

susan g. komen.  **COMMUNITY**
PROFILE REPORT 2015



SUSAN G. KOMEN®
ACADIANA

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Executive Summary

Introduction to the Community Profile Report

Susan G. Komen® Acadiana was incorporated in 1999, it began serving six parishes in the Acadiana area until 2013 when it expanded to include eight more parishes now serving both Acadiana and Central Louisiana. The Affiliate has invested over \$3,200,000.00 in the fight against breast cancer. Seventy-five percent of the funds raised locally stay local. Therefore, over \$2,487,000.00 of that amount has been invested in the Acadiana and Central Louisiana communities. Local grants are restricted to breast cancer education, screening and treatment programs to educate the community about the importance of breast health and early detection, to assist the medically underserved in the community and to support those battling this disease. Komen Acadiana's current grant recipients are Breast Center of Acadiana Foundation, Christus St. Frances Cabrini Foundation, CMAP Express, Lafayette Community Health Care Center, Miles Perret Cancer Services, Southwest LA Health Care Center, Inc., and Iberia Comprehensive Community Health Center Mammography Access Program.

The Community Profile assesses key statistics such as death rates and late-stage incidence in comparison to Health People 2020 (HP2020) targets. Communities that are predicted to not meet the HP2020 targets for death rates and late-stage incidence are considered to be of highest priority for community outreach, education, collaborations, grants and public policy activities. The Affiliate conducts the Community Profile Report to determine their high priority parishes, so they will know which communities they should focus on yielding grants to make the greatest impact.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

The breast cancer incidence rate in the Komen Acadiana service area was lower than that observed in the US and as a whole, and the incidence trend was higher than the US as a whole. The incidence rate was significantly lower in the following parishes: Avoyelles Parish, Concordia Parish, and Vernon Parish and Acadia Parish.

The breast cancer death rate in the Komen Acadiana 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. For the Affiliate service area as a whole, the death rate was higher among Blacks/African-Americans and Whites.

The breast cancer late-stage incidence rate in the Komen Acadiana 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. For the Affiliate service area as a whole, the late-stage incidence rate was higher among Blacks/African-Americans and Whites.

Breast cancer screening percentages in the Komen Acadiana service area were not significantly different than those observed in the US as a whole. For the Affiliate service area as a whole, screening percentages were not significantly different between Blacks/African-Americans and Whites. The following parish had a screening percentage significantly lower than the Affiliate service area as a whole: Iberia Parish.

The Komen Acadiana 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 Alaskan Native (AIAN) female population, and a substantially smaller Hispanic/Latina female population. The Affiliate's female population is slightly younger than that of the US as a whole. The Affiliate's education level is substantially lower than and income level is substantially lower than those of the US as a whole.

There are a slightly smaller 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 slightly smaller percentage of people who are linguistically isolated. There are a substantially larger percentage of people living in rural areas, a 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: Concordia Parish, Iberia Parish and St. Landry Parish. The following parishes have substantially lower education levels than that of the Affiliate service area as a whole: Acadia Parish, Avoyelles Parish, Catahoula Parish, Concordia Parish and Evangeline Parish. The following parishes have substantially lower income levels than that of the Affiliate service area as a whole: Catahoula Parish, Concordia Parish and St. Landry Parish. The following parishes have substantially lower employment levels than that of the Affiliate service area as a whole: Catahoula Parish and Concordia Parish.

Highest Priority Areas

Five parishes in the Komen Acadiana service area are in the highest priority category. Four of the five, Evangeline Parish, Iberia Parish, Lafayette Parish and St. Martin Parish, are not likely to meet either the death rate or late-stage incidence rate HP2020 targets. One of the five, Concordia Parish, is not likely to meet the death rate HP2020 target. The screening percentage in Iberia Parish (52 percent) is significantly lower than the Affiliate service area as a whole (75 percent). Concordia Parish has a relatively large Black/African-American population, low education levels, high poverty rates, and high unemployment. Evangeline Parish has low education levels. Iberia Parish has a relatively large Black/African-American population.

Concordia Parish

Concordia Parish is a highly rural area. Concordia Parish has been chosen due to its unique population demographics: identification as a medically underserved community, lower education levels, high poverty rates and high unemployment. This region's female residents are primarily White; according to the US Census Bureau forty-one percent of the population is composed of Black/African-American women. Unfortunately, the last two decades have seen a large increase in both late stage incidence and higher death rates for this group of women. For the Affiliate service area as a whole, the death rate was higher among Blacks/African-Americans than Whites. Socioeconomic characteristics of the region indicate a potential concern about women's access to affordable breast health care. Concordia Parish has a very high percentage of residents living below 250 percent poverty income than the service area average. Additionally, Concordia Parish is considered to be in a medically underserved area

compounding potential barriers to breast health care. Currently, there are no providers in this region that participate in the Louisiana Breast and Cervical Cancer Early Detection Program.

Lafayette Parish

Lafayette Parish is in the immediate metropolitan area of the Komen Acadiana service area and is a high priority parish in regards to meeting the Healthy People 2020 goals. Lafayette Parish has been chosen as a target community due to rates and trends regarding breast cancer deaths, as well as the rates of breast cancer incidence and late-stage diagnosis. Additionally, Lafayette Parish residents reflect a diverse population with many women who may be more vulnerable to breast cancer due to known poorer prognosis rates (i.e. late stage diagnosis or more aggressive cancers). Finally, compared to the US average, more residents are living below 250 percent poverty, have higher unemployment rates, and are less likely to have health insurance making affordable access to breast health care potentially difficult. Data for Lafayette Parish show the breast cancer death and late stage diagnoses rates are currently higher than both the United States and the Affiliate service area's average rates. On the plus side, Lafayette Parish women (50-74) self-reported obtaining a screening mammogram within the last two years at a rate higher than the Affiliate service area and the United States. The increase in incident rates may be correlated to the above average mammography screening percentage in Lafayette Parish.

Iberia Parish

Iberia Parish is considered to be a semi-rural parish. Iberia Parish is part of the New Iberia Statistical Area as well as the Lafayette-Acadiana Combined Statistical Area. Iberia Parish has a high percentage of Black/African-American women that make up the parishes' population; data demonstrate that Iberia Parish is a medically underserved parish. Iberia Parish also has higher than average late stage diagnosis rates and high increasing trends in incidence rates. Iberia Parish has one of the highest rates of late-stage breast cancer diagnosis. Iberia Parish has also been identified as a high priority parish due to the amount of time needed to meet the Healthy People 2020 goals. Iberia Parish currently has breast cancer incidence rates higher than both the United States and Komen Acadiana Service area averages. Trends show incidence rates increasing. Also, late diagnosis rates are above the United States and service area averages, with an increasing trend for late stage diagnosis. This suggests likelihood that more women will be diagnosed at a late-stage. With a screening percentage in Iberia Parish below the United States and service area average, it is possible women are experiencing barriers to receiving mammography screening. This may be associated with higher rates of late stage diagnosis and more women dying from breast cancer.

St. Martin Parish

St. Martin Parish was selected as a target community due to its rural location, socioeconomic status of residents, high incidence rates, high death rates, and higher late stage rates. St. Martin Parish statistics were higher than the US average. St. Martin Parish was also selected as a high priority parish due to the amount of time needed to meet the Healthy People 2020 goals.

Evangeline Parish

Evangeline Parish was selected based on a combination of factors such as: socioeconomic statistics, geographical location, high death rates, high late stage diagnosis trends, and the probability of Evangeline Parish not being able to meet Healthy People 2020 Goals. Evangeline Parish is considered to be in a medically underserved area, compounding potential barriers to breast health care.

Health Systems and Public Policy Analysis

The Susan G. Komen® Acadiana Community Profile Team collected health systems analysis data for the following target communities: Iberia Parish, Lafayette Parish, St. Martin Parish, Evangeline Parish and Concordia Parish. The Community Profile Team then contacted each provider (Breast Center of Acadiana Foundation, Lafayette Community Health Care Center, Miles Perret Cancer Services, and Iberia Comprehensive Community Health Center, and St. Martin Community Health Center) to find out what services and programs they offer regarding breast health. When contacting these providers, the Affiliate also established a dedicated contact person to facilitate potential partnerships in the future and to strengthen the impact within their community.

Health Systems Overview

Komen Acadiana's Community Profile Team conducted an in-depth health systems analysis for each selected target community. Following the continuum of care model, the Community Profile Team assessed what services and programs are currently available within each target community in an effort to identify the strengths and weaknesses of each corresponding health system. A summary of key mission related partnerships currently in place, as well as potential new partnerships or collaboration opportunities, is provided to describe the Affiliates position in addressing the challenges facing each community.

Lafayette Parish

Currently there are no surgeons in Lafayette that accept Medicaid. Women with Medicaid, who are diagnosed with breast cancer, are referred to University Medical Center. Furthermore, very few free clinics exist, which means that women without insurance have limited access to breast screening services. The area that is most underserved is north Lafayette, specifically within the 70501 zip code. Currently there are no providers in the 70501 zip code that participate in the Louisiana Breast and Cervical Cancer Program (LCBBP). However, free screening services are offered at the Lafayette Community Health Care Clinic to patients who are uninsured and currently employed. Residents in this area who are both uninsured and unemployed are able to receive a clinical breast exam at St. Bernadette Community Clinic. Komen Acadiana works to strengthen existing and potential partnerships through provider education of local breast health disparities and current grant opportunities. The Affiliate currently collaborates with the following key mission partners to improve breast health outcomes within the Lafayette community: Breast Center of Acadiana Foundation, Lafayette Community Health Care Center, and Miles Perret Cancer Services.

Iberia Parish

Iberia Parish has an overall shortage of breast health providers. Transportation is another barrier preventing patients from gaining access to care. Additional qualitative data reveals that roughly half of the female population self-reported receiving a breast exam in the last two years. The Community Profile Team believes that a lack of affordable screening services, combined with a lack of breast health education and provider involvement, have led to poor patient outcomes and directly contribute to the parish's 13 percent late-stage diagnosis trend. Iberia Parish currently has two grant recipients offering breast health services within the community: Breast Center of Acadiana and Iberia Comprehensive Community Health Center. The Affiliate plans to establish a local coalition of nurse practitioners, to increase educational awareness and encourage local providers to become more involved in addressing the breast health needs of the community. Additionally, each nurse will serve as liaison between the provider and Komen Acadiana to facilitate information regarding current grant opportunities and to distribute educational materials at each facility.

St. Martin Parish

There is a shortage of primary and specialty care physicians in the community, particularly in pediatrics and oncology, and only a limited number of physicians accept Medicare and Medicaid. There has been a reduction of services provided at health care units. Thus, individuals in the community are faced with barriers to accessing care and are forced to commute to Iberia Parish or Lafayette Parish to seek care. St. Martin Hospital provides a resource directory for all patients being discharged. The hospital is in the process of creating a marketing campaign to increase awareness of the services they provide to the community. A new health unit is being constructed to address the needs of those medically underserved in the community. The Community Profile Team's Health System Analysis revealed only three providers in the area offering breast health services: Martin Community Health Center (SMCHC), Iberia Comprehensive Community Health Center (ICCHC), and the Miles Perret Cancer Services.

Concordia Parish

Concordia Parish is a very rural community. Although there is a Federally Qualified Health Center located in the parish, screening services are very limited. The parish currently has two hospitals; however there are no cancer treatment centers in the parish. Some of the barriers to the community are a shortage of primary care providers, an uninsured rate of 24.9 percent, a lack of health facilities that provide services to the uninsured, lack of financial resources due to a 31.4 percent poverty rate, and a very dispersed population that has to drive an average 25 miles to receive breast cancer screening services. Komen Acadiana intends to leverage the current partnership with the Community Mammography Access Project (CMAP) a mobile mammography unit to schedule screenings in underserved areas throughout Concordia Parish. The Affiliate plans to distribute educational materials regarding breast-screening services through CMAP and information on how to pre-register for their mobile mammogram to local providers.

Evangeline Parish

Health disparate groups within Evangeline Parish include the unemployed, the uninsured/underinsured, the aging population and those without a high school education. The

geographic layout of the parish and a lack of transportation services are disadvantages that add to the health inequities experienced by such groups. Evangeline Parish currently has two hospitals, one of which offers cancer treatment and does accept Medicaid patients. Uninsured patients may receive screening services at Mamou Health Resources, a free clinic located in Mamou, LA. Patients with abnormal screenings are referred to University Medical Center in Lafayette for diagnosis and treatment. The commute time for these patients is over an hour and as of right now transportation services are not available. Currently, there are no community grantees or existing partnerships in Evangeline Parish. Conversations have been initiated to forge new partnerships with each of the three providers in the parish; Mercy Regional Center, Savoy Medical Center and Mamou Health Resources. The opportunity to develop strategic partnerships within Evangeline Parish will be initiated through the Komen Acadiana grant application process.

Qualitative Data: Ensuring Community Input

Key questions and variables explored in the target communities

- What is preventing women (ages 40+) from receiving annual breast cancer screenings?
- What gaps and/or barriers exist that negatively impact a patients' transition throughout the breast cancer continuum of care?

Lafayette Parish

One of the reasons that prevented women from receiving annual breast cancer screenings was being uninsured. Twenty-four percent of women (ages 40+) of respondents replied that they did not have insurance. Providers in Lafayette Parish believed that the primary factor preventing women (ages 40+) from receiving annual breast cancer screenings, 60 percent listed being uninsured as the primary factor. Many women (ages 40+) are unaware of available early detection programs in their area. Seventy percent of key informants reported that women whom are in need of free breast cancer screenings are unaware that these programs exist. Forty percent of women (ages 40+) reported being unaware of Early Detection Programs in their area.

Iberia Parish

Being uninsured prevented women from receiving annual breast cancer screenings. Thirty-seven percent of women who had not had a mammogram in the last two years said it was because they did not have insurance. Providers in Iberia Parish believe the primary factor preventing women from receiving annual breast cancer screenings, 75 percent listed being uninsured as the primary factor.

St. Martin Parish

Uninsured women (ages 40+) have limited access to affordable breast health care due to lack of breast health providers and early detection program availability in these areas. Provider surveys and key informant interviews revealed that women in this area are faced with diagnostic and treatment barriers because they must travel to either Iberia or Lafayette Parish in order to access affordable breast healthcare. Key informant interviews and community surveys revealed that current breast health education materials have been ineffective. Thirty-four percent of respondents responded that they had not received a mammogram in the last two years, because their "self-checks showed no symptoms". When asked what prevents women (40+)

residing in St. Martin Parish from receiving preventative breast health care, key informants responded that due to a lack of breast health providers in this area, many of these women are unaware of the risk of breast cancer and are not being educated.

Evangeline Parish

Uninsured women (ages 40+) have limited access to affordable breast health care due to lack of breast health providers and early detection program availability in these areas. Women who have received an abnormal breast cancer screening must travel two hours to Lafayette in order to receive diagnostic services. Twenty-five percent of African-American women (40+) have never received a mammogram. Of the 75 percent of African-American women that have received a mammogram, only 67 percent of them reported having them done annually. When asked why they had not received a screening mammogram in the last two years, 41 percent responded that they did not have time.

Concordia Parish

Uninsured women (ages 40+) have limited access to affordable breast health care due to lack of breast health providers and early detection program availability in these areas. Efforts to educate women on preventative breast healthcare have been ineffective. Many providers have breast health education materials available to their patients, primarily in the form of flyers and brochures; however, when asked providers whether or not they had a formal policy regarding the provision of breast health education during well women visits, 80 percent responded, “No”.

Mission Action Plan

Education & Outreach

Problem/Need Statement: The qualitative data found that women in Lafayette Parish, St. Martin Parish, Evangeline Parish, and Concordia Parish are unaware of free breast cancer services that exist. Women in these parishes need to be educated about the available resources in their communities.

Priority: Partner with community-based outreach/health organizations to effectively promote breast health education and services in each of the five target parishes (Lafayette Parish, Evangeline Parish, Concordia Parish, St. Martin Parish and Iberia Parish) specifically prioritizing the African-American target community.

- *Objective 1:* By March 2016, meet with at least four faith-based organizations that serve the African-American community to discuss breast health outreach in North Lafayette Parish and Iberia Parish.
- *Objective 2:* By September 2016, partner with community-based health organizations, in the five priority parishes, to arrange small group education classes on breast self-awareness in at least four clinics serving African-American women.

- *Objective 3:* In FY 2016, hold at least three collaborative meetings involving local hospitals, walk-in clinics, and health units, in each of the five priority parishes, focused on the implementation of breast health education programs at points of care that are presently being utilized by African-American women.

Priority: Increase awareness of available breast health resources among African-American women residing in Lafayette Parish, Iberia Parish, Concordia Parish, Evangeline Parish, and St. Martin Parish.

- *Objective 1:* By November 2015, revise the Komen Grant RFA to require qualifying candidates to develop an integrated marketing communication plan for the purpose of advertising their Komen funded breast health services to the community in which they serve.
- *Objective 2:* By September 2016, provide breast cancer educational materials to points of care that are presently being utilized by African-American women (emergency rooms, walk-in clinics, health units) in each of the five target parishes.

Improving Access to Breast Health Care

Problem/Need Statement: The qualitative data found that one of the largest reasons for women (40+) in Lafayette Parish, Iberia Parish, Evangeline Parish, and Concordia Parish are not receiving annual breast cancer screenings is due to being uninsured.

Priority: Increase access to preventative breast health care through developing partnerships in Concordia Parish, Evangeline Parish, and St. Martin Parishes.

- *Objective 1:* By November 2015 target marketing efforts to promote grant workshop opportunities for target areas (Concordia Parish, Evangeline Parish, St. Martin Parish) aimed at existing breast health providers identified on the Health System Analysis Template.
- *Objective 2:* By January 2016, add a medical, public health, or non-profit professional from each parish (Concordia Parish, Evangeline Parish, St. Martin Parish) to the Affiliate's Pink Council to ensure that the breast health needs of these communities are represented.
- *Objective 3:* In FY 2016 and 2017, hold rural breast cancer summit with providers in Concordia Parish, Evangeline Parish and St. Martin Parish to discuss possible partnership opportunities with the goal of increasing access to and seamless progression through the breast health continuum of care.

Patient Navigation

Problem/Need Statement: The community breast cancer awareness surveys that were conducted to gather qualitative data found that women (40+) in Lafayette Parish, St. Martin Parish, and Concordia Parish have limited education on where to get services for screenings and treatment.

Priority: Increase the development of patient navigator programs in each of the five target parishes (Lafayette Parish, Evangeline Parish, Concordia Parish, St. Martin Parish and Iberia Parish) to encourage the successful movement of patients through the continuum of care.

- **Objective 1:** By August 2015, revise the RFA to give priority to grants programs that use innovative or evidence-based approaches to track patients through the breast cancer continuum of care, resulting in documented linkages to breast cancer screening, diagnostic, treatment and/or supportive services.
- **Objective 2:** For FY 2016, boost funding to patient navigator programs aimed specifically at working with African-American residents in the Lafayette Parish, Evangeline Parish, Concordia Parish, St. Martin Parish and Iberia Parish.

Public Policy

Problem/Need Statement: The healthcare provider key informant interviews that were conducted to gather qualitative data found that women (40+) in Lafayette Parish, St. Martin Parish, Evangeline Parish, and Concordia Parish have limited access to affordable breast health care due to lack of breast health providers and early detection program availability in these areas.

Priority: Develop and utilize partnerships to enhance Affiliate public policy efforts in order to improve breast health outcomes of women in the Affiliate service area.

- **Objective 1:** In FY16 and FY17, partner with at least one (1) other Affiliate within the state and the Louisiana Cancer Alliance on advocacy and public policy efforts for the state of Louisiana.
- **Objective 2:** In FY 2016, conduct a bi-annual mailing to all legislators to increase Komen's visibility as a trusted local resource on breast cancer.
- **Objective 3:** In FY 2016, hold quarterly conference calls with the other Komen Affiliates in the State to discuss joint public policy efforts and any pending breast cancer legislation, including advocating for maintaining state BCCP funding.

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

Introduction

Affiliate History

Founded in 1999, Susan G. Komen® Acadiana held its first Race for the Cure® in 2000. In 2013, the Affiliate grew its service area by adding an additional seven parishes and another successful Race for the Cure held in downtown Alexandria, Louisiana.

Since its inception, Komen Acadiana has invested over \$3.3 million in the fight against breast cancer, with \$2.5 million being granted out to non-profit organizations in the Acadiana and Central Louisiana service area (Figure 1.1). Local grants are restricted to breast cancer education, screening, and treatment programs to educate the community about the importance of breast health and early detection, to assist the medically underserved in the community and to support those battling this disease.

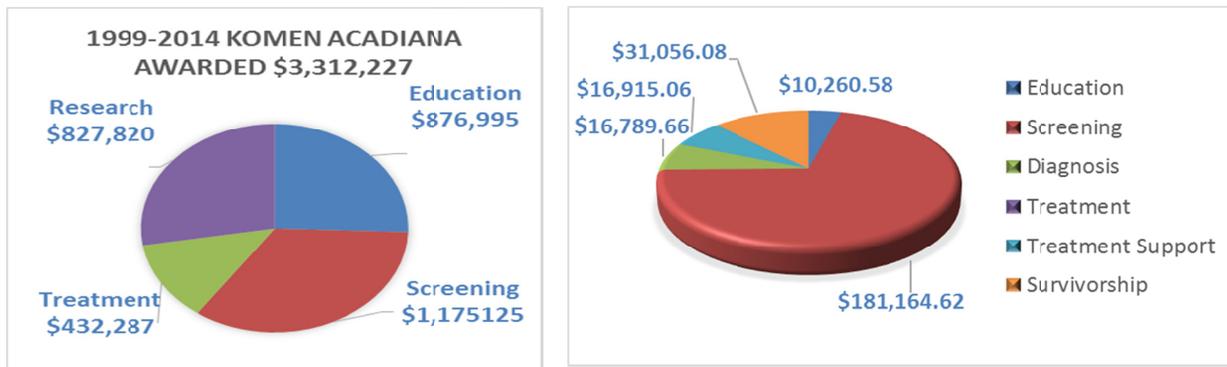


Figure 1.1. 2014/2015 Affiliate grant funding

In addition to Komen Acadiana's grant program, local volunteers have acted on behalf of the Affiliate through outreach programs designed to increase awareness and knowledge of breast health and Komen activities. Increasing awareness of breast health practices through distribution of educational materials and speakers is vital to achieving Komen's Promise, to end breast cancer forever.

Komen Acadiana is an active member of the Acadiana Cancer Coalition. The Affiliate works closely with the Louisiana Breast and Cervical Program as special needs arise with women in the community. Komen Acadiana also hosts a monthly medical council meeting for breast health providers throughout Acadiana. These providers help identify gaps in services and work together to complete the continuum of care for all women.

Affiliate Organizational Structure

Komen Acadiana is governed by a local board of directors and has three full time staff members (Figure 1.2). Komen Acadiana has several volunteer committees that help implement programs and fundraising throughout the year.

Acadiana Affiliate

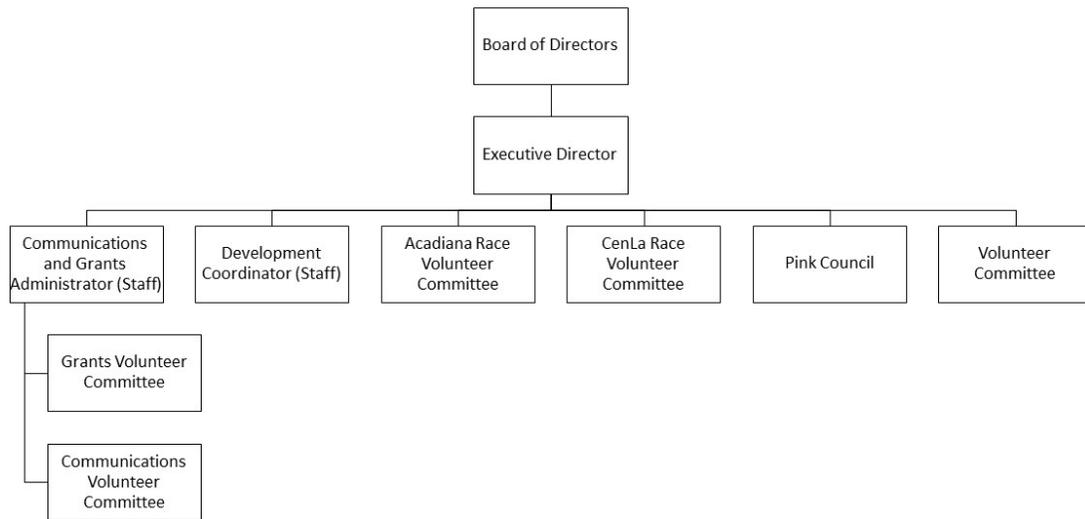


Figure 1.2. Komen Acadiana organization structure

The Pink Council is a committee made up of volunteers from the different parishes that make up the service area. This council will work to make sure to continue Komen educational messages in the community. The Race committees oversee the management of the two races in the Acadiana service area. The Central Louisiana Race for the Cure is held in October and Acadiana Race for the Cure is held in March of each year.

Affiliate Service Area

The Affiliate's service area is made up of two small regions within Louisiana (Figure 1.3). The first is the Acadiana region, with Lafayette as the hub, consisting of Acadia, Iberia, Lafayette, St. Landry, Evangeline, St. Martin and Vermilion Parishes. The second region is the Central Louisiana area, with Alexandria as the hub city, consisting of Grant, La Salle, Catahoula, Concordia, Vernon, Rapides and Avoyelles Parishes.

Population characteristics of Affiliate service areas

Acadia Parish

- Designated as low education, rural, medically underserved
- Total population of 58,861; 80.2 percent White and 19.2 percent Black/African-American
- Female population: 31,299
- Median household income is \$37,587
- 47 percent, aged 40-64, lives 250 percent below the poverty level
- 22 percent, aged 40-64, have no health insurance.
- 100 percent lives in medically underserved areas

Avoyelles Parish

- Designated low education, rural, medically underserved
- Total population of 42, 073; 67.1 percent White and 29.5 percent Black/African-American
- Female population: 21,025
- Median household income is \$33,942
- 51 percent ,aged 40-64, lives 250 percent below poverty level
- 22 percent have no health insurance
- 100 percent lives in medically underserved areas.

Catahoula Parish

- Designated low education, high poverty rates and high unemployment rates.
- Total population of 10,238; 66.8 percent White and 31.8 percent Black/African-American
- Female population: 4,981
- Median household income is \$ 36,165
- For individuals in the 40-64 age demographic, 49.0 percent lives below 250 percent of poverty level and 22.1 percent have no health insurance.
- 100 percent lives in medically underserved areas.

Concordia Parish

- Designated as having a high percentage of Blacks/African-Americans, lower education levels and high poverty rates.
- Total population of 20,442; 58.1 percent White and 40.4 percent Black/African-American
- Female population: 10,212
- Median household income is \$29,022
- For individuals in the 40-64 age demographic, 53 percent lives below 250 percent of poverty level and 24.9 percent have no health insurance.
- 100 percent lives in medically underserved areas.

Evangeline Parish

- Designated highly rural with lower education levels.
- Total population of 33,578; 69.6 percent White and 28.5 percent Black/African-American
- Female population of 17,099
- Median income is \$31,832
- For individuals in the 40-64 age demographic, 50.0 percent lives below 250 percent of poverty level and 20.1 percent has no health insurance.
- 100 percent live in medically underserved areas.

Grant Parish

- Designated as highly rural and medically underserved
- Total population of 22,030; 81.1 percent White and 15.7 percent Black/African-American
- Female population of 9,780

- For individuals in the 40-64 age demographic, 44.5 percent lives below 250 percent poverty level and 24.9 percent, has no health insurance.
- 100 percent live in medically underserved areas.

Iberia Parish

- Designated as having a high percentage of Blacks/African-Americans and medically underserved.
- Total population of 73,878; 62.9 percent White and 32.3 percent Black/African-American
- Female population of 37,623
- Median income is \$44,262
- For individuals in the 40-64 age demographic, 45.7 percent lives below the poverty rate.
- 23 percent, aged 40-64 have no health insurance.
- 100 percent lives in in medically underserved areas.

Lafayette Parish

- Designated as the metropolis or hub for outlying parishes to receive healthcare; partially medically underserved.
- Total population of 230,845; 70.4 percent White and 26.0 percent Black/African-American
- Female population of 110,667
- Median income is \$51,462
- For individuals in the 40-64 age demographic, 35.0 percent live below 250 percent of poverty level and 19.8 percent has no health insurance.
- 25 percent lives in medically underserved areas.

LaSalle Parish

- Designated as rural and medically underserved.
- Total Population of 14,777; 85.3 percent White and 12.3 percent Black/African-American
- Female Population of 7,145
- Median income is \$42,528
- For individuals in the 40-64 age demographic, 38 percent live below 250 percent poverty of level and 20.3 percent have no health insurance.
- 100 percent of LaSalle Parish Residents are considered to be in medically underserved areas.

Rapides Parish

- Designated as rural, low education and medically underserved.
- Total Population of 132,723; 64.1percent White and 32.0 percent Black/African-American
- Female population of 67,836
- Median income is \$40,930
- For individuals in the 40-64 age demographic, 43.9 percent lives below 250 percent of poverty level and 20.6 percent have no health insurance.

- 100 percent lives in medically underserved areas.

St. Landry Parish

- Designated as having a high percentage of Blacks/African-Americans, high poverty rates and rural.
- Total population of 83,454; 56.7 percent White and 41.3 percent Black/African-American
- Female population of 44,020
- Median income is \$35,503
- For individuals in the 40-64 age demographic, 51.0 percent lives below 250 percent of poverty level, 21.3 percent have no health insurance.
- 100 percent of St. Landry Parish Residents are considered to be in medically underserved areas.

St. Martin Parish

- Designated as rural and medically underserved
- Total population of 52,936; 66.7 percent White and 30.7 percent Black/African-American
- Female population of 26,268
- Median income is \$42,186
- For individuals in the 40-64 age demographic, 42.6 percent lives below 250 percent poverty level and 21.9 percent have no health insurance.
- 100 percent lives in in medically underserved areas.

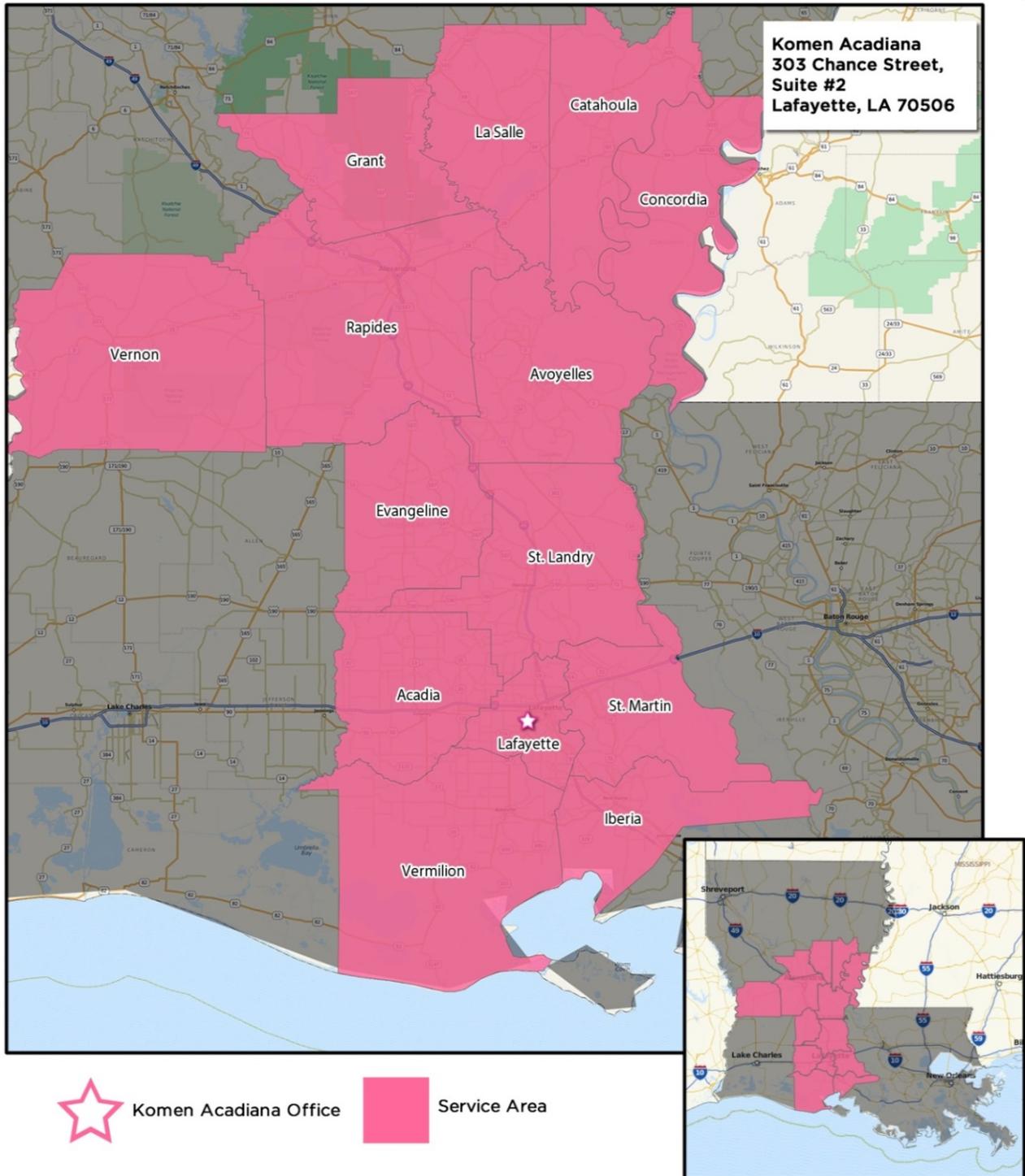
Vermillion Parish

- Designated as rural and underserved
- Total population of 59,253; 81.1 percent White and 14.8 percent Black/African-American
- Female population of 29,417
- Median income is \$44,665
- For individuals in the 40-64 age demographic, 40.0 percent lives below 250 percent poverty level and 21.6 percent have no health insurance.
- 100 percent lives in medically underserved areas.

Vernon Parish Residents

- Designated as rural and medically underserved
 - Total Population of 52,606; 77.8 percent White and 14.7 percent Black/African-American
 - Female population of 24,641
 - Median income is \$46,572
 - For individuals in the 40-64 age demographic, 41.9 percent lives below 250 percent poverty level and 21.7 percent have no health insurance.
- 100 percent lives in medically underserved areas.

KOMEN ACADIANA SERVICE AREA



*Affiliate expanded service area in 2016. Therefore, map does not include Allen, Beauregard, Calcasieu, Cameron and Jefferson Davis Parishes.

Figure 1.3. Susan G. Komen Acadiana service area

Purpose of the Community Profile Report

This Community Profile will help Komen Acadiana align its community outreach, grantmaking and public policy activities towards the Komen mission of empowering people, ensuring quality care for all and energizing science to find the cures.

The Community Profile allows the Affiliate to:

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

The Community Profile for Komen Acadiana will be shared with existing grantees, other health care systems on the Affiliate website, in social media, and through media opportunities. It will also be shared to state legislator during the legislative session surrounding Capital Day for the Cure. The Profile will also be shared through the service area through media outlets, (such as local newspapers, TV stations and social media), cancer coalitions, and community partners and other local resources.

The Affiliate will also create a summary flyer that will be used at speaking engagements, health fairs and during meeting. This summary will not only be handed out during these events but will help form the presentations and discussions.

The purpose of the Community Profile is to serve as a guide to the Affiliate in grantmaking, community outreach, and to developing strategic partnerships. The Community Profile will serve to identify by parish needs and resources available. It will also help identify areas where outreach opportunities though organizations and agencies already working in the community. Additionally, the Community Profile will help identify disparities and limited or no existing resources for breast health education, screening, treatment and survivor support.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

Quantitative Data Report

Introduction

The purpose of the quantitative data report for Susan G. Komen® Acadiana 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 Acadiana'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

Population Group	Incidence Rates and Trends				Death Rates and Trends			Late-stage Rates and Trends		
	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 Acadiana Service Area**	538,992	674	115.5	1.3%	122	25.3	NA	218	46.1	0.8%
White	308,485	419	116.5	1.5%	87	23.8	NA	156	44.1	0.2%
Black/African-American	125,573	128	113.4	0.8%	34	30.4	NA	61	53.5	1.9%
American Indian/Alaska Native (AIAN)	2,558	SN	SN	SN	SN	SN	SN	SN	SN	SN
Asian Pacific Islander (API)	5,396	SN	SN	SN	SN	SN	SN	SN	SN	SN
Non-Hispanic/ Latina	431,850	548	116.6	1.4%	122	25.5	NA	217	46.5	0.9%
Hispanic/ Latina	10,162	SN	SN	SN	SN	SN	SN	SN	SN	SN
Acadia Parish - LA	31,299	41	118.4	-9.6%	12	34.5	0.3%	16	47.1	-6.4%
Allen Parish, LA	11,348	12	94.3	20.7%	SN	SN	SN	5	43.3	2.0%
Avoyelles Parish - LA	21,025	23	91.9	13.9%	6	21.7	-0.9%	10	38.4	20.8%
Beauregard Parish, LA	17,212	23	118.8	1.4%	5	25.0	NA	11	55.5	2.8%
Calcasieu Parish-LA	96,979	124	115.8	-1.9%	25	23.8	-1.1%	47	44.3	-4.0%
Cameron Parish, LA	3,637	5	122.9	7.2%	SN	SN	SN	SN	SN	SN
Catahoula Parish - LA	4,981	7	101.0	-5.1%	SN	SN	SN	SN	SN	SN
Concordia Parish - LA	10,212	10	74.5	2.6%	4	29.4	-2.3%	SN	SN	SN
Evangeline Parish - LA	17,099	20	105.9	-4.4%	5	23.6	-0.2%	8	45.4	6.9%
Grant Parish - LA	9,780	10	89.7	-12.4%	SN	SN	SN	4	32.9	-6.9%
Iberia Parish - LA	37,623	52	129.9	7.8%	10	23.9	-1.1%	21	52.1	13.0%
Jefferson Davis Parish, LA	16,160	23	127.6	13.5%	4	19.7	-1.0%	9	51.5	15.4%
Lafayette Parish - LA	110,667	139	127.1	5.3%	28	25.2	-0.6%	53	48.6	1.2%
La Salle Parish - LA	7,145	9	107.9	-1.5%	SN	SN	SN	SN	SN	SN
Rapides Parish - LA	67,836	84	108.3	0.0%	19	23.5	-1.1%	36	47.6	0.9%
St. Landry Parish - LA	44,020	64	130.0	-3.9%	13	26.6	-0.7%	24	48.9	-6.2%
St. Martin Parish - LA	26,268	34	122.6	8.2%	7	24.9	-1.5%	16	58.9	3.7%
Vermillion Parish - LA	29,417	39	119.0	4.7%	7	22.8	-2.2%	14	44.2	-2.0%
Vernon Parish - LA	24,641	19	86.4	-11.0%	5	23.5	1.4%	8	35.5	-20.6%

*Target as of the writing of this report. NA – data not available

**Affiliate expanded their service area in 2016. Therefore, Affiliate service area data does not include the following counties: Allen, Beauregard, Calcasieu, Cameron and Jefferson Davis Parishes.

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) death 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 Acadiana 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 and trend of the Affiliate service area were not significantly different than that observed for the State of Louisiana.

For the United States, breast cancer incidence in Blacks/African-Americans is lower than in Whites overall. The most recent estimated breast cancer incidence rates for Asians and Pacific Islanders (APIs) and American Indians and Alaska Natives (AIANs) were lower than for Non-Hispanic/Latino Whites and Blacks/African-Americans. The most recent estimated incidence rates for Hispanics/Latinas were lower than for Non-Hispanic/Latino Whites and Blacks/African-Americans. For the Affiliate service area as a whole, the incidence rate was slightly lower 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.

The incidence rate was significantly lower in the following parishes:

- Avoyelles Parish
- Concordia Parish
- Vernon Parish

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

- Acadia Parish

The rest of the parishes had incidence rates and trends that were not significantly different than the Affiliate service area as a whole or did not have enough data available.

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 Acadiana 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/Latino Whites and Blacks/African-Americans. The most recent estimated death rates for Hispanics/Latinas were lower than for Non-Hispanic/Latino 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.

Late-stage incidence rates and trends summary

Overall, the breast cancer late-stage incidence rate in the Komen Acadiana 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.

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 Comprehensive Cancer Network	US Preventive Services Task Force
<p>Informed decision-making with a health care provider at age 40</p> <p>Mammography every year starting at age 45</p> <p>Mammography every other year beginning at age 55</p>	<p>Mammography every year starting at age 40</p>	<p>Informed decision-making with a health care provider ages 40-49</p> <p>Mammography every 2 years ages 50-74</p>

*As of October 2015

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. 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 Acadiana Service Area*	665	507	75.1%	70.2%-79.4%
White	518	387	74.6%	69.1%-79.5%
Black/African-American	128	106	80.0%	68.3%-88.1%
AIAN	SN	SN	SN	SN
API	SN	SN	SN	SN
Hispanic/ Latina	13	8	42.6%	12.6%-79.3%
Non-Hispanic/ Latina	651	498	75.9%	71.1%-80.2%
Acadia Parish - LA	53	42	82.5%	63.6%-92.7%
Allen Parish, LA	17	13	75.0%	36.8% : 93.9%
Avoyelles Parish - LA	108	77	72.8%	58.0%-83.8%
Beauregard Parish, LA	20	14	65.5%	36.4% : 86.3%
Calcasieu Parish, LA	97	78	80.0%	66.3% : 89.1%
Cameron Parish, LA	SN	SN	SN	SN
Catahoula Parish - LA	SN	SN	SN	SN
Concordia Parish - LA	109	79	75.2%	64.8%-83.2%
Evangeline Parish - LA	13	11	85.3%	41.7%-97.9%
Grant Parish - LA	13	10	48.4%	22.1%-75.5%
Iberia Parish - LA	51	37	51.9%	35.7%-67.7%
Jefferson Davis Parish, LA	105	83	80.7%	66.4% : 89.8%
Lafayette Parish - LA	90	75	84.6%	71.0%-92.5%
La Salle Parish - LA	13	8	66.2%	30.1%-89.9%
Rapides Parish - LA	80	61	74.9%	60.5%-85.4%

Population Group	# of Women Interviewed (Sample Size)	# w/ Self-Reported Mammogram	Proportion Screened (Weighted Average)	Confidence Interval of Proportion Screened
St. Landry Parish - LA	62	52	82.1%	66.0%-91.5%
St. Martin Parish - LA	22	17	84.9%	55.8%-96.2%
Vermilion Parish - LA	31	25	82.3%	57.1%-94.2%
Vernon Parish - LA	20	13	69.5%	36.4%-90.0%

*Affiliate expanded their service area in 2016. Therefore, Affiliate service area data does not include the following counties: Allen, Beauregard, Calcasieu, Cameron and Jefferson Davis Parishes.
 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 Acadiana 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. The screening proportion among Hispanics/Latinas was not significantly different than among Non-Hispanics/Latinas.

The following parish had a screening proportion **significantly lower** than the Affiliate service area as a whole:

- Iberia Parish

The remaining parishes had screening proportions that were not significantly different 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 and parishes. 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 Acadiana Service Area**	69.5 %	28.5 %	0.6 %	1.3 %	97.3 %	2.7 %	46.3 %	33.1 %	13.9 %
Acadia Parish - LA	80.2 %	19.2 %	0.3 %	0.3 %	98.5 %	1.5 %	46.9 %	33.6 %	14.7 %
Allen Parish, LA	76.0 %	20.0 %	3.1 %	0.8 %	98.3 %	1.7 %	48.9 %	36.2 %	16.9 %
Avoyelles Parish - LA	69.5 %	28.7 %	1.3 %	0.5 %	98.4 %	1.6 %	50.0 %	36.6 %	16.9 %
Beauregard Parish, LA	84.5 %	13.1 %	1.2 %	1.2 %	96.8 %	3.2 %	48.4 %	34.5 %	14.4 %
Calcasieu Parish, LA	72.0 %	26.3 %	0.5 %	1.2 %	97.5 %	2.5 %	46.9 %	34.0 %	14.3 %
Cameron Parish, LA	96.4 %	2.6 %	0.7 %	0.4 %	97.2 %	2.8 %	50.0 %	35.1 %	13.1 %
Catahoula Parish - LA	70.2 %	29.3 %	0.4 %	0.1 %	98.9 %	1.1 %	52.0 %	39.8 %	17.3 %
Concordia Parish - LA	58.3 %	41.1 %	0.4 %	0.3 %	99.1 %	0.9 %	50.6 %	38.2 %	16.9 %
Evangeline Parish - LA	70.2 %	29.0 %	0.3 %	0.5 %	98.6 %	1.4 %	47.6 %	33.8 %	15.0 %
Grant Parish - LA	87.1 %	11.7 %	1.0 %	0.3 %	98.3 %	1.7 %	48.9 %	35.4 %	15.3 %
Iberia Parish - LA	63.0 %	34.1 %	0.5 %	2.4 %	97.1 %	2.9 %	46.5 %	32.8 %	13.4 %
Jefferson Davis Parish, LA	81.0 %	18.1 %	0.6 %	0.3 %	98.5 %	1.5 %	49.4 %	36.1 %	15.9 %
Lafayette Parish - LA	70.5 %	27.4 %	0.4 %	1.6 %	96.5 %	3.5 %	43.7 %	30.6 %	11.8 %
La Salle Parish - LA	88.3 %	10.3 %	1.2 %	0.2 %	98.6 %	1.4 %	50.3 %	37.5 %	17.2 %
Rapides Parish - LA	64.5 %	33.2 %	0.9 %	1.4 %	97.7 %	2.3 %	48.3 %	35.0 %	15.4 %
St. Landry Parish - LA	56.0 %	43.2 %	0.4 %	0.5 %	98.4 %	1.6 %	48.0 %	35.0 %	15.4 %
St. Martin Parish - LA	66.1 %	32.5 %	0.5 %	0.9 %	97.9 %	2.1 %	47.1 %	33.1 %	13.1 %
Vermilion Parish - LA	82.3 %	15.3 %	0.4 %	2.0 %	97.4 %	2.6 %	47.4 %	33.7 %	14.3 %
Vernon Parish - LA	78.7 %	16.2 %	1.8 %	3.3 %	92.8 %	7.2 %	38.1 %	26.7 %	10.9 %

*Data are for 2011.

**Affiliate expanded their service area in 2016. Therefore, Affiliate service area data does not include the following counties: Allen, Beauregard, Calcasieu, Cameron and Jefferson Davis Parishes.

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	Linguistically Isolated	In Rural Areas	In Medically Underserved 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 Acadiana Service Area*	21.9 %	19.3 %	43.1 %	7.3 %	2.5 %	2.2 %	38.9 %	81.2 %	21.2 %
Acadia Parish - LA	29.1 %	20.2 %	47.0 %	8.3 %	1.0 %	2.4 %	51.7 %	100.0 %	21.5 %
Allen Parish, LA	26.8 %	16.8 %	47.2 %	7.0 %	3.8 %	0.3 %	69.4 %	100.0 %	22.9 %
Avoyelles Parish - LA	29.8 %	23.9 %	51.4 %	9.6 %	0.8 %	1.9 %	63.8 %	100.0 %	22.1 %
Beauregard Parish, LA	16.3 %	14.3 %	40.4 %	7.8 %	1.8 %	0.2 %	66.5 %	100.0 %	21.2 %
Calcasieu Parish, LA	17.2 %	17.1 %	39.9 %	8.0 %	2.2 %	0.9 %	20.5 %	41.3 %	20.9 %
Cameron Parish, LA	19.9 %	9.5 %	30.0 %	4.8 %	0.4 %	2.4 %	100.0 %	100.0 %	18.9 %
Catahoula Parish - LA	32.0 %	25.9 %	49.0 %	13.3 %	0.5 %	0.8 %	100.0 %	100.0 %	25.0 %
Concordia Parish - LA	29.1 %	31.4 %	53.6 %	19.0 %	0.9 %	0.4 %	33.5 %	100.0 %	24.9 %
Evangeline Parish - LA	32.5 %	21.5 %	50.0 %	6.4 %	2.3 %	2.9 %	61.1 %	100.0 %	20.1 %
Grant Parish - LA	22.9 %	16.4 %	44.5 %	8.3 %	2.9 %	0.0 %	85.6 %	100.0 %	22.2 %
Iberia Parish - LA	24.0 %	20.3 %	45.7 %	7.8 %	3.1 %	2.2 %	28.1 %	100.0 %	23.0 %
Jefferson Davis Parish, LA	23.2 %	17.4 %	41.3 %	9.0 %	0.7 %	2.9 %	50.7 %	100.0 %	22.3 %
Lafayette Parish - LA	15.4 %	16.1 %	35.2 %	5.8 %	4.0 %	2.4 %	8.3 %	25.4 %	19.8 %
La Salle Parish - LA	20.6 %	12.3 %	38.0 %	5.5 %	1.3 %	0.4 %	73.2 %	100.0 %	20.3 %
Rapides Parish - LA	18.2 %	18.8 %	43.9 %	7.6 %	2.3 %	0.7 %	39.5 %	100.0 %	20.6 %
St. Landry Parish - LA	25.8 %	27.4 %	51.0 %	6.0 %	0.8 %	3.7 %	48.2 %	100.0 %	21.3 %
St. Martin Parish - LA	25.4 %	18.1 %	42.6 %	8.0 %	1.5 %	3.8 %	49.6 %	100.0 %	21.9 %
Vermilion Parish - LA	24.4 %	17.8 %	40.0 %	5.9 %	2.8 %	3.9 %	54.6 %	100.0 %	21.6 %
Vernon Parish - LA	15.2 %	14.0 %	41.9 %	7.4 %	3.6 %	1.0 %	49.9 %	100.0 %	21.7 %

*Affiliate expanded their service area in 2016. Therefore, Affiliate service area data does not include the following counties: Allen, Beauregard, Calcasieu, Cameron and Jefferson Davis Parishes.

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 Acadiana 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 slightly younger than that of the US as a whole. The Affiliate's education level is substantially lower than and income level is substantially lower than those of the US as a whole. There are a slightly smaller 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 slightly smaller percentage of people who are linguistically isolated. There are a substantially larger percentage of people living in rural areas, a 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:

- Concordia Parish
- Iberia Parish
- St. Landry Parish

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

- Acadia Parish
- Allen Parish
- Avoyelles Parish
- Catahoula Parish
- Concordia Parish
- Evangeline Parish

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

- Catahoula Parish
- Concordia Parish
- St. Landry Parish

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

- Catahoula Parish
- Concordia 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: 20.6 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 parishes in the Komen Acadiana 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.

Parishes are classified as follows (Table 2.6):

- Parishes that are not likely to achieve either of the HP2020 targets are considered to have the highest needs.
- Parishes that have already achieved both targets are considered to have the lowest needs.
- Other parishes 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				
		13 years or longer	7-12 yrs.	0 – 6 yrs.	Currently meets target	Unknown
Time to Achieve Death Rate Reduction Target	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 parishes have the greatest needs when it comes to meeting the HP2020 breast cancer targets.

- For parishes in the “13 years or longer” category, current trends would need to change to achieve the target.
- Some parishes 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 proportions and key breast cancer death determinants such as poverty and linguistic isolation.

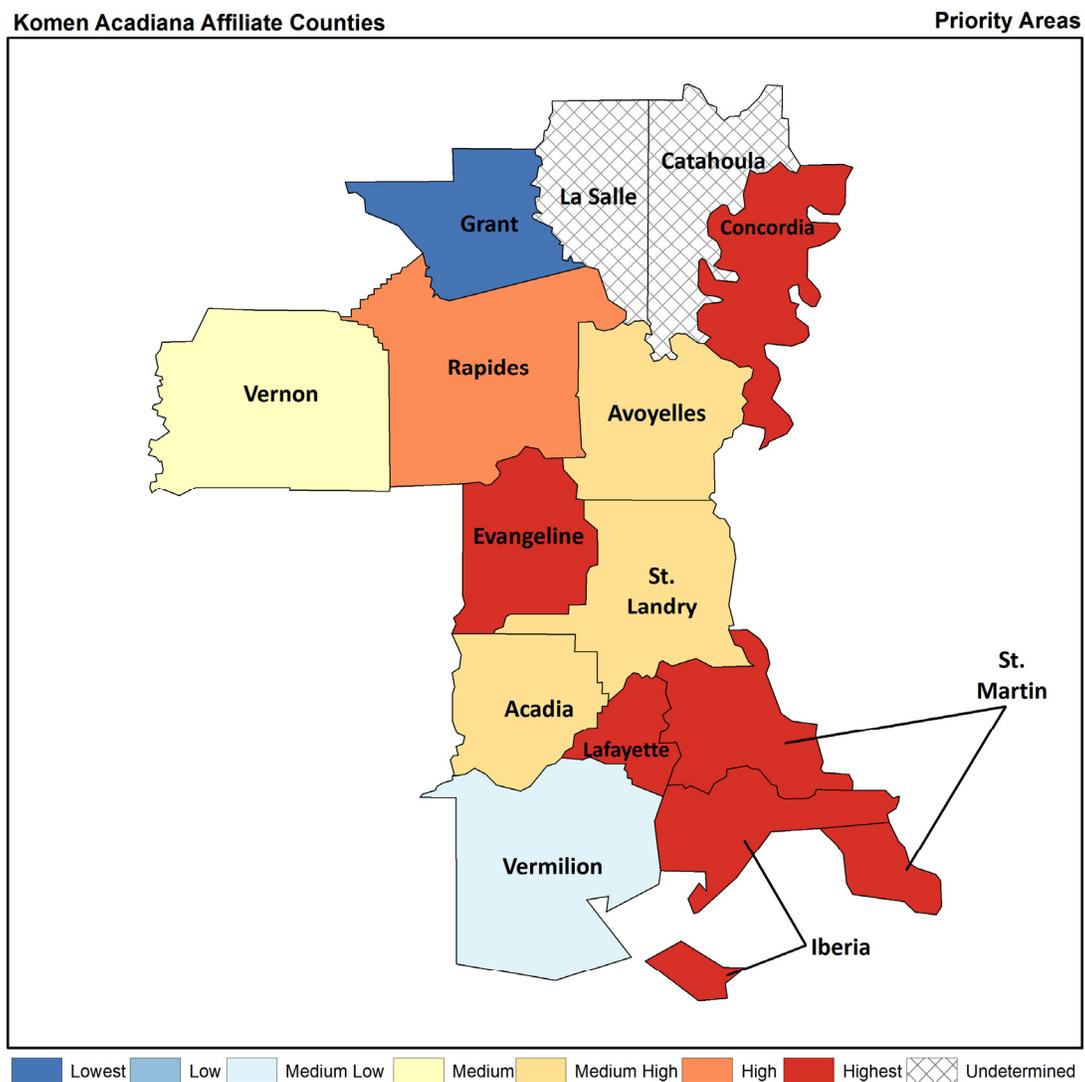
Table 2.7. Intervention priorities for Komen Acadiana service area with predicted time to achieve the HP2020 breast cancer targets and key population characteristics

Parish	Priority	Predicted Time to Achieve Death Rate Target	Predicted Time to Achieve Late-stage Incidence Target	Key Population Characteristics
Allen Parish, LA	Highest	SN	13 years or longer	Education, rural, medically underserved
Beauregard Parish, LA	Highest	NA	13 years or longer	Rural, medically underserved
Concordia Parish - LA	Highest	13 years or longer	SN	%Black/African-American, education, poverty, employment, medically underserved
Evangeline Parish - LA	Highest	13 years or longer	13 years or longer	Education, rural, medically underserved
Iberia Parish - LA	Highest	13 years or longer	13 years or longer	%Black/African-American, medically underserved
Lafayette Parish - LA	Highest	13 years or longer	13 years or longer	
St. Martin Parish - LA	Highest	13 years or longer	13 years or longer	Rural, medically underserved
Rapides Parish - LA	High	12 years	13 years or longer	Medically underserved
Acadia Parish - LA	Medium High	13 years or longer	3 years	Education, rural, medically underserved
Avoyelles Parish - LA	Medium High	6 years	13 years or longer	Education, rural, medically underserved
Calcasieu Parish, LA	Medium High	13 years or longer	2 years	
St. Landry Parish - LA	Medium High	13 years or longer	3 years	%Black/African-American, poverty, rural, medically underserved
Jefferson Davis Parish, LA	Medium	Currently meets target	13 years or longer	Rural, medically underserved
Vernon Parish - LA	Medium	13 years or longer	Currently meets target	Rural, medically underserved
Vermilion Parish - LA	Medium Low	5 years	4 years	Rural, medically underserved
Grant Parish - LA	Lowest	SN	Currently meets target	Rural, medically underserved
Cameron Parish, LA	Undetermined	SN	SN	Rural, medically underserved
Catahoula Parish - LA	Undetermined	SN	SN	Education, poverty, employment, rural, medically underserved
La Salle Parish - LA	Undetermined	SN	SN	Rural, medically underserved

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 parishes in the Affiliate service area. When both of the indicators used to establish a priority for a parish are not available, the priority is shown as “undetermined” on the map.



*Affiliate expanded service area in 2016. Therefore, map does not include Allen, Beauregard, Calcasieu, Cameron and Jefferson Davis Parishes.

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

Five parishes in the Komen Acadiana service area are in the highest priority category. Four of the five, Evangeline Parish, Iberia Parish, Lafayette Parish and St. Martin Parish, are not likely to meet either the death rate or late-stage incidence rate HP2020 targets. One of the five, Concordia Parish is not likely to meet the death rate HP2020 target. The screening percentage in Iberia Parish (52.0 percent) is significantly lower than the Affiliate service area as a whole (75.0 percent). Concordia Parish has a relatively large Black/African-American population, low education levels, high poverty rates and high unemployment. Evangeline Parish has low education levels. Iberia Parish has a relatively large Black/African-American population.

High priority areas

One parish in the Komen Acadiana service area is in the high priority category. Rapides Parish is not likely to meet the late-stage incidence rate HP2020 target. Although not significantly different from the Affiliate as a whole, late-stage incidence trends in Rapides Parish (0.9 percent per year) indicate that late-stage incidence rates may be increasing.

Selection of Target Communities

In order to be the most efficient stewards of resources, Komen Acadiana has chosen five target communities within the service area. The Affiliate will focus strategic efforts on these target communities over the course of the next five years. Target communities are those communities that 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 government initiative that provides specific health objectives for communities and the country as a whole. Specific to Komen Acadiana's work, goals around reducing women's death rate from breast cancer and reducing the number of breast cancers found at a late-stage were analyzed.

Through this review, areas of priority were identified based on the time needed to meet Healthy People 2020 targets for breast cancer.

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

- Incidence rates and trends
- Death rates and trends
- Late-stage rates and trends
- Below average screening proportions
- Residents living below poverty level
- Residents living without health insurance
- Unemployment rates
- Residents who are linguistically isolated and/or foreign born

The selected target communities are all in the highest priority category:

- Concordia Parish, Louisiana
- Lafayette Parish, Louisiana
- Iberia Parish, Louisiana
- Evangeline Parish, Louisiana
- St. Martin Parish, Louisiana

Concordia Parish

Concordia Parish borders the Mississippi River in eastern Louisiana and is considered to be a highly rural area. Concordia Parish has been chosen due to its unique population demographics, identification as a medically underserved community, having lower income levels, lower education levels, high poverty rates, and high unemployment. While the current incidence rate in Concordia Parish has increased 2.6 percent annually, there is a likelihood that female breast cancer occurred less frequently among women in the parish than among those in the Affiliate as a whole (Table 2.8). However, data for late-stage rates and trends has been suppressed due to small population size.

Table 2.8. Concordia Parish age-adjusted breast cancer statistics

	Concordia Parish	Affiliate Service Area	US Rate
Incidence Rates (per 100,000 women)	74.5	115.5	122.1
Death Rates (per 100,000 women)	29.4	25.3	22.6
Late-stage Rates (per 100,000 women)	SN	46.1	43.8
Proportion Screened (Weighted Average)	75.2%	75.1%	77.5%

Although the demographic makeup of this region's female residents is primarily White, according to the US Census Bureau forty-one percent of the population is composed of Black/African-American women. Unfortunately, the last two decades have seen a large increase in both late-stage incidence and higher death rates for this group of women. For the United States, breast cancer death rates in African-Americans are substantially higher than in White women overall. For the Affiliate service area as a whole, the death rate was higher among Black/African-Americans than White.

Socioeconomic characteristics of the region raise potential concerns about accessibility to affordable breast health care. Concordia Parish has a very high percentage of residents living below 250 percent poverty. Additionally, Concordia Parish is considered to be in a medically underserved area compounding potential barriers to breast health care. Currently, there are no providers in this region that participate in the Louisiana Breast and Cervical Cancer Early Detection Program. The health systems analysis component of this report will take a deeper look at the available breast health services in the region. Due to the region's rural nature and one county being designated as medically underserved, it is vitally important to gain a clearer understanding of how accessible breast health services are in the region.

Lafayette Parish

Lafayette Parish is in the immediate metropolitan area of Komen Acadiana and is a high priority parish in regards to meeting the Healthy People 2020 goals. Lafayette Parish has been chosen as a target community due to rates and trends regarding breast cancer deaths, as well as the rates of breast cancer incidence and late-stage diagnosis. Additionally, Lafayette Parish residents reflect a diverse population with many women being diagnosed with late-stage and/or more aggressive types of breast cancer, which is known to contribute to poorer prognosis. Finally, compared to the United State average, more residents in this parish are living below the 250 percent poverty level, have higher unemployment rates, and are less likely to have health insurance making affordable access to breast health care potentially difficult.

Lafayette Parish has the largest female population of any parish in the Affiliate service area and represents 25 percent of the service area's total female population. Currently, the female population in Lafayette Parish is 110,667 and is more diverse than any other selected parishes. For instance, 27.4 percent of females in the parish are African-American. This is substantially higher than the United States average. Additionally, 3.5 percent are Hispanic/Latina. Data for Lafayette Parish show the breast cancer late-stage diagnosis rate is currently higher than both the United States and the Affiliate service area's rates for those indicators (Table 2.9). In addition, the death rate is higher than that of the United States. However, Lafayette Parish's death rate is -0.6 percent less indicating a decline in deaths from breast cancer from previous years.

Table 2.9. Lafayette Parish age-adjusted breast cancer statistics

	Lafayette Parish	Affiliate Service Area	US Rate
Incidence Rates (per 100,000 women)	127.1	115.5	122.1
Death Rates (per 100,000 women)	25.2	25.3	22.6
Late-stage Rates (per 100,000 women)	48.6	46.1	43.8
Proportion Screened (Weighted Average)	84.6%	75.1%	77.5%

The increasing trend of incidence rate within Lafayette Parish may or may not correlate with a high proportion of women (ages 50-74) who reported obtaining a screening mammogram in the last two years. However, the increasing trend of late-stage diagnosis is concerning. This suggests likelihood that more women will be diagnosed at a late-stage. Late-stage diagnosis complicates treatment and can lead to a poorer prognosis for survival. On the plus side, Lafayette Parish women (ages 50-74) self-reported obtaining a screening mammogram within the last two years at a higher rate than the Affiliate service area and the United States. The increase in incidence rates may be correlated to the above average mammography screening percentage in Lafayette Parish.

A health systems review will analyze the availability of services in Lafayette Parish, most of which are offered within the immediate metropolitan area. However, some parish residents residing outside of Lafayette are not able or prefer not to make the trip to Lafayette where many no/low cost breast health services are available.

Iberia Parish

Iberia Parish is part of the New Iberia Micropolitan Statistical Area as well as the Lafayette–Acadiana Combined Statistical Area and is considered to be a semi-rural parish. The female population of Iberia Parish is 37,623, with 63 percent being White, 34.1 percent Black/African-American and 2.9 percent Hispanic/Latina. Iberia Parish has been selected as a target community for a number of different reasons. As a medically underserved area, Iberia Parish has one of the highest rates of late-stage breast cancer diagnosis among all 14 parishes within the Affiliates service area. In addition, Iberia Parish has breast cancer incidence rates that are higher than both the United States and Komen Acadiana Service area averages with trends indicating that these rates are increasing (Table 2.10). Also problematic, female breast cancer screening occurred less frequent among the parish residents than among Affiliate women in general. Among women interviewed, only 51.9 percent self-reported having a mammogram in the last 2 years. Consequently, Iberia Parish has also been identified as a high priority parish due to the amount of time needed to meet the Healthy People 2020 goals.

Table 2.10. Iberia Parish age-adjusted breast cancer statistics

	Iberia Parish	Affiliate Service Area	US Rate
Incidence Rates (per 100,000 women)	129.9	115.5	122.1
Death Rates (per 100,000 women)	23.9	25.3	22.6
Late-stage Rates (per 100,000 women)	52.1	46.1	43.8
Proportion Screened (Weighted Average)	51.9%	75.1%	77.5%

Over the last four years Iberia Parish has experienced an annual incidence trend of 7.8 percent. To exacerbate this issue further, the proportion of women (ages 50-74) who self-reported obtaining a screening mammogram in the last 2 years is 51.9 percent, which is significantly lower than the United States and service area averages. Furthermore, Iberia Parish has maintained an alarming 13 percent trend for late-stage diagnosis, which suggests likelihood that more women will be diagnosed at a late-stage in the coming years. Late-stage diagnosis complicates treatment and can lead to a poorer prognosis for survival. With a screening percentage in Iberia Parish significantly lower than the United States and service area averages, it is possible women are experiencing barriers to receiving mammography screening. Review of available breast health services in Iberia Parish is crucial. Many residents still live in rural areas and may not have easy access to health centers.

St. Martin Parish

Located in south Louisiana, St. Martin Parish was selected as a target community due to its rural location, socioeconomic status of residents, increasing trend of annual incidence rate, high death rates, and high late-stage rates. St. Martin Parish statistics were higher than the US average for both death and late-stage diagnosis (Table 2.11). St. Martin Parish was also selected as a high priority parish due to the amount of time needed to meet the Healthy People 2020 goals.

Table 2.11. St. Martin Parish age-adjusted breast cancer statistics

	St. Martin Parish	Affiliate Service Area	US Rate
Incidence Rates (per 100,000 women)	122.6	115.5	122.1
Death Rates (per 100,000 women)	24.9	25.3	22.6
Late-stage Rates (per 100,000 women)	58.9	46.1	43.8
Proportion Screened (Weighted Average)	84.9%	75.1%	77.5%

Among the 52,000 residents living in St. Martin Parish, 49.6 percent live in rural areas. Although rural minorities have been particularly disadvantaged with regards to the accessibility of breast health services (Agency for Healthcare Research and Quality, 2005), 84.9 percent of women (ages 50-74) self-reported obtaining a screening mammogram within the last two years. The incidence trend from 2006-2010 is 8.2 percent which may or may not correlate to a high mammography screening percentage within the parish. Additionally, 42.6 percent of the population (ages: 40-64) live below 250 percent poverty hindering the accessibility to affordable breast health services for that segment of the population.

A health systems analysis will review the number of affordable breast health service providers within St. Martin Parish to gain a better understanding of the types of services that are available to residents in this area. Furthermore, providers will be surveyed to identify the gaps in the present continuum of care for breast cancer patients residing in St. Martin Parish.

Evangeline Parish

Evangeline Parish was selected based on a combination of factors such as; socioeconomic statistics, geographical location, high death rates, high late-stage diagnosis trends, and the probability of Evangeline Parish not being able to meet Healthy People 2020 goals. Presently 61 percent of the Evangeline Parish population live in rural areas with 50 percent of the population living below 250 percent poverty income (Age: 40-64). Socioeconomic characteristics of Evangeline Parish indicate a potential concern about women’s access to affordable breast health care. Additionally, Evangeline Parish is considered to be in a medically underserved area compounding potential barriers to breast health care.

Table 2.12. Evangeline Parish age-adjusted breast cancer statistics

	Evangeline Parish	Affiliate Service Area	US Rate
Incidence Rates (per 100,000 women)	105.9	115.5	122.1
Death Rates (per 100,000 women)	23.6	25.3	22.6
Late-stage Rates (per 100,000 women)	45.4	46.1	43.8
Proportion Screened (Weighted Average)	85.3%	75.1%	77.5%

Of the 17,099 women living in Evangeline Parish, 33.8 percent of them are reported to be between the ages of 50-74. This translates to roughly 5,779 women. The proportion of women who self-reported obtaining a screening mammogram is 85.3 percent. However, the Affiliate recognizes that only 13 women were interviewed, and thus this percentage is not an accurate representation of the population. Partnering with local breast health providers, the Affiliate will direct efforts to determine an accurate representation of women (ages 50-74) who have received a mammogram within the last two years.

Increasing early cancer detection, promoting healthy lifestyles, and expanding access to health care can help to reduce inequalities in cancer among groups at greatest risk. The health systems analysis component of this report will take an in depth look at available breast health services in Evangeline Parish. Due to the parish's rural nature and being designated as medically underserved, it is vitally important to gain a clearer understanding of what types of breast health services are available and how accessible breast health services are in the parish.

Health Systems and Public Policy Analysis

Health Systems Analysis Data Sources

Susan G. Komen Acadiana Community Profile Team collected health systems analysis data for the following target communities: Iberia Parish, Lafayette Parish, St. Martin Parish, Evangeline Parish, and Concordia Parish. The following list of online resources were used to create a comprehensive list of all breast health service providers within each target community.

- Mammogram Centers: <http://www.accessdata.fda.gov>
- Hospitals: <https://data.medicare.gov/Hospital-Compare>
- Local Health Departments: <http://www.naccho.org/about/lhd/>
- Community Health Centers: http://findahealthcenter.hrsa.gov/Search_HCC.aspx
- Free Clinics: <http://www.nafclinics.org/clinics/search>
- Internet Search Engines: www.google.com, www.bing.com

The Community Profile Team then contacted each provider to find out what services and programs they offer with regards to breast health and to establish a dedicated contact person to facilitate potential partnerships in the future and to strengthen the impact within their community. In addition, the following online resources were used to search for and indicate whether providers listed in the HSA template had obtained certification or accreditation by the following organizations.

- American College of Surgeons Commission on Cancer
http://datalinks.facs.org/cpm/CPMAApprovedHospitals_Search.htm
- American College of Radiology Centers of Excellence
<http://www.acr.org/Quality-Safety/Accreditation>
- American College of Surgeons National Accreditation Program for Breast Centers
<http://napbc-breast.org/resources/find.html>
- National Cancer Institute Designated Cancer Centers
<http://www.cancer.gov/researchandfunding/extramural/cancercenters>

Health Systems Overview

Komen Acadiana utilized the breast cancer continuum of care model to examine each target community's available services and programs to determine how to better invest the Affiliate's resources to increase access to care (Figure 3.1). The breast cancer continuum of care model assists in the identification of gaps in service availability as well as barriers patients may be faced with. The continuum of care model is a vital component to understanding what prevents patients from receiving breast health services so that the Affiliate can begin to address these challenges. The breast cancer continuum consists of the following stages: screening, diagnosis, treatment and follow-up care, and can also include education, survivorship, and/or end-of-life care.

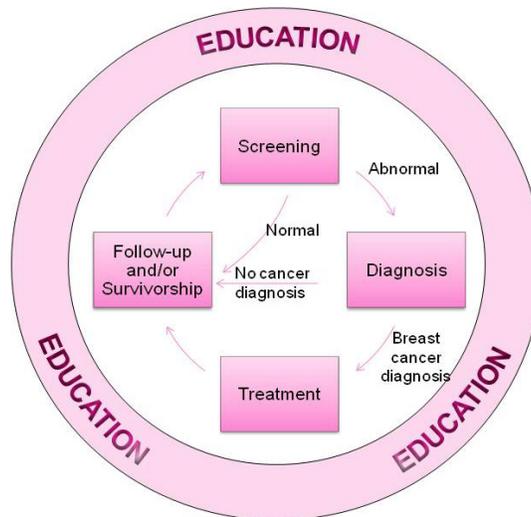


Figure 3.1. Breast Cancer Continuum of Care (CoC)

Screening: Breast Cancer screening is often the point of entry into the continuum of care. Because screening tests can detect cancer early, when it’s most treatable, getting screened regularly for breast cancer is the best way for women to lower their risk of dying from the disease.

Diagnosis: If a mammogram or clinical breast exam reveals an abnormality, a women’s health care provider may recommend follow-up diagnostic tests. It is important that women receive timely follow-up tests after an abnormal screening result. If further testing reveals that the abnormality is not cancer, the woman should continue to follow screening guidelines.

Treatment: If breast cancer is diagnosed, a woman will enter the treatment phase of the continuum, working with her healthcare providers to determine the best treatment plan.

Follow-up Care: Following treatment a woman will enter the follow-up phase of the continuum during which time her health care providers will recommend regular screening tests and follow-up visits to keep track of her recovery and quality of life, manage side effects, and, if cancer reoccurs, detect it early.

Health Systems Overview

Komen Acadiana’s Community Profile Team conducted an in-depth health systems analysis for each selected target community. Following the continuum of care model, the Community Profile Team assessed what services and programs are currently available within each target community in an effort to identify the strengths and weaknesses of each corresponding health system. In addition, the team reviewed recently published community health needs assessments (CHNA) from non-profit hospitals within each community to further understand these issues. A summary of key mission related partnerships currently in place, as well as potential new partnerships or collaboration opportunities is provided to describe the Affiliates position in addressing the challenges facing each community.

Lafayette Parish

Lafayette Parish encompasses both urban and rural areas known as the “Acadiana Region.” However, the broader Acadiana Region is much more rural in nature leaving numerous smaller municipalities without access to preventative care. After reviewing available breast health providers in the parish it was found that the majority are located within the city of Lafayