susan g. komen®

COMMUNITY PROFILE REPORT 2015

SUSAN G. KOMEN®
NORTHWEST 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.

Susan G. Komen® Northwest Louisiana (NWLA) would like to extend its deepest gratitude to the Board of Directors and the following individuals who participated on the 2015 Community Profile Team:

Mary I. Hawkins, PhD, CHES
Associate Professor, Kinesiology & Health Science Dept.
Louisiana State University Shreveport

Lindsay I. Dean, MA HSA
Executive Director
Susan G. Komen NWLA

Kelley Matkins, BA
Mission Coordinator
Susan G. Komen NWLA

Shea Frederick, BS, CHES
Community Educator
LifePath Hospice

A special thank you to the following entities for their assistance with data collection and analyses, as well as providing information included in this report:

- Madeline Fechter LSUS Community Health Student
- Jessica Stills LSUS Community Health Student
- Shay Hines LSUS Community Health Student
- Deepa Pishy BDS, MHA, MPH
- Megan Smith SGK NWLA summer intern 2014
- Christian Steincamp SGK NWLA fall intern 2014

Report Prepared by:

Susan G Komen® Northwest Louisiana
2015 Fairfield Avenue Suite 2C
Shreveport, La 71104
318.220.7050
www.komennwla.org
Contact: Lindsay Dean, Komen Executive Director
Kelley Matkins, Komen Mission Coordinator

Executive Summary

Introduction to the Community Profile Report

The Affiliate began with a Race for the Cure® back in 1994, and five years later was established as an official organization- Susan G. Komen® Breast Cancer Foundation of Shreveport Bossier. As the need was evident for more breast health services and support in the surrounding parishes, Susan G. Komen Northwest Louisiana (NWLA) was created in 2009. The Affiliate began its Community Grants program in 1999, and has since granted up to seventy-five cents of every dollar to organizations in Northwest Louisiana, totaling over $2.78 million. As of 2015, the Affiliate now covers ten parishes including Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine, Webster and Winn, and invests twenty-five cents of every dollar donated to support lifesaving evidence-based breast cancer research done on a national level. In 2014, Komen NWLA was nominated for local Philanthropic Organization of the year. The Affiliate participates in the local Louisiana Cancer Control Partnership as well as the local Association of Fundraising Professionals Group. Komen NWLA acts not only as a breast health funding mechanism in the community, but also as a relevant partner in the fight against breast cancer. Although the Affiliate does not provide direct services, it has created and sustained many effective partnerships and collaborations that allow the Affiliate to be viewed as the leading breast health authority in the community.

One such collaborative activity began in 2015, called Pink Ribbon Pop Up (Pop Up). Once a month, the Affiliate, along with its community grantees, pops up in a priority parish to provide no cost clinical breast exams and mammograms for the uninsured. Affiliate representatives provide outreach to businesses, government complexes and school systems to encourage participation as well as update donors/potential donors on how funds are being utilized locally.

The Community Profile Report (Profile) is a true interpretation of data analyzing the breast health needs of the parishes served by the Komen Northwest Louisiana. It's a grantmaking roadmap that allows funding to be prioritized to the areas of northwest Louisiana that need it most. It utilizes statistics, available resources, third party information and input to create an in depth compilation of the need (or lack of) for a presence in that particular parish. The Profile will be used as a public tool to demonstrate the priority areas for funding decisions beginning with the 2015-2016 grantmaking year and forward until the next Community Profile is compiled. The Profile will also be used to determine where local Komen staff outreach is needed as well as where educational programs and screening programs can be the most effective of reaching those most in need of education and services. The Community Profile will be posted to the Komen Northwest Louisiana website as an available tool for new volunteers to better understand the organization for which they serve, for grantees to see the areas in which their programs are most needed, and for staff to determine which communities require a priority of their time. The Community Profile will also be shared in the community during Affiliate meetings with legislators, donors, outreach/breast cancer awareness coordinators, and other interested parties.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

In order to be the most efficient stewards of resources, Komen Northwest Louisiana has chosen four target communities within the service area. The Affiliate will focus strategic efforts on these target communities over the course of the next four years. Target communities are those communities which have cumulative 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.

When selecting target communities, the Affiliate reviewed Healthy People 2020, a major federal initiative that provides specific health objectives for communities and the country as a whole. In addition to Healthy People 2020, the Community Health Needs Assessment (CHNA) website was used to detail high risk lifestyle behaviors. In order to target those communities with the greatest needs, many factors were considered and included in selection of target communities. Through this review, areas of priority were also identified based on the time need to meet Healthy People 2020 targets for breast cancer.

Additional key indicators the Affiliate reviewed when selecting target counties included, but were not limited to: demographic factors, particularly Black/African-American and older women (age >40 years) proportions by parish; residents living at or below poverty level, high parish unemployment percentages, residents living without health insurance; residents living in medically underserved areas; residents living in rural areas; breast cancer death rates and trends; breast cancer late-stage rates and trends; and mammogram screening proportions or percentages.

The selected target communities are:

- Bienville Paris with a focus on rural areas
- Caddo Parish, with a focus on the northern rural area
- Claiborne Parish with a focus on rural areas
- Webster Parish with a focus on rural areas.

Bienville Parish has been chosen as a target community due to the parish's aging population, low education levels, low socioeconomic status, identification as rural and medically underserved, high obesity and alcohol consumption levels, and age- adjusted breast cancer death rates and trends.

Caddo Parish has been chosen as a target parish due to the large percentage of Black/African-American and older female residents, the parish being one of the most populous of the Affiliate target communities, high poverty percentages, high uninsured percentages, high female obesity percentages and the parish is unlikely to reach the HP2020 breast cancer death rate and late-stage incidence rate targets

Claiborne Parish has been chosen as a target community due to a large percentage of Black/African-American female residents, an older population, low levels of educational attainment, high unemployment, high levels of uninsured, identification as rural and medically underserved, high female obesity percentages, as well as having extremely high breast cancer incidence trends and late-stage trends. No data on death rates and trends are available due to

the small number of reported cases in this parish. Claiborne Parish is likely to miss the HP2020 late-stage incidence rate target.

Webster Parish has been chosen as a target community due primarily to low education levels, low income levels, high unemployment percentages, identification as rural, identification as medically underserved, having high female obesity percentages, having high trends in incidence rates of breast cancer, having high trends in late-stage rates of breast cancer, and being unlikely to meet HP2020 breast cancer targets. Additional quantitative data were collected in regards to obesity and alcohol consumption.

Information on obesity and alcohol consumption were found using the Community Health Needs Assessment (CHNA) website. Alcohol consumption and overweight/obesity after menopause are lifestyle behaviors that may increase a woman's risk of breast cancer. Age is also a factor in breast cancer risk. The Affiliate is focusing particular attention on Black/African-American women in targeted parishes and believes that this is necessary information to reflect high risk health behaviors in the target populations. The alcohol consumption indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

Health System and Public Policy Analysis

The strengths and weaknesses of the continuum of care (CoC) in the target communities are fairly similar; lack of general knowledge of breast cancer awareness and access to care (transportation).

In Bienville Parish, there is one hospital located in Arcadia as well as the Bienville Parish Health Unit. Uninsured patients are referred to the Partners in Wellness (PIW) mobile mammography unit for their annual screenings. However, there are many weaknesses in the CoC. There are no mammography screening services provide in the southern part of the parish and no diagnostic mammograms, ultrasounds or support/survivorship services located within the parish; therefore Bienville Parish residents must travel outside of the parish to receive these services. For an uninsured patient requiring a diagnostic mammogram, that means she must travel approximately thirty minutes or more to University Health in Shreveport. Patients, who are diagnosed with breast cancer at University Health, must travel to Feist-Weiller Cancer Center located on the campus of University Health for treatment. A lack of adequate health care provider resources is a major barrier to comprehensive breast health care. Another weakness is that there is little outreach regarding breast health education.

In Caddo Parish, there are strengths in the City of Shreveport with state of the art mammography facilities for screenings and diagnostics as well as several free health clinics for uninsured patients. One identified barrier to breast health care in Caddo Parish is the distance needed for patients in the northern part of the parish who must travel to Shreveport for screening services if they can't meet the monthly PIW mobile unit visit. However, North Caddo

Medical Center in Vivian, LA is addressing that with the anticipated opening of a new mammography center.

In Claiborne Parish, there are gaps that exist in the breast cancer CoC. Although the county seat of Homer provides monthly screenings for uninsured patients through the PIW mobile unit and has one hospital and one parish health unit for breast cancer screenings, there are no local cancer treatment options and no support/survivorship services available. If an uninsured patient is called back for additional views on a screening mammogram, she must then travel at least forty-five minutes or more to Shreveport to University Health for follow up. Uninsured patients, who are diagnosed with breast cancer at University Health, must travel to Feist-Weiller Cancer Center located on the campus of University Health for treatment.

Webster Parish has two hospitals. One in the northern part of the parish, Springhill, and the other in the southern part of the parish, Minden; however, the CoC in Webster Parish does have gaps. If a woman without health insurance is called back for additional views on a screening mammogram, she must then travel approximately 45 minutes to Shreveport to University Health for follow up. Patients, who are diagnosed with breast cancer at University Health, must travel to Feist-Weiller Cancer Center located on the campus of University Health for treatment.

The Louisiana Breast and 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 and is funded by the CDC, the State of Louisiana, and foundations including but not limited to, the National Breast Cancer Foundation, United Way of Southeast Louisiana, and Susan G. Komen New Orleans.

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, mortality 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: 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 rates and late-stage diagnosis are achieved with specific goals and objectives related to breast cancer.

Komen Northwest Louisiana has a very productive relationship with the Regional Cancer Control Coordinator. The coordinator’s office is housed inside Feist-Weiller Cancer Treatment Center on the campus of the University Health. The coordinator has merged the Cancer Action Network (CAN) coalition into a new group called the Healthy Communities Coalition (HCC) that encompasses cancer risk reduction as well as obesity and tobacco prevention. The Mission Coordinator of the Affiliate attends monthly meetings of the HCC and serves as an active member and participates in the planning and executing of programs to educate the community of Louisiana Region 7 about the importance of healthy lifestyles. In the next four years, the

Affiliate plans to remain an active part of the HCC by attending monthly meetings as well as supporting and promoting its programs.

Qualitative Data: Ensuring Community Input

The Affiliate also conducted a Qualitative Analysis with focus groups and key informant interviews in each target parish consisting of community member interviews, breast cancer survivor interviews, and breast health provider interviews.

The focus groups and key informant interviews helped to identify several factors impacting breast health and care in the target areas. Identification of a general deficit of knowledge in all four parishes indicates that more outreach and education efforts are needed.

Respondents also indicated that lack of reliable transportation and mammogram screening cost was prohibitive to breast health. Promotion of free screenings and locations and use of mobile units to reduce transportation barriers was a common recommendation across parishes as well.

Community Member Key informant interviews in the target parishes provided insight into attitudes and practices in those areas. Only one out of three informants was aware of local mammography screenings and where to get one.

Breast Health Provider Key Informant Responses indicated barriers to mammogram screening included lack of transportation and copay or cost of mammogram.

Though limited in number and diversity, focus groups and key informant interviews were a starting point to help clarify and identify reasons for the high late-stage incidence rates in the Affiliate area. Findings indicate a lack of general breast cancer and breast cancer screening knowledge; fears and procrastination related to breast cancer screening and diagnosis; and a lack of observable breast cancer survivors and support groups as factors that influence breast health and mammography behaviors. Lack of reliable transportation and health care costs were minor themes that need to be addressed. Targeted initiatives need to focus on rural outreach and barrier reduction, particularly to Black/African-American women, to increase screening percentages, reduce late-stage diagnosis, and provide support to those in cancer treatment and survivorship.

Mission Action Plan

A Mission Action Plan (MAP) has been approved by the Affiliate's Board of Directors to best guide the focus and direction of mission related activities and outreach in each of the Affiliate's four priority areas of Bienville, Caddo, Claiborne and Webster Parishes.

Bienville Parish

Health Systems Change

Problem Statement: Based on focus group feedback, there is a disconnect in the continuum of care in the rural area of Bienville Parish.

Priority 1: Increase the health care system's capacity to provide quality breast health care in Bienville Parish.

- *Objective 1.1:* In FY2016, hold at least one (1) collaborative meeting in Bienville Parish with representatives of hospitals, primary care providers, health clinics and community-based organizations to foster the discussion around how to improve continuity of care between referral, screening, diagnosis, treatment, and support services within Bienville Parish.

Education and Outreach

Problem Statement: Based on focus group feedback, a lack of breast health education exists in the rural communities and among the Black/African-American communities in Bienville Parish.

Priority 1: Increase breast health outreach to the Black/African-American community.

- *Objective 1.1:* By April 2016, hold at least three (3) community outreach presentations in local predominately Black/African-American faith-based organizations. ("Pink Sunday" concept)
- *Objective 1.2:* By March 2017, partner with at least one (1) community organization or faith community and a health care institution to provide one (1) culturally appropriate breast health event where women can sign up for/receive for a mammography appointment. ("Pop Up" Concept)
- *Objective 1.3:* By January 2018, partner with community-based health organizations to arrange small group education classes on breast self-awareness in at least two (2) clinics serving Black/African-American women.

Priority 2: Increase provider understanding of breast cancer Susan G. Komen® breast self-awareness messaging and knowledge of various referral processes to better navigate their patients through the continuum of care.

- *Objective 2.1*: In FY 2016, hold at least one (1) program ("Lunch and Learn" concept) in Bienville Parish to educate providers about the most current breast health recommendations and resources available in the community to increase their patients' screening percentages.

Priority 3: Increase breast cancer survivor support in Bienville Parish.

- *Objective 3.1:* In FY2016, invite survivors from Bienville Parish to attend the Affiliate's Survivor Luncheon to educate and inspire breast cancer survivors and their guests about the mission of the Affiliate and support services available.
- *Objective 3.2:* In FY2016, partner with at least one (1) volunteer from Bienville Parish to host a breast cancer survivor event.
- *Objective 3.3:* In FY2017, partner with at least one (1) medical organization in Bienville Parish to host at least one breast cancer survivor event.

Priority 4: Increase outreach support in Bienville Parish.

- *Objective 4.1:* By December 2015, identify and train at least two (2) key volunteers from Bienville Parish to serve on the NWLA Komen Parish Council and empower them to connect the Affiliate with local partnerships.

Caddo Parish

Health Systems Change

Problem Statement: Based on focus group feedback, there is a disconnect in the continuum of care in the rural area of northern Caddo Parish.

Priority 1: Increase the health care system's capacity to provide quality breast health care in northern Caddo Parish.

- *Objective 1.1:* In FY2016, hold at least one (1) collaborative meeting in northern Caddo Parish with representatives of hospitals, primary care providers, health clinics and community-based organizations to foster the discussion around how to improve continuity of care between referral, screening, diagnosis, treatment, and support services within Caddo Parish.

Education and Outreach

Problem Statement: Based on focus group feedback, a lack of breast health education exists in the rural areas and among the Black/African-American communities in northern Caddo Parish.

Priority 1: Increase breast health outreach to the Black/African-American community.

- *Objective 1.1:* By April 2016, hold at least three (3) community outreach presentations in local predominately Black/African-American faith-based organizations. ("Pink Sunday" concept)

Priority 2: Increase breast cancer survivor support in Caddo Parish.

- *Objective 2.1:* In FY2016, hold at least one (1) program ("Survivor Luncheon" concept) in Caddo Parish to educate and inspire breast cancer survivors and their guests about the mission of the Affiliate and support services available.
- *Objective 2.2:* In FY2017, partner with at least one (1) medical organization in Caddo Parish to host a breast cancer only monthly support group.

Claiborne Parish

Health Systems Change

Problem Statement: Based on focus group feedback, there is a disconnect in the continuum of care in the rural area of Claiborne Parish.

Priority 1: Increase the health care system's capacity to provide quality breast health care in Claiborne Parish.

- *Objective 1.1:* In FY2016, hold at least one (1) collaborative meeting in Claiborne Parish with representatives of hospitals, primary care providers, health clinics and community-based organizations to foster the discussion around how to improve continuity of care between referral, screening, diagnosis, treatment, and support services within Claiborne Parish.

Problem Statement: Based on focus group feedback, a lack of breast health education exists in the rural communities and among the Black/African-American communities in Claiborne Parish.

Priority 1: Increase breast health outreach to the Black/African-American community.

- *Objective 1.1:* By April 2016, hold at least three (3) community outreach presentations in local predominately Black/African-American faith-based organizations. ("Pink Sunday" concept)
- *Objective 1.2:* By March 2017, partner with at least one (1) community organization or faith community and a health care institution to provide one (1) culturally appropriate breast health event where women can sign up for/receive for a mammography appointment. ("Pop Up" Concept)
- *Objective 1.3:* By January 2018, partner with community-based health organizations to arrange small group education classes on breast self-awareness in at least two (2) clinics serving Black/African-American women.

Priority 2: Increase provider understanding of breast cancer Susan G. Komen® breast self-awareness messaging and knowledge of various referral processes to better navigate their patients through the continuum of care.

- *Objective 2.1:* In FY 2016, hold at least one (1) program ("Lunch and Learn" concept) in Claiborne Parish to educate providers about the most current breast health recommendations and resources available in the community to increase their patients' screening percentages.

Priority 3: Increase breast cancer survivor support in Claiborne Parish.

- *Objective 3.1:* In FY2016, invite survivors from Claiborne Parish to attend the Affiliate's Survivor Luncheon to educate and inspire breast cancer survivors and their guests about the mission of the Affiliate and support services available.
- *Objective 3.2:* In FY2016, partner with at least one (1) volunteer from Claiborne Parish to host one (1) breast cancer survivor event.
- *Objective 3.3:* In FY2017, partner with at least one (1) medical organization in Claiborne Parish to host at least one (1) breast cancer survivor event.

Priority 4: Increase outreach support in Claiborne Parish

- *Objective 4.1:* By December 2015, identify and train at least two (2) key volunteers from Claiborne Parish to serve on the NWLA Komen Parish Council and empower them to connect the Affiliate with local partnerships.

Webster Parish

Health Systems Change

Problem Statement: Based on focus group feedback, there is a disconnect in the continuum of care in the rural area of Webster Parish.

