high numbers of respondents in the Quantitative Data Report and the Health Systems and Public Policy Analysis who were either uninformed on services available in their area or thought a lack of understanding and education on breast health was a major barrier in their area.

- *Objective 1:* Collaborate with at least 10 local churches and civic organizations in each target community in FY 16 to disseminate at least 3,000 educational materials on breast health, services and assistance available in each area.
- *Objective 2:* Partner with at least three health care providers in each target community in FY 16 to provide at least 1,000 breast health educational materials and information regarding services available to their patients.

Priority 2: Increase the number of Affiliate funded grants addressing identified gaps in the continuum of care in the target areas. This priority was chosen due to the lack of breast health services within the target areas as shown in the Health Systems and Public Policy Analysis and through responses during the Qualitative Data Report indicating disparities in access to services within the target areas.

- *Objective 1:* By October 2015, revise the Community Grant Request for Application (RFA) indicating that funding priorities are programs that provide evidence-based programs that provide education, screening and support services to vulnerable populations within Lincoln Parish, the Mississippi River Region parishes and Morehouse Parish.

Priority 3: Reduce the number of late-stage diagnosis among Black/African-American women in the Affiliate target areas through education specific to that population.

- *Objective 1:* In FY16 develop collaborative relationships with at least three community-based organizations that interact with Black/African-American women in each of the target areas.
- *Objective 2:* By the end of FY17, collaborate with at least three providers in the target areas to provide culturally competent breast health care and outreach to the Black/African-American community through dissemination of at least 1,000 audience specific educational materials.

Disclaimer: Comprehensive data for the Executive Summary can be found in the 2015 Susan G. Komen® Northeast Louisiana Community Profile Report.

Introduction

Affiliate History

Susan G. Komen® Northeast Louisiana (NELA) was founded in 1996 and serves a 12 parish service area. The Komen Northeast Louisiana Race for the Cure® began two years before the Affiliate was founded and originally had a few hundred participants. The Komen NELA Race has since grown to upwards of 4,800 registered participants. Since its inception, Komen NELA has been the recipient of numerous awards, including the JCPenney Golden Rule Award, an Affiliate Excellence Award from Komen Headquarters, and a Silver Addy Award from the Northeast Louisiana Ad Club for a Race for the Cure PSA. The Affiliate has also long held the distinction of having the largest 5K Walk/Run in Northeast Louisiana.

Komen NELA has worked with grantees and other breast health advocates in the community to build a network that is able to catch women in coverage gaps and work cooperatively with each other. Through the work of the Affiliate to introduce and foster relationships, local health care providers have built the necessary networks with each other to cooperatively assist patients as they navigate the continuum of care. This has been especially impactful for the more rural areas with fewer resources. The introduction of a breast cancer patient navigator at St. Francis Medical Center, through a grant from Komen NELA, gave women across twelve parishes a single source for questions about screening, diagnosis, treatment and other survivorship issues. This program served to introduce breast cancer patient navigation to the area, which has been emulated in multiple forms at other health care facilities. The Affiliate also funded the expansion of the LSU Health Sciences Mobile Mammography Unit's services into Northeast Louisiana, which offered mammography services to local women in their communities for the first time. The Affiliate has strived to stay on the forefront of breast health needs in Northeast Louisiana, seeking out grantees and other partners to effectively reach populations in need.

Overall, the Affiliate has funded more than $3 million in education, screening, treatment assistance and research grants. In addition to funding previously mentioned programs like the breast cancer patient navigator and the expansion of a mobile mammography unit into the service area, the annual grants program has funded programs at multiple health care facilities to screen uninsured or underinsured women, educate the public on breast health issues and provide financial assistance such as gas cards, paying utilities, or medication bills, and providing post-mastectomy garments. For many families, these services have caught breast cancer early enough to effectively treat the disease or have eased some of the financial strain caused by medical bills, making them more likely to both seek treatment early and finish treatment, both key components in survivorship.

Over the years the Affiliate has become known as an advocate for local women through grassroots public policy efforts, educational opportunities, and by supporting local survivorship programs. The Affiliate has been actively involved for many years in the local public policy arena, advocating funding for programs such as the Louisiana Breast and Cervical Health Program. The Affiliate advocated for this program by keeping open lines of communication with local legislators, keeping them informed on current breast health issues and the importance of the Louisiana Breast and Cervical Health Program to vulnerable women in Louisiana. Members of the Affiliate have attended Louisiana Lobby Day faithfully for many years, at times taking a charter bus of survivors and advocates to the State Capitol to be a voice for local women. On

the local education front, Komen NELA speaks several times a month, throughout the year, at a variety of health fairs, symposiums, churches, civic groups, businesses, schools and other groups about breast health, breast cancer risks and local resources. Many more groups contact the Affiliate to obtain educational materials to distribute and many individuals call the local Affiliate on a weekly basis for information on obtaining screening, treatment or other services. They frequently state that the Affiliate is the only place they knew to turn for answers regarding local breast health care. In order to nurture the breast cancer survivor community, Komen NELA works cooperatively with multiple support groups in the area, offering information and support where needed to help foster the growing community of survivors.

Affiliate Organizational Structure

Komen Northeast Louisiana functions with a 12 member Board of Directors and two full time employees, in addition to a host of volunteer Committee Chairs and members (Figure 1.1). Board members serve two year terms with possible reelection twice after the first term for a total of six years maximum on the Board. If they wish to reapply to the Board after their term limit is complete, they must wait at least one year from their last active date to apply. The two employees, an Affiliate Coordinator and a Special Events Coordinator, report directly to the Board President. In addition to the employees, Board Members at Large, the Public Relations Committee and all other committees also report to the Board President. The President-Elect reports to the Board President and oversees the Human Resources Committee and the Board Secretary. All Committees also report to the Board Secretary. The Board of Directors meets on a bi-monthly basis unless the necessity for a special meeting arises.

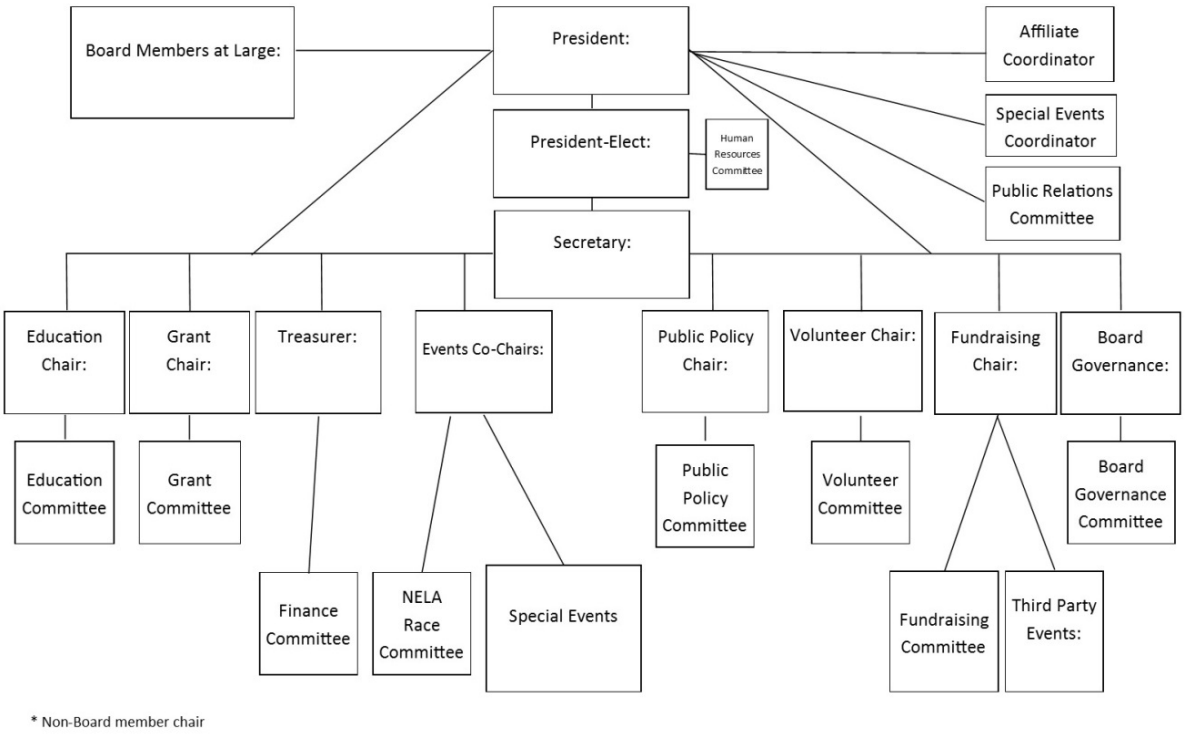

Figure 1.1. Susan G. Komen Northeast Louisiana organizational chart

Affiliate Service Area

Komen NELA is comprised of 12 mainly rural parishes (Figure 1.2). The parishes served are Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, and West Carroll Parishes. According to Louisiana Site Selection Center, the total population for the Affiliate service area is 357,535 and out of those numbers, 3,300 are transient and another 10,301 are seasonal. Of the total population, 59.6 percent of the population is White, 36.6 percent Black/African-American, 0.7 percent Asian and Pacific Islander, 1.2 percent Other and 1.9 percent Hispanic/Latino. Of those classified as Asian and Pacific Islander, the majority are from South East Asian and South Central Asia, while the majority of those classified as Hispanic/Latino are from Mexico (LSSC, 2015). While the area is mostly rural, there are a few towns and cities that serve as central hubs for the surrounding rural areas. The largest cities are Monroe in Ouachita Parish and Ruston in Lincoln Parish. The largest employers for the 12 parish area are educational, wholesale, agricultural and mining, manufacturing and entertainment industries (LSSC, 2015). The average household income for White populations is $63,418, while for Black/African-American populations it is $34,388. The average household income for Asian and Pacific Islander populations is $57,065 and for Hispanic/Latino populations it is $45,305 (LSSC, 2015).

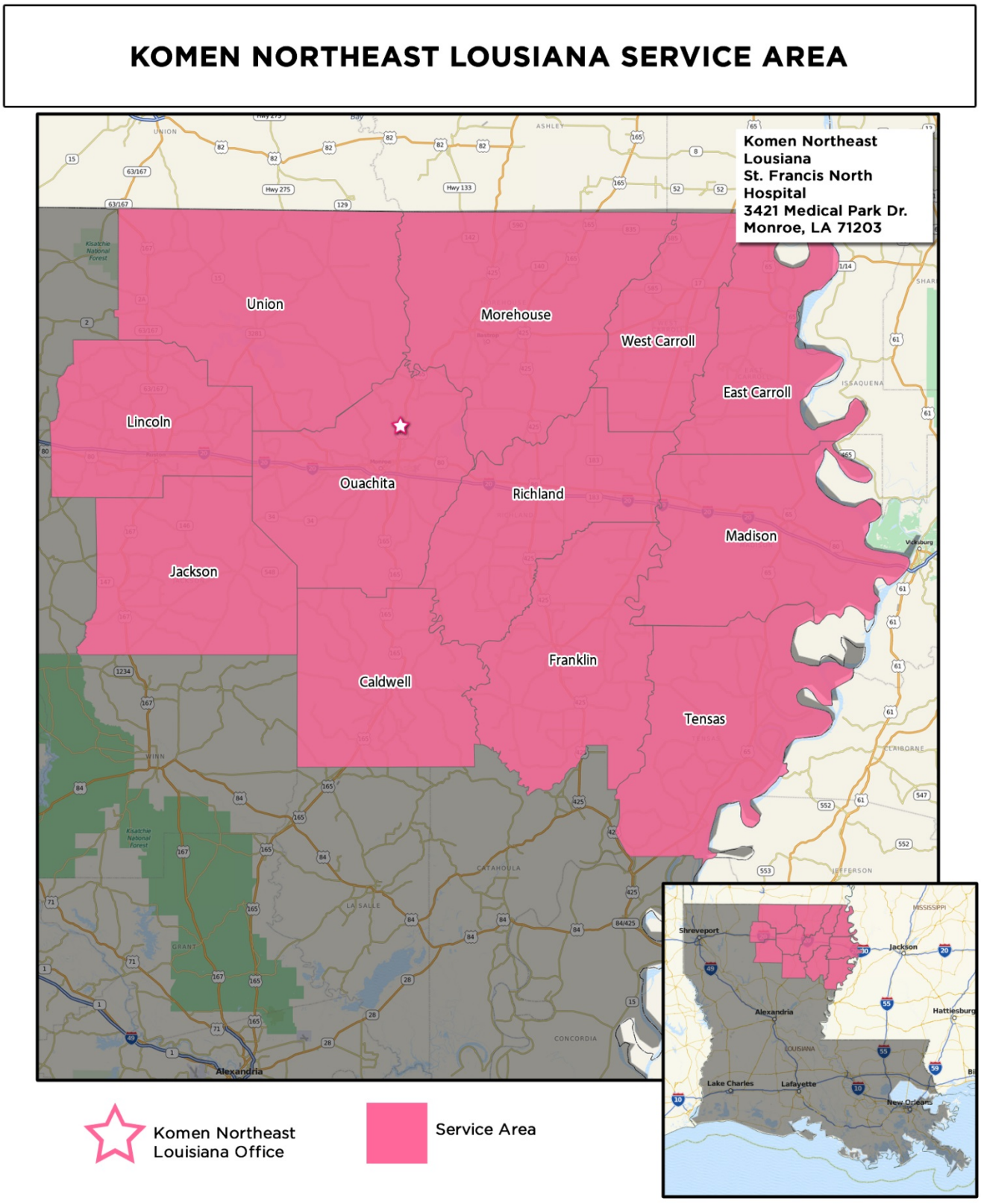

Figure 1.2. Susan G. Komen Northeast Louisiana service area

Purpose of the Community Profile Report

The Purpose of the Community Profile Report is to:

- Align the Affiliate's strategic and operational plans
- Drive inclusion efforts in the community
- Drive public policy efforts
- Establish focused granting priorities
- Establish focused education needs
- Establish directions for marketing and outreach
- Strengthen sponsorship efforts

The Affiliate will use the results of the Community Profile Report to construct a Request for Applications statement for the granting process that will address the most urgent needs of the service area. It is through this statement that the Affiliate will alert health care facilities to the areas of need that have been discovered and how Komen NELA plans to address those needs. The report will also be used to better reach the area's most vulnerable populations through innovative methods of education and outreach, in the hopes of increasing early screening percentages, thereby improving death rates. The Affiliate will also utilize the information found in the report to form lasting partnerships with other like-minded organizations seeking to improve the lives of the populations in Northeast Louisiana. The information in this report will also be instrumental in developing marketing plans and sponsorship efforts, as the Affiliate will be capable of showing sponsors and the public where the areas of need are in a tangible way.

The Community Profile Report will be made available for download on the Affiliate's website and information about its availability will be made known through communication with the Affiliate's constituency and the general public at large through advertising on the Affiliate's website, social media accounts and mass media. The Affiliate will also send electronic copies of the report to health care organizations, legislators, and local public officials through direct contact in the hopes of creating a dialogue about the breast health needs of Northeast Louisiana and how the Affiliate can work in conjunction with these local organizations and individuals to best serve the area.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

Quantitative Data Report

Introduction

The purpose of the quantitative data report for Susan G. Komen® Northeast Louisiana is to combine evidence from many credible sources and use the data to identify the highest priority areas for evidence-based breast cancer programs.

The data provided in the report are used to identify priorities within the Affiliate's service area based on estimates of how long it would take an area to achieve Healthy People 2020 objectives for breast cancer late-stage diagnosis and death rates (http://www.healthypeople.gov/2020/default.aspx).

The following is a summary of Komen Northeast Louisiana's Quantitative Data Report. For a full report please contact the Affiliate.

Breast Cancer Statistics

Incidence rates

The breast cancer incidence rate shows the frequency of new cases of breast cancer among women living in an area during a certain time period (Table 2.1). Incidence rates may be calculated for all women or for specific groups of women (e.g. for Asian/Pacific Islander women living in the area).

The female breast cancer incidence rate is calculated as the number of females in an area who were diagnosed with breast cancer divided by the total number of females living in that area. Incidence rates are usually expressed in terms of 100,000 people. For example, suppose there are 50,000 females living in an area and 60 of them are diagnosed with breast cancer during a certain time period. Sixty out of 50,000 is the same as 120 out of 100,000. So the female breast cancer incidence rate would be reported as 120 per 100,000 for that time period.

When comparing breast cancer rates for an area where many older people live to rates for an area where younger people live, it's hard to know whether the differences are due to age or whether other factors might also be involved. To account for age, breast cancer rates are usually adjusted to a common standard age distribution. Using age-adjusted rates makes it possible to spot differences in breast cancer rates caused by factors other than differences in age between groups of women.

To show trends (changes over time) in cancer incidence, data for the annual percent change in the incidence rate over a five-year period were included in the report. The annual percent change is the average year-to-year change of the incidence rate. It may be either a positive or negative number.

- A negative value means that the rates are getting lower.
- A positive value means that the rates are getting higher.

- A positive value (rates getting higher) may seem undesirable—and it generally is. However, it's important to remember that an increase in breast cancer incidence could also mean that more breast cancers are being found because more women are getting mammograms. So higher rates don't necessarily mean that there has been an increase in the occurrence of breast cancer.

Death rates

The breast cancer death rate shows the frequency of death from breast cancer among women living in a given area during a certain time period (Table 2.1). Like incidence rates, death rates may be calculated for all women or for specific groups of women (e.g. Black/African-American women).

The death rate is calculated as the number of women from a particular geographic area who died from breast cancer divided by the total number of women living in that area. Death rates are shown in terms of 100,000 women and adjusted for age.

Data are included for the annual percent change in the death rate over a five-year period.

The meanings of these data are the same as for incidence rates, with one exception. Changes in screening don't affect death rates in the way that they affect incidence rates. So a negative value, which means that death rates are getting lower, is always desirable. A positive value, which means that death rates are getting higher, is always undesirable.

Late-stage incidence rates

For this report, late-stage breast cancer is defined as regional or distant stage using the Surveillance, Epidemiology and End Results (SEER) Summary Stage definitions (http://seer.cancer.gov/tools/ssm/). State and national reporting usually uses the SEER Summary Stage. It provides a consistent set of definitions of stages for historical comparisons.

The late-stage breast cancer incidence rate is calculated as the number of women with regional or distant breast cancer in a particular geographic area divided by the number of women living in that area (Table 2.1). Late-stage incidence rates are shown in terms of 100,000 women and adjusted for age.

Table 2.1. Female breast cancer incidence rates and trends, death rates and trends, and late-stage rates and trends

		Incidence Rates and Trends			Death Rates and Trends			Late-stage Rates and Trends		
Population Group	Female Population (Annual Average)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of Deaths (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)
US	154,540,194	182,234	122.1	-0.2%	40,736	22.6	-1.9%	64,590	43.8	-1.2%
HP2020	.	-	-	-	-	20.6*	-	-	41.0*	-
Louisiana	2,265,429	2,967	119.7	1.3%	642	25.4	-1.4%	1,151	46.8	0.4%
Komen Northeast Louisiana Service Area	182,439	250	122.1	-2.1%	56	26.6	NA	106	52.8	-2.8%
White	110,630	171	120.6	-0.4%	33	21.1	NA	65	47.3	1.0%
Black/African-American	69,920	77	124.0	-4.6%	24	38.2	NA	40	64.6	-6.9%
American Indian/Alaska Native (AIAN)	491	SN	SN	SN	SN	SN	SN	SN	SN	SN
Asian Pacific Islander (API)	1,397	SN	SN	SN	SN	SN	SN	SN	SN	SN
Non-Hispanic/ Latina	179,586	249	122.9	-2.3%	56	26.8	NA	106	53.2	-2.9%
Hispanic/ Latina	2,853	SN	SN	SN	SN	SN	SN	SN	SN	SN
Caldwell Parish - LA	4,946	8	140.9	16.0%	SN	SN	SN	SN	SN	SN
East Carroll Parish - LA	3,701	4	93.3	11.2%	SN	SN	SN	SN	SN	SN
Franklin Parish - LA	10,687	16	116.1	7.3%	3	20.0	-2.5%	8	58.4	15.0%
Jackson Parish - LA	8,009	10	99.3	-2.4%	SN	SN	SN	5	51.4	-8.6%
Lincoln Parish - LA	23,420	30	135.4	-4.6%	8	33.9	-0.5%	13	62.9	-9.0%
Madison Parish - LA	6,163	7	106.1	-24.7%	SN	SN	SN	SN	SN	SN
Morehouse Parish - LA	14,805	20	107.9	3.6%	5	24.7	-2.2%	9	49.1	7.0%
Ouachita Parish - LA	79,700	109	127.9	-1.8%	22	25.9	-1.9%	45	53.0	-3.3%
Richland Parish - LA	10,774	14	116.9	-6.9%	3	27.3	NA	6	52.3	-4.1%
Tensas Parish - LA	2,856	4	121.3	-7.2%	SN	SN	SN	SN	SN	SN
Union Parish - LA	11,562	17	117.4	-8.5%	4	28.1	NA	8	54.7	-4.2%
West Carroll Parish - LA	5,816	10	135.0	-6.8%	4	40.3	NA	4	60.2	-14.7%

*Target as of the writing of this report.
NA – data not available.
SN – data suppressed due to small numbers (15 cases or fewer for the 5-year data period).
Data are for years 2006-2010.
Rates are in cases or deaths per 100,000.
Age-adjusted rates are adjusted to the 2000 US standard population.
Source of incidence and late-stage data: North American association of Central Cancer Registries (NAACCR) – Cancer in North America (CINA) Deluxe Analytic File.
Source of death rate data: Centers for Disease Control and Prevention (CDC) – National Center for Health Statistics (NCHS) mortality data in SEER*Stat.
Source of death trend data: National Cancer Institute (NCI)/CDC State Cancer Profiles.

Incidence rates and trends summary
Overall, the breast cancer incidence rate in the Komen Northeast Louisiana service area was similar to that observed in the US as a whole and the incidence trend was lower than the US as a whole. The incidence rate and trend of the Affiliate service area were not significantly different than that observed for the State of Louisiana.

For the United States, breast cancer incidence in Blacks/African-Americans is lower than in Whites overall. The most recent estimated breast cancer incidence rates for Asians and Pacific Islanders (APIs) and American Indians and Alaska Natives (AIANs) were lower than for Non-Hispanic Whites and Blacks/African-Americans. The most recent estimated incidence rates for Hispanics/Latinas were lower than for Non-Hispanic Whites and Blacks/African-Americans. For the Affiliate service area as a whole, the incidence rate was slightly higher among Blacks/African-Americans than Whites. There were not enough data available within the Affiliate service area to report on APIs and AIANs so comparisons cannot be made for these racial groups. Also, there were not enough data available within the Affiliate service area to report on Hispanics/Latinas so comparisons cannot be made for this group.

Significantly less favorable trends in breast cancer incidence rates were observed in the following parish:

- Caldwell Parish

The rest of the parishes had incidence rates and trends that were not significantly different than the Affiliate service area as a whole.

It's important to remember that an increase in breast cancer incidence could also mean that more breast cancers are being found because more women are getting mammograms.

Death rates and trends summary
Overall, the breast cancer death rate in the Komen Northeast Louisiana service area was higher than that observed in the US as a whole and the death rate trend was not available for comparison with the US as a whole. The death rate of the Affiliate service area was not significantly different than that observed for the State of Louisiana.

For the United States, breast cancer death rates in Blacks/African-Americans are substantially higher than in Whites overall. The most recent estimated breast cancer death rates for APIs and AIANs were lower than for Non-Hispanic Whites and Blacks/African-Americans. The most recent estimated death rates for Hispanics/Latinas were lower than for Non-Hispanic Whites and Blacks/African-Americans. For the Affiliate service area as a whole, the death rate was higher among Blacks/African-Americans than Whites. There were not enough data available within the Affiliate service area to report on APIs and AIANs so comparisons cannot be made for these racial groups. Also, there were not enough data available within the Affiliate service area to report on Hispanics/Latinas so comparisons cannot be made for this group.

None of the parishes in the Affiliate service area had substantially different death rates than the Affiliate service area as a whole or did not have enough data available.

Late-stage incidence rates and trends summary
Overall, the breast cancer late-stage incidence rate in the Komen Northeast Louisiana service area was higher than that observed in the US as a whole and the late-stage incidence trend was

lower than the US as a whole. The late-stage incidence rate of the Affiliate service area was **significantly higher** than that observed for the State of Louisiana and the late-stage incidence trend was not significantly different than the State of Louisiana.

For the United States, late-stage incidence rates in Blacks/African-Americans are higher than among Whites. Hispanics/Latinas tend to be diagnosed with late-stage breast cancers more often than Whites. For the Affiliate service area as a whole, the late-stage incidence rate was higher among Blacks/African-Americans than Whites. There were not enough data available within the Affiliate service area to report on APIs and AIANs so comparisons cannot be made for these racial groups. Also, there were not enough data available within the Affiliate service area to report on Hispanics/Latinas so comparisons cannot be made for this group.

None of the parishes in the Affiliate service area had substantially different late-stage incidence rates than the Affiliate service area as a whole or did not have enough data available.

Mammography Screening

Getting regular screening mammograms (and treatment if diagnosed) lowers the risk of dying from breast cancer. Screening mammography can find breast cancer early, when the chances of survival are highest. Table 2.2 shows some screening recommendations among major organizations for women at average risk.

Table 2.2. Breast cancer screening recommendations for women at average risk

American Cancer Society	National Cancer Institute	National Comprehensive Cancer Network	US Preventive Services Task Force
Mammography every year starting at age 40	Mammography every 1-2 years starting at age 40	Mammography every year starting at age 40	Informed decision-making with a health care provider ages 40-49 Mammography every 2 years ages 50-74

Because having regular mammograms lowers the chances of dying from breast cancer, it's important to know whether women are having mammograms when they should. This information can be used to identify groups of women who should be screened who need help in meeting the current recommendations for screening mammography. The Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factors Surveillance System (BRFSS) collected the data on mammograms that are used in this report. The data come from interviews with women age 50 to 74 from across the United States. During the interviews, each woman was asked how long it has been since she has had a mammogram. BRFSS is the best and most widely used source available for information on mammography usage among women in the United States, although it does not collect data aligning with Komen breast self-awareness messaging (i.e. from women age 40 and older). The proportions in Table 2.3 are based on the number of women age 50 to 74 who reported in 2012 having had a mammogram in the last two years.

The data have been weighted to account for differences between the women who were interviewed and all the women in the area. For example, if 20.0 percent of the women interviewed are Hispanic/Latina, but only 10.0 percent of the total women in the area are Hispanic/Latina, weighting is used to account for this difference.

The report uses the mammography screening proportion to show whether the women in an area are getting screening mammograms when they should. Mammography screening proportion is calculated from two pieces of information:

- The number of women living in an area whom the BRFSS determines should have mammograms (i.e. women age 50 to 74).
- The number of these women who actually had a mammogram during the past two years.

The number of women who had a mammogram is divided by the number who should have had one. For example, if there are 500 women in an area who should have had mammograms and 250 of those women actually had a mammogram in the past two years, the mammography screening proportion is 50.0 percent.

Because the screening proportions come from samples of women in an area and are not exact, Table 2.3 includes confidence intervals. A confidence interval is a range of values that gives an idea of how uncertain a value may be. It's shown as two numbers—a lower value and a higher one. It is very unlikely that the true rate is less than the lower value or more than the higher value.

For example, if screening proportion was reported as 50.0 percent, with a confidence interval of 35.0 to 65.0 percent, the real rate might not be exactly 50.0 percent, but it's very unlikely that it's less than 35.0 or more than 65.0 percent.

In general, screening proportions at the county level have fairly wide confidence intervals. The confidence interval should always be considered before concluding that the screening proportion in one county is higher or lower than that in another county.

Table 2.3. Proportion of women ages 50-74 with screening mammography in the last two years, self-report

Population Group	# of Women Interviewed (Sample Size)	# w/ Self-Reported Mammogram	Proportion Screened (Weighted Average)	Confidence Interval of Proportion Screened
US	174,796	133,399	77.5%	77.2%-77.7%
Louisiana	4,157	3,120	76.8%	74.9%-78.6%
Komen Northeast Louisiana Service Area	514	361	71.4%	65.8%-76.4%
White	354	241	70.2%	63.6%-76.1%
Black/African-American	152	113	72.5%	61.0%-81.6%
AIAN	SN	SN	SN	SN
API	SN	SN	SN	SN
Hispanic/ Latina	SN	SN	SN	SN
Non-Hispanic/ Latina	509	359	72.0%	66.3%-77.0%
Caldwell Parish - LA	SN	SN	SN	SN
East Carroll Parish - LA	SN	SN	SN	SN
Franklin Parish - LA	136	89	64.5%	53.6%-74.1%
Jackson Parish - LA	11	8	72.9%	36.5%-92.6%
Lincoln Parish - LA	24	19	87.2%	60.9%-96.7%
Madison Parish - LA	SN	SN	SN	SN
Morehouse Parish - LA	123	85	71.1%	60.4%-79.8%
Ouachita Parish - LA	100	73	71.4%	57.9%-81.9%
Richland Parish - LA	111	81	73.7%	62.3%-82.6%
Tensas Parish - LA	SN	SN	SN	SN
Union Parish - LA	SN	SN	SN	SN
West Carroll Parish - LA	SN	SN	SN	SN

SN – data suppressed due to small numbers (fewer than 10 samples).
Data are for 2012.
Source: CDC – Behavioral Risk Factor Surveillance System (BRFSS).

Breast cancer screening proportions summary

The breast cancer screening proportion in the Komen Northeast Louisiana service area was **significantly lower** than that observed in the US as a whole. The screening proportion of the Affiliate service area was not significantly different than the State of Louisiana.

For the United States, breast cancer screening proportions among Blacks/African-Americans are similar to those among Whites overall. APIs have somewhat lower screening proportions than Whites and Blacks/African-Americans. Although data are limited, screening proportions among AIANs are similar to those among Whites. Screening proportions among Hispanics/Latinas are similar to those among Non-Hispanic Whites and Blacks/African-Americans. For the Affiliate service area as a whole, the screening proportion was not significantly different among Blacks/African-Americans than Whites. There were not enough data available within the Affiliate service area to report on APIs and AIANs so comparisons cannot be made for these racial groups. Also, there were not enough data available within the

Affiliate service area to report on Hispanics/Latinas so comparisons cannot be made for this group.

None of the parishes in the Affiliate service area had substantially different screening proportions than the Affiliate service area as a whole.

Population Characteristics

The report includes basic information about the women in each area (demographic measures) and about factors like education, income, and unemployment (socioeconomic measures) in the areas where they live (Tables 2.4 and 2.5). Demographic and socioeconomic data can be used to identify which groups of women are most in need of help and to figure out the best ways to help them.

It is important to note that the report uses the race and ethnicity categories used by the US Census Bureau, and that race and ethnicity are separate and independent categories. This means that everyone is classified as both a member of one of the four race groups as well as either Hispanic/Latina or Non-Hispanic/Latina.

The demographic and socioeconomic data in this report are the most recent data available for US counties. All the data are shown as percentages. However, the percentages weren't all calculated in the same way.

- The race, ethnicity, and age data are based on the total female population in the area (e.g. the percent of females over the age of 40).
- The socioeconomic data are based on all the people in the area, not just women.
- Income, education and unemployment data don't include children. They're based on people age 15 and older for income and unemployment and age 25 and older for education.
- The data on the use of English, called "linguistic isolation", are based on the total number of households in the area. The Census Bureau defines a linguistically isolated household as one in which all the adults have difficulty with English.

Table 2.4. Population characteristics – demographics

Population Group	White	Black/ African-American	AIAN	API	Non-Hispanic /Latina	Hispanic /Latina	Female Age 40 Plus	Female Age 50 Plus	Female Age 65 Plus
US	78.8 %	14.1 %	1.4 %	5.8 %	83.8 %	16.2 %	48.3 %	34.5 %	14.8 %
Louisiana	63.7 %	33.8 %	0.8 %	1.8 %	96.1 %	3.9 %	46.8 %	33.7 %	14.0 %
Komen Northeast Louisiana Service Area	60.3 %	38.6 %	0.3 %	0.9 %	98.2 %	1.8 %	46.6 %	34.4 %	15.5 %
Caldwell Parish - LA	83.1 %	16.4 %	0.3 %	0.3 %	97.8 %	2.2 %	52.4 %	39.1 %	17.6 %
East Carroll Parish - LA	29.9 %	69.3 %	0.2 %	0.6 %	98.3 %	1.7 %	47.3 %	35.8 %	16.5 %
Franklin Parish - LA	67.4 %	32.1 %	0.2 %	0.3 %	98.9 %	1.1 %	51.2 %	38.6 %	18.8 %
Jackson Parish - LA	69.5 %	29.9 %	0.3 %	0.3 %	98.6 %	1.4 %	52.3 %	39.9 %	19.2 %
Lincoln Parish - LA	54.1 %	44.0 %	0.3 %	1.6 %	97.8 %	2.2 %	38.1 %	28.2 %	12.9 %
Madison Parish - LA	38.3 %	61.2 %	0.3 %	0.2 %	98.2 %	1.8 %	46.7 %	33.4 %	13.7 %

Population Group	White	Black/ African-American	AIAN	API	Non-Hispanic /Latina	Hispanic /Latina	Female Age 40 Plus	Female Age 50 Plus	Female Age 65 Plus
Morehouse Parish - LA	50.7 %	48.6 %	0.2 %	0.6 %	99.2 %	0.8 %	51.0 %	38.5 %	17.3 %
Ouachita Parish - LA	60.6 %	38.0 %	0.3 %	1.1 %	98.3 %	1.7 %	44.9 %	32.4 %	14.2 %
Richland Parish - LA	62.4 %	36.8 %	0.4 %	0.5 %	98.4 %	1.6 %	49.0 %	36.3 %	16.3 %
Tensas Parish - LA	41.7 %	57.8 %	0.2 %	0.3 %	98.8 %	1.2 %	56.6 %	44.2 %	19.9 %
Union Parish - LA	71.0 %	28.3 %	0.4 %	0.3 %	96.0 %	4.0 %	53.0 %	40.2 %	18.2 %
West Carroll Parish - LA	83.7 %	15.5 %	0.4 %	0.4 %	97.6 %	2.4 %	52.5 %	39.8 %	20.0 %

Data are for 2011.
Data are in the percentage of women in the population.
Source: US Census Bureau – Population Estimates

Table 2.5. Population characteristics – socioeconomics

Population Group	Less than HS Education	Income Below 100% Poverty	Income Below 250% Poverty (Age: 40-64)	Un-employed	Foreign Born	Linguistic-ally Isolated	In Rural Areas	In Medically Under-served Areas	No Health Insurance (Age: 40-64)
US	14.6 %	14.3 %	33.3 %	8.7 %	12.8 %	4.7 %	19.3 %	23.3 %	16.6 %
Louisiana	18.4 %	18.4 %	40.2 %	8.0 %	3.7 %	1.8 %	26.8 %	59.3 %	20.8 %
Komen Northeast Louisiana Service Area	20.0 %	24.1 %	46.6 %	9.3 %	1.6 %	0.6 %	45.3 %	73.5 %	23.0 %
Caldwell Parish - LA	22.6 %	19.7 %	45.9 %	7.6 %	0.5 %	0.1 %	100.0 %	100.0 %	23.3 %
East Carroll Parish - LA	32.5 %	40.8 %	64.6 %	16.9 %	0.4 %	0.0 %	34.6 %	100.0 %	24.2 %
Franklin Parish - LA	31.7 %	28.1 %	51.5 %	12.4 %	0.1 %	0.0 %	74.2 %	100.0 %	25.3 %
Jackson Parish - LA	18.4 %	15.9 %	44.4 %	7.2 %	1.2 %	0.5 %	65.5 %	100.0 %	21.0 %
Lincoln Parish - LA	14.7 %	27.7 %	40.8 %	10.9 %	4.8 %	1.7 %	40.7 %	100.0 %	20.4 %
Madison Parish - LA	23.4 %	32.8 %	59.4 %	16.6 %	0.5 %	0.1 %	22.4 %	100.0 %	24.0 %
Morehouse Parish - LA	24.9 %	28.4 %	54.6 %	11.5 %	0.3 %	0.1 %	50.0 %	100.0 %	23.2 %
Ouachita Parish - LA	16.0 %	21.9 %	43.8 %	7.5 %	1.6 %	0.6 %	24.2 %	38.6 %	23.0 %
Richland Parish - LA	26.4 %	20.4 %	48.3 %	12.7 %	0.4 %	0.1 %	66.0 %	100.0 %	23.6 %
Tensas Parish - LA	25.4 %	32.4 %	58.0 %	6.7 %	0.5 %	0.4 %	100.0 %	100.0 %	26.9 %
Union Parish - LA	20.7 %	23.0 %	44.6 %	6.6 %	1.9 %	1.2 %	82.9 %	100.0 %	21.9 %
West Carroll Parish - LA	27.9 %	25.5 %	48.3 %	9.1 %	1.3 %	0.0 %	100.0 %	100.0 %	26.0 %

Data are in the percentage of people (men and women) in the population.
Source of health insurance data: US Census Bureau – Small Area Health Insurance Estimates (SAHIE) for 2011.
Source of rural population data: US Census Bureau – Census 2010.
Source of medically underserved data: Health Resources and Services Administration (HRSA) for 2013.
Source of other data: US Census Bureau – American Community Survey (ACS) for 2007-2011.

Population characteristics summary

Proportionately, the Komen Northeast Louisiana service area has a substantially smaller White female population than the US as a whole, a substantially larger Black/African-American female population, a substantially smaller Asian and Pacific Islander (API) female population, a slightly smaller American Indian and Alaska Native (AIAN) female population, and a substantially smaller Hispanic/Latina female population. The Affiliate's female population is about the same age as that of the US as a whole. The Affiliate's education level is substantially lower than and income level is substantially lower than those of the US as a whole. There is a slightly larger

percentage of people who are unemployed in the Affiliate service area. The Affiliate service area has a substantially smaller percentage of people who are foreign born and a substantially smaller percentage of people who are linguistically isolated. There is a substantially larger percentage of people living in rural areas, a substantially larger percentage of people without health insurance, and a substantially larger percentage of people living in medically underserved areas.

The following parishes have substantially larger Black/African-American female population percentages than that of the Affiliate service area as a whole:

- East Carroll Parish
- Lincoln Parish
- Madison Parish
- Morehouse Parish
- Tensas Parish

The following parishes have substantially lower education levels than that of the Affiliate service area as a whole:

- East Carroll Parish
- Franklin Parish
- Richland Parish
- Tensas Parish
- West Carroll Parish

The following parishes have substantially lower income levels than that of the Affiliate service area as a whole:

- East Carroll Parish
- Madison Parish
- Tensas Parish

The following parishes have substantially lower employment levels than that of the Affiliate service area as a whole:

- East Carroll Parish
- Franklin Parish
- Madison Parish
- Richland Parish

Priority Areas

Healthy People 2020 forecasts

Healthy People 2020 (HP2020) is a major federal government initiative that provides specific health objectives for communities and for the country as a whole. Many national health organizations use HP2020 targets to monitor progress in reducing the burden of disease and improve the health of the nation. Likewise, Komen believes it is important to refer to HP2020 to see how areas across the country are progressing towards reducing the burden of breast cancer.

HP2020 has several cancer-related objectives, including:

- Reducing women's death rate from breast cancer (Target as of the writing of this report: 41.0 cases per 100,000 women).
- Reducing the number of breast cancers that are found at a late-stage (Target as of the writing of this report: 41.0 cases per 100,000 women).

To see how well counties in the Komen Northeast Louisiana service area are progressing toward these targets, the report uses the following information:

- County breast cancer death rate and late-stage diagnosis data for years 2006 to 2010.
- Estimates for the trend (annual percent change) in county breast cancer death rates and late-stage diagnoses for years 2006 to 2010.
- Both the data and the HP2020 target are age-adjusted.

These data are used to estimate how many years it will take for each county to meet the HP2020 objectives. Because the target date for meeting the objective is 2020, and 2008 (the middle of the 2006-2010 period) was used as a starting point, a county has 12 years to meet the target.

Death rate and late-stage diagnosis data and trends are used to calculate whether an area will meet the HP2020 target, assuming that the trend seen in years 2006 to 2010 continues for 2011 and beyond.

Identification of priority areas

The purpose of this report is to combine evidence from many credible sources and use the data to identify the highest priority areas for breast cancer programs (i.e. the areas of greatest need). Classification of priority areas are based on the time needed to achieve HP2020 targets in each area. These time projections depend on both the starting point and the trends in death rates and late-stage incidence.

Late-stage incidence reflects both the overall breast cancer incidence rate in the population and the mammography screening coverage. The breast cancer death rate reflects the access to care and the quality of care in the health care delivery area, as well as cancer stage at diagnosis.

There has not been any indication that either one of the two HP2020 targets is more important than the other. Therefore, the report considers them equally important.

Counties are classified as follows (Table 2.6):

- Counties that are not likely to achieve either of the HP2020 targets are considered to have the highest needs.
- Counties that have already achieved both targets are considered to have the lowest needs.
- Other counties are classified based on the number of years needed to achieve the two targets.

Table 2.6. Needs/priority classification based on the projected time to achieve HP2020 breast cancer targets

		Time to Achieve Late-stage Incidence Reduction Target				
Time to Achieve Death Rate Reduction Target		13 years or longer	7-12 yrs.	0 – 6 yrs.	Currently meets target	Unknown
	13 years or longer	**Highest**	**High**	**Medium High**	**Medium**	**Highest**
	7-12 yrs.	**High**	**Medium High**	**Medium**	**Medium Low**	**Medium High**
	0 – 6 yrs.	**Medium High**	**Medium**	**Medium Low**	**Low**	**Medium Low**
	Currently meets target	**Medium**	**Medium Low**	**Low**	**Lowest**	**Lowest**
	Unknown	**Highest**	**Medium High**	**Medium Low**	**Lowest**	**Unknown**

If the time to achieve a target cannot be calculated for one of the HP2020 indicators, then the county is classified based on the other indicator. If both indicators are missing, then the county is not classified. This doesn't mean that the county may not have high needs; it only means that sufficient data are not available to classify the county.

Affiliate Service Area Healthy People 2020 Forecasts and Priority Areas

The results presented in Table 2.7 help identify which counties have the greatest needs when it comes to meeting the HP2020 breast cancer targets.

- For counties in the "13 years or longer" category, current trends would need to change to achieve the target.
- Some counties may currently meet the target but their rates are increasing and they could fail to meet the target if the trend is not reversed.

Trends can change for a number of reasons, including:

- Improved screening programs could lead to breast cancers being diagnosed earlier, resulting in a decrease in both late-stage incidence rates and death rates.
- Improved socioeconomic conditions, such as reductions in poverty and linguistic isolation could lead to more timely treatment of breast cancer, causing a decrease in death rates.

The data in this table should be considered together with other information on factors that affect breast cancer death rates such as screening percentages and key breast cancer death determinants such as poverty and linguistic isolation.

Table 2.7. Intervention priorities for Komen Northeast Louisiana service area with predicted time to achieve the HP2020 breast cancer targets and key population characteristics

Parish	Priority	Predicted Time to Achieve Death Rate Target	Predicted Time to Achieve Late-stage Incidence Target	Key Population Characteristics
Morehouse Parish - LA	High	9 years	13 years or longer	%Black/African-American, medically underserved
Lincoln Parish - LA	Medium High	13 years or longer	5 years	%Black/African-American, medically underserved
Ouachita Parish - LA	Medium High	12 years	8 years	
Union Parish - LA	Medium High	NA	7 years	Rural, medically underserved
Franklin Parish - LA	Medium	Currently meets target	13 years or longer	Education, employment, rural, medically underserved
Jackson Parish - LA	Medium Low	SN	3 years	Rural, medically underserved
Richland Parish - LA	Medium Low	NA	6 years	Education, employment, rural, medically underserved
West Carroll Parish - LA	Medium Low	NA	3 years	Education, rural, medically underserved
Caldwell Parish - LA	Undetermined	SN	SN	Rural, medically underserved
East Carroll Parish - LA	Undetermined	SN	SN	%Black/African-American, education, poverty, employment, medically underserved
Madison Parish - LA	Undetermined	SN	SN	%Black/African-American, poverty, employment, medically underserved
Tensas Parish - LA	Undetermined	SN	SN	%Black/African-American, education, poverty, rural, medically underserved

NA – data not available.
SN – data suppressed due to small numbers (15 cases or fewer for the 5-year data period).

Map of Intervention Priority Areas

Figure 2.1 shows a map of the intervention priorities for the counties in the Affiliate service area. When both of the indicators used to establish a priority for a county are not available, the priority is shown as "undetermined" on the map.

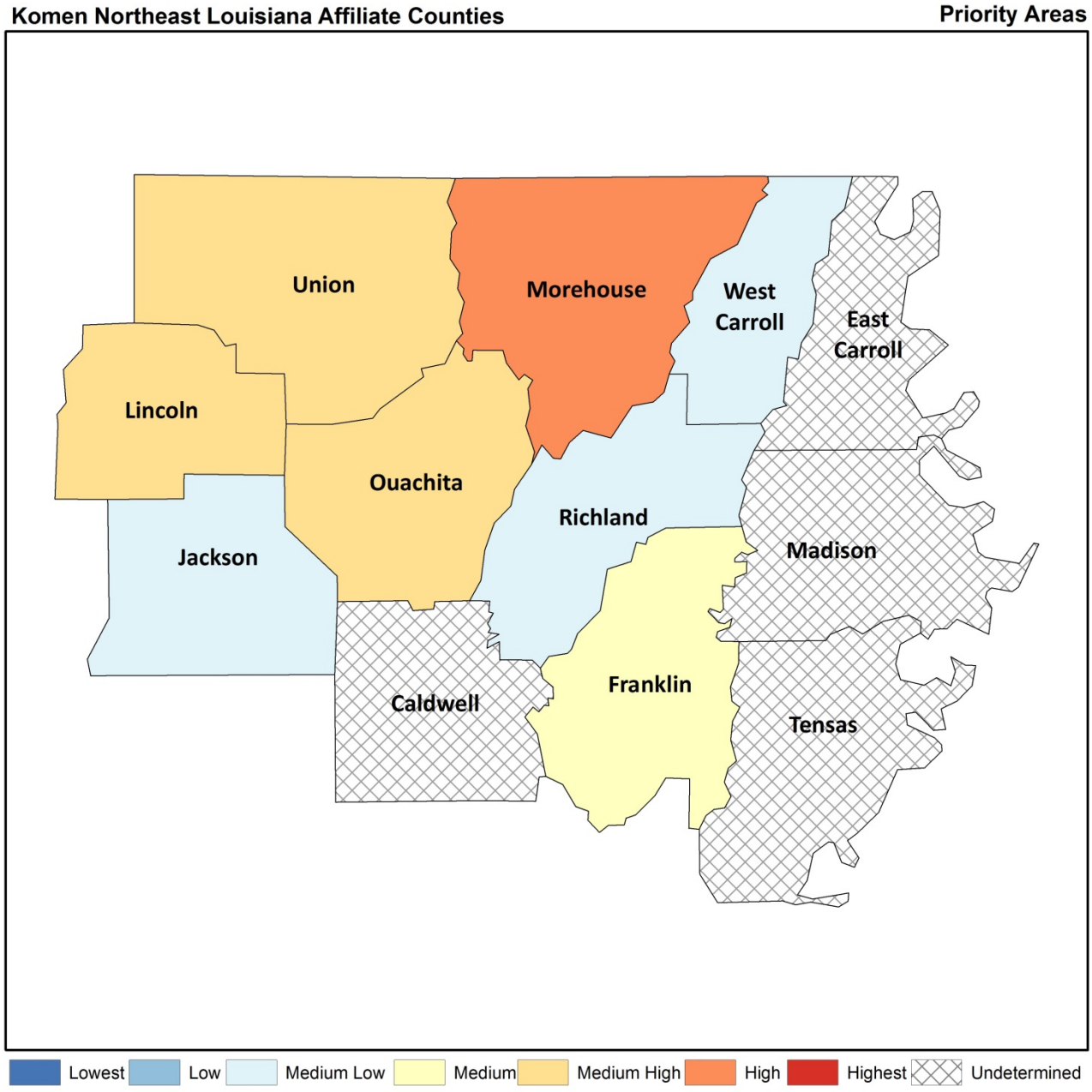

Figure 2.1. Intervention priorities

Data Limitations

The following data limitations need to be considered when utilizing the data of the Quantitative Data Report:

- The most recent data available were used but, for cancer incidence and deaths, these data are still several years behind.
- For some areas, data might not be available or might be of varying quality.
- Areas with small populations might not have enough breast cancer cases or breast cancer deaths each year to support the generation of reliable statistics.

- There are often several sources of cancer statistics for a given population and geographic area; therefore, other sources of cancer data may result in minor differences in the values even in the same time period.
- Data on cancer rates for specific racial and ethnic subgroups such as Somali, Hmong, or Ethiopian are not generally available.
- The various types of breast cancer data in this report are inter-dependent.
- There are many factors that impact breast cancer risk and survival for which quantitative data are not available. Some examples include family history, genetic markers like HER2 and BRCA, other medical conditions that can complicate treatment, and the level of family and community support available to the patient.
- The calculation of the years needed to meet the HP2020 objectives assume that the current trends will continue until 2020. However, the trends can change for a number of reasons.
- Not all breast cancer cases have a stage indication.

Quantitative Data Report Conclusions

High priority areas

One parish in the Komen Northeast Louisiana service area is in the high priority category. Morehouse Parish is not likely to meet the late-stage incidence rate HP2020 target. Morehouse Parish has a relatively large Black/African-American population.

Medium high priority areas

Three parishes in the Komen Northeast Louisiana service area are in the medium high priority category. One of the three, Lincoln Parish is not likely to meet the death rate HP2020 target. One of the three, Ouachita Parish is expected to take twelve years to reach the death rate HP2020 target and eight years to reach the late-stage incidence rate HP2020 target. One of the three, Union Parish is expected to take seven years to reach the late-stage incidence rate HP2020 target.

Lincoln Parish has a relatively large Black/African-American population.

Selection of Target Communities

In an effort to reach the vulnerable populations and provide the most impact with the funds raised annually, Susan G. Komen Northeast Louisiana (NELA) has chosen four target communities within the Affiliate service area. Nearly the entire Affiliate service area is considered to be 100 percent medically underserved, highlighting the need for health services programs. The Affiliate will focus on efforts reaching these communities to address needs across the spectrum of the continuum of care. The target communities are those which have key indicators showing an increased chance of vulnerable populations likely at risk for experiencing gaps in breast health services and/or barriers in access to care. The Affiliate is particularly sensitive to providing early detection since the service area has a significantly higher late-stage rate and a slightly lower screening percentage compared to the State of Louisiana as a whole.

When selecting target communities, the Affiliate reviewed Healthy People 2020, a major federal government initiative that provides specific health objectives for communities and the country as a whole. Specific to Komen NELA's work, goals around reducing women's death rate from

breast cancer and reducing the number of breast cancers found at a late-stage were analyzed. Through this review, areas of priority were identified based on the time needed to meet Healthy People 2020 targets for breast cancer.

Additional key indicators the Affiliate reviewed when selecting target parishes included, but were not limited to:

- Incidence rates and trends
- Death rates and trends
- Late-stage rates and trends
- Screening percentages
- Residents with an annual income below or near the poverty level
- Residents living without health insurance

The target communities chosen by Komen NELA are:

- Lincoln Parish
- Mississippi River Region: East Carroll, Madison and Tensas Parishes
- Morehouse Parish

Lincoln Parish
Lincoln Parish is partially rural with two main metropolitan areas surrounding the cities of Ruston and Grambling, both of which have major university campuses. The parish is 40.7 percent rural with 40.8 percent of the parish's residents earning an annual income below 250 percent of the federal poverty line; both figures are much higher than the national percentages and begin to explain potential barriers that may exist in the area in the way of finances and transportation (Table 2.5). The female population of the parish is 23,420 with 44.0 percent of the population being Black/African-American, nearly three times the national percentage (Table 2.4). This is important due to the higher rates of late-stage diagnosis and death in the Black/African-American population nationally. Lincoln Parish as a whole follows this trend with a high death rate at 33.9 per 100,000 women and a high late-stage rate at 62.9 per 100,000 women compared to national rates of 22.6 per 100,000 and 43.8 per 100,000 respectively (Table 2.1). These numbers contribute to the HP2020 conclusion that Lincoln Parish is not likely to meet the death rate target and placed the parish as the Affiliate's second highest priority parish at a Medium High Priority level. It is predicted that it will take 13 years or longer to achieve the target death rate and five years to achieve the late-stage incidence rate within the parish (Table 2.7). Screening percentages for Lincoln Parish are the highest reported in the service area, higher than the national, state and Affiliate statistics (Table 2.3). This may indicate that while women are being screened, there are still barriers that are keeping women from early detection and successful treatment.

Although Lincoln Parish contains two major cities with university campuses, there may still be barriers surrounding breast health access due to the high rural residencies, high percentages of poverty, and higher percentages of those without health insurance compared to the rest of the nation. The health systems analysis will take a deeper look at disparities in access and what types of services are needed to address the late-stage and death rates within the parish.

Mississippi River Region (East Carroll, Madison and Tensas Parishes):
For this report and targeting purposes, Komen NELA has combined the parishes that are adjacent to the Mississippi River, as the parishes share many of the same socioeconomic

challenges and demographics. Due to small population size, the death and late-stage numbers for these parishes have been mostly suppressed in the quantitative data. The combined female population for all three parishes are only 12,720 and incidence rates are the only unsuppressed breast cancer rates and trends available (Table 2.1). It is unclear how much of the population receives screening, as numbers were also unavailable for the community for the percentage of women screened every two years.

This region was chosen because all of the parishes are considered 100 percent rural, have high poverty percentages and high percentages of those with less than a high school education, in addition to 100 percent of the residents residing in a medically underserved area. The percentages for those with income below 250 percent of the poverty line average 60.7 percent across the region, which is well above the national, state and Affiliate percentages (Table 2.5). All three parishes also have a majority demographic of Black/African-American population, putting it well above the US, state and Affiliate percentages. Table 2.8 provides the White and Black/African-American population groups within the area and compared to US, state and Affiliate:

Table 2.8. Mississippi River community demographics

Population Group	White	Black/ African-American
US	78.8 %	14.1 %
Louisiana	63.7 %	33.8 %
Komen Northeast Louisiana Service Area	60.3 %	38.6 %
East Carroll Parish - LA	29.9 %	69.3 %
Madison Parish - LA	38.3 %	61.2 %
Tensas Parish - LA	41.7 %	57.8 %

Other populations were not included in the above chart due to small numbers. This majority Black/African-American population puts these parishes at a very high risk of late-stage and death rates due to the demographic trends for the Black/African-American population that indicate they are at higher risk, despite the lack of quantitative data for these parishes to support this hypothesis (Komen, 2014).

Combining this information with the knowledge of the other risks listed for this area demonstrates a high need. A health systems analysis will take a deeper look into the availability of health services, education and transportation in this area to see what services are needed in order to address the disparities in the region.

Morehouse Parish, NELA:
Morehouse Parish is a rural parish with one metropolitan area surrounding the city of Bastrop. The female population for the parish is 14,805, with 48.6 percent Black/African-American (Tables 2.1 and 2.4) As previously mentioned, according to Komen Headquarters statistics, the Black/African-American population is more at risk for late-stage diagnosis and death from breast cancer and this demographic is more than three times the national percentage and more than twice the percentage for the Affiliate, meaning there are more high risk women in this parish than most areas (Table 2.4). Morehouse parish also has a high percentage of poverty, 54.6 percent of residents have an income below 250 percent of the poverty line. Like the majority of

the NELA service area, 100 percent of the residents reside in medically underserved areas and have a high percentage of people (ages 40-64) without health insurance (Table 2.5).

The Quantitative Data Report placed Morehouse Parish as a high priority, the highest parish listed for Komen NELA (Table 2.7). The parish has a slightly above average late-stage incident rate at 49.1 per 100,000, but the trend is growing by 7.0 percent instead of declining (Table 2.1). It was determined that, due to this trend, the parish will likely not meet the late-stage incidence rate for HP2020. The report listed the large Black/African-American population as a key characteristic that may be contributing to the parish's classification as a high priority and also determined that it will take nine years for the parish to reach the HP2020 death rate target (Table 2.7). Screening percentages for the parish are slightly below the state percentages, although the late-stage and incidence rates are rising (Tables 2.1 and 2.3). This demonstrates that while women are being screened, there is still a disparity concerning early detection. A health systems analysis will need to look at the availability of health services across the continuum of care for low income families in the parish.

Health Systems Analysis Data Sources

The following are data sources used to obtain a comprehensive understanding of programs and services in Northeast Louisiana:

- http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfMQSA/mqsa.cfm
- https://data.medicare.gov/Hospital-Compare/Hospital-General-Information/v287-28n3
- http://www.naccho.org/about/lhd/
- www.google.com
- American College of Surgeons Commission on Cancer http://datalinks.facs.org/cpm/CPMApprovedHospitals_Search.htm
- American College of Radiology Centers of Excellence http://www.acr.org/Quality-Safety/Accreditation/Accredited-Facility-Search
- American College of Surgeons National Accreditation Program for Breast Centers (NAPBC) http://napbc-breast.org/resources/find.html
- National Cancer Institute Designated Cancer Centers http://www.cancer.gov/researchandfunding/extramural/cancercenters/find-a-cancer-center
- Wiggin' Out Assistance Organization www.wigginout.org
- Phone interviews with organizations listed in HSA to confirm which services are provided, any other services available within their parish, and the referral process if they do not directly provide services.
- www.wikipedia.org for general information on demographics within target parishes
- http://cancercontrolplanet.cancer.gov/

Data was collected and reviewed by staff and Board Members from Komen Northeast Louisiana utilizing phone interviews/surveys, internet searches, and reviews of historical data. Considerations were given to data patterns, variances, and anomalies.

Health Systems Overview

Breast Cancer Continuum of Care (CoC)

A woman would ideally move through the CoC (Figure 3.1) quickly and seamlessly, receiving timely, quality care in order to have the best outcomes. Education can play an important role throughout the entire CoC. While a woman may enter the continuum at any point, ideally, a woman would enter the CoC by getting screened for breast cancer, with a clinical breast exam or a screening mammogram. If the screening test results are normal, she would loop back into follow-up care, where she would get another screening exam at the recommended interval. Education plays a role in both providing education to encourage women to get screened and

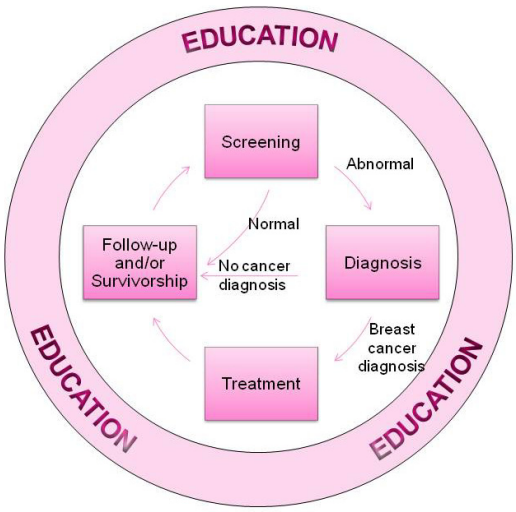

Figure 3.1. Breast Cancer Continuum of Care (CoC)

reinforcing the need to continue to get screened routinely thereafter. If a screening exam returns abnormal results, diagnostic tests would be needed, possibly several, to determine if the abnormal finding is in fact breast cancer. These tests might include a diagnostic mammogram, breast ultrasound or biopsy.

If the tests were negative (or benign) and breast cancer was not found, a woman would return for screening at the recommended interval. The recommended intervals may range from three to six months for some women and up to 12 months for most women.

Education plays a role in communicating the importance of proactively getting test results, keeping follow-up appointments and understanding what it all means. Education can empower a woman and help manage anxiety and fear.

If breast cancer is diagnosed, a woman would proceed to treatment. Education may cover such topics as treatment options, pathology reports, treatment options and side effects of some treatments. Education may also help to formulate questions a woman may have for her providers. For some breast cancer patients, treatment may last a few months or a few years.

While the continuum of care model shows that follow up and survivorship come after treatment ends, they actually may occur at the same time. Follow up and survivorship may include things like navigating insurance issues, locating financial assistance, symptom management, such as (pain, fatigue, sexual issues, bone health, etc.). Additionally, Education may address healthy lifestyle choices, long term effects of treatment, managing side effects, the importance of follow-up appointments and communication with providers.

Most women will return to screening at a recommended interval after treatment ends, or for some, during treatment (such as those taking long term hormone therapy). There are often delays in moving from one point of the continuum to another. This may occur for example, at the point of follow-up of abnormal screening exam results, starting treatment, or upon completing treatment. These delays can all contribute to poorer health outcomes.

There are also many reasons or barriers which may cause a woman not to enter or continue in the breast cancer continuum of care. These barriers can include things such as lack of transportation, system issues including long waits for appointments and inconvenient clinic hours, language barriers, fear, and lack of information. This lack of information may include women getting the wrong information which may feed into myths and misconceptions about breast health. Education can address some of these barriers and help women progress through the continuum of care more quickly.

The continuum of care is a valuable tool for health system analysis. It is used to identify gaps that exist in services, any delays or prevention to access to care, or to determine if barriers exist at any level of the health care system in regard to breast health. It may also be used to identify potential partners and advocacy opportunities in targeted communities.

To get a better understanding of the continuum of care, the Affiliate sought to identify health care resources in order to highlight the assets and opportunities and to identify gaps and barriers to care for women living in the target communities of Lincoln Parish, Mississippi River Region (East Carroll, Madison, and Tensas Parishes), and Morehouse Parish.

Lincoln Parish

Lincoln Parish is comprised of two sizeable cities, Grambling and Ruston, with two universities, Grambling State University and Louisiana Tech University. In addition, Lincoln Parish has two towns (Dubach, and Vienna) and three villages (Choudrant, Downsville, and Simsboro). Ruston and Grambling are the only two cities in Lincoln Parish which have medical services (Figure 3.2). In Lincoln Parish, there is one hospital and two organizations that provide support/survivorship services that includes side effect management and financial assistance to supplement the costs of wigs, scarves, lymphatic garments, and post mastectomy garments.

Ruston has a total of two health facilities that provide breast health screenings, diagnostics and treatment services. Additionally, there is one medical provider offering only clinical breast exams (CBE); referring patients for additional breast health services.

In Grambling, there is one health center on the university campus that provides clinical breast exams and refers patients to Ruston for any further screening or treatment. Wiggin' Out provides wigs and post mastectomy garments to individuals living in Lincoln Parish. Eligibility is determined based on financial needs and each individual can only receive services once. The Louisiana Cancer Foundation, located in Monroe, provides support/survivor services to cancer patients throughout Northeast Louisiana with their program "Seldom Seen, Strongly Felt". This program provides financial assistance for medication/medical supplies, transportation to/from treatment, nutritional supplements, lodging during treatment, and some household bill assistance for cancer patients. Financial assistance availability is based on the individual patients' needs and financial situation.

The continuum of care in Lincoln Parish is hindered by the limited number of health facilities and medical services, specifically diagnostic and treatment services. Women in these communities primarily rely on referrals to Ruston health facilities

Komen NELA has partnered with Louisiana Tech University, through the small grants process, to provide the College of Nursing with funds to purchase Susan G. Komen breast health education materials. These nursing students have then provided education and outreach via health fairs and one/one education to women living Lincoln Parish using the breast health education materials. In total approximately 20,000 women have been reached in Lincoln Parish via this outreach initiative.

Komen NELA is in the process of developing a Pink Council, which will be a voluntary council with representatives from each Northeast Louisiana Parish represented by Komen NELA. Representatives will be involved in promoting breast health, facilitating information, mentorship and outreach within their represented parishes. They will work with staff to ensure that accurate breast cancer and breast health information is disseminated within each of the Northeast Louisiana parishes, inclusive of Lincoln, Morehouse, Richland, East Carroll, Madison & Tensas, the targeted parishes. The goal of the Council is to keep women aware and involved in breast cancer related issues via workshops, community events and other outlets. Representatives will be trained to act as advocates on issues relevant to breast health in their respective parishes. Pink Council representatives will be selected from persons responding to an open call for participants. The criteria for candidates are that they are willing to become educated about breast cancer issues, perform outreach and advocacy activities as appropriate.

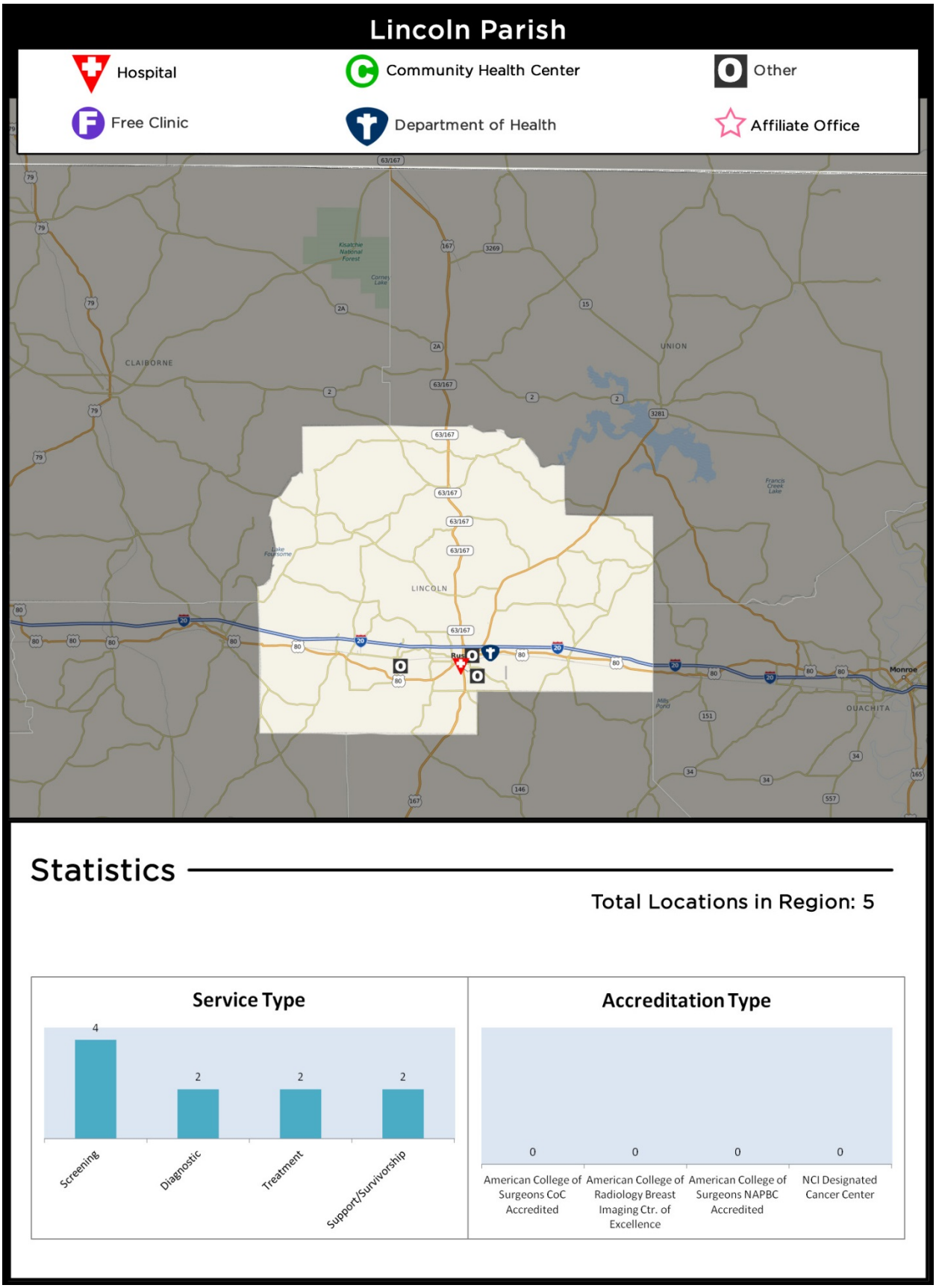

Figure 3.2. Breast cancer services available in Lincoln Parish

Mississippi River Region (East Carroll, Madison & Tensas Parishes)
East Carroll Parish is comprised of only one town, Lake Providence, and one village, Transylvania. Women from East Carroll, needing the full continuum of care are sent to Ouachita, West Carroll and Richland Parish hospitals (Figure 3.3). Although these relationships are strong, there are no public transportation services in the Parish and the distance for women to travel to Ouachita Parish is 56.2 miles. Women rely on some levels of funded assistance for transportation for breast health services once they are diagnosed.

Within East Carroll Parish there are limited breast health services provided by the East Carroll Parish Hospital located in Lake Providence. They provide screening in the form of CBE and ultrasound. They do not provide treatment or support/survivor services. East Carroll Parish Health Unit, located in Lake Providence, provides screenings in the form of CBE, and patient navigation for mammography providers in nearby parishes. They do not provide treatment or support/survivor services.

The Louisiana Cancer Foundation, located in Monroe (Ouachita Parish), provides support/survivor services to cancer patients throughout Northeast Louisiana inclusive of East Carroll with their program “Seldom Seen, Strongly Felt”. This program provides financial assistance for medication/medical supplies, transportation to/from treatment, nutritional supplements, lodging during treatment, and some household bills to cancer patients. Financial assistance availability is based on the individual patients’ needs and financial situation; again this is post diagnosis and is not preventative.

Delhi Rural Hospital in Richland Parish performs education, outreach and provide transportation to their mammography unit to women in neighboring parishes, including East Carroll and Madison Parishes; however, this is on a limited basis. Komen NELA has provided funding multiple years through the Community Grants process for educational materials and transportation vouchers that are used as part of their outreach efforts to these parishes. Delhi Rural Hospital operates cooperatively with clinics in East Carroll and Madison Parishes to provide screening navigation and transportation to the Delhi Rural Health Clinic.

The Pink Council, will have representation from each NELA parish inclusive of East Carroll. The goal of the Council is to keep women aware and involved in cancer related issues and to act as advocates for issues relevant to women within East Carroll.

Madison Parish is comprised of one town (Tallulah) and three villages (Delta, Mound, and Richmond). The overall population of all three villages is less than 800 persons. Because most of Madison Parish is rural, women are at a great disadvantage in relation to access to care. Many Madison Parish women delay seeking health services. The Outpatient Medical Center, Inc. of Tallulah provides screening, inclusive of CBE, and patient navigation services. They do not provide treatment or support/survivorship services. Also, the Madison Parish Health Unit located in Tallulah provides screening, inclusive of CBE, patient navigation for facilities in Ouachita and Richland Parishes for mammography. They do not provide treatment or support/survivorship services.

The Louisiana Cancer Foundation, located in Monroe (Ouachita Parish), provides support/survivor services to cancer patients throughout Northeast Louisiana, inclusive of Madison Parish with their program “Seldom Seen, Strongly Felt”. This program provides

financial assistance for medication/medical supplies, transportation to/from treatment, nutritional supplements, lodging during treatment, and payment of some household bills for cancer patients. Financial assistance availability is based on the individual patients' needs and financial situation.

Delhi Rural Hospital in Richland Parish performs education, outreach and provides transportation to their mammography unit for women in neighboring parishes, including East Carroll and Madison Parishes. Komen NELA has provided funding for multiple years through the Community Grants process for educational materials and transportation vouchers that are used as part of their outreach efforts to these parishes. Delhi Rural Hospital operates cooperatively with clinics in East Carroll and Madison Parishes to provide screening navigation and transportation to the Delhi Rural Health Clinic.

The Pink Council will have representation from each NELA parish, inclusive of Madison Parish. The goal of the Council is to keep women aware and involved in Cancer related issues and to act as advocates on issues relevant to women from Madison Parish.

Tensas Parish is comprised of three small towns: Newellton, St Joseph, and Waterproof. The 2010 census named it the least populated parish within the State of Louisiana. There are no mammography services available in the parish, but fortunately, the Tensas Community Health Center currently utilizes the LSU Mobile Mammography Unit to provide mammograms to women in the parish. Before the mobile unit was made available to the area, they referred patients to Franklin Parish Hospital in Winnsboro and EA Conway Hospital in Monroe, both of which are located more than a 30-45 minute drive from residents in Tensas Parish. The LSU Mobile unit visits the Tensas Community Center on a monthly basis and may visit twice a month depending on need. The LSU Mobile Unit's expansion into Northeast Louisiana was funded by Komen NELA through the Community Grants process. Without this service, women would travel as far as Monroe to receive mammograms.

Access to care and transportation are still primary issues for women living in this parish, where most families are at or below 200 percent of the Federal Poverty Level. Fortunately, Franklin Parish Hospital operates two health clinics in St. Joseph and Newellton that provide referrals and transportation back to the mammography unit at Franklin Parish Hospital. Franklin Parish Hospital has been a grant recipient of Komen NELA for multiple years, funding a mammogram voucher program that benefits not only Franklin Parish, but also the residents of Tensas Parish who take advantage of the availability of the program through these clinics. Their programs have provided education and outreach to residents in Tensas Parish. Patients from the two clinics in Tensas Parish have received educational materials in addition to transportation and mammogram vouchers from the hospital.

One noted strength of these communities is that they are populated with families who have lived in the same parishes for generations, providing a strong sense of family and community. However these tight bonds also make it more difficult to penetrate these communities. Agencies and organizations must have a greater understanding of community networks and dynamics in order to be impactful. Therefore, having community representatives on the Pink Council will assist Komen NELA with education and outreach efforts within these communities. The Affiliate's Pink Council will have representation from each Komen NELA parish inclusive of

Tensas. The council will keep women aware and involved in cancer related issues and act as advocates on issues relevant to women from Tensas parish.

Within Tensas Parish in St. Joseph, the Tensas Community Health Center provides screening through CBEs and referrals to screening with the LSU Mobile Unit or Franklin Parish Hospital. The Louisiana Cancer Foundation, located in Monroe (Ouachita Parish), provides support/survivor services to cancer patients throughout Northeast Louisiana with their program “Seldom Seen, Strongly Felt”. This program provides financial assistance for medication/medical supplies, transportation to/from treatment, nutritional supplements, lodging during treatment, and some household bills to cancer patients. Financial assistance availability is based on eligibility review of the individual patients’ needs and financial situation.

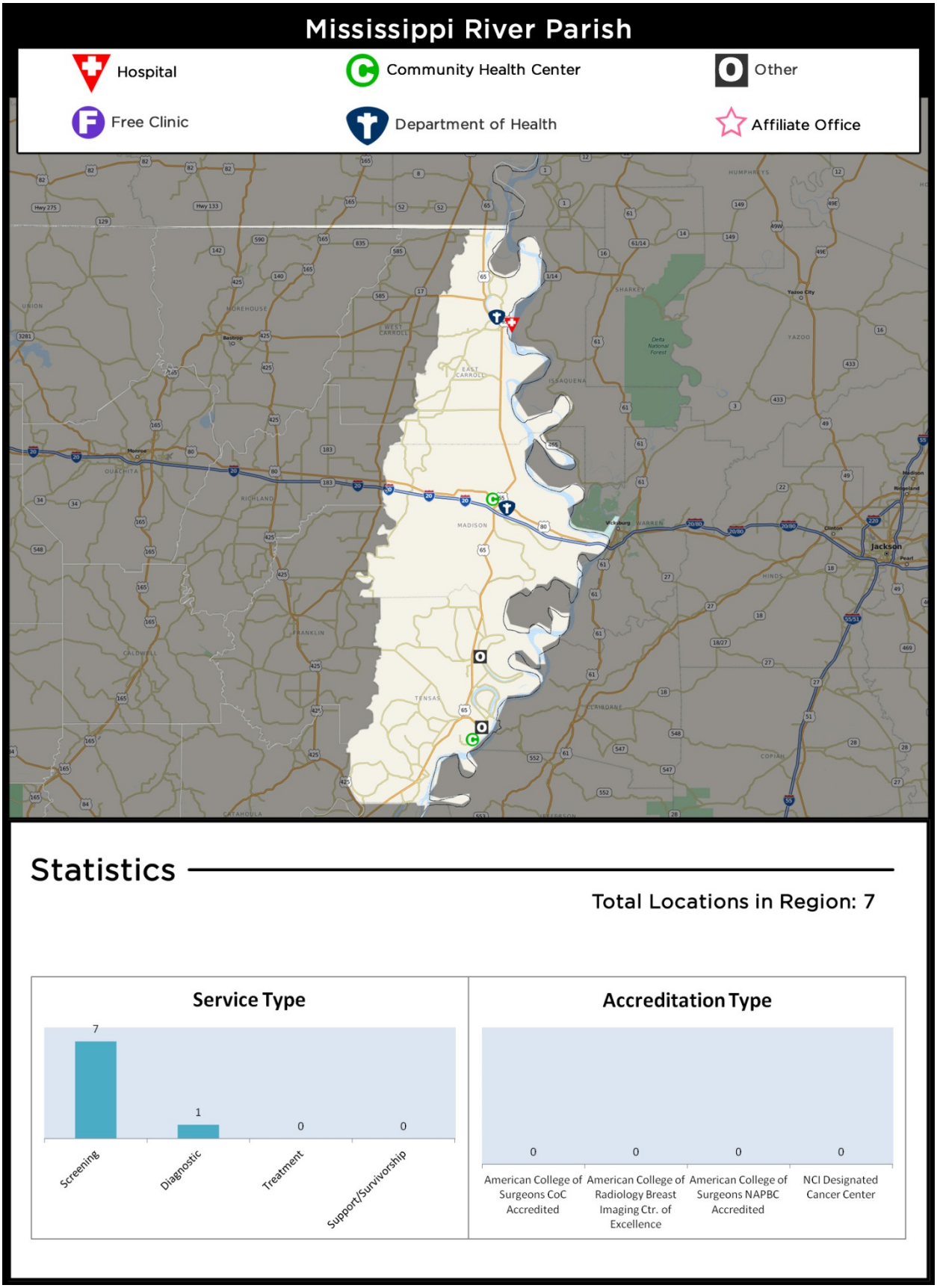

Figure 3.3. Breast cancer services available in Mississippi River Region

Morehouse Parish

Morehouse Parish is comprised one small city (Bastrop) and four villages (Bonita, Collinston, Mer Rouge, and Oak Ridge). Bastrop has the highest population within the Parish. Morehouse General Hospital (MGH) provides mammography services for patients with insurance or that are able to pay the cash fee for services. They currently refer patients in need of assistance to either EA Conway or Richardson Medical Center in Rayville for mammograms. In the past they were a Komen NELA Community Grant recipient offering mammogram vouchers to patients without insurance and meeting certain financial requirements.

The Morehouse Community Medical Center of Mer Rouge does not offer mammography services, so they host the LSU Mobile Mammography Unit at their facility or refer patients to Morehouse General Hospital. While still at a disadvantage, residents in Morehouse Parish have more options than residents in other rural areas of Northeast Louisiana with the mobile unit and two hospitals within reasonable driving distances. However the issue of delayed screening is still present in that the number of women who can be seen by the mobile unit is dependent on the number of vouchers that are available. Transportation remains an issue and a barrier to care for women in Morehouse Parish.

Morehouse General Hospital, located in Bastrop, provides screening mammograms, diagnostic mammograms, ultrasounds, biopsies, patient navigation to treatment options, and surgery. They do not provide support/survivorship services. Morehouse Community Medical Centers, Inc. located in Bastrop and Mer Rouge provides screening in the form of CBE and patient navigation to either the LSU Mobile Unit or Morehouse General Hospital, approximately a 45 minute drive away. They do not provide diagnostic, treatment or support/survivorship services. The Morehouse Parish Health Unit provides screening in the form of CBE and patient navigation to Morehouse General Hospital or LSU/EA Conway in Monroe. They do not provide diagnostic, treatment, or support/survivorship services.

Morehouse Parish Hospital is a past grant recipient from Komen NELA through the Community Grant program. Their grant programs included mammogram vouchers and breast health education for women in Morehouse Parish. While not a current grantee, Komen NELA has continued a relationship with the hospital, participating in educational events and relying on MGH employees with assistance in outreach into the Morehouse Parish community.

Morehouse Cancer Fund provides support/survivorship services in the form of financial assistance to cancer patients who reside in Morehouse Parish to assist in expenses related to travel, household bills and medication. Assistance varies depending the patient's financial and medical needs.

The Louisiana Cancer Foundation, located in Monroe (Ouachita Parish), provides support/survivor services to cancer patients throughout Northeast Louisiana with their program "Seldom Seen, Strongly Felt". This program provides financial assistance for medication/medical supplies, transportation to/from treatment, nutritional supplements, lodging during treatment, and some household bills to cancer patients. Financial assistance availability is based on the individual patients' needs and financial situation.

Komen NELA's Pink Council, will have representation from each NELA parish including Morehouse. The Council will keep women aware and involved in Cancer related issues and advocate on issues relevant to women from Morehouse Parish.

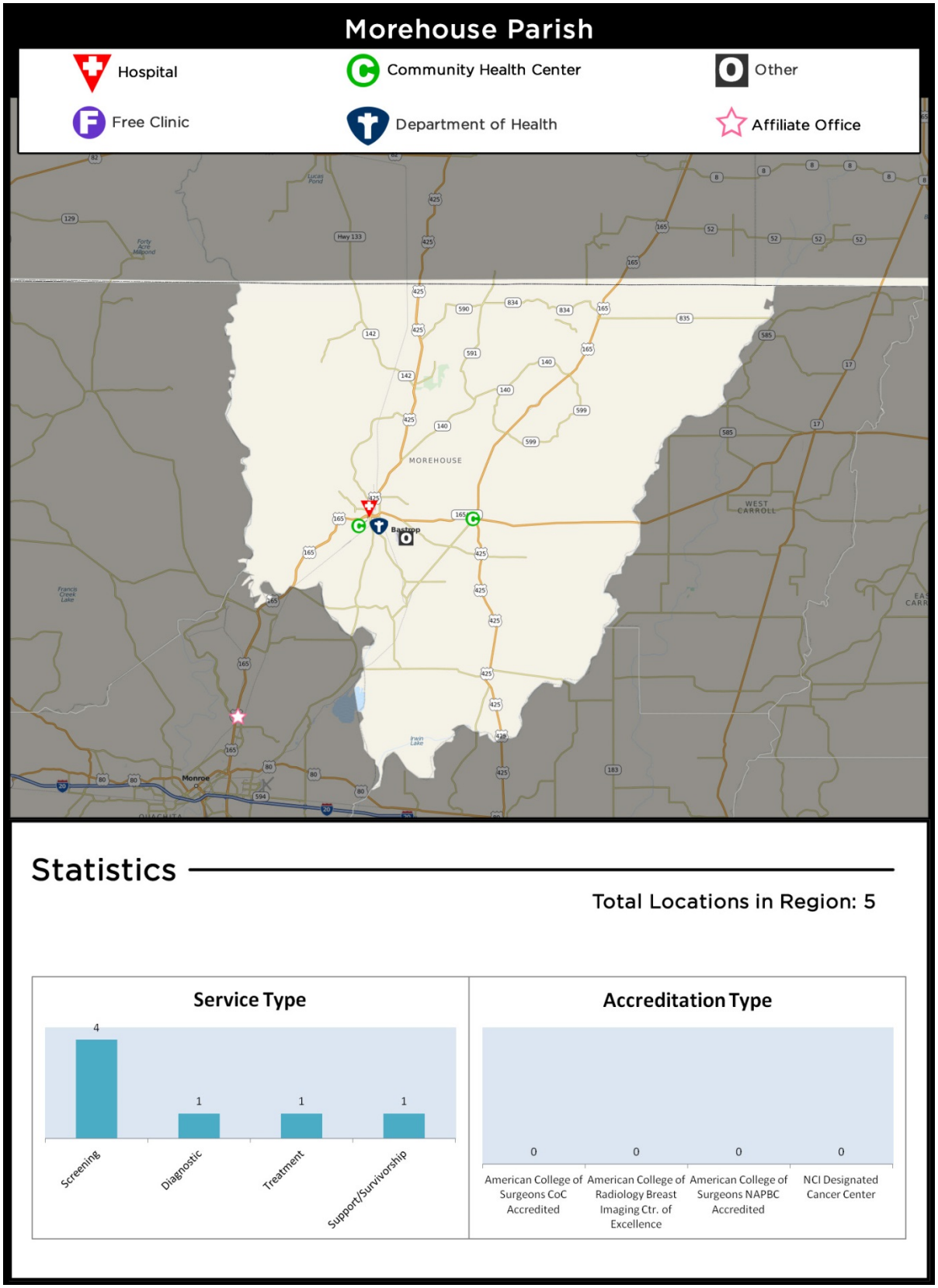

Figure 3.4. Breast cancer services available in Morehouse Parish

Public Policy Overview

National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

The Louisiana Breast & Cervical Health Program (LBCHP) is part of the US Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and is managed by the LSU Health Sciences Center (LSU-HSC). The LBCHP provides low-income, uninsured women in Louisiana with access to comprehensive breast and cervical cancer early detection services.

In order to qualify for screening services, a woman must meet age, income and insurance status guidelines. For breast cancer screenings, women must be between 40-64 years of age, or any age if having symptoms. The enrollee must also demonstrate financial need, having a household income at or below 200 percent of the Federal Poverty Level. Underinsured women are entitled to the same LBCHP services as eligible uninsured women. A woman who meets the income requirements of LBCHP is considered underinsured and eligible for services if her medical insurance does not cover LBCHP services, or the deductible or co-payment required by her insurance deters her from receiving breast and cervical cancer early detection screening services. In addition, a woman must not participate in any program that provides these same services.

To begin the screening process, eligible women must call the LSU Health Sciences Center (LSU-HSC) Breast and Cervical Health Program toll free at 1-888-599-1073. Or send a fax to (504) 568-5838. The LBCHP does not provide treatment services; however, women that are diagnosed with breast cancer or precancerous conditions may enroll in the Louisiana's Breast and Cervical Cancer Program (LBCCP) if they qualify. A woman is eligible if her provider receives NBCCEDP funds and the service was within the scope of a grant, sub-grant or contract under that state program, even if the woman's screening may not have been paid directly from NBCCEDP funds. The LBCCP provides full Medicaid benefits, such as prescriptions, hospital and doctor visits.

Louisiana Comprehensive Cancer Control Partnership and Plan

As part of the Center for Disease Control and Prevention's (CDC) National Comprehensive Cancer Control Program (NCCCP), the Louisiana Cancer Control Partnership (LCCP) is a coalition dedicated to reducing cancer disparities within Louisiana. The overarching goal of LCCP is to reduce cancer incidence, morbidity, death and improve the quality of life for all Louisiana citizens by providing a comprehensive, integrated, and coordinated approach to the continuum of cancer control delivery inclusive of: prevention, early detection, treatment, rehabilitation, palliation, survivorship, and the end of life.

The 2010-2015 Louisiana Comprehensive Cancer Control Plan is a joint effort of state partner organizations and committed community members. Long term outcomes for breast cancer death and late-stage diagnosis are detailed below followed by specific goals and objectives related to breast cancer.

Breast cancer death rate long-term outcomes include reducing breast cancer death rates in Louisiana women (all races) from 28.9 per 100,000 to 25.7. (11.0 percent improvement) (Data Sources: LTR, SEER, HHS).

Late-stage diagnosis long-term outcomes include: reducing late-stage diagnosis of breast cancer in Louisiana women from 41.0 percent to 32.0 percent (22.0 percent improvement) (Data Source: LTR, SEER), reducing late-stage diagnosis of breast cancer in Louisiana Caucasian women from 30 percent to 27 percent (10.0 percent improvement) (Data Source: LTR, SEER)

Reducing the burden of cancer incidence, death, disparities & access:

Goal 1: Provide timely cancer incidence by gender, race, geographic area and socioeconomic status.

- Objective 1.1: By 24 months after the close of a diagnosis year (shortly after data submission to SEER), list the top five most frequently diagnosed cancers by region and parish of Louisiana.

Goal 2: Provide timely cancer death rate data by gender, race, geographic area and socioeconomic status.

- Objective 2.1: By 24 months after the close of state death rate files each year, compile cancer deaths, including counts and age-adjusted rates, by region/geographic area for different gender/race groups in Louisiana.
- Objective 2.2: By 24 months after the close of state death rate files each year, compile cancer deaths, including counts and age-adjusted rates, by socioeconomic status (SES) in Louisiana.

Goal 3: Identify gaps and disparities among racial-gender groups and geographic areas.

- Objective 3.1: Compare and test statistical significance of the differences of cancer incidence and death rates among race/gender groups, and geographic areas in the annual Louisiana Tumor Registry monographs.
- Objective 3.2: Compare and test the statistical significance of the differences among proportions of late-stage at diagnosis for breast and colorectal cancers by race/gender group and geographic area in Louisiana.
- Objective 3.3: Develop GIS-based approach to identifying high-risk geographic areas with high proportions of late-stage breast and colorectal cancer in Louisiana to be used to plan targeted screening and prevention activities.

Goal 4: Develop indicators or surrogates for measuring access to cancer care.

- Objective 4.1: Calculate the proportion of women with greater than two cm breast cancer at the time of diagnosis by race/ethnicity and geographic area in Louisiana.

- Objective 4.2: Compute time intervals between date of diagnosis and date of first treatment by race/ethnicity and geographic area in Louisiana.

Goal 15: Increase the use of client-centered, cost effective, timely, and high quality breast cancer early detection services.

- Objective 15.1: Increase the percentage of eligible Louisiana women adhering to recommended breast cancer screening guidelines.
- Objective 15.2: Increase the number of women served by the Louisiana Breast and Cervical Health Program to 25.o percent of the eligible population.

- Objective 15.3: Increase the percentage (76.0 percent) of women who are enrolled in the Louisiana Breast and Cervical Health Program that are adhering to recommended intervals of breast cancer screening. (Women aged 40+ who had a mammogram within the past two years).
- Objective 15.4: Increase the number of women who start and complete the early detection process.

Goal 19: To ensure that all Louisiana cancer patients have access to a healing environment.

- Objective 19.1: Increase five-year survival rates by increasing access to cancer treatment for under-insured and uninsured Louisiana cancer patients.
- Objective 19.2: Increase evidence-based, quality treatment for Louisiana cancer patients by increasing in the percentage of cancer patients treated at ACoS CoC approved facilities.
- Objective 19.3: Increase the number of facilities (31) that meet the standards of the ACoS CoC for developing and maintaining a CoC-accredited cancer program.

Goal 20: Provide supportive care for cancer patients, survivors, and family member.

- Objective 20.1: Increase the number of health care providers who can communicate hospice options to their patient in a culturally competent way.

Affordable Care Act

The 2010 Affordable Care Act (ACA) has the potential to extend coverage to many of the 47 million non-elderly uninsured people nationwide, including the 866,000 uninsured Louisianans. The ACA establishes coverage provisions across the income spectrum, with the expansion of Medicaid eligibility for adults covering low-income individuals and premium tax credits to help people with moderate income purchase insurance directly through new Health Insurance Marketplaces. With the June 2012 Supreme Court ruling, the Medicaid expansion became optional for states, and as of December 2013, Louisiana elected not to implement the expansion. As a result, many uninsured adults in Louisiana who would have been newly-eligible for Medicaid will remain without a coverage option.

Under the ACA in Louisiana, nearly half (49.0 percent) of uninsured nonelderly people are eligible for financial assistance. The main pathway for the currently uninsured to gain coverage is the Marketplace, the new coverage option in the state. Additionally, roughly 298,000 uninsured Louisianans are eligible for premium tax credits to help them purchase coverage in the Marketplace.

On the plus side, the ACA has expanded coverage for preventative services by requiring private insurance and Medicare to cover breast and cervical cancer screening without cost-sharing (i.e. no co-pays or deductibles). These insurance expansions may increase the number of women who are screened. However, the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), which provides breast and cervical cancer screening to low-income uninsured and underinsured women, is expected to continue to be needed by many women who remain uninsured.

Additionally, the law does away with lifetime dollar limits on health benefits – freeing cancer patients and individuals suffering from other chronic diseases from having to worry about going without treatment because of their lifetime limits. This has already impacted 538,000 women in Louisiana.

The ACA has impacted health care providers in a variety of ways. First, by introducing broad changes into Medicare and Medicaid, the ACA has empowered the Health and Human Services and state Medicaid programs to test new modes of provider reimbursement. Such provisions are intended to improve the overall quality of care by requiring providers to measure and report on quality performance metrics. Other changes include requiring nonprofit hospitals to undertake ongoing community health needs assessments; alter their billing and collection practices; and maintain widely publicized written financial assistance policies that provide information about eligibility, how the assistance is calculated, and how to apply for assistance.

To address the shortage of providers and expand coverage to medically underserved areas, the ACA has substantially increased available funding to community health centers nationwide. In Louisiana, 26 health centers operate 130 sites, providing preventive and primary health care services to 223,095 people. Health Center grantees in Louisiana have received $59,485,285 under the Affordable Care Act to support ongoing health center operations and to establish new health center sites, expand services, and/or support major capital improvement projects.

Northeast Louisiana, like most of the country has been greatly impacted by a stalled economy with many employers reducing workforces and of those employees that remain, many are working for low or minimum wage. Many employers are no longer offering health insurance or have extremely high deductibles. Not surprisingly, until they are diagnosed with breast cancer, some women report that they rarely used their health insurance. However, once diagnosed their world drastically changed and the importance of affordable health care took on new meaning. Women who call the Komen NELA office often complain about the challenge of having breast cancer coupled with the additional challenge of not having health insurance. The preventive and primary health care services offered by the Affordable Care Act will have added value for women and families in Northeast Louisiana, in that it will allow those that qualify to have preventive care for early detection and will allow them to seek follow up care if they are diagnosed with breast cancer. For many women with pre-existing history of breast cancer this opens up new opportunities to fight for their lives.

For the target communities in Northeast Louisiana the 2010 Affordable Care Act (ACA) which has the potential to extend coverage to many non-elderly uninsured people nationwide will have special implications, as many women in these targeted parishes fall into this category, of the counted 866,000 uninsured Louisianans. For women who live in rural areas whose family's work may be seasonal, the ACA established coverage provisions across the income spectrum such as premium tax credits to help people with moderate income purchase insurance directly through new Health Insurance Marketplaces. The focus will need to be on ensuring that the State of Louisiana opts into the Affordable care act related to Medicaid expansion.

Key partnerships which must be formed between parishes which are closest in proximity where limited transportation, while inconvenient, should not totally discourage women from seeking the earliest phases of the continuum of care starting with the initial screening.

More work needs to be done to educate local physicians, churches, faith based and service organizations and by developing outreach to nontraditional places in each community to educate women concerning the importance of health literacy regarding mammograms and early detection and treatment, and of the importance of follow up care.

Because public policy greatly determines the focus and where resources are allocated, it is imperative that a more diversified body become educated and aware of breast health issues and are positioned to advocate on their own behalf. The voices of these women who live in rural communities, who are often on the fringe, must be heard. Therefore a great deal of effort must go into forming local coalitions of survivors, current breast cancer patients and families. A very large and growing number of these women in Northeast Louisiana are Black/African-American women and their concerns and dilemmas must also be factored into the conversation of breast health education and treatment, informing women what the ACA means to their breast and overall health status.

Komen NELA is embarking on a campaign to educate constituents on breast health issues, including the urgency of the message. The Affiliate will engage local university students, faith communities, Black/African-American Service organizations and rural women with the goal of shaping policy to advance the breast health issues most impacting these groups, specifically the Affordable Care Act related to Medicaid expansion.

Komen NELA strives to close the continuum of care gaps which exists from every entry point in the communities by first finding creative and culturally specific ways to inform and educate women regarding breast health and breast cancer. Next, the Affiliate will help women to identify resources in their own communities, to ensure that they have initial screenings, and encourage them to follow up with available treatment options.

The Affiliate is broadening its reach within targeted communities, utilizing community stakeholders as breast cancer advocates. By developing a Pink Council, the Affiliate strives to ensure that planning involves the represented communities, rather than planning for them.

In addition to the Pink Council, future outreach and engagement strategies will include the following:

- Investigation and implementation of best practice models for Black/African-American Women, targeted towards communities with high populations of Black/African-American women in Komen NELA.
- Strengthen efforts with identified support groups comprised of Black/African-American Breast Cancer survivors from Komen NELA parishes.
- Strengthen advocacy efforts by providing further training on public policy and advocacy for new staff and volunteers, with specific efforts to strengthen relationships with the Komen Advocacy Alliance, the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and the Louisiana Breast & Cervical Health Program (LBCHP).
- Engage more survivors, inclusive of those from targeted parishes, to get involved with the Louisiana Lobby Day by collaborating with other Komen Affiliates in Louisiana.

Affiliate's Public Policy Activities

Komen NELA's Executive Director, Affiliate Coordinator and Board members have participated in multiple public policy efforts, including conducting Advocacy training for local volunteers regarding public policy issues, promoting Susan G. Komen's advocacy priorities to local representatives, and utilization of the advocacy website and social media outlets of Facebook and Twitter to inform and educate constituents on the current and ongoing efforts of Susan G. Komen and Komen NELA regarding public policy related to breast cancer and breast health.

Komen NELA has participated in Louisiana Lobby Day with other Komen Affiliates in the State of Louisiana to inform local legislators on current issues and needs concerning breast health. Northeast Louisiana survivors have also attended Lobby Day on the behalf of Komen NELA. Komen NELA has focused on specific outreach to Black/African-American survivors who have formed local support groups. These groups have provided them a platform to tell their unique stories and allows them to influence public policy with elected officials related to specific needs related to late-stage detection, lack of health care and need for intensified outreach efforts within the Black/African-American community.

In addition, Komen NELA worked with the Baton Rouge Affiliate to spearhead a public policy letter from all the Executive Directors in Louisiana. The reason for the letter was to show consistency within the region and alignment regarding breast health legislation. The Affiliate has also kept in contact with local representatives while they are out of the legislative sessions to encourage them to continue to protect the federal and state funding for National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and the Louisiana Breast & Cervical Health Program (LBCHP). The Komen Louisiana Affiliates collaborated with the American Cancer Society to take a stand and fight for the continued funding of both of these programs.

Komen NELA's main stance/issue has focused on the continued funding of the LBCHP as budget changes each year have put the program in jeopardy. The Affiliate also maintains dialog with the public policy contact from Susan G. Komen Headquarters to stay abreast of public policy issues in general and specific to the state and region. Locally, Komen NELA provides outreach to encourage constituents through public health fairs, trainings, email and social media outlets, and educating audiences on opportunities for their involvement promoting public policy on a local, state and federal scale.

Health Systems and Public Policy Analysis Findings

The goal for Komen NELA is to understand and address the findings of the HSPPA in order to greater assist women living in targeted parishes, and specifically address the lack of breast cancer related resources for women in some Northeast Louisiana Parishes and targeted communities.

Upon review of the Komen NELA targeted parishes, it appears evident that there is a great need for additional transportation services in Northeast Louisiana's most rural communities to connect women to breast health/cancer related services. Komen NELA believes that where a person lives should not be a determinant as to whether they live.

Therefore, the transportation barrier will be looked at as an opportunity for greater dialog and collaboration amongst the existing health care organizations within targeted parishes. Whereas

some of the rural hospitals and health clinics currently provide transportation to rural health centers and the LSU mobile mammogram unit also visits these communities, more emphasis will be placed on increasing these collaborative efforts.

With more communication and dialog, rural facilities can better share their mammogram vouchers when their existing supply is greater than their current demand so that vouchers do not go to waste. Strategic outreach efforts are needed to ensure that the public is made aware of mammography voucher availability in their communities as well as coordination of transportation for women to travel out of their area for needed tests and services.

Qualitative Data Sources and Methodology Overview

Methodology

Through an assessment of the disparities found in the quantitative data and gaps identified in the health systems analysis, it was discovered that there appear to be barriers in regards to access to care in all of the target parishes. The Community Profile Team pursued questions regarding what barriers exist in the local community in relation to accessing the continuum of care, current education regarding breast health, and ways to better serve and educate the populations of each target area. The data collection methods used were key informant interviews with health care professionals, breast cancer survivors, and public officials, focus groups with women in the communities, and document reviews of records from local facilities. The Team chose to collect data through key informant interviews with those familiar with the breast health continuum to discover where they felt gaps in service exist, where different populations seek services and what services are most needed. It was decided that health care professionals, breast cancer survivors, and public officials have a clearer understanding of their local breast health continuum than the general public. Focus groups were used to reach a broader audience to discover what those that are less informed on breast cancer and local services felt was behind the higher breast cancer rates, the needs of the area, and how to best reach the average person. These data collection methods were supported with document reviews for each area obtained from the Cancer Foundation League's financial assistance program 'Seldom Seen, Strongly Felt.'

The Community Profile Team collected all of the key informant interviews by phone and transcribed the informants' answers during the interview. All focus groups were conducted in each target area by the Team with an audio recorder in place and transcribed at a later date. The answers for both sets of questions were then coded for analysis. The combination of key informant interviews with those who have a more informed viewpoint on local breast health issues, along with focus groups with the general public, allowed the Team to ascertain which barriers actually exist and which are perceived barriers for the area. In addition, the most effective outreach methods and most needed services can be discovered by including such a diverse range of participants. The use of document reviews helped assure that the conclusions drawn from the participants matches the information previously discovered by other entities.

Sampling

The Community Profile Team was interested in the opinions of health care professionals, survivors and women over eighteen in the target communities because the questions were related to services available and outreach to the general community. The Team used contacts from the Health Services Analysis to reach health care providers in each target area for key informant interviews, while survivors and public officials were contacted through a combination of references from health care providers, contacts that the Affiliate already had and references from other survivors for the interviews. Twelve interviews were conducted in each target area (Table 4.1). Focus group participants were recruited using a combination of snowball and convenience sampling with three groups conducted per target area (Table 4.1). About half of the focus groups were formed by asking contacts in each target area to ask women in the area to attend a meeting, the other half were conducted at previously scheduled meetings. The Team chose the data collection methods based on the contacts and availability in each community.

The smaller, more rural communities were more difficult to reach without using a previously planned gathering, so the Team attempted to reach a variety of groups to achieve variety in responses. The Team reviewed documents from the Cancer Foundation League's 'Seldom Seen, Strongly Felt' program for each target area, looking at only breast cancer patients who received assistance (Table 4.1). The program provides financial assistance to cancer patients in the entire Affiliate service area and maintains a record of what type of financial services were provided, age and race of recipient, what month assistance was provided, and in which parish. No identifying information on patients was included in the report. This report enabled the Team to assess the financial needs of residents, which populations are taking advantage of the program, and assess the level of awareness in the community about the availability of financial assistance for cancer patients.

Table 4.1. Qualitative data collection in each target community

	Key Informant Interviews	Focus Groups	Document Review
Lincoln Parish	12	3, 19 participants	1
Mississippi River Region: East Carroll, Madison, and Tensas Parishes	12	3, 21 participants	1
Morehouse Parish	12	3, 23 participants	1

Ethics

The Team followed strict guidelines for consent and confidentiality of information and identities. Each key informant was asked to give verbal consent to have their answers recorded and were assured no identifying information would be included in the report. The focus group participants were asked to read and sign a consent form to both be a part of the group and to have the group recorded. All documents in relation to the Community Profile have been kept in the Affiliate offices and on the Affiliate password protected computers in a locked room. No names were used in the breakdown of data for coding and analysis purposes.

Qualitative Data Overview

The key informant interviews and focus groups were recorded on audio tape and transcribed verbatim, then broken down into coded answers for analysis. The documents for review were received in excel workbook format and required no change of format to analyze for relevant information in relation to the key informant interviews and focus group answers. The Team chose to record and transcribe responses to maintain the integrity of the respondents' answers. The documents chosen for review corroborate what types of needs are in the community, while the number of individuals served shows whether the community at large is aware of financial assistance programs in the area. Themes were found in the Quantitative Data Analysis regarding high levels of breast cancer rates, high levels of poverty and high levels of those in medically underserved areas, which combined with gaps of service found in the Health Systems Analysis, compelled the Team to pursued questions related to availability and access to services, barriers to women in their community in relation to services, and methods for education and outreach in their community.

There were common findings across not only the different data collection methods for each area, but spanning across all target areas as well. The majority of respondents for all three

target areas stated that there were no specific populations not receiving services in their area and most respondents also thought there was no specific geographical area of their parish not receiving services, but that the entire parish was in need. Also, the main barriers respondents listed in regards to access to care were financial issues/ poverty, being uninsured or underinsured and lack of understanding and education about breast health. Most respondents across all target areas were unaware of any support services or financial aid available in their area, even though the document review illustrates that some residents are aware of the 'Seldom Seen, Strongly Felt' program (Table 4.2). Considering the high numbers of breast cancer and poverty levels in each target area, the rate of those assisted by the program are low, indicating a need for education on available services. According to the document review, the main use of financial assistance is for transportation to and from treatment. This supports the data from each area stating that a lack of local services, lack of transportation and high rates of financial issues/ poverty are the main barriers for women in those communities.

Table 4.2. Financial assistance received through 'Seldom Seen, Strongly Felt'

Location	Total Number Served	Number Received Transportation Assistance
Lincoln	52	39
Mississippi River	34	26
Morehouse	56	28

Lincoln Parish

Key informants and focus group participants indicated that low socioeconomic status/ financial issues were the most common barriers in accessing health care and why women are not receiving the services they need in Lincoln Parish. Another common response regarding why women are not seeking screening and treatment is fear. A focus group participant stated "Many times a woman who is barely scraping by doesn't have insurance or the money to go to the doctor, much less pay for things if she does have cancer, so she's scared to find out." Another participant, who was a breast cancer survivor, added "We don't have much locally for treatment either, you have to drive to Monroe or Shreveport and that gets expensive. Between the cost of gas and food on those days and missing work, it adds up quickly. I know I thought 'why should I find out and worry, I can't afford to do anything about it.'" Respondents indicated that women in Lincoln Parish rely mostly on EA Conway in Monroe for breast health services, with some going to LSU Shreveport and some relying on the LSU mobile mammography unit. This information is supported by the document review from the Cancer Foundation League, which indicated that the most common assistance received is transportation to treatment (Table 4.2). Respondents indicated the mobile unit is the only local access for uninsured/underinsured women in Lincoln Parish. Respondents also indicated that the best methods for outreach and education would be engaging in one on one conversations or by creating new, dynamic educational events that better reach target populations. It was also indicated that outreach through local churches would be effective.

Mississippi River Region

Key informants and focus group participants indicated that lack of understanding/ education and lack of transportation were the most common barriers to health care and why women aren't receiving the services they need in the Mississippi River Region. Additional barriers included lack of local services, lack of insurance and financial issues/ poverty. Respondents believed that the majority of uninsured/ underinsured women seek breast health services at either EA Conway in Monroe or Richland Parish Hospital in Delhi. "We have to drive at least an hour to

get mammograms or treatment and many people here don't have cars," one focus group respondent in East Carroll Parish reported. The document review of the Cancer Foundation League's program supported this finding with the majority of assistance received in the Mississippi River Region being transportation and accommodations for treatment (Table 4.2). The best methods for outreach and education weren't as clear for this target area, as the key informants and focus groups leaned heavily toward differing methods. Key Informant Interviews clearly indicate education through doctors' offices is the best method, while the focus groups suggest dynamic educational events and health fairs are the best methods (Figures 4.1 and 4.2).

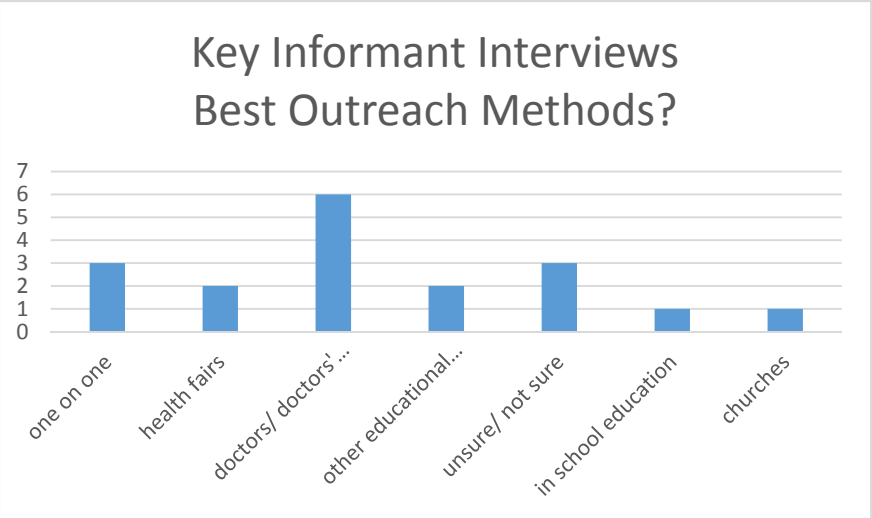

Figure 4.1. Best outreach methods for Mississippi River Region indicated by key informants and focus group participants

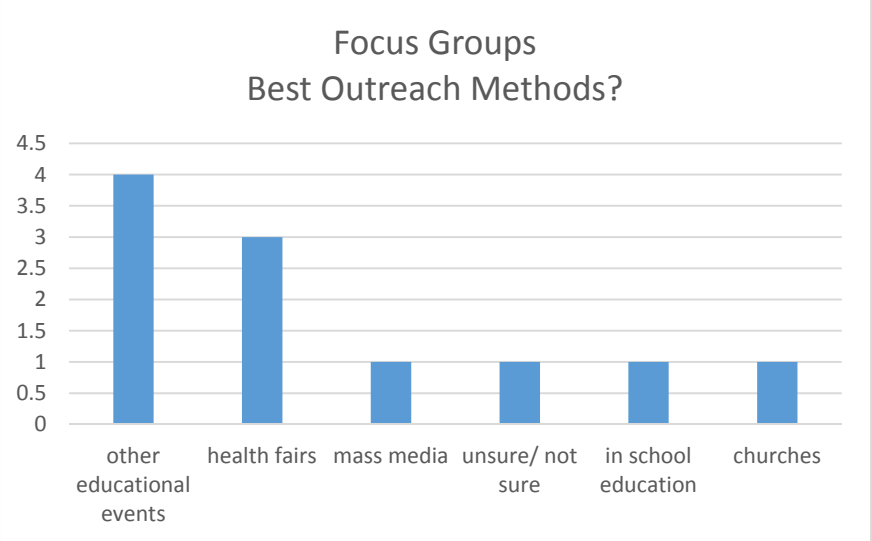

Figure 4.2. Best outreach methods for Mississippi River Region indicated by key informants and focus group participants

Morehouse Parish

Key informants and focus group participants indicated that lack of insurance/ underinsured, financial issues/ poverty and lack of understanding/ education were all common barriers in accessing health care in Morehouse Parish. Respondents indicated that the majority of uninsured/ underinsured women seek services at EA Conway in Monroe. This is supported by

the document review, which reports that the majority of assistance provided by the Cancer Foundation League in Morehouse Parish is for transportation to and from treatment (Table 4.2). The need for free, local mammograms was clear in responses concerning programs needed to address current barriers to health care access. None of the respondents were aware of support services in the area and only half of the key informants were aware of the Morehouse Cancer Fund, a local financial assistance program that only services residents of Morehouse Parish. Nearly all of those who reported the Morehouse Cancer Fund as a financial resource, also reported difficulties in contacting and obtaining assistance from the program. None of the respondents indicated knowing about the services provided by the Cancer Foundation League program. Outreach and education methods most suggested were to collaborate with churches and to create dynamic educational events, using pamphlets at the events and within the churches. “You need to go where people are to get people to listen, which around here is in church or at the store, places like that,” one focus group participant suggested.

Qualitative Data Findings

The findings of the qualitative data answered questions regarding access to services in the area. A point of concern was whether a particular population or geographical area was not receiving needed services based on the high rates of breast cancer, poverty, and medically underserved populations. Overall, the responses indicated no particular areas or subsets of the population that weren’t accessing the health care they needed. Rather, it was indicated that barriers exist across the entire geographical area and populations. The Team also had questions regarding where women go for services and what gaps exist in the continuum of care for each target area since the Health Systems Analysis indicated an overall lack of services in all target areas. The findings indicated that while some differences exist for each target area in regards to the most prominent barriers, most are centered around low socioeconomic status and the challenges inherent to that status. The main issue is a lack of local services available for free or low cost.

The strengths of the data collected include seeking key informant interviews from those who have experienced or are an active part of the breast health continuum in each target area. These are the individuals who are guiding women through the system and educating them on what is available in the area, so their answers are reflective of what those who enter the continuum of care are being informed on. Another strength of the data are that data collection and analysis were performed by the same individuals, enabling a higher level of understanding of the nuances of responses during the entire process. The weaknesses of the data collected by the Team include possible lack of diverse responses due to sampling techniques. Focus groups were formed using either preexisting group meetings or through asking prior contacts in each area to ask others to attend a meeting. These methods may have kept the Team from reaching differing viewpoints and backgrounds in a given target area since they were formed with populations who had connections with each other. For some of the focus groups, those attending did not personally face the barriers and issues that the vulnerable populations of the community may be facing. High numbers of poverty and rural residents made accessing all populations problematic. Another weakness is the limited number of focus groups and key informant interviews conducted for the report. While the number is acceptable for each area, a larger number of respondents could have led to more accurate data with a better variety of viewpoints. Only reviewing one document per target area was also a weakness of the data, as

further reviews could have corroborated or rebutted some of the themes found in the focus groups and key informant interviews.

In conclusion, the Team has discovered that in addition to a need for free or low cost services in each target area, there is also a great need for education and outreach. Services are needed in each area to provide local access to breast health or flexible transportation to access breast health outside of the target area. The use of mobile mammography units would be ideal in the more rural communities where the addition of breast health centers are not feasible and there are multiple small communities that need to be reached. Transportation from the more rural areas is either difficult to obtain or nonexistent in some areas; therefore, transportation services that can be scheduled in a flexible manner are also needed for those accessing screening and treatment outside of their area. Many respondents indicated a reason for high late-stage rates may be from the lack of understanding and education on breast cancer risks and mammography. This points to a need for extended education efforts in each target area. Education efforts will need to include collaborations with local social structures such as churches and civic organizations to help plan dynamic educational events and outreach opportunities. It is through these local organizations that are already known and trusted in the community that information can be distributed to all populations. As part of the outreach and education efforts on breast health in general, information regarding breast health, support and financial services available to each target area needs to be disseminated more thoroughly into each community. Through a combination of providing local access to breast health services, transportation to out of area services and dynamic, personalized education efforts for each community, the Affiliate hopes to effect change in the target areas.

Breast Health and Breast Cancer Findings of the Target Communities

The Quantitative Data Report findings show that nearly the entire Affiliate service area is considered to be 100 percent medically underserved. This highlights the need for health services programs within the service area, across the continuum of care. The Affiliate is particularly sensitive to providing early detection since service the area has a significantly higher late-stage rate and a slightly lower screening percentage compared to the State of Louisiana as a whole. The target areas also have a higher percentage of the population being Black/African-American, which is important due to their higher rates of late-stage diagnosis and death. When selecting target communities, the Affiliate reviewed Healthy People 2020, a major federal government initiative, which provides specific health objectives for communities and the country as a whole. Specific to Komen Northeast Louisiana's (NELA) work, goals around reducing women's death rate from breast cancer and reducing the number of breast cancers found at late-stage were analyzed. Through this review, areas of priority were identified partially based on the time needed to meet Healthy People 2020 targets for breast cancer. The target communities are those which have key indicators showing an increased chance of vulnerable populations likely at risk for experiencing gaps in breast health services and/or barriers in access to care. Key indicators the Team reviewed include, but were not limited to, incidence rates and trends, death rates and trends, late-stage rates and trends, screening percentages, residents with an annual income below or near the poverty level, and residents living without health insurance.

The target communities chosen by the Komen NELA Community Profile Team are Lincoln Parish, The Mississippi River Region, which includes East Carroll, Madison and Tensas Parishes, and Morehouse Parish. Lincoln Parish has a high Black/African-American population, nearly three times the national percentage. The Parish also has higher late-stage and death rates than the national rates. According to Healthy People 2020, Lincoln Parish is not likely to meet the death rate target set in the report. The Mississippi River Region had very few numbers that were not suppressed regarding screening, late-stage and death rates due to small population sizes. This area was chosen due to having high percentages of poverty and those with less than a high school education. In addition, the Mississippi River Region has a large population of Blacks/African-Americans, who have a higher likelihood of late-stage diagnosis and death due to breast cancer. Morehouse Parish has a Black/African-American population more than three times the national percentage and more than twice the Affiliate percentage. In addition, the parish also has high percentages of residents in poverty and without health insurance. Healthy People 2020 ranked Morehouse Parish as the highest priority parish for intervention due to a rising late-stage incidence rate and high death rate. Screening percentages for Morehouse Parish are slightly below state percentages, even though late-stage and incidence rates are rising.

During the Quantitative Data Analysis, questions were raised in regards to where residents seek health services, whether access is available to the uninsured/underinsured and low socioeconomic populations and what/if any assistance programs are available. The findings from the Health Systems and Public Policy Analysis for the target communities indicate a need for transportation and mobile health services since the majority of the target communities are rural and lacking in local health services. Some of the rural hospitals and health clinics provide

some transportation, but access to these services is very limited. There is also a lack of local assistance and support services in the target areas. A need for further education regarding services available to each area was apparent when interviewing health care professionals, as their knowledge of services available to their patients was limited.

Lincoln Parish has two mammography providers, only one of which provides free or low cost mammography. There are no providers in the parish for free or low cost diagnostic and treatment services. Patients must drive to facilities in either Monroe or Shreveport for services. In the Mississippi River Region there are no mammography services available within all three parishes that comprise the target area. The Louisiana State University (LSU) Mobile Unit has worked with one health facility in Tensas Parish to provide mammograms, but patients must travel outside of their community for treatment services if diagnosed. If the partnership with the mobile unit ends, residents will be completely without access to local mammography services. Morehouse Parish has one hospital that provides mammography services for free or low cost when they have grant funds available for vouchers, which is not consistently available each year. They do provide mammography and treatment services for cash for patients without insurance, but this does not help low socioeconomic populations. Most uninsured/underinsured and low socioeconomic residents travel to EA Conway in Monroe for health services. The LSU Mobile Unit also works with a local facility, but patients must travel outside of their community for treatment, and if the partnership with the mobile unit ends, residents will only have one local source for free or low cost mammography and only when vouchers are available.

The Qualitative Data Report pursued questions along the same themes for all target areas regarding where residents in the target areas seek breast health services, what level of knowledge the average resident has in regards to breast health and which outreach and education methods would work best for each area. The respondents indicated a need for free or low cost services in each target area, in addition to a great need for education and outreach. Services are needed in each area to provide local access to breast health services or flexible transportation to access breast health services outside of the target area. The use of mobile mammography units would be ideal in the more rural communities where the addition of breast health centers is not feasible and there are multiple small communities that need to be reached. Transportation from the more rural areas is either difficult to obtain or nonexistent in some areas; therefore, transportation services that can be scheduled in a flexible manner are also needed for those accessing screening and treatment outside of their area. Many respondents indicated a reason for high late-stage rates may be from the lack of understanding and education on breast cancer risks and mammography. This points to a need for extended education efforts in each target area. Many respondents suggested collaborating with local churches and civic organizations in the target areas to disseminate information regarding breast health and services available in their community.

Mission Action Plan

Statement of Need:
Lincoln Parish, The Mississippi River Region, and Morehouse Parish have high late-stage and death rates for breast cancer, especially in Black/African-American populations, in addition to being 100 percent medically underserved and having high poverty levels. Qualitative data indicates that education and access to services may assist in reducing breast cancer late-stage diagnosis and death rates.

Priority 1: Partner with local community organizations and health care providers to provide outreach and education materials regarding breast health and services available to vulnerable populations. This priority was chosen by studying the trends in the data regarding education. Due to high numbers of respondents in the Quantitative Data Report and the Health Systems and Public Policy Analysis who were either uninformed on services available in their area or thought a lack of understanding and education on breast health was a major barrier in their area.

- *Objective 1:* Collaborate with at least 10 local churches and civic organizations in each target community in FY 16 to disseminate at least 3,000 educational materials on breast health, services and assistance available in each area.
- *Objective 2:* Partner with at least three health care providers in each target community in FY 16 to provide at least 1,000 breast health educational materials and information regarding services available to their patients.

Priority 2: Increase the number of Affiliate funded grants addressing identified gaps in the continuum of care in the target areas. This priority was chosen due to the lack of breast health services within the target areas as shown in the Health Systems and Public Policy Analysis and through responses during the Qualitative Data Report indicating disparities in access to services within the target areas.

- *Objective 1:* By October 2015, revise the Community Grant Request for Application (RFA) indicating that funding priorities are programs that provide evidence-based programs that provide education, screening and support services to vulnerable populations within Lincoln Parish, the Mississippi River Region parishes and Morehouse Parish.

Priority 3: Reduce the number of late-stage diagnosis among Black/African-American women in the Affiliate target areas through education specific to that population.

- *Objective 1:* In FY16 develop collaborative relationships with at least three community-based organizations that interact with Black/African-American women in each of the target areas.
- *Objective 2:* By the end of FY17, collaborate with at least three providers in the target areas to provide culturally competent breast health care and outreach to the Black/African-American community through dissemination of at least 1,000 audience specific educational materials.

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