Priority 1: Increase the health care system's capacity to provide quality breast health care in Webster Parish.

- *Objective 1.1:* In FY2016, hold at least one (1) collaborative meeting in Webster Parish with representatives of hospitals, primary care providers, health clinics and community-based organizations to foster the discussion around how to improve continuity of care between referral, screening, diagnosis, treatment, and support services within Webster Parish.

Education and Outreach

Problem Statement: Based on focus group feedback, a lack of breast health education exists in the rural communities and among the Black/African-American communities in Webster Parish.

Priority 1: Increase breast health outreach to the Black/African-American community.

- *Objective 1.1:* By April 2016, hold at least three (3) community outreach presentations in local predominately Black/African-American faith-based organizations. ("Pink Sunday" concept)
- *Objective 1.2:* By March 2017, partner with at least one (1) community organization or faith community and a health care institution to provide one (1) culturally appropriate breast health event where women can sign up for/receive for a mammography appointment. ("Pop Up" Concept)
- *Objective 1.3:* By January 2018, partner with community-based health organizations to arrange small group education classes on breast self-awareness in at least two (2) clinics serving Black/African-American women.
- *Objective 1.4:* By January 2018, partner with at least one (1) faith-based organization to arrange "foot soldier" volunteers to go out in rural communities to educate women about breast health services available.

Priority 2: Increase provider understanding of breast cancer Susan G. Komen® breast self-awareness messaging and knowledge of various referral processes to better navigate their patients through the continuum of care.

- *Objective 2.1:* In FY 2016, hold at least one (1) program ("Lunch and Learn" concept) in Webster Parish to educate providers about the most current breast health recommendations and resources available in the community to increase their patients' screening percentages.

Priority 3: Increase breast cancer survivor support in Webster Parish.

- *Objective 3.1:* In FY2016, invite survivors from Webster Parish to attend the Affiliate's Survivor Luncheon to educate and inspire breast cancer survivors and their guests about the mission of the Affiliate and support services available.
- *Objective 3.2:* In FY2016, partner with at least one (1) volunteer from Webster Parish to host one (1) breast cancer survivor event.
- *Objective 3.3:* In FY2017, partner with at least one (1) medical organization in Webster Parish to host at least one (1) breast cancer survivor event.

Priority 4: Increase outreach support in Webster Parish.

- *Objective 4.1:* By December 2015, identify and train at least two (2) key volunteers from Webster Parish to serve on the NWLA Komen Parish Council and empower them to connect the Affiliate with local partnerships.

All Target Communities

Advocacy

Problem Statement: As new members are elected to the Louisiana Legislature and US Congress, continued advocacy to elected officials is needed to stress the importance of funding for early detection programs.

Priority 1: Develop and utilize partnerships to enhance Affiliate efforts in order to raise the importance of state funding for early detection in the Affiliate service area.

- Objective 1.1: In FY16 and FY17, partner with at least one (1) other Affiliate within the state and the Louisiana Cancer Control Partnership (LCCP) on advocacy efforts for the State of Louisiana.

Priority 2: Increase state legislators' education and understanding of breast health issues.

- *Objective 2.1:* In FY 2016, conduct a brunch meeting inviting all state legislators in the Affiliate's ten parish service area to increase Komen's visibility as a trusted local resource on breast cancer.
- *Objective 2.2:* By the end of FY2017, hold at least 4 conference calls with the other Komen Affiliates in the state to discuss joint advocacy efforts and any pending breast cancer legislation, including advocating for maintaining state BCCP funding.

Priority 3: Educate US Congressmen and Senators from Louisiana on a better understanding of breast health issues.

- *Objective 3.1:* In FY 2016, attend Komen Advocacy Summit in Washington, D.C., to meet with representatives on issues recommended by Susan G. Komen.
- *Objective 3.2:* By end of FY2016, maintain regular email correspondence with lawmakers and staff.

Grantmaking

Problem Statement: Health system partnerships are needed to increase access for uninsured and underinsured patients to access breast health services.

Priority 1: Increase the quality of Affiliate funded grants to ensure identified gaps in the continuum of care are addressed in the target communities.

- *Objective 1.1:* By December 2015 hold at least one (1) Community Grant information workshop aimed at existing breast health providers and nonprofits identified on the health systems resource map to provide culturally-tailored education and breast health services in northwest Louisiana.
- *Objective 1.2:* In FY 2016, mandate that best practices and evidence-based programs be incorporated into all grant programs and require that all funded education programs must demonstrate how their activities will lead to action, such as participants obtaining regular mammograms.
- *Objective 1.3:* By August 2015, establish at least one (1) grant mechanism that fosters collaboration among grantees to preserve and strengthen the breast health continuum of care.
- *Objective 1.4:* By August 2016, work with at least two (2) grantees to strengthen the evaluation of their grant projects, in order to improve the overall quality of their programs, as well as clearly demonstrate grantee impact to community stakeholders.
- *Objective 1.5:* By December 2015, engage, educate, and empower grantees to be adaptable and responsive to changes in the external environment that may impact their breast health programs (e.g. Affordable Care Act).

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

Affiliate History

Susan G. Komen® was founded in 1982 by Nancy G. Brinker as a promise to her sister, Susan G. Komen who was battling breast cancer, that she would do everything in her power to end the disease. Though Susan lost her battle to breast cancer, Nancy strived to keep her promise: To save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to find the cures. Since 1982, Susan G. Komen has raised $1.9 billion to fight the disease and stop it in its tracks by funding national research and local programs to assist women in their breast health.

The Affiliate began with a Race for the Cure® back in 1994, and five years later was established as an official organization- Susan G. Komen Breast Cancer Foundation of Shreveport Bossier. As the need was evident for more breast health services and support in the surrounding parishes, Susan G. Komen Northwest Louisiana was created in 2009. The Affiliate began its Community Grants program in 1999, and has since granted up to seventy-five cents of every dollar to organizations in Northwest Louisiana, totaling over $2.65 million. As of 2015, the Affiliate now covers ten parishes including Caddo, Bossier, Bienville, Claiborne, Webster, Natchitoches, DeSoto, Sabine, Red River, and Winn, and supports lifesaving evidence based breast cancer research done on a national level. In 2014, Komen NWLA was nominated for local Philanthropic Organization of the year. The Affiliate participates in the local Louisiana Cancer Control Partnership as well as the local Association of Fundraising Professionals Group. Komen NWLA acts not only as a breast health funding mechanism in the community, but also as a relevant partner in the fight against breast cancer. Although the Affiliate does not provide direct services, it has created and sustained many effective partnerships and collaborations that allow the Affiliate to be viewed as the leading breast health authority in the community.

Affiliate Organizational Structure

The Affiliate operates an office located in Shreveport, LA. The office is staffed Monday-Friday by the Executive Director and Mission Coordinator. At times, an intern serves as a receptionist/administrative assistant. Depending on the time of year, volunteers are also called in to assist with events and office help. A volunteer chairman works with the Executive Director to maintain the volunteer base and manages approximately 500 registered volunteers through a computer data base. Eblasts are sent as needed to recruit volunteers for various events and projects. The computer system allows volunteers to select convenient service hours and alerts them by email with reminders of where and when to report. There are also several office specific volunteers to assist with data entry and other clerical duties. Of the two paid staff, one is a part time (Mission Coordinator) and the other (Executive Director) is full time staff.

The NWLA Board of Directors is comprised of 15 volunteers throughout northwest Louisiana who are passionate about breast cancer awareness and finding the cures for breast cancer.
The Board is transitioning from a working board to a governing board and meets on the third Tuesday of the month. The Executive Committee is comprised of the president, vice president, secretary and treasurer. A Board Development Chairman serves as the liaison between the Board and potential new Board members. A Board retreat is held in January of each year and

serves as a time for the Board to strategically plan for the next three years, as well as to set important dates for the future and to provide the opportunity for members to become better acquainted with each other.

Committees are comprised of Board members and volunteers for various fundraising events and advocacy issues (Figure 1.1). The most visible committees of Komen NWLA are the Race for the Cure, Survivor Luncheon and Friday in Pink. Other committees are created as events are created and all are led by a chairman who reports directly to the Executive Director.

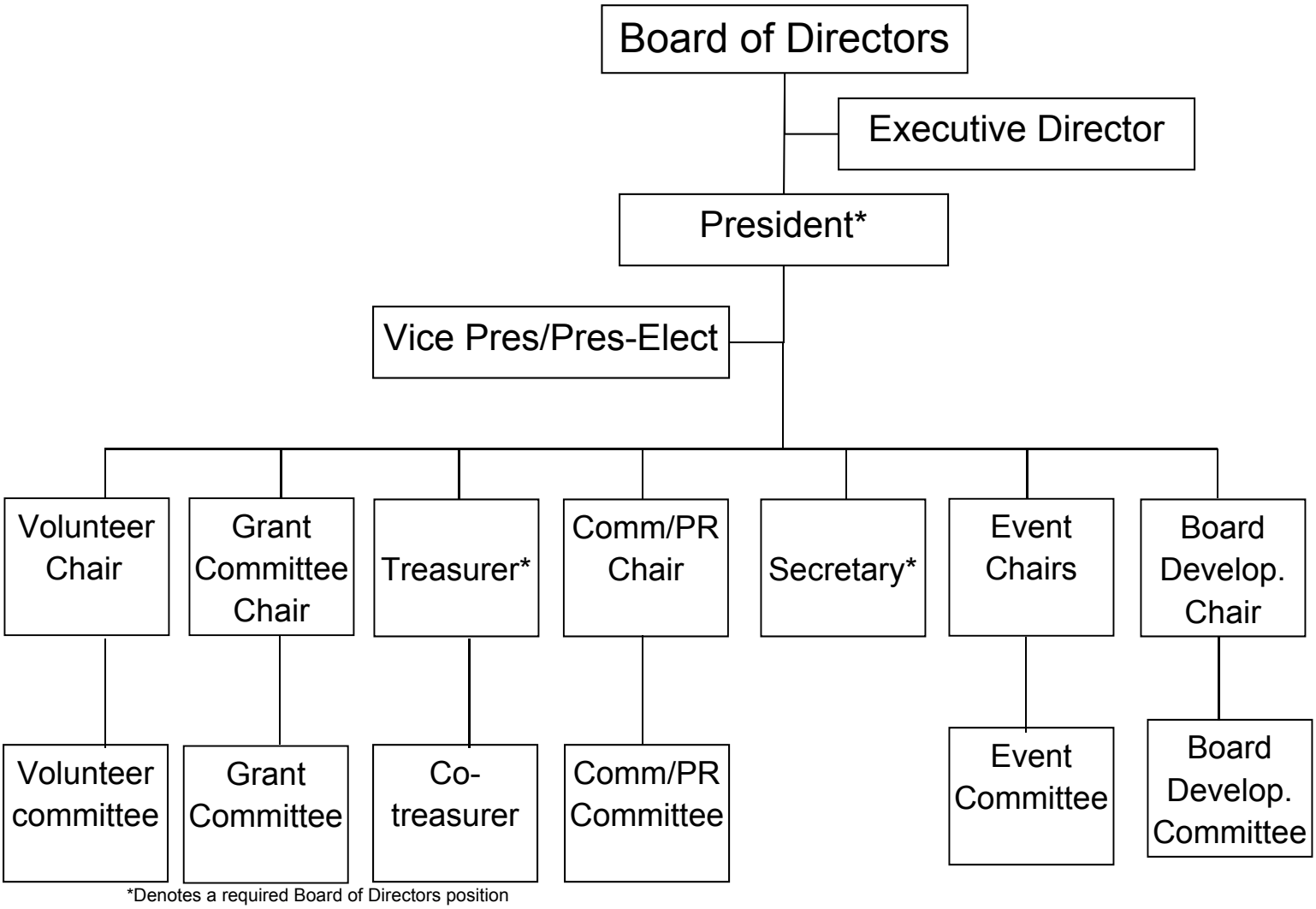

Figure 1.1. Susan G. Komen Northwest Louisiana organizational chart

Affiliate Service Area

The ten parishes served by Komen NWLA are split between rural and urban populations. Northwest Louisiana is unusual in several ways regarding population density (Table 1.1). The most urban and metropolitan areas lie in the two largest populated parishes of Caddo and Bossier; Shreveport in Caddo Parish and Bossier City in Bossier Parish. The City of Natchitoches in Natchitoches Parish ranks third in population out of the ten parishes served, but Webster Parish is more populated than Natchitoches and is home to the towns of Minden and Springhill. The remaining parishes are mostly smaller in population, with Red River being the

least populated. The most rural parishes the Affiliate serves are Desoto, Sabine, Claiborne, Winn, Bienville, and Red River.

Table 1.1. Parish and city populations

Parish	Population	Largest City	Population
Caddo	254,887	Shreveport	200,327
Bossier	123,823	Bossier City	66,327
Webster	40,678	Minden	12,954
Natchitoches	39,138	Natchitoches	18,275
Desoto	27,083	Mansfield	5,051
Sabine	24,235	Many	2,815
Claiborne	16,650	Homer	3,106
Winn	14,813	Winnfield	4,657
Bienville	13,981	Arcadia	2,912
Red River	8,894	Coushatta	1,920

According to the 2010 US Census, the estimated combined population for 2013 in the ten parish service area served by the Affiliate is 564,182 people (US Census Bureau, 2013). The Affiliate service area has two major cities of 50,000 people or more in two adjoining parishes, Bossier and Caddo. The largest city in the Affiliate area is Shreveport, with an estimated population of 200,327 people. Next is Bossier City (est. pop = 66,333). Those two cities comprise roughly 47.0 percent of the total population in the Affiliate service area. The next largest cities, Natchitoches (est. pop = 18,275) in Natchitoches Parish and Minden (est. pop = 12,954) in Webster Parish have the next largest populations. Mansfield (est. pop = 5,051) in DeSoto Parish and Springhill (est. pop = 5,214) in Webster Parish, both have estimated populations slightly over 5,000. The remaining cities in the service area all have 4,657 or smaller sized populations. The cities that have 5,000 or greater population comprise only 55.0 percent of the total population of the parishes. That indicates that 45.0 percent of the Affiliate service area is located in towns roughly 4,000 or less or in rural areas without incorporation. Figure 1.2 is a visual of Komen NWLA's service area.

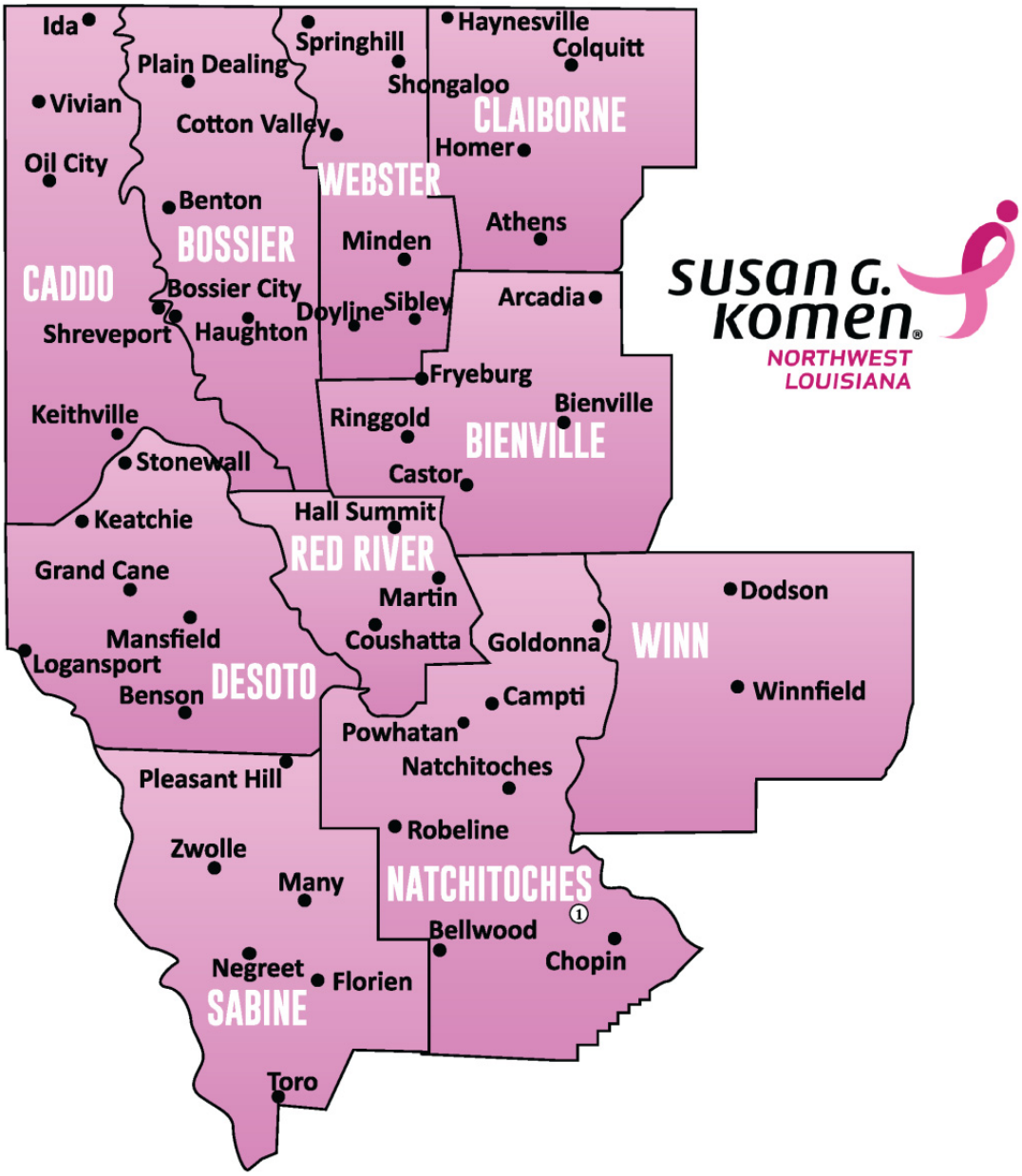

Figure 1.2. Susan G. Komen Northwest Louisiana service area

The racial demographics of the Affiliate area are on average 61.2 percent White, 35.9 percent Black/African-American, 2.2 percent Hispanic/Latino, 0.5 percent Asian, 2.6 percent American Indian/Alaska Native and 1.2 percent two or more races. It is interesting to note that Sabine parish had the highest American Indian/Alaska Native population with 8.3 percent. This is substantially higher than in other areas. Sabine Parish also had the highest percentage of persons who indicated two or more races with 2.5 percent. Bossier Parish had the highest percentages of Hispanic/Latino (5.2 percent) and Asian (1.6 percent) populations.

Purpose of the Community Profile Report

The Community Profile Report (Profile) is a true interpretation of data analyzing the breast health needs of the ten parishes served by Komen NWLA. It's a grantmaking roadmap that allows funding to be prioritized to the areas of northwest Louisiana that need it most. It utilizes statistics, available resources, third party information and input to create an in depth compilation of the need (or lack of) for a presence in that particular parish. The Profile will be used as a public tool to demonstrate the priority areas for funding decisions beginning with the 2015-2016 grantmaking year and forward until the next Community Profile is compiled. The Profile will also be used to determine where local Komen staff outreach is needed as well as where educational programs and screening programs can be the most effective of reaching those most in need of education and services. The Community Profile will be posted to the Komen Northwest Louisiana website as an available tool for new volunteers to better understand the organization for which they serve, for grantees to see the areas in which their programs are most needed, and for staff to determine which communities require a priority of their time. The Community Profile will also be shared in the community during Affiliate meetings with legislators, donors, outreach/breast cancer awareness coordinators, and other interested parties.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

Quantitative Data Report

Introduction

The purpose of the quantitative data report for Susan G. Komen® Northwest 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® Northwest 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 Northwest Louisiana Service Area	286,254	364	111.2	1.9%	89	26.0	NA	150	46.4	0.2%
White	166,487	232	106.9	1.5%	51	21.5	NA	85	39.4	-0.7%
Black/African-American	113,856	129	118.6	3.3%	38	35.0	NA	65	59.6	2.0%
American Indian/Alaska Native (AIAN)	2,770	SN	SN	SN	SN	SN	SN	SN	SN	SN
Asian Pacific Islander (API)	3,141	SN	SN	SN	SN	SN	SN	SN	SN	SN
Non-Hispanic/ Latina	279,313	361	111.9	1.7%	89	26.2	NA	149	46.7	-0.2%
Hispanic/ Latina	6,941	SN	SN	SN	SN	SN	SN	SN	SN	SN
Bienville Parish - LA	7,550	9	98.4	-3.6%	3	36.0	1.3%	5	55.0	-15.7%
Bossier Parish - LA	58,029	66	108.0	-1.9%	14	23.0	-2.9%	28	46.8	-3.8%
Caddo Parish - LA	133,148	173	114.4	3.1%	45	28.0	-1.4%	69	46.5	4.3%
Claiborne Parish - LA	7,728	11	96.7	13.8%	SN	SN	SN	4	32.3	14.1%
De Soto Parish - LA	13,698	21	127.9	0.2%	5	29.4	-3.2%	9	56.0	-6.6%
Natchitoches Parish - LA	20,580	25	118.6	-2.8%	4	20.4	-3.0%	10	46.5	-5.7%
Red River Parish - LA	4,797	5	83.1	17.2%	SN	SN	SN	SN	SN	SN
Sabine Parish - LA	12,146	18	124.9	-8.8%	4	26.7	NA	8	53.9	-8.4%
Webster Parish - LA	21,215	28	101.1	10.9%	8	27.8	-1.6%	12	44.3	7.2%
Winn Parish - LA	7,363	9	91.6	-6.8%	SN	SN	SN	3	37.6	-23.4%

*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 Northwest Louisiana service area was lower than that observed in the US as a whole and the incidence trend was higher than the US as a whole. The incidence rate of the Affiliate service area was significantly lower than that observed for the State of Louisiana and the incidence trend was not significantly different than 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 APIs and 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 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 counties in the Affiliate service area had substantially different incidence rates 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 Northwest 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 Northwest Louisiana service area was slightly higher than that observed in the US as a whole and the late-stage incidence trend was higher than the US as a whole. The late-stage 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, 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 matching Komen screening recommendations (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 Northwest Louisiana Service Area	437	331	76.0%	70.0%-81.1%
White	291	209	73.8%	66.5%-80.0%
Black/African-American	136	115	81.9%	70.8%-89.5%
AIAN	SN	SN	SN	SN
API	SN	SN	SN	SN
Hispanic/ Latina	SN	SN	SN	SN
Non-Hispanic/ Latina	432	329	75.9%	69.9%-81.0%
Bienville Parish - LA	88	63	73.4%	60.4%-83.3%
Bossier Parish - LA	43	35	80.3%	61.6%-91.2%
Caddo Parish - LA	164	129	76.5%	66.5%-84.3%
Claiborne Parish - LA	20	15	64.5%	37.0%-84.9%
De Soto Parish - LA	21	15	85.2%	56.4%-96.3%
Natchitoches Parish - LA	38	26	76.9%	50.9%-91.4%
Red River Parish - LA	SN	SN	SN	SN
Sabine Parish - LA	20	13	57.5%	27.8%-82.6%
Webster Parish - LA	27	23	77.0%	51.4%-91.3%
Winn Parish - LA	16	12	86.2%	47.2%-97.8%

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 Northwest Louisiana service area was not significantly different 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 Northwest Louisiana Service Area	58.0 %	39.8 %	1.0 %	1.2 %	97.2 %	2.8 %	47.9 %	35.5 %	15.7 %
Bienville Parish - LA	54.9 %	44.3 %	0.4 %	0.4 %	98.5 %	1.5 %	54.1 %	40.9 %	21.1 %
Bossier Parish - LA	73.9 %	23.0 %	0.7 %	2.4 %	94.7 %	5.3 %	45.0 %	31.8 %	13.4 %
Caddo Parish - LA	49.0 %	49.2 %	0.5 %	1.2 %	97.8 %	2.2 %	47.5 %	35.3 %	15.3 %
Claiborne Parish - LA	51.1 %	47.7 %	0.6 %	0.5 %	98.6 %	1.4 %	55.8 %	42.7 %	20.9 %
De Soto Parish - LA	57.4 %	41.3 %	1.0 %	0.3 %	97.2 %	2.8 %	51.1 %	37.9 %	16.0 %
Natchitoches Parish - LA	54.6 %	43.8 %	1.2 %	0.5 %	98.0 %	2.0 %	44.1 %	33.2 %	15.1 %
Red River Parish - LA	57.9 %	41.6 %	0.4 %	0.2 %	98.9 %	1.1 %	49.8 %	37.2 %	16.0 %
Sabine Parish - LA	72.3 %	17.9 %	9.5 %	0.4 %	96.7 %	3.3 %	51.8 %	39.3 %	18.6 %
Webster Parish - LA	64.2 %	34.9 %	0.4 %	0.5 %	98.4 %	1.6 %	52.2 %	39.5 %	18.9 %
Winn Parish - LA	69.9 %	28.9 %	0.7 %	0.4 %	98.7 %	1.3 %	50.9 %	38.5 %	17.7 %

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 Northwest Louisiana Service Area	16.8 %	20.0 %	42.4 %	9.0 %	2.0 %	0.8 %	34.6 %	60.4 %	21.3 %
Bienville Parish - LA	20.5 %	26.4 %	48.3 %	7.5 %	0.2 %	0.0 %	79.8 %	100.0 %	20.6 %
Bossier Parish - LA	12.4 %	13.9 %	33.0 %	7.2 %	3.8 %	1.8 %	24.3 %	69.6 %	18.5 %
Caddo Parish - LA	14.8 %	20.1 %	44.2 %	8.8 %	2.0 %	0.7 %	14.4 %	27.1 %	22.0 %
Claiborne Parish - LA	24.4 %	28.0 %	45.9 %	16.4 %	0.8 %	0.2 %	82.4 %	100.0 %	22.0 %
De Soto Parish - LA	21.2 %	19.6 %	41.3 %	10.6 %	1.3 %	0.6 %	77.3 %	100.0 %	20.3 %
Natchitoches Parish - LA	19.3 %	28.4 %	47.7 %	9.3 %	1.1 %	0.6 %	50.1 %	100.0 %	20.9 %
Red River Parish - LA	26.0 %	20.1 %	44.9 %	8.9 %	0.3 %	0.0 %	100.0 %	100.0 %	21.1 %
Sabine Parish - LA	20.3 %	21.0 %	43.5 %	11.0 %	1.3 %	0.5 %	88.2 %	100.0 %	26.7 %
Webster Parish - LA	23.7 %	21.3 %	46.1 %	10.1 %	0.8 %	0.2 %	53.0 %	100.0 %	22.1 %
Winn Parish - LA	24.6 %	23.2 %	49.1 %	8.1 %	0.3 %	0.7 %	64.9 %	100.0 %	23.3 %

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 Northwest 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 slightly 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 slightly 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:

- Caddo Parish
- Claiborne Parish

The following parish has substantially larger AIAN female population percentages than that of the Affiliate service area as a whole:

- Sabine Parish

The following parishes have substantially older female population percentages than that of the Affiliate service area as a whole:

- Bienville Parish
- Claiborne Parish

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

- Claiborne Parish
- Red River Parish
- Webster Parish
- Winn Parish

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

- Bienville Parish
- Natchitoches Parish

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

- Claiborne Parish

The following parish has substantially larger percentage of adults without health insurance than does the Affiliate service area as a whole:

- Sabine 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 Northwest 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 Northwest 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
Caddo Parish - LA	Highest	13 years or longer	13 years or longer	%Black/African-American
Claiborne Parish - LA	Highest	SN	13 years or longer	%Black/African-American, older, education, employment, rural, medically underserved
Webster Parish - LA	Highest	13 years or longer	13 years or longer	Education, rural, medically underserved
Bienville Parish - LA	Medium High	13 years or longer	2 years	Older, poverty, rural, medically underserved
De Soto Parish - LA	Medium	11 years	5 years	Rural, medically underserved
Bossier Parish - LA	Medium Low	4 years	4 years	Medically underserved
Sabine Parish - LA	Medium Low	NA	4 years	%AIAN, rural, insurance, medically underserved
Natchitoches Parish - LA	Low	Currently meets target	3 years	Poverty, rural, medically underserved
Winn Parish - LA	Lowest	SN	Currently meets target	Education, rural, medically underserved
Red River Parish - LA	Undetermined	SN	SN	Education, 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.

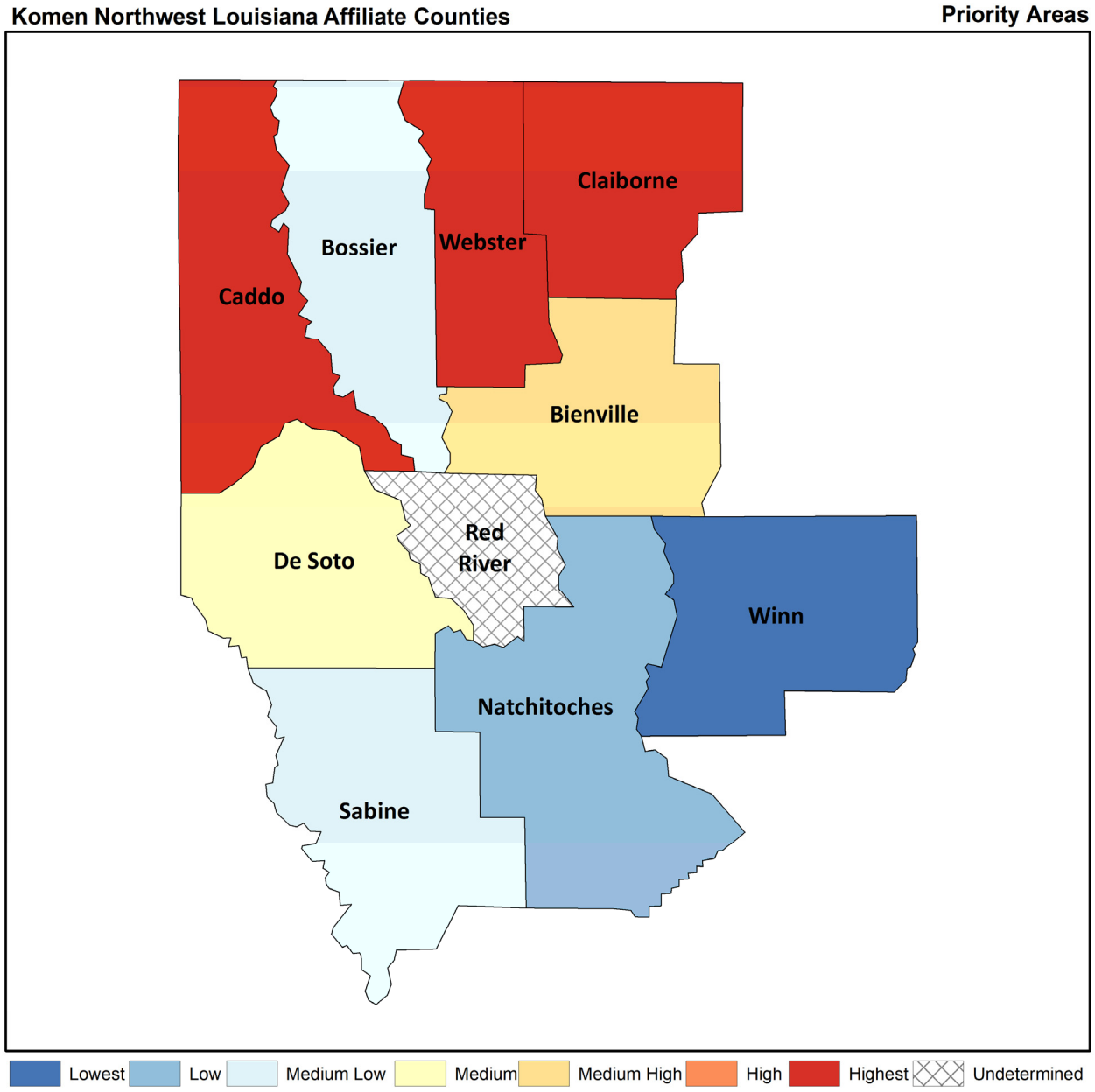

Figure 2.1. Intervention priorities

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

Highest priority areas

Three parishes in the Komen Northwest Louisiana service area are in the highest priority category. Two of the three, Caddo Parish and Webster Parish, are not likely to meet either the death rate or late-stage incidence rate HP2020 targets. One of the three, Claiborne Parish is not likely to meet the late-stage incidence rate HP2020 target.

Caddo Parish has a relatively large Black/African-American population. Claiborne Parish has a relatively large Black/African-American population, an older population, low education levels and high unemployment. Webster Parish has low education levels.

Medium high priority areas

One parish in the Komen Northwest Louisiana service area is in the medium high priority category. Bienville Parish is not likely to meet the death rate HP2020 target.
Bienville Parish has an older population and high poverty.

Additional Quantitative Data Exploration

Alcohol Consumption

Information on obesity and alcohol consumption were found using the Community Health Needs Assessment (CHNA) website. Alcohol consumption and obesity after menopause are lifestyle behaviors that increase a woman's risk of breast cancer. Age is also a factor in breast cancer risk. The Affiliate is focusing particular attention on Black/African-American women in targeted parishes and believes that this is necessary information to reflect high risk health behaviors in the target populations.

The alcohol consumption indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

According to the CHNA website, the alcohol consumption percentages are acquired for years 2006-2012 from Behavioral Risk Factor Surveillance System (BRFSS) prevalence data, which is housed in the Health Indicator Warehouse. Percentages are generated based on the valid responses to the following question:

"One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?"

Respondents are considered heavy drinkers if they were male and reported having more than 2 drinks per day, or females that reported having more than 1 drink per day. Percentages are age-adjusted and only pertain to the non-institutionalized population aged 18 and up. Population numerators (number of adults) are not provided in the Health Indicator Warehouse data tables and were generated using the following formula:

[Heavy Drinkers] = ([Indicator Percentage] / 100) * [Total Population]

Adult population figures used in the data tables are acquired from the American Community Survey (ACS) 2007-2011 five-year estimates. Additional detailed information about the BRFSS, including questionnaires, data collection procedures, and data processing methodologies are available on the BRFSS website. For additional information about the multi-year estimates, please visit the Health Indicator Warehouse.

According to Table 2.8, only Bienville (16.8 percent) and Red River (19.1 percent) Parishes have age-adjusted excessive drinking percentages above Louisiana (16.0 percent) percentages. Red River parish is the only one in the Affiliate service area that has higher age-adjusted percentages than the US averages, but it is not a targeted parish at this time.

Table 2.8. Excessive alcohol consumption by Komen NWLA parishes compared to state and national percentages

Report Area	Total Population Age 18 +	Estimated Number Drinking Excessively	Crude Percentage	Age-Adjusted Percentage
All Affiliate Parishes	419,774	45, 889	12.0%	12.6%
Bienville Parish	11,032	1,798	**16.3%**	**16.8%**
Bossier Parish	85,844	12,533	14.6%	15%
Caddo Parish	191,220	22,182	11.6%	12.3%
Claiborne Parish	13,678	1,559	11.4%	11.4%
DeSoto Parish	19,917	2,310	11.6%	12.1%
Natchitoches Parish	29,782	3,336	11.2%	10.9%
Red River Parish	6,734	no data	suppressed	**19.1%**
Sabine Parish	18,254	no data	suppressed	suppressed
Webster Parish	31,459	2,171	6.9%	7.4%
Winn Parish	11,854	no data	suppressed	suppressed
Louisiana	3,372,863	522,794	15.5%	15.9%
United States	232,556,016	38, 248, 349	16.5%	16.9%

Target Parishes are in blue font.
Alcohol consumption rates above state averages are indicated in bold red font.
Statistics by race and ethnicity are not provided.
Columns that have "suppressed" rather than a number in a column is used to avoid misinterpretation when rates are unstable and is used when the total number of person samples over the survey period is less than 50 or when the standard error of the estimate exceeds 10 percent of the calculated value.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System: 2006-12. Accessed using the Health Indicators Warehouse. Source geography: County.

Obesity

According to the CHNA website, the obesity indicator data source was the Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion database which monitors the health of the Nation and produces publically available data to promote general health. The division maintains the Diabetes Data and Trends data system, which includes the National Diabetes Fact Sheet and the National Diabetes Surveillance System. These programs provide resources documenting the public health burden of diabetes and its complications in the United States. The surveillance system also includes county-level estimates of diagnosed diabetes and selected risk factors for all US counties to help target and optimize the resources for diabetes control and prevention (Centers for Disease Control and Prevention, Diabetes Data & Trends: Frequently Asked Questions (FAQ). (2012).

The methodology for collecting data for total population and estimated obese population data are acquired from the County Level Estimates of Diagnosed Diabetes, a service of the Centers for Disease Control and Prevention's National Diabetes Surveillance Program. Diabetes and other risk factor prevalence are estimated using the following formula:

Percent Prevalence = [Risk Factor Population] / [Total Population] * 100.

All data are estimates modeled by the CDC using the methods described below:

The National Diabetes Surveillance System produces data estimating the prevalence of diagnosed diabetes and population obesity by county using data from CDC's Behavioral Risk Factor Surveillance System (BRFSS) and data from the US Census Bureau's Population Estimates Program. The BRFSS is an ongoing, monthly, state-based telephone survey of the adult population. The survey provides state-specific information on behavioral risk factors and preventive health practices. Respondents were considered to have diabetes if they responded "yes" to the question, "Has a doctor ever told you that you have diabetes?" Women who indicated that they only had diabetes during pregnancy were not considered to have diabetes. Respondents were considered obese if their body mass index was 30 or greater. Body mass index (weight [kg]/height [m]2) was derived from self-report of height and weight. Respondents were considered to be physically inactive if they answered "no" to the question, "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

Three years of data were used to improve the precision of the year-specific county-level estimates of diagnosed diabetes and selected risk factors. For example, 2003, 2004, and 2005 were used for the 2004 estimate and 2004, 2005, and 2006 were used for the 2005 estimate. Estimates were restricted to adults 20 years of age or older to be consistent with population estimates from the US Census Bureau. The US Census Bureau provides year-specific county population estimates by demographic characteristics—age, sex, race, and Hispanic origin. .

The county-level estimates were based on indirect model-dependent estimates. The model-dependent approach employs a statistical model that "borrows strength" in making an estimate for one county from BRFSS data collected in other counties. Bayesian multilevel modeling techniques were used to obtain these estimates. Separate models were developed for each of the four census regions: West, Midwest, Northeast and South. Multilevel Poisson regression models with random effects of demographic variables (age 20–44, 45–64, 65+; race; sex) at the county-level were developed. State was included as a county-level covariate (Centers for Disease Control and Prevention, Diabetes Data & Trends: Frequently Asked Questions (FAQ). (2012).

Rates were age adjusted by the CDC for the following three age groups: 20-44, 45-64, 65+. Additional information, including the complete methodology and data definitions, can be found at the CDC's Diabetes Data and Trends website. Statistics by race and ethnicity are not provided.

Obesity is a breast cancer risk factor in postmenopausal women (Susan G. Komen, 2014). In the Affiliate service area, 34.4 percent of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area (Table 2.9).

Table 2.9. Female obesity in Komen NWLA parishes compared to state and national percentages

Report Area	Total Population Age 20 +	Total Females Obese	Percentage Females Obese
All Affiliate Parishes	407,594	147,220	**34.4%**
Bienville Parish	10,633	2,212	**40.0%**
Bossier Parish	84,422	2,212	**40.0%**
Caddo Parish	185,493	14,120	**32.1%**
Claiborne Parish	13,397	14,120	**32.1%**
DeSoto Parish	19,409	34,227	**34.4%**
Natchitoches Parish	28,072	34,227	**34.4%**
Red River Parish	6,491	2,064	**36.2%**
Sabine Parish	17,696	2,064	**36.2%**
Webster Parish	30,522	3,848	**37.2%**
Winn Parish	11,459	3,848	**37.2%**
Louisiana	3,293,499	1,131,124	37.2%
United States	226,126,076	62,125,142	26.5%

Target parishes are in blue font.
Obesity percentages above the US percentages are in red font.
Obesity percentages above the US and state percentages are in green font.
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Diabetes Atlas: 2010. Source geography: County.

All parishes in the Affiliate service area have higher percentages of female obesity than the national percentages (26.5 percent). Two parishes, Bienville and Bossier Parishes report 40 percent of the female population over age 20 years as obese which is higher than the state at 37.2 percent.

Parish Demographic Data

The source for the parish demographic information was the US Census Bureau State and County Quick Facts website at http://quickfacts.census.gov/qfd/index.html#. The demographic data were derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Non-employer Statistics, and the Economic Census.

Selection of Target Communities

In order to be the most efficient stewards of resources, Komen Northwest Louisiana (NWLA) has chosen four target communities within the service area. The Affiliate will focus strategic efforts on these target communities over the course of the next four years. Target communities are those communities which have cumulative 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.

When selecting target communities, the Affiliate reviewed Healthy People 2020, a major federal initiative that provides specific health objectives for communities and the country as a whole. In

addition to Healthy People 2020, the Community Health Needs Assessment (CHNA) website was used to detail high risk lifestyle behaviors. In order to target those communities with the greatest needs, many factors were considered and included in selection of target communities. Through this review, areas of priority were also identified based on the time need to meet Healthy People 2020 targets for breast cancer.

Additional key indicators the Affiliate reviewed when selecting target counties included, but were not limited to: demographic factors, particularly Black/African-American and older women (age >40 years) proportions by parish; residents living at or below poverty level, high parish unemployment percentages, residents living without health insurance; residents living in medically underserved areas; residents living in rural areas; breast cancer death rates and trends; breast cancer late-stage rates and trends; and mammogram screening proportions or percentages.

The selected target communities are:

- Bienville Parish with a focus on rural areas
- Caddo Parish
- Claiborne Parish, and
- Webster Parish with a focus on rural areas.

Of the targeted parishes, Bienville Parish was the only parish with a lower incidence trend of breast cancer than the US trend. For the Affiliate service area as a whole, the overall incidence rate, the late-stage incidence rate, and death rate of breast cancer is higher among Blacks than Whites. Of the targeted parishes, Bienville, Caddo, and Webster Parishes all had higher age-adjusted death rates greater than 27.0 per 100,000 women which is greater than the state (25.4 per 100,000) and the US (22.6 per 100,000) rates. Claiborne Parish age-adjusted death rates could not be calculated due to the small number of reported cases. In addition, all target parishes have high percentages of women aged 50 years or older when compared to State and US demographics (Table 2.4).

Bienville Parish

Bienville Parish has been chosen as a target community due to the parish's aging population, low education levels, low socioeconomic status, identification as rural and medically underserved, high obesity and alcohol consumption levels, and age- adjusted breast cancer death rates and trends.

Bienville Parish is relatively small with only 14,335 residents in an 822 square mile area. There are only 10 incorporated towns with Arcadia being the parish seat and the largest town (US Census, 2014). The population of the parish is 44.3 percent Black/African-American with 1.5 percent Hispanic/Latino population and 52.0 percent of the parish is female (Table 2.4, US Census Quick Facts, 2013). In Bienville Parish, 54.1 percent of the females are 40 years or older, 40.9 percent are 50 years or older and 21.1 percent are 65 years or older (Table 2.4). These rates are higher than the US and Louisiana percentages. Bienville Parish has a substantially older female population percentage when compared to state and national percentages.

Bienville Parish has several socioeconomic issues that could increase the risk of breast cancer in the population. The percentage of residents who did not achieve high school graduation in

Bienville Parish (20.5 percent) is higher than the state (18.4 percent) and US (14.6 percent) percentages (Table 2.5). In Bienville Parish, 26.4 percent of the population earns an income that is 100 percent below poverty level while 48.3 percent of the population earns an income that is 250 percent below poverty (Table 2.5). These poverty measures are both well above the US and state averages. Bienville Parish has a substantially lower income level when compared to the other target parishes in the Affiliate service area. In Bienville Parish, 79.8 percent of residents live in rural areas. Bienville Parish is considered 100 percent medically underserved and is vastly different from the US and Louisiana percentages. This parish has no local mammography screening resources which is a barrier to good breast health and breast cancer risk reduction.

According to the Community Health Needs Assessment (CHNA) (2013), 40.0 percent of the female population of Bienville Parish is obese which is higher than the state (33.0 percent) and US (26.5 percent) measures (Table 2.9). Breast cancer disparities can be influenced by lifestyle choices and being overweight or obese is a known risk factor for postmenopausal breast cancer, contributes to poor survival, and also contributes to other health disparities (CDC, 2013; Komen, 2014). In addition, the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women) in Bienville Parish is 16.8 percent which is higher than state percentage (15.9 percent) (Table 2.8). Data were not available for women alone, but overall heavy alcohol consumption rates could indicate increased risk for breast cancer in this parish population (Dawson, 1998; Hamajima, Hirose, Tajima, et al, 2002; Komen, 2014; National Institute on Alcohol Abuse and Alcoholism, 2002).

Of the targeted parishes, Bienville Parish is of medium high priority for reaching HP2020 breast cancer targets. The proportion of women ages 50-74 years with screening mammography in the last two years, self-reported, is 73.4 percent which is below the US (77.5 percent) and Louisiana (76.8 percent) proportions. The HP 2020 target is 20.6 deaths per 100,000 while Bienville Parish base rate is 36.0 with increasing annual trend of 1.3 percent (Table 2.1). Bienville Parish is likely to miss the HP2020 breast cancer death rate target unless the death rate falls. According to the predicted number of years needed to achieve HP2020 target of female breast cancer late-stage incidence rates, Bienville Parish is predicted to need only 2 years to achieve the target rate of 41.0 cases per 100,000 in part due to the county's decreasing annual trend of -15.7 percent (Tables 2.1 and 2.7).

The health systems analysis component of this report will examine available breast health services in Bienville Parish. Due to the parish's largely rural nature and also the designation as 100 percent medically underserved, it is important to gain a clear understanding of the barriers to and access to breast health care in this community.

Caddo Parish

Caddo Parish has been chosen as a target parish due to: 1.) the large percentage of Black/African-American and older female residents, 2.) the parish being one of the most populous of the Affiliate target communities, 3.) high poverty percentages, 4.) high uninsured percentages, 5.) high female obesity percentages, and 6.) the parish is unlikely to reach the HP2020 breast cancer death rate and late-stage incidence rate targets.

Caddo Parish has an estimated 254,887 residents and is one of the more populous parishes in the Affiliate service area (US Census Bureau, 2014). In Caddo Parish, 15.3 percent of the population of women is aged 65 years or older which is slightly above the national and state average. Age is a contributing factor in breast cancer. The risk of developing breast cancer increases as you get older. About one out of eight invasive breast cancers are found in women younger than 45, while about 2 of 3 invasive breast cancers are found in women aged 55 years or older (National Cancer Institute, 2013; SEER Report, 2013). Caddo Parish has a substantially larger Black/African-American female population (49.2 percent) percentage than that of the Affiliate service area as a whole. Black/African-American women are more likely to develop TNBC, an aggressive subtype of breast cancer associated with shorter survival (Komen Breast Cancer Disparities, 2014).

There are two primary socioeconomic factors which have been identified that could influence breast cancer rates in Caddo Parish. High poverty percentages have been linked to breast cancer disparities in in all areas of breast cancer care (Susan G. Komen Breast Cancer Disparities, 2014). Caddo Parish has high poverty with 44.2 percent of the parish population earning an income below 250 percent poverty which is higher than state (40.2 percent) and US (33.3 percent) measures. Caddo Parish also has uninsured rates at 22 percent which is higher than state (20.8 percent) and US (16.6 percent) measures. Lack of health insurance or health care coverage is one apparent factor linked to breast cancer disparities (Komen Breast Cancer Disparities, 2014). Compared to the other targeted parishes, Caddo Parish is not as rural with only 14.4 percent of the population living in rural areas. Caddo Parish is also different from the other targeted parishes because only about 27.7 percent live in medically underserved areas compared to 100 percent for the other targeted parishes (Table 2.5). Caddo Parish residents have access to 11 mammography sites, but the majority of them are located in the Shreveport area with one being a mobile unit. Residents in the northern more rural sections of Caddo Parish may lack breast cancer resources.

Breast cancer disparities can be influenced by lifestyle choices and being overweight or obese is a known risk factor for postmenopausal breast cancer, contributes to poor survival, and also contributes to other health disparities (CDC, 2013 MMWR vol. 62). According to the Community Health Needs Assessment (2013), 40.0 percent of the female population of Caddo Parish is reported as being obese (Table 2.9).

The proportion of women who get mammograms in Caddo Parish (76.5 percent) is slightly below the Louisiana (76.8 percent) and US (77.5 percent) proportions, but not significantly different. Caddo Parish has an increasing breast cancer incidence trend of 3.1 percent (Table 2.1). That trend is higher than the state trend of 1.3 percent and means that more women are being diagnosed or are getting breast cancer every year. Age-adjusted death rates in Caddo Parish (28.0 per 100,000 women) are higher than state (25.4) and national (22.6) rates. Age-adjusted late-stage rates (per 100,000 women) for Caddo Parish (46.5) are less than state (46.8) but higher than US (43.8) rates. These rates make it unlikely that Caddo Parish will meet the HP2020 targets for death rate and late-stage diagnosis by 2020 (Table 2.7).

The health systems analysis component of this report will investigate in greater detail the challenges faced by rural Caddo Parish residents to determine if they are underserved. Barriers that have been initially identified will be explored including transportation, access to and availability of breast care resources, and referral practices.

Claiborne Parish

Claiborne Parish has been chosen as a target community due to a large percentage of Black/African-American female residents, an older population, low levels of educational attainment, high unemployment, high levels of uninsured, identification as rural and medically underserved, high female obesity percentages, as well as having extremely high breast cancer incidence trends and late-stage trends. No data on death rates and trends is available due to the small number of reported cases in this parish. Claiborne Parish is likely to miss the HP2020 late-stage incidence rate target.

The Claiborne Parish population is 17,195, the size is 768 square miles, and the parish seat is Homer, La (US Census, 2014). Claiborne Parish is 51.1 percent White, 47.7 percent Black/African-American with only 1.4 percent Hispanic/Latina (Table 2.4). Claiborne Parish has a substantially larger Black/African-American female population percentage than the Affiliate service area as a whole. Of the female population in Claiborne Parish, 55.8 percent of them are 40 years or older with 42.7 percent aged 50 years or older and 20.9 percent aged 65 years or older. For women 50 years and older, this percentage is substantially higher than the state (33.7 percent) and US (34.5 percent) measures (Table 2.4). Claiborne Parish has an older female population with a large Black/African-American female population percentage. This is particularly important when age and race factor heavily into breast cancer risk. The risk of developing breast cancer increases as you get older. About 12 percent of invasive breast cancers are found in women younger than 45 years, while about 67 percent of invasive breast cancers are found in women older than 55 years (National Cancer Institute, 2013; SEER Report, 2013). Another demographic risk factor is that Black/African-American women are more likely to develop aggressive breast cancers and also more likely to be diagnosed at a more advanced or late- stage cancer (Chatterjee, He, & Keating, 2013; Ooi, Martinez & Li, 2011; Komen Breast Cancer Disparities, 2014). Diagnosis at a late-stage of breast cancer reduces the risk of survival (Komen, 2014).

Socioeconomic factors that may influence breast cancer risk in Claiborne Parish are low levels of educational attainment, high unemployment, high levels of uninsured residents, and identification as rural and medically underserved. In Claiborne Parish, 24.4 percent of residents have less than a high school education (Table 2.5). The less than high school education level in Claiborne Parish is much higher than state (18.4 percent) and national (14.6 percent) measures. Low educational attainment is considered a risk factor for breast cancer (Komen Breast Cancer Disparities, 2014). Almost 46 percent of Claiborne Parish residents earn income that is below 250 percent poverty levels. The rate of unemployment in the parish (16.4 percent) is staggeringly high at almost twice the state (8.0 percent) and national (8.7 percent) levels. Many Claiborne Parish residents live in poverty, have poor education levels, and many are unemployed, which increases the risk of breast cancer related disparities in breast cancer screening, diagnosis, treatment, and care. Approximately 82.4 percent of Claiborne Parish residents live in rural areas and 100 percent of the parish is considered medically underserved. The uninsured rate is 22.0 percent which is higher than state (20.8 percent) and national (16.6 percent) percentages (Table 2.5). There is currently only 1 mammogram screening site in this parish and the mobile unit visits once a month in the parish seat of Homer, LA. A high uninsured rate and lack of medical resources in conjunction with the previously mentioned risk factors makes Claiborne Parish a critical target for breast health and breast cancer prevention interventions.

Lifestyle choices can influence breast cancer risk and disparities. Obesity is a known risk factor for postmenopausal breast cancer, contributes to poor survival, and also contributes to other health disparities (CDC, 2013 MMWR vol. 62). According to the Community Health Needs Assessment (2013), 1 in 3 (34.4 percent) of the female population of Claiborne Parish is obese. This lifestyle factor is important and this information is needed to help determine population risk as well as design targeted education interventions for this parish population.

Claiborne Parish had a lower proportion (64.5 percent) of women aged 50-74 years who got mammograms in the last two years compared to the state (76.8 percent) and the US (77.5 percent) (Table 2.7). Claiborne Parish is of particular interest because of the astoundingly high trends in incidence rates and late–stage rates. The incidence rate trend for Claiborne Parish is 13.8 percent, which is more than 10 times the state rate at 1.3 percent indicating that the number of new cases being diagnosed is increasing at a very fast pace even though the proportion of women being screened is low. The annual late-stage rate trend is also extremely high at 14.1 percent compared to the state at 0.4 percent, which means that women that are diagnosed with breast cancer are being diagnosed at a late-stage which may reduce their chances of survival in Claiborne Parish (Table 2.1).

Claiborne Parish is the most rural of all the targeted parishes and the health systems analysis component of this report will delve into the challenges and barriers that exist in risk reduction breast health initiatives, screenings, diagnosis, and treatment for those with few care providers and mammography screening sites. In addition, the health systems analysis will identify what the key barriers are in this population to getting breast health screenings early and regularly.

Webster Parish

This parish has been chosen as a target community due primarily to low education levels, low income levels, high unemployment percentages, identification as rural, identification as medically underserved, having high female obesity percentages, having high trends in incidence rates of breast cancer, having high trends in late-stage rates of breast cancer, and being unlikely to meet HP2020 breast cancer targets.

Webster Parish has a population size of 41,207 people, the parish area is 615 square miles, and the parish seat is Minden, LA (US Census, 2014). The parish is 64.2 percent White and 34.9 percent Black/African-American with 1.4 percent Hispanic/Latina. Webster Parish has a higher percentage of women 50 years or older than the state and nation. Webster Parish has the smallest proportion of Black/African-American women of any of the targeted parishes (Table 2.4).

Approximately 23.7 percent of Webster Parish residents have less than a high school education. This percentage is very high when compared to state and national measures. Close to half (46.1 percent) of Webster Parish residents have an income 250 percent below the poverty level and 10.1 percent of residents are unemployed. Low educational attainment and low socioeconomic status are all risk factors which increase the likelihood of getting breast cancer (Komen Breast Cancer Disparities, 2014). A little over half (53.0 percent) of Webster Parish residents live in rural areas and 100 percent of Webster Parish is considered medically underserved. The uninsured percentage is 22.1 percent which is higher than the state and national percentages (Table 2.5). There are 2 locations for mammography screenings within

the parish. The mobile mammography unit does not screen Webster Parish residents. Lack of access to breast health resources for rural parish residents may contribute to breast cancer disparities and may result in poorer breast health outcomes.

Some lifestyle factors can increase breast cancer risk. Obesity increases breast cancer risk regardless of other risk factors and can contribute to poor survival, postmenopausal breast cancer, and other health disparities (CDC, 2013). According to the Community Health Needs Assessment (2013), 34.4 percent of the female population of Webster Parish is obese. This lifestyle related factor needs to be considered when determining overall breast cancer risk in the parish population.

The mammogram screening r for women 50-74 years is 77.0 percent, which is slightly above the state average (76.8 percent) and just below the US average (77.5 percent). Despite the good screening percentages, Webster Parish has a higher age-adjusted death rate (27.8/100,000) when compared to the state (25.4/100,000) and the US (22.6/100,000). Webster Parish also has an increasing annual incidence trend at 10.1 percent which means that more women are likely to be diagnosed with breast cancer in the future. The annual late-stage trend is also increasing at 7.2 percent compared to 0.4 percent for the state measure (Table 2.1). So while a good number of women are being screened, they are not necessarily being diagnosed at an early-stage. This could be due to many factors, such as women do not have access to screening services resulting in them not being screened while in the early stages of breast cancer leading to less chance of survival because the cancer is very advanced when they are being diagnosed.

Webster Parish has many factors which put women at an increased risk for breast cancer. Despite adequate mammogram screening, the incidence rate trend and the late-stage rate trend are increasing annually. The health systems analysis component of this report will investigate in greater detail the barriers and successes of screening efforts, contributing factors to the high late-stage rate trends, and general issues related to receiving breast care services in rural communities. One issue of particular interest is clarification of any education related barriers to breast health and care due to the low education attainment of Webster Parish residents.

Health Systems Analysis Data Sources

The Affiliate utilized a variety of volunteers and sources to obtain a comprehensive understanding of breast health and breast cancer programs and services available in the four target parishes of Bienville, Caddo, Claiborne and Webster in Northwest Louisiana. Telephone interviews, internet web-searches and a facsimile (fax) Health System Inventory Tool survey were the three main sources of data collection performed during the summer of 2014.

Initially, four graduate students from Louisiana State University-Shreveport (LSU-S), each were assigned a target community to conduct telephone interviews using the health systems analysis template. The students also utilized web searches of breast health care providers to complete their data collection on the spreadsheet. The students were selected because of their level of professionalism, knowledge, and experience in community health issues. The students were given a very limited time period of two weeks in which to compile this information.

Additional provider interviews were conducted by the Mission Coordinator of the Affiliate. After sending out a facsimile (fax) of the Health System Inventory Tool provided by Susan G. Komen Colorado, the Mission Coordinator followed up and conducted key informant interviews by telephone to ensure all answers were accurate about the providers and the patients they serve.

All answers were examined by the Mission Coordinator, Grants Chair, Executive Director and an Associate Professor of Kinesiology and Health Sciences at LSU-S. Results were analyzed in each of the four target communities to determine what services (if any) were available, and where the services and providers were located. The group used the information to discuss and identify the barriers in access to care and how they relate to the Breast Cancer Continuum of Care.

Health Systems Overview

The Breast Cancer Continuum of Care (CoC) (Figure 3.1) is a model that shows how a woman typically moves through the health care system for breast care. A woman would ideally move through the CoC 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,

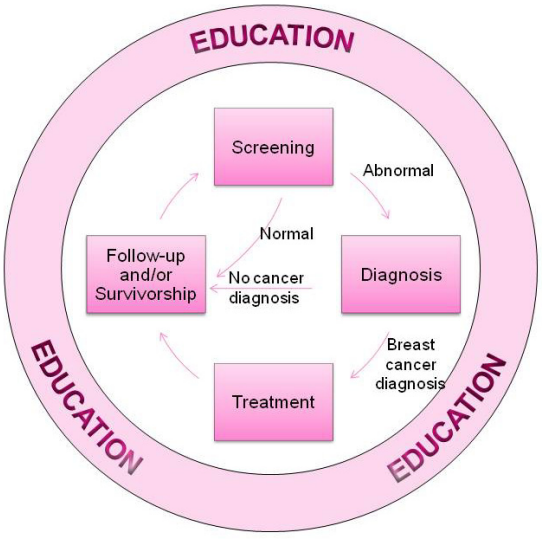

Figure 3.1. Breast Cancer Continuum of Care

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 reinforcing the need to continue to get screened routinely thereafter.

If a screening exam resulted in 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, she would go into the follow-up loop, and return for screening at the recommended interval. The recommended intervals may range from 3 to 6 months for some women 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, she would proceed to treatment. Education can cover such topics as treatment options, how a pathology reports determines the best options for treatment, understanding side effects and how to manage them, and helping to formulate questions a woman may have for her providers.

For some breast cancer patients, treatment may last a few months and for others, it may last years. While the CoC 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. Education may address topics such as making healthy lifestyle choices, long term effects of treatment, managing side effects, the importance of follow-up appointments and communication with their 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 – at the point of follow-up of abnormal screening exam results, starting treatment, and completing treatment – that can all contribute to poorer outcomes. There are also many reasons why a woman does not enter or continue in the breast cancer CoC. 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 - or the wrong information (myths and misconceptions). Education can address some of these barriers and help a woman progress through the CoC more quickly.

The CoC 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, and/or to determine if barriers exist at any level of the health care system in regard to breast health. The Affiliate used the CoC to identify the strengths and weaknesses of each target community.

Bienville Parish

In Bienville Parish, there is one major hospital, Bienville Medical Center, located in Arcadia that provides clinical breast exams (CBEs) and screening mammograms via the mobile mammography unit from Partners in Wellness (Figure 3.2). The Bienville Parish Health Unit and the Bienville Family Clinic are the only other medical organizations in the area and they also

provide CBEs. These patients are also referred to the mobile unit for mammograms. The mobile unit travels to Arcadia to perform these mammograms once a month.

There are many weaknesses in the CoC. There are no mammography screening services provide in the southern part of the parish and uninsured patients requiring a diagnostic mammogram must travel to University Health in Shreveport. Patients, who are diagnosed with breast cancer at University Health, must travel to Feist-Weiller Cancer Center located on the campus of University Health for treatment. A lack of adequate health care provider resources is a major barrier to comprehensive breast health care. Another weakness is that there is little outreach regarding breast health education.

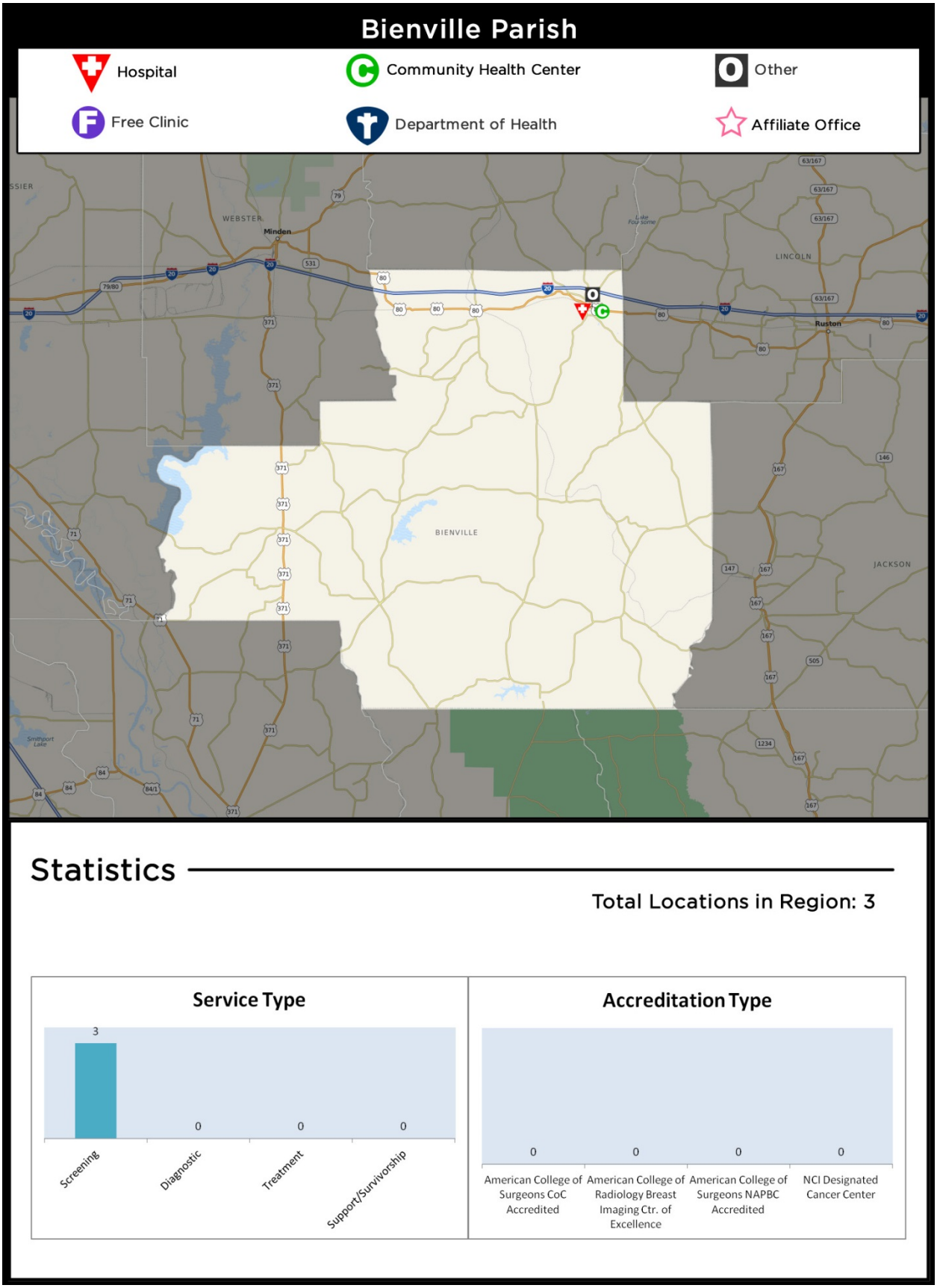

Figure 3.2. Breast cancer services available in Bienville Parish

Caddo Parish-

In Caddo Parish, there are many health care resources in the City of Shreveport, especially in the southeast part of the city, but other areas in the parish are lacking (Figure 3.3). There is an availability of high quality breast health care through not-for-profit and nonprofit venues such as University Health that provides services on a sliding fee scale and Feist-Weiller Cancer Center which provides cutting edge research and cancer care for any Louisiana resident regardless of their ability to pay. In addition, Partners in Wellness (PIW) operates a stationary clinic and coordinates a mobile mammography unit which provides screenings in communities outside of the Shreveport area in the other parts of the parish and throughout northwest Louisiana, particularly in the rural areas.

Several breast cancer awareness and education programs are funded for this parish through nonprofit community organizations. Martin Luther King Medical Center is a unique asset as they are a free medical clinic for adults without insurance. There are many free or reduced cost opportunities in Shreveport for breast health care, including public health unit, a community clinic and St. Luke's Episcopal Mobile Medical Ministry which provides CBEs with referrals to PIW for screening mammograms. The three large hospitals in Shreveport all provide diagnostic services with two of them providing comprehensive treatment services and patient navigation services of some type. In rural north Caddo Parish, North Caddo Medical Center (NCMC) in Vivian is addressing the need for more screening services in the northern part of the parish. In 2015, NCMC anticipates opening its new digital mammography center, but currently uses the mobile mammography unit services or refers to Shreveport for breast health services. Support/Survivorship services are provided by only two of the major hospitals. Individual counseling, complementary therapy options, end of life care, and legal services are not offered often for the uninsured. On a positive note, breast cancer support groups are offered at two of the three major hospitals in Shreveport, with one of them exclusively for breast cancer patients/survivors. Financial assistance is also available at the three large hospitals and some of the smaller clinics in Caddo Parish. Shreveport is also home to Susan G. Komen Northwest Louisiana. The office has meeting space for planning mission outreach activities and training volunteers for outreach.

One identified barrier to breast health care in Caddo Parish is the distance needed for patients in the northern part of the parish who must travel to southeast Shreveport for screening services if they can't meet the monthly PIW mobile unit visit, but again, NCMC is addressing that with the anticipated 2015 opening of a new mammography center.

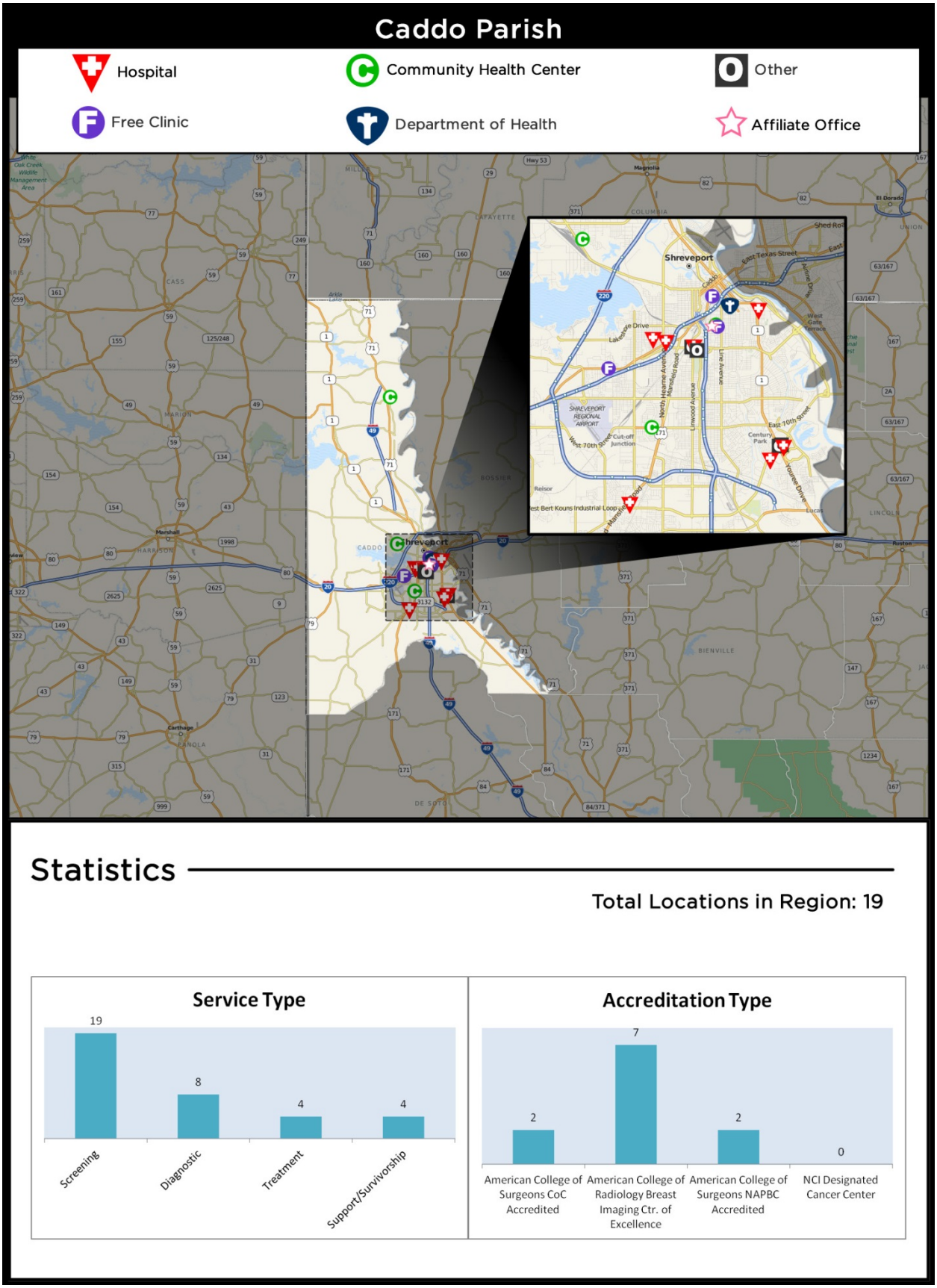

Figure 3.3. Breast cancer services available in Caddo Parish

Claiborne Parish

In Claiborne Parish, the county seat of Homer is home to one health unit, one major medical center, and two family medical clinics which offer clinical breast exams CBEs (Figure 3.4). Screening and diagnostic mammography is offered at Homer Memorial Medical Center for those with insurance and the mobile mammography unit from PIW provides screening mammograms for those without health insurance when it travels to Homer once a month. CBEs are also offered at a clinic in Haynesville.

There are gaps that exist in the breast cancer CoC in Claiborne Parish. There are no local treatment options and no support/survivorship services available. If an uninsured woman is called back for additional views on a screening mammogram, she must then travel to Shreveport to University Health for follow up. Patients, who are diagnosed with breast cancer at University Health, must travel to Feist-Weiller Cancer Center located on the campus of University Health for treatment.

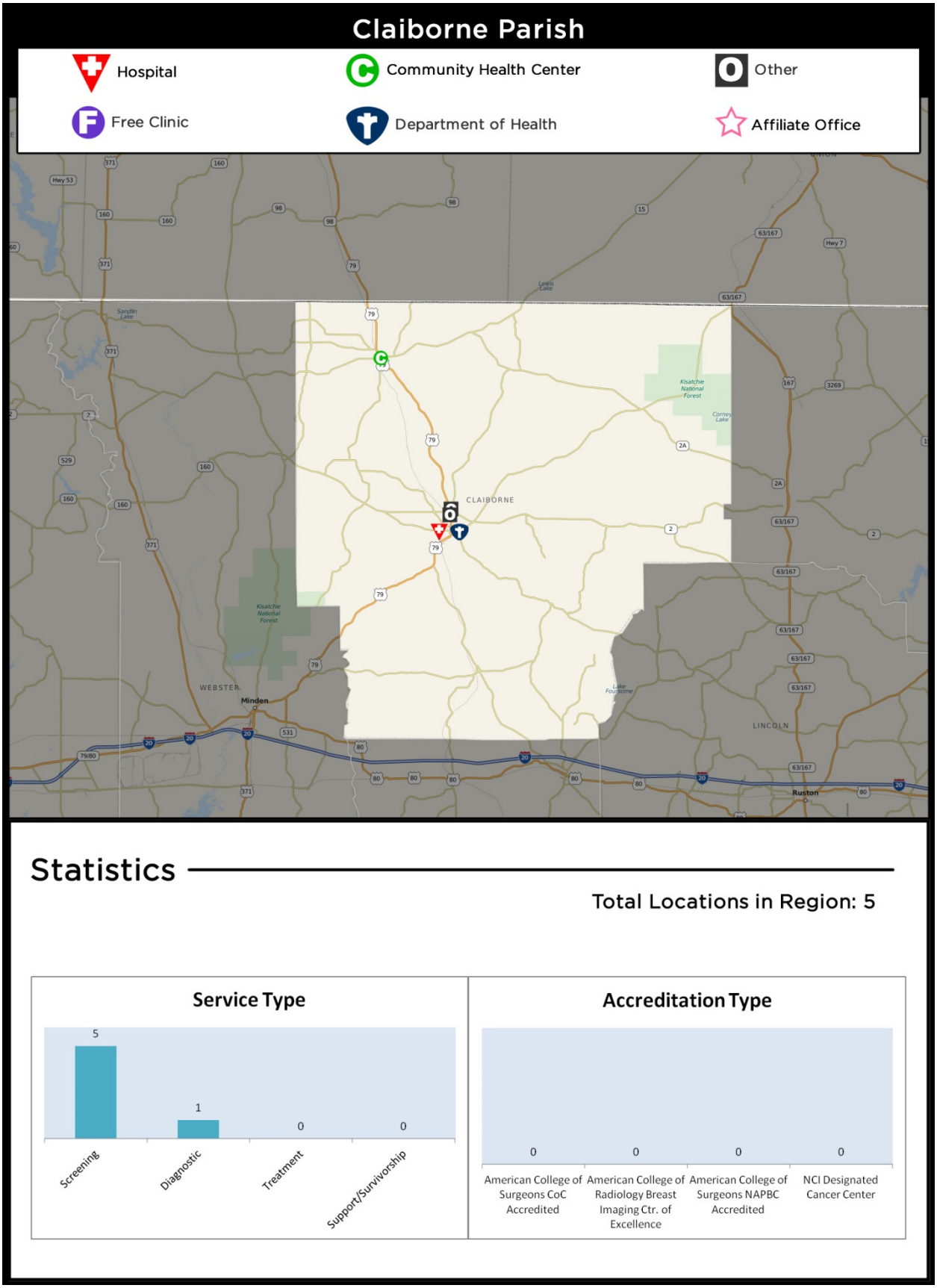

Figure 3.4. Breast cancer services available in Claiborne Parish

Webster Parish

Webster Parish has one health unit, two hospitals, and one medical clinic and a community health clinic (Figure 3.5). Screening mammography is provided in Minden at Minden Medical Center (MMC) and in Springhill at Springhill Medical Center (SMC). Diagnostic mammograms, ultrasounds and biopsies are available at MMC and SMC and chemotherapy is also available in Minden, but all of this is only for patients with health insurance.

However, the CoC in Webster Parish does have gaps. Patients who need radiation must travel to Shreveport for that treatment. Also if an uninsured woman is called back for additional views on a screening mammogram, she must then travel to Shreveport to a University Health for follow up. Patients, who are diagnosed with breast cancer at University Health, must travel to Feist-Weiller Cancer Center located on the campus of University Health for treatment.

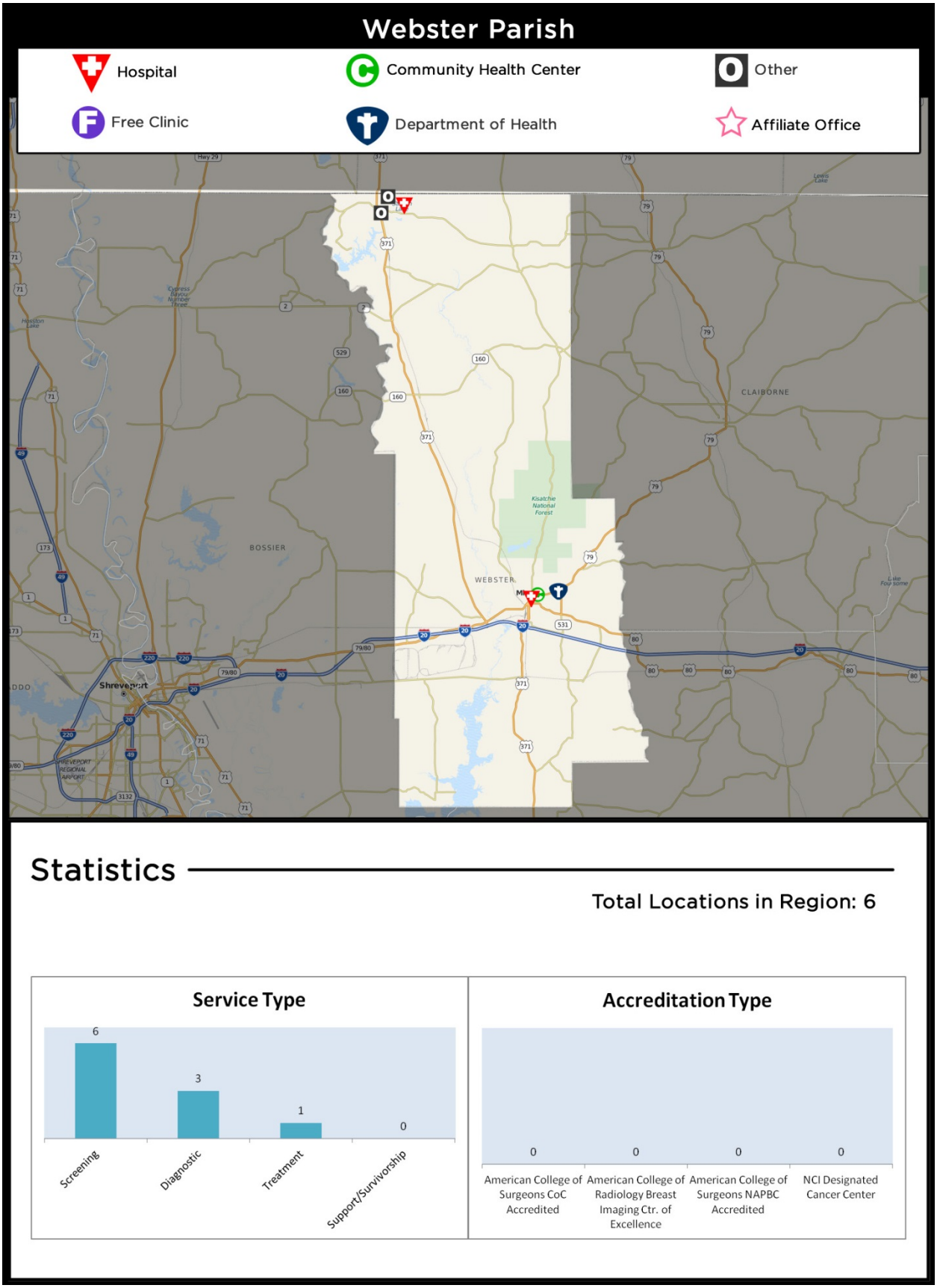

Figure 3.5. Breast cancer services available in Webster Parish

Target Community Partnerships

The CoC may also be used to identify potential partners and advocacy opportunities in targeted communities. As part of the Affiliate's routine outreach, the Mission Coordinator routinely makes personal visits and telephone calls to contacts in each of the Affiliate's target communities of Bienville, Caddo, Claiborne and Webster Parishes. Education materials are offered to health providers, hospitals, clinics, faith-based organizations and any other places were product placement is allowed. The Mission Coordinator also actively promotes the Affiliate's small and community grants program in the target communities and holds two grant writing workshops in the fall of each year. The national research grants program from Susan G. Komen is also promoted by the Affiliate to the researchers at Louisiana State University-Shreveport Health Science Center.

In 2014 the Affiliate implemented a Parish Council with representatives of all of the Affiliate's ten parish service area, including the target communities, in an effort to spread the mission further into outlying areas of the Affiliate's office based in Shreveport, LA. The Parish Ambassadors serve on the Parish Council and this council is designed to strengthen the ties between Northwest Louisiana Komen and targeted service areas. The Ambassadors act as both an educational resource and Komen liaison for the parishes of Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine, Webster and Winn. The Ambassadors report directly to the Affiliate Mission Coordinator and are resourceful and connected to their community. Ambassadors are responsible for promoting Komen mission and fundraising activities year-round in their community and attending quarterly meetings at the Komen office. They are the "face" of Komen at local breast health related events. Ambassadors are required to attend and participate in an educational training session led by the Affiliate Mission Coordinator.

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 and is funded by the CDC, the State of Louisiana, and foundations including but not limited to, the National Breast Cancer Foundation, United Way of Southeast Louisiana, and Susan G. Komen New Orleans.

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. A list of screening locations may be accessed by going to their website http://lbchp.org/screening-locations. 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.

Komen Northwest Louisiana has a granting relationship with the local LBCHP, Partners in Wellness (PIW). For the past 15 years, PIW has provided screening mammograms with community grant funds from the Affiliate.

PIW is sponsored by the Feist-Weiller Cancer Center at LSUHSC in Shreveport, LA. It offers free screening clinics at University Health five days each week, and began screening in their mobile mammography van 3 days a week beginning in April 2009. PIW includes screening mammograms in the LSUHSC-S Breast Imaging Department on the same day of service. Beginning in January 2011, Partners in Wellness Clinic patients have been able to have their entire exam in the PIW stationary clinic currently housed at University Health.

Beginning in May 2003, a new program was implemented through Partner's in Wellness called the Louisiana Breast and Cervical Health Program (LBCHP). This program is funded by the Centers for Disease Control (CDC) and is administered by LBCHP, 1600 Canal St., Suite 800, New Orleans, LA. It targets uninsured or underinsured women age 40-64 years who financially qualify. Since implementation in May 2003, PIW has enrolled, 7,780 women in the LBCHP program. This program funds breast and cervical cancer screenings as well as some diagnostic services. The LBCHP also has an agreement with the Louisiana Breast and Cervical Cancer (BCC) Medicaid Program. This agreement provides Medicaid coverage for qualified women that need breast or cervical cancer treatment. Since May 2003, PIW has enrolled 811 women into the BCC Medicaid program for breast cancer treatment. The coverage lasts as long as the women are in treatment. It provides for all their medical needs including those not directly related to their breast cancer treatment. The coverage allows them to use medical services that are local rather than hospital-based. This helps reduce unnecessary burden from their medical bills.

A new mobile mammography unit became fully operational in 2013 and serves Northwest Louisiana. It is one of only 3 mobile clinics in the country that offers the latest technology in breast cancer screening. The mammography machine is a digital tomosynthesis machine, which allows for 3D breast imaging to screen for breast cancer. The new 3D mammogram machine takes 11 images in less than seven seconds, and these digital mammograms are much more comfortable for the patient.

In addition, the CDC funded National Breast and Cervical Cancer Early Detection Program (NBCCEDP) requires a $1 match by institutions within Louisiana for every $3 received from CDC. The Feist-Weiller Cancer Center/LSUHSC was able to help meet part of this Public Health Service requirement through the Affiliate. Basically, these public health funds must

come from programs already in existence and must help to meet the overall NBCCEDP goals and objectives.

Louisiana Comprehensive Cancer Control Partnership

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, mortality 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: 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 rates and late-stage diagnosis are detailed below followed by specific goals and objectives related to breast cancer:

Breast Cancer Deaths Long Term Outcomes

- Reduce 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.)
- Reduce 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

- Reduce late-stage diagnosis of breast cancer in Louisiana AA women from 41.0 percent to 32.0 percent (22.0 percent improvement. Data Source: LTR, SEER)
- Reduce late-stage diagnosis of breast cancer in Louisiana Caucasian women from 30.0 percent to 27.0 percent (10.0 percent improvement. Data Source: LTR, SEER)

Burden of Cancer: Incidence, Deaths, 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 data by gender, race, geographic area and socioeconomic status.

- Objective 2.1: By 24 months after the close of state death files each year, compile cancer death statistics, 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 files each year, compile cancer death statistics, 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 2 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 25.0 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 2 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.

Komen Northwest Louisiana has a very productive relationship with the Regional Cancer Control Coordinator. The coordinator's office is housed inside Feist-Weiller Cancer Treatment

Center on the campus of the University Health. The coordinator has merged the Cancer Action Network (CAN) coalition into a new group called the Healthy Communities Coalition (HCC) that encompasses cancer risk reduction as well as obesity and tobacco prevention. The Mission Coordinator of the Affiliate attends monthly meetings of the HCC and serves as an active member and participates in the planning and executing of programs to educate the community of Louisiana Region 7 about the importance of healthy lifestyles. In the next four years, the Affiliate plans to remain an active part of the HCC by attending monthly meetings as well as supporting and promoting its programs.

Affordable Care Act 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 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 US Department of 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.

As far as the implications of the ACA for the Affiliate, it is still too soon to tell. The Affiliate revised wording in its Request for Application (RFA) to allow community grantees flexibility regarding screening criteria in the event that legislation changes during the grant award period. The Affiliate anticipates the need for screening grants to remain a vital component in the CoC, as some women may find themselves as newly uninsured.

Affiliate's Public Policy Activities

The Affiliate has been and will continue to serve as an advocate for public policy in regards to breast health and breast cancer risk reduction, treatment and support services. In 2013, when state matching funds for the Louisiana Breast and Cervical Health Program (LBCHP) were set to be cut from the Louisiana budget, the Affiliate's Mission Coordinator met individually with four members of the Louisiana Legislature to apprise each of them of the importance of this funding and the lives it has saved through early detection screening mammography. Additionally, the Mission Coordinator met with the editorial board of the *Shreveport Times* newspaper and was successful in having the editor write an editorial supporting the restoration of LBCHP funding to the state budget.

The Affiliate also received news coverage from KTBS-TV 3 News regarding the importance of protecting this funding. In addition, the Affiliate also participated on joint conference calls with other Louisiana Komen Affiliates and the Government Relations Director with the American Cancer Society in Baton Rouge, regarding the protection of LBCHP funds. In 2014, the LBCHP funding was not threatened, but the Affiliate participated in Capitol Day in Baton Rouge by sending written testimonials from patients who received medical care through LBCHP and thanked members of the Legislature for continuing matching funds for this program.

In the next four years, Komen Northwest Louisiana will continue this same line of public policy advocacy and has also empaneled a board member to serve in this area. The Affiliate will continue to work with local elected officials and members of the state legislature and continue to be an advocate for breast health care.

Health Systems and Public Policy Analysis Findings

The four target parishes for Komen Northwest Louisiana all have gaps in the CoC that need to be bridged. Caddo Parish is rich in breast health resources in the southern part of the parish inside the largest parish city, Shreveport; however, the northern part of the parish is currently asset poor. One medical center that relies on a mobile unit for mammography screenings is not adequate care for the women who reside in that area, but that community is working to change that with the expected opening of a new mammography unit at North Caddo Medical Center. Targeted outreach to northern largely rural Caddo Parish, to residents and health care providers, will still be needed in order to close the gaps in the CoC. Increasing breast health

resource availability, promotion of services and education, and reducing financial barriers are the primary goals to improve the breast health situation in Caddo Parish.

Bienville, Claiborne, and Webster Parishes have not only gaps, but chasms in the CoC. Much of this is due to a lack of breast health resources resulting in lack of adequate breast health care. For Bienville, there is currently no mammography available in the parish other than the mobile mammography unit, which is limited to monthly visits. None of these parishes have support/survivorship services. Diagnosed patients in these areas have no local resources to help them with their breast health needs. Outreach to the local health provider community and to the key informants is critical to building even the most minimal improvements in breast health care for these parish communities. Targeting reduction of financial barriers, with particular emphasis on travel and post diagnosis expenses, should be a particular focus in these communities. While the current CoC in these parishes is poor, these communities do have resources that could contribute to improvement. In small rural communities, local government offices and schools could be familiar venues in which to do outreach and education and the foundation for key partnerships. One particularly promising feature in these communities is the large number of faith organizations that inherently function as community gathering places when there are few public community spaces available. These faith organizations could act not only as venues when other venues aren't available, but also as dissemination centers for breast health education outreach and activities. Current feedback has indicated that many of the faith organizations recognize the toll that breast cancer has on their communities and are eager partners in the promotion of breast health in their communities.

Qualitative Data Sources and Methodology Overview

The qualitative data methods that the Northwest Louisiana Komen Affiliate 2015 Community Profile used were focus groups and key informant interviews consisting of community member interviews, breast cancer survivor interviews, and breast health provider interviews.

One focus group was conducted in each of the target parishes of Bienville, Caddo, Claiborne, and Webster. The participants in each of these focus groups were contacted by either an Affiliate Parish Council Ambassador or a key informant in each parish. Participants were typically contacted through local health clinics or businesses. Participants were all from rural areas and/or small local towns or municipalities for which the local Affiliate had little information regarding breast health practices and risk reduction. Focus groups were the primary method used because this was an exploratory look at breast services, practices, and education in these areas. The focus groups were intended to identify attitudes, beliefs, behaviors, and perceptions toward and about breast health and breast cancer risk reduction as well as to give greater insight to clarify qualitative data. The focus groups were also intended to identify barriers and potential solutions to better breast health and care in these communities. A total of thirty-eight people participated in the focus groups with eight participants in Bienville, nine in Caddo, seven in Claiborne and seven in Webster.

The key informant interviews were conducted in person, by telephone and by electronic communication (email) with participants in each of the four target parishes mentioned above. The Affiliate's Mission Coordinator and fall intern contacted participants directly. The key informant interviews were intended to identify beliefs, behaviors and practices regarding breast health services offered in the participant's local community. A total of thirteen key informant interviews were conducted. Four of the interviews were from members of the community in each of the target parishes. Six of the interviews were from providers offering breast health services in all or most of the target parishes. Three of the interviews were from breast cancer survivors representing two parishes.

Focus Groups

Dr. Mary Hawkins, Associate Professor, LSU Shreveport trained the Affiliate's Mission Coordinator, Executive Director and Grants Chairman on how to conduct focus groups and data collection. Only these four evaluators were involved in data collection. Each focus group was conducted by at least two of these trained individuals. At each focus group, the leader explained the purpose of the group, how it would be conducted, and asked the questions. Consent forms were distributed, completed, and collected. Then the leader began the focus group. The second evaluator took notes, kept time, and recorded the session via voice recording software on an electronic tablet. The leader would ask as many of the focus group questions as time allowed as well as any clarification questions. The recordings and notes were used together to create transcripts of the focus group sessions with individuals being given numbers for identifiers to maintain anonymity/confidentiality.

The focus group questions used were specific to individual experiences with breast cancer screenings and diagnosis (if applicable). Questions were exploratory in their purpose and also included topics of what is being done in the local community to educate people about breast cancer awareness and barriers some people face to getting screened for breast cancer. The length of each focus group averaged one to one and a half hours. Twelve questions was the maximum that was asked. Focus group leaders attempted to ask all the questions, but were often limited by time and participant response. The leaders may also have asked additional questions to clarify some responses.

Key Informant Interviews

Questions for the key informant interviews were selected based on the Affiliate's desire to learn more about breast health services offered and the continuum of care in each target parish. Three groups were selected to be interviewed; members of the community of each target parish, breast cancer survivors and breast health care providers. Each group of interviews had its own set of questions as they related to breast cancer screenings, support and education in the target parishes. At the beginning of each interview, the Mission Coordinator and/or the Affiliate student intern explained the purpose of the interview, how it would be conducted, and then asked the questions. Consent by the participant was given verbally. The leader then began the interview. The leader took notes during the responses. The leader asked as many of the interview questions as time permitted as well as any follow up questions for clarification. The notes were used together to create transcripts of the interview sessions with individuals being given numbers for identifiers to maintain anonymity/confidentiality.

Community Interviews

Four community key informant interviews were conducted by phone or in person by the Mission Coordinator at the Komen Northwest Louisiana. One key informant interview was conducted in each of the target parishes: Bienville, Caddo, Claiborne and Webster. Key informants were identified to the Affiliate by gatekeepers and leaders in various parishes. Their selection to be interviewed was based on their perceived interest in breast cancer awareness. The Mission Coordinator contacted informants and made arrangements to speak to each by phone for approximately twenty minutes to conduct the interview. One interview was conducted in person.

Provider Interviews

Komen Northwest Louisiana conducted six breast health care provider interviews. These interviews were conducted by the Affiliate graduate student intern via phone or email. The phone interviews were conducted verbally and the graduate student recorded the notes by hand. Five interviews were conducted by phone and one was sent via email and returned via fax. Two provider interviews were from Bienville Parish, two provider interviews were from Caddo Parish, and two provider interviews were from Claiborne Parish. No provider interviews were available from Webster Parish. An attempt was made to contact all providers in the target parishes to take part in the provider key informant interviews. Phone calls made to providers in Webster Parish were unreturned to the Affiliate.

Survivor Interviews

Survivor interviews were conducted for Caddo and Webster Parishes. Survivors were chosen by Affiliate staff based on their level of volunteer involvement with the Affiliate and their passion for breast cancer awareness and support services. Two interviews were conducted via phone by the Mission Coordinator and one was sent via email and returned via fax. No survivor

interviews were available from Bienville or Claiborne Parishes. Survivors from Bienville and Claiborne Parishes were interviewed in the focus group portion of data collection.

Sampling

Sampling for the focus groups, survivor interviews, community key informant interviews, and provider interviews were convenience samples and volunteers. The participants were all from rural areas with varying demographics and had been identified by community gatekeepers or leaders, Mission Coordinator, and/or Executive Director.

The Bienville Parish focus group had eight participants and met at the Bienville Parish Library in Arcadia, LA. `The Bienville Parish focus group participants were most likely to be 50-59 yrs. old and Black/African-American with 50.0 percent of participants having attained graduate level education.

The Caddo Parish focus group had nine participants and was held at a community facility next door to the local health clinic in Vivian, LA. Participants were most likely to be aged 50-59 years. The majority of participants were White. Educational level varied from High School Graduate through Masters Degree attainment.

The Claiborne Parish focus group had seven participants and was conducted at Homer High School in Homer, LA. Participants were White (42.0 percent) and Black/African-American (58.0 percent) with varying education levels. One participant had not graduated high school.

The Webster Parish focus group met at a rural church near Minden, LA. The group had seven participants. The participants of the focus group were 100 percent Black/African-American and the focus group was held at a multi-community worship meeting. Education levels of the participants varied greatly. Demographic data from the focus groups was compiled from the participation/consent form (Table 4.1).

Table 4.1. Demographics of focus groups by parish

		Bienville	Caddo	Claiborne	Webster
Age	39 yrs or less	1	0	0	1
	40-49 yrs	1	1	2	2
	50-59 yrs	5	5	4	2
	60 yrs or more	1	3	1	2
Race	White	1	7	3	0
	Black	7	2	4	7
Hispanic/Latino	Yes	0	0	0	0
	No	4	3	4	3
	No Answer	4	6	3	4
Highest education level	Did not graduate high school	0	0	0	1
	High School	0	2	0	1
	1 or more yrs. college	2	3	0	0
	Vocational certification	0	2	1	1
	Associates degree	1		1	
	Bachelors degree	1	1	5	1
	Masters degree	4	1	0	2
	Doctoral degree	0	0	0	1

Ethics

To maintain ethical standards throughout qualitative data collection processes, many safeguards were provided for participants. First, consent forms were given in written format to focus group participants in order to assure confidentiality of their information. These consent forms were kept in a locked file cabinet to maintain participant confidentiality to anyone other than the evaluators working on the project. Recorded voice files were kept on a password protected computer/tablet and flash drive available only to the evaluators. When the voice files were transcribed, then the participants were identified by numbers not names to assure confidentiality. For phone interviews, participants were assured of their confidentiality by the interviewer and any written documents related to these interviews was kept in a locked file cabinet. No one had access to the qualitative data except evaluators and the graduate student intern.

Qualitative Data Overview

Focus group and key informant data were summarized through transcripts of voice recordings and handwritten or typed notes taken during the focus group process. Data were compiled by the Mission Coordinator and one other evaluator. The focus group process for these rural communities was largely exploratory in nature so compilation of voice recordings and notes were ideal to capture the information. The focus group analysis was done initially by four evaluators individually. The Mission Coordinator provided a key for evaluators to use in their analysis. The key contained examples of possible barriers to screening and a code number that corresponded to the barrier. Each evaluator analyzed the focus group transcript data by hand.

The evaluators then met collectively to compare coding choices and collectively agreed on coding choices and themes. During the group discussion, new barriers were also identified and discussed. Many themes that were not necessarily barriers to screening mammography, but were regarded as attitudes and behaviors toward screening were identified in the notes by individuals and as a group.

Bienville Parish

Themes identified as barriers to mammography during the focus group meeting in Bienville Parish included a deficit of general knowledge, fear of being diagnosed with breast cancer, mammograms not being a priority because a person is busy taking care of family or procrastination, and a lack of reliable transportation. An important theme that emerged from the focus group was that there was a need for more outreach to this area with an emphasis on updating or improving health education materials and access to them. The group also suggested targeting younger women with materials pertinent to their age and at events in the community.

The community key informant interview in Bienville Parish stated there is not enough breast health education available. She noticed that there is a sign promoting free mammograms by the site where the mobile mammography unit comes to Arcadia, LA, but there is nothing like that in Ringgold, LA. She also elaborated about the fear in the community to be diagnosed with breast cancer and that even women with health insurance many times do not have annual mammograms because of that fear. She knew first hand of a woman who was diagnosed with stage IV breast cancer and admitted that she had not taken advantage of screenings through her health insurance in the years prior to her diagnosis. That woman passed away shortly after the breast cancer diagnosis.

Breast health care provider key informant interviews in Bienville Parish were most likely to indicate that additional resources were needed in reference to cost of mammograms and/or lack of reliable transportation. Several providers in the rural areas welcomed the idea of Affiliate volunteers conducting educational seminars for staff and/or patients. Several providers indicated that they would like for Komen NWLA staff to provide breast health training to staff and/or patients at their location.

Caddo Parish

A general knowledge deficit about breast cancer was the most common theme to emerge in this group with recommendations for more educational materials and resources as well as more promotion of breast health outreach and promotion. Another major theme that emerged was that mammograms were not a priority due to procrastination or just putting mammograms off as well as fear of being diagnosed with breast cancer. Important themes that were discovered but not directly related to mammography included recommendations for better education regarding recommendations after diagnosis as well as need for local support groups. A surprising finding about this group was that several women knew each other in the group, but had not known of their breast cancer diagnoses. Focus groups members shared that people in their community just didn't talk about their difficulties with the disease. This finding suggests that a greater initiative to have survivors openly acknowledge their disease and participate in outreach are needed in this area. Creating a local survivors group would be beneficial for better social support related outcomes.

The community key informant from Caddo Parish stated that she has knowledge of breast cancer awareness through television and radio advertising as well as social media and the sale of pink ribbon merchandise, most notably available during October. She is aware of the availability of free screening mammograms, but stated since she has health insurance, she never gave much thought about how an uninsured woman accesses free screenings.

The major theme identified in the survivor key informant interviews was that overall there was a general deficit of knowledge regarding breast health and diagnosis. Survivors indicated that support groups were needed, particularly for younger survivors, and that better educational materials were needed. Promotion of breast cancer support through social media was also suggested.

Breast health care provider interviews in Caddo Parish also indicated that additional resources were needed in reference to cost of mammograms and/or lack of reliable transportation. Several providers in the rural areas welcomed the idea of Affiliate volunteers conducting educational seminars for staff and/or patients, while two providers located in Shreveport indicated no need because they had breast health personnel on staff to provide that information.

Claiborne Parish

A general knowledge deficit was the most common theme in this focus group with a lack of understanding the screening guidelines and a lack of worry regarding breast cancer because they feel healthy as additional barriers to mammography screening. The next most common theme was being busy with work or family as a reason not to get a mammogram. One minor theme was a lack of reliable transportation as a barrier.

The community key informant from Claiborne Parish said that she sees posters and signs and pink ribbons almost everywhere in her community and supposes that they make people think about getting mammograms, but she mostly thinks the ribbons represent honoring breast cancer survivors. She continued that in October “everything is pink, but then it goes away”. She also says there is a fear in her community that some people don’t want to find out if they have cancer, so they don’t get screened.

Two breast health care providers from Claiborne Parish were interviewed and each said they see transportation and no health insurance (or the inability to pay) as major barriers for women accessing screening, diagnosis and/or treatment of breast cancer. Each of the providers serve patients who live in rural areas of the parish and said they would welcome a Komen representative to conduct a breast health awareness event to their staff and patients.

Webster Parish

A general knowledge deficit was the most common theme in this focus group. Two other major barriers that were identified were lack of reliable transportation and cost of getting mammograms. Suggestions from the participants were to bring the bus out for mammograms to the local area and to go door to door to increase breast cancer awareness and education.

The community key informant interview revealed that while the City of Minden has many breast cancer awareness events, for example Minden Medical Center displays pink lights at night on the hospital, the rural areas do not necessarily have the same outreach. The informant did state that when a member of a rural community is diagnosed with breast cancer, the community

rallies around her with support (meals, fundraisers for treatment/family expenses) and that a huge pink ribbon was recently painted on a storage tank in a rural oilfield. The informant continued to state that most women in the rural areas rely on word of mouth and social media for breast health information.

The survivor key informant from Webster Parish stated that she didn't know anything about breast health education and awareness because she was under the age of forty and didn't think she needed to concern herself with that at that young of an age. It wasn't until she discovered a lump on her own at the age of thirty-nine that she went to a doctor. Because she had no health insurance, she was directed to Partners in Wellness in Shreveport for a screening mammogram. Her diagnostic was conducted at Feist-Weiller Cancer Center, along with her cancer treatment. She stated she is thankful for the financial assistance provided by a small grantee of Komen Northwest Louisiana. She would like to see more programs geared toward breast cancer survivors that are inspiring and encouraging about battling the disease while raising children.

Qualitative Data Findings

Qualitative Data Links to Quantitative Data

Overall, the breast cancer death rate in the Affiliate service area was higher than that observed in the US as a whole and death rates in blacks were substantially higher than in Whites overall. In addition, the breast cancer late-stage incidence rate in this Affiliate area was slightly higher than the rest of the US and was higher among African-Americans than Whites. The Affiliate service area has a substantially larger Black/African-American female population, slightly lower education and income levels, and a substantially larger percentage of people living in rural and medically underserved areas than the US population.

One common theme that is seen in the focus groups, the key informant interviews is that there is a deficit of knowledge regarding breast health and mammogram screening. Fear of diagnosis was another common barrier that seemed to resonate with participants. Additionally, cost of mammograms and lack of reliable transportation was seen as a common barrier to screening across data collection processes. Open discussion of breast cancer experiences and creating support groups for survivors locally was frequently indicated as a need by participants.

The focus groups and key informant interviews helped to identify several factors impacting breast health and care in the highest priority areas of Caddo, Claiborne, and Webster Parishes as well as Bienville Parish which is a medium high priority. Identification of a general deficit of knowledge in all four parishes indicates that more outreach and education efforts are needed. This is not surprising because there are fewer health resources in rural areas with breast cancer services which are often being administered by a mobile unit or through referral to a charity hospital in a large city in Caddo Parish.

One theme that repeatedly occurred in every parish was that women "didn't want to know" or thought "breast cancer was a death sentence." A focus for education pertaining to recommended screening guidelines, early detection and survival rates could reduce some of these barriers. Emphasis needs to be on reducing fears/beliefs related to breast cancer diagnosis, treatment, and survival. Many participants also indicated that they didn't know women in their communities who had breast cancer and had survived because women didn't

seem to want to talk about their breast cancer experiences. Recruitment of survivors who are willing to share their stories could be a powerful tool for education and to reduce fear. The focus groups and surveys also helped to identify that survivors in rural areas need greater support services locally. Creation and organization of local survivor support groups could be an effective networking and support tool for those in treatment and for survivors. Another theme that was repeated in every parish was that more education, particularly current up to date materials, was needed. A need for materials aimed at younger uneducated women was also indicated. Respondents also indicated that lack of reliable transportation and mammogram screening cost was prohibitive to breast health. Promotion of free screenings and locations and use of mobile units to reduce transportation barriers was a common recommendation across parishes as well.

The most common barrier to screening mammography across target parishes that was identified in the focus groups was a knowledge deficit: mostly general with some specific deficits. General knowledge deficit was the most commonly indicated barrier with specific knowledge deficits regarding lack of understanding regarding screening guidelines; not sure where to go for a mammogram; and “feels healthy”, so not worried about having breast cancer. Other barriers that were identified included fear of being diagnosed with breast cancer or “not wanting to know”; attitudes of invincibility; mammograms not being a priority due to procrastination or being busy with work or family; and lack of access to mammogram services including cost and lack of reliable transportation. Another theme that emerged from the target parishes was a belief that breast cancer was a death sentence. This belief is translated in the quantitative data as low screening percentages, higher rates of diagnosis at later stages, and higher death rates for Black/African-American women. This belief is not a surprise because in local rural communities this may actually be the experience despite the fact that early diagnosis and treatment of breast cancer typically increases survival rates.

There were not enough key informant interviews to truly represent the target parishes thoroughly, but the ones that were conducted provided insight into attitudes and practices in those areas. Pink ribbons and awareness types of activities were identified as the common community breast cancer message in the respective parishes. Reaching women at work and at church were identified as what could be done differently to get messages to those that need them. The internet and word of mouth were identified as where most women in the rural communities get health information. Uneducated, rural women were identified as the women who need breast health information and services. One key informant thought that reaching those who are at home (retired) would be a good idea as well. Only 1 out of 3 informants was aware of local mammography screenings and where to get one. In the future, more key informant interviews need to be conducted to give a more thorough view of the target areas.

The major theme that developed for the participating survivors was that local support was needed in the form of support groups and survivorship education. There are support groups in larger cities, like Shreveport, but much less common in smaller rural communities like Homer, LA.

Provider Responses indicated barriers to mammogram screening included lack of transportation and copay or cost of mammogram

Limitations of the Data

Much of the data that was used was exploratory data using convenience samples and there were limitations. The number of focus groups that were conducted was small, only one per parish. There were also only a small number of breast cancer survivor, breast health provider, and community key informant interviews. One particular limitation in the data were that no other racial groups besides White and Black/African-American were part of the qualitative process so other minorities or issues related to those communities and participants may have been missed. Conducting additional focus groups and interviews would have allowed for more data, introduced new themes, and provided greater insight into the views of others in the parish. In the future, more focus groups and surveys need to be conducted. Due to the limitations of the data, the perspectives provided represent only those that participated in the focus groups and interviews and do not represent the general population of the community, survivors or providers as a whole.

Conclusion Statements

Though limited in number and diversity, focus groups and key informant interviews were a starting point to help clarify and identify reasons for the high late-stage incidence rates in the Affiliate target parishes. Findings indicate a lack of general breast cancer and breast cancer screening knowledge; fears and procrastination related to breast cancer screening and diagnosis; and a lack of observable breast cancer survivors and support groups as factors that influence breast health and mammography behaviors. Lack of reliable transportation and health care costs were minor themes that need to be addressed. Targeted initiatives need to focus on rural outreach and barrier reduction, particularly to Black/African-American women, to increase screening percentages, reduce late-stage diagnosis, and provide support to those in cancer treatment and survivorship.

Breast Health and Breast Cancer Findings of the Target Communities

To determine priority areas, each parish's estimated time to reach the HP2020 target for late-stage diagnosis and death rates were compared and then each parish was categorized into seven potential priority levels. Three parishes in Komen Northwest Louisiana's service area are in the highest priority category: Caddo Parish, Claiborne Parish, and Webster Parish. One parish in the Affiliate service area is in the medium high priority area: Bienville Parish. Information gathered in the Quantitative Data Report confirmed to the Affiliate the selection of the four target communities; Bienville, Caddo, Claiborne and Webster. Each of these parishes is largely rural in nature and also have designations of large populations of medically underserved.

Claiborne Parish is the most rural of all the targeted parishes. Bienville Parish has the largest percentage of medically underserved. Despite the metropolitan area of Shreveport, northern Caddo Parish is rural and without mammography screening services at a stationary site. Despite adequate mammogram screening available in Webster Parish, the incidence rate trend and the late-stage rate trend in Webster Parish are increasing annually.

The Health Systems Analysis identified there are many weaknesses in the Continuum of Care (CoC) in these four target parishes. Patients who live in a rural area must travel approximately thirty (30) minutes or more to the nearest screening locations. For most, mobile mammography is the only form of screening locally available and it is only offered once a month. If that scheduled day doesn't fit in a person's schedule, the only other option is to travel to Shreveport which can present a variety of hardships (taking a full day off of work, finding childcare, lack of transportation and/or financial resources to travel). Patients without health insurance who require a diagnostic mammogram or any other follow up, must travel to University Health in Shreveport. Uninsured patients who are diagnosed with breast cancer at University Health, must travel to Feist-Weiller Cancer Center located on the campus of University Health for treatment. A lack of adequate health care provider resources is a major barrier to comprehensive breast health care in these parishes. Another weakness in all of the rural areas is that there is little outreach regarding breast health education as well as no breast cancer support/survivorship services available. Again, those patients must travel to Shreveport for breast cancer specific support groups.

Komen Northwest Louisiana's quantitative data revealed overall the breast cancer death rate in the Komen Northwest Louisiana Affiliate service area was higher than that observed in the US as a whole and death rates in African-Americans were substantially higher than in Whites overall. In addition, the breast cancer late-stage incidence rate in this Affiliate area was slightly higher than the rest of the US and was higher among African-Americans than Whites. The Affiliate service area has a substantially larger Black/African-American female population, slightly lower education and income levels, and a substantially larger percentage of people living in rural and medically underserved areas than the US population. Though limited in number and diversity, focus groups and surveys were a starting point to help clarify and identify reasons for the high late-stage incidence rates in the Affiliate target areas. Qualitative data findings indicate a lack of general breast cancer and breast cancer screening knowledge; fears and procrastination related to breast cancer screening and diagnosis; and a lack of observable

breast cancer survivors and support groups as factors that influence breast health and mammography behaviors. Lack of reliable transportation and health care costs were minor themes that need to be addressed. Targeted initiatives need to focus on rural outreach and barrier reduction, particularly to Black/African-American women, to increase screening percentages, reduce late-stage diagnosis, and provide support to those in cancer treatment and survivorship.

Mission Action Plan

Bienville Parish

Health Systems Change

Problem Statement: Based on focus group feedback, there is a disconnect in the continuum of care in the rural area of Bienville Parish.

Priority 1: Increase the health care system's capacity to provide quality breast health care in Bienville Parish.

- *Objective 1.1:* In FY2016, hold at least one (1) collaborative meeting in Bienville Parish with representatives of hospitals, primary care providers, health clinics and community-based organizations to foster the discussion around how to improve continuity of care between referral, screening, diagnosis, treatment, and support services within Bienville Parish.

Education and Outreach

Problem Statement: Based on focus group feedback, a lack of breast health education exists in the rural communities and among the Black/African-American communities in Bienville Parish.

Priority 1: Increase breast health outreach to the Black/African-American community.

- *Objective 1.1:* By April 2016, hold at least three (3) community outreach presentations in local predominately Black/African-American faith-based organizations. ("Pink Sunday" concept)
- *Objective 1.2:* By March 2017, partner with at least one (1) community organization or faith community and a health care institution to provide one (1) culturally appropriate breast health event where women can sign up for/receive for a mammography appointment. ("Pop Up" Concept)
- *Objective 1.3:* By January 2018, partner with community-based health organizations to arrange small group education classes on breast self-awareness in at least two (2) clinics serving Black/African-American women.

Priority 2: Increase provider understanding of breast cancer Susan G. Komen® breast self-awareness messaging and knowledge of various referral processes to better navigate their patients through the continuum of care.

- *Objective 2.1*: In FY 2016, hold at least one (1) program ("Lunch and Learn" concept) in Bienville Parish to educate providers about the most current breast health recommendations and resources available in the community to increase their patients' screening percentages.

Priority 3: Increase breast cancer survivor support in Bienville Parish.

- *Objective 3.1:* In FY2016, invite survivors from Bienville Parish to attend the Affiliate's Survivor Luncheon to educate and inspire breast cancer survivors and their guests about the mission of the Affiliate and support services available.
- *Objective 3.2:* In FY2016, partner with at least one (1) volunteer from Bienville Parish to host a breast cancer survivor event.

- *Objective 3.3:* In FY2017, partner with at least one (1) medical organization in Bienville Parish to host at least one breast cancer survivor event.

Priority 4: Increase outreach support in Bienville Parish.

- *Objective 4.1:* By December 2015, identify and train at least two (2) key volunteers from Bienville Parish to serve on the NWLA Komen Parish Council and empower them to connect the Affiliate with local partnerships.

Caddo Parish

Health Systems Change

Problem Statement: Based on focus group feedback, there is a disconnect in the continuum of care in the rural area of northern Caddo Parish.

Priority 1: Increase the health care system's capacity to provide quality breast health care in northern Caddo Parish.

- *Objective 1.1:* In FY2016, hold at least one (1) collaborative meeting in northern Caddo Parish with representatives of hospitals, primary care providers, health clinics and community-based organizations to foster the discussion around how to improve continuity of care between referral, screening, diagnosis, treatment, and support services within Caddo Parish.

Education and Outreach

Problem Statement: Based on focus group feedback, a lack of breast health education exists in the rural areas and among the Black/African-American communities in northern Caddo Parish.

Priority 1: Increase breast health outreach to the Black/African-American community.

- *Objective 1.1:* By April 2016, hold at least three (3) community outreach presentations in local predominately Black/African-American faith-based organizations. ("Pink Sunday" concept)

Priority 2: Increase breast cancer survivor support in Caddo Parish.

- *Objective 2.1:* In FY2016, hold at least one (1) program ("Survivor Luncheon" concept) in Caddo Parish to educate and inspire breast cancer survivors and their guests about the mission of the Affiliate and support services available.
- *Objective 2.2:* In FY2017, partner with at least one (1) medical organization in Caddo Parish to host a breast cancer only monthly support group.

Claiborne Parish

Health Systems Change

Problem Statement: Based on focus group feedback, there is a disconnect in the continuum of care in the rural area of Claiborne Parish.

Priority 1: Increase the health care system's capacity to provide quality breast health care in Claiborne Parish.

- *Objective 1.1:* In FY2016, hold at least one (1) collaborative meeting in Claiborne Parish with representatives of hospitals, primary care providers, health clinics and community-based organizations to foster the discussion around how to improve continuity of care between referral, screening, diagnosis, treatment, and support services within Claiborne Parish.

Problem Statement: Based on focus group feedback, a lack of breast health education exists in the rural communities and among the Black/African-American communities in Claiborne Parish.

Priority 1: Increase breast health outreach to the Black/African-American community.

- *Objective 1.1:* By April 2016, hold at least three (3) community outreach presentations in local predominately Black/African-American faith-based organizations. ("Pink Sunday" concept)
- *Objective 1.2:* By March 2017, partner with at least one (1) community organization or faith community and a health care institution to provide one (1) culturally appropriate breast health event where women can sign up for/receive for a mammography appointment. ("Pop Up" Concept)
- *Objective 1.3:* By January 2018, partner with community-based health organizations to arrange small group education classes on breast self-awareness in at least two (2) clinics serving Black/African-American women.

Priority 2: Increase provider understanding of breast cancer Susan G. Komen® breast self-awareness messaging and knowledge of various referral processes to better navigate their patients through the continuum of care.

- *Objective 2.1:* In FY 2016, hold at least one (1) program ("Lunch and Learn" concept) in Claiborne Parish to educate providers about the most current breast health recommendations and resources available in the community to increase their patients' screening percentages.

Priority 3: Increase breast cancer survivor support in Claiborne Parish.

- *Objective 3.1:* In FY2016, invite survivors from Claiborne Parish to attend the Affiliate's Survivor Luncheon to educate and inspire breast cancer survivors and their guests about the mission of the Affiliate and support services available.
- *Objective 3.2:* In FY2016, partner with at least one (1) volunteer from Claiborne Parish to host one (1) breast cancer survivor event.
- *Objective 3.3:* In FY2017, partner with at least one (1) medical organization in Claiborne Parish to host at least one (1) breast cancer survivor event.

Priority 4: Increase outreach support in Claiborne Parish

- *Objective 4.1:* By December 2015, identify and train at least two (2) key volunteers from Claiborne Parish to serve on the NWLA Komen Parish Council and empower them to connect the Affiliate with local partnerships.

Webster Parish

Health Systems Change

Problem Statement: Based on focus group feedback, there is a disconnect in the continuum of care in the rural area of Webster Parish.

Priority 1: Increase the health care system's capacity to provide quality breast health care in Webster Parish.

- *Objective 1.1:* In FY2016, hold at least one (1) collaborative meeting in Webster Parish with representatives of hospitals, primary care providers, health clinics and community-based organizations to foster the discussion around how to improve continuity of care between referral, screening, diagnosis, treatment, and support services within Webster Parish.

Education and Outreach

Problem Statement: Based on focus group feedback, a lack of breast health education exists in the rural communities and among the Black/African-American communities in Webster Parish.

Priority 1: Increase breast health outreach to the Black/African-American community.

- *Objective 1.1:* By April 2016, hold at least three (3) community outreach presentations in local predominately Black/African-American faith-based organizations. ("Pink Sunday" concept)
- *Objective 1.2:* By March 2017, partner with at least one (1) community organization or faith community and a health care institution to provide one (1) culturally appropriate breast health event where women can sign up for/receive for a mammography appointment. ("Pop Up" Concept)
- *Objective 1.3:* By January 2018, partner with community-based health organizations to arrange small group education classes on breast self-awareness in at least two (2) clinics serving Black/African-American women.
- *Objective 1.4:* By January 2018, partner with at least one (1) faith-based organization to arrange "foot soldier" volunteers to go out in rural communities to educate women about breast health services available.

Priority 2: Increase provider understanding of breast cancer Susan G. Komen® breast self-awareness messaging and knowledge of various referral processes to better navigate their patients through the continuum of care.

- *Objective 2.1:* In FY 2016, hold at least one (1) program ("Lunch and Learn" concept) in Webster Parish to educate providers about the most current breast health recommendations and resources available in the community to increase their patients' screening percentages.

Priority 3: Increase breast cancer survivor support in Webster Parish.

- *Objective 3.1:* In FY2016, invite survivors from Webster Parish to attend the Affiliate's Survivor Luncheon to educate and inspire breast cancer survivors and their guests about the mission of the Affiliate and support services available.
- *Objective 3.2:* In FY2016, partner with at least one (1) volunteer from Webster Parish to host one (1) breast cancer survivor event.
- *Objective 3.3:* In FY2017, partner with at least one (1) medical organization in Webster Parish to host at least one (1) breast cancer survivor event.

Priority 4: Increase outreach support in Webster Parish.

- *Objective 4.1:* By December 2015, identify and train at least two (2) key volunteers from Webster Parish to serve on the NWLA Komen Parish Council and empower them to connect the Affiliate with local partnerships.

All Target Communities

Advocacy

Problem Statement: As new members are elected to the Louisiana Legislature and US Congress, continued advocacy to elected officials is needed to stress the importance of funding for early detection programs.

Priority 1: Develop and utilize partnerships to enhance Affiliate efforts in order to raise the importance of state funding for early detection in the Affiliate service area.

- Objective 1.1: In FY16 and FY17, partner with at least one (1) other Affiliate within the state and the Louisiana Cancer Control Partnership (LCCP) on advocacy efforts for the State of Louisiana.

Priority 2: Increase state legislators' education and understanding of breast health issues.

- *Objective 2.1:* In FY 2016, conduct a brunch meeting inviting all state legislators in the Affiliate's ten parish service area to increase Komen's visibility as a trusted local resource on breast cancer.
- *Objective 2.2:* By the end of FY2017, hold at least 4 conference calls with the other Komen Affiliates in the state to discuss joint advocacy efforts and any pending breast cancer legislation, including advocating for maintaining state BCCP funding.

Priority 3: Educate US Congressmen and Senators from Louisiana on a better understanding of breast health issues.

- *Objective 3.1:* In FY 2016, attend Komen Advocacy Summit in Washington, D.C., to meet with representatives on issues recommended by Susan G. Komen.
- *Objective 3.2:* By end of FY2016, maintain regular email correspondence with lawmakers and staff.

Grantmaking

Problem Statement: Health system partnerships are needed to increase access for uninsured and underinsured patients to access breast health services.

Priority 1: Increase the quality of Affiliate funded grants to ensure identified gaps in the continuum of care are addressed in the target communities.

- *Objective 1.1:* By December 2015 hold at least one (1) Community Grant information workshop aimed at existing breast health providers and nonprofits identified on the health systems resource map to provide culturally-tailored education and breast health services in northwest Louisiana.
- *Objective 1.2:* In FY 2016, mandate that best practices and evidence-based programs be incorporated into all grant programs and require that all funded education programs must demonstrate how their activities will lead to action, such as participants obtaining regular mammograms.
- *Objective 1.3:* By August 2015, establish at least one (1) grant mechanism that fosters collaboration among grantees to preserve and strengthen the breast health continuum of care.
- *Objective 1.4:* By August 2016, work with at least two (2) grantees to strengthen the evaluation of their grant projects, in order to improve the overall quality of their programs, as well as clearly demonstrate grantee impact to community stakeholders.
- *Objective 1.5:* By December 2015, engage, educate, and empower grantees to be adaptable and responsive to changes in the external environment that may impact their breast health programs (e.g. Affordable Care Act).

References

- Alcohol, tobacco and breast cancer—collaborative reanalysis of individual data from 53 epidemiological studies, including 58,515 women with breast cancer and 95,067 women without the disease. Collaborative Group on Hormonal Factors in Breast Cancer. Hamajima N, Hirose K, Tajima K, et al. 2002. Br J Cancer. 87(11):1234-45.
- American Community Survey: Data tables and tools. US Census Bureau. Jan. 21, 2013. Available online at https://www.census.gov/acs/www/data/data-tables-and-tools/index.php (accessed 2/15/2014).
- American Fact Finder: Arcadia, LA. US Census Bureau. n.d.). Available online at http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml (accesed 2/15/2014).
- Comparison of Counties in Louisiana. University of Wisconsin Population Health Institute. May 31, 2013. Available online a http://www.countyhealthrankings.org/app/louisiana/2014/compare/snapshot (accessed 2/15/2014).
- County Health Rankings and Roadmaps: Louisiana. University of Wisconsin Population Health Institute. May 31, 2013. Available online at http://www.countyhealthrankings.org/app/louisiana/2013/overview (accessed 2/15/2014).
- Disparities in breast cancer characteristics and outcomes by race/ethnicity. June, 2011. Ooi, SL, Martinez, ME, Li, CI. Breast Cancer Research and Treatment. 127 (3): 729-738.
- HP 2020. Healthy People 2020. US Department of Health and Human Services. December 2, 2010. Available online at http://www.healthypeople.gov/2020/about/ (accessed 8/2/2013).
- Louisiana State Quick Facts. US Census Bureau.. December 31, 2013. Available online at http://quickfacts.census.gov/qfd/states/22000.html (accessed 2/13/2014).
- CDC Health Disparities and Inequalities Report- United States, 2013. Morbidity Mortality Weekly Report. Centers for Disease Control and Prevention. Nov. 22, 2013. Available online at http://www.cdc.gov/mmwr/pdf/other/su6203.pdf (accessed 02/20/2014)
- Obesity and Breast Cancer Risk. National Cancer Institute. (n.d.). Available online at http://www.cancer.gov/about-cancer/causes-prevention/risk/obesity/obesity-fact-sheet#q4 (accessed 2/15/2014).
- Racial differences in breast cancer stage at diagnosis in the mammography era. Chatterjee, N.A., He, Y. Keating, N.L. (2013) American Journal of Public Health, 103 (1): 170-176.
- SEER Summary Stage. Young JL Jr, Roffers SD, Ries LAG, Fritz AG, Hurlbut AA (eds). SEER Summary Staging Manual - 2000: Codes and Coding Instructions, National Cancer Institute, NIH Pub. No. 01-4969, Bethesda, MD, 2001. Available online at http://seer.cancer.gov/tools/ssm/ (accessed 8/2/2013).
- What are the risk factors for breast cancer? American Cancer Society (n.d.). Available online at http://www.cancer.org/cancer/breastcancer/detailedguide/breast-cancer-risk-factors (accessed 2/20/2014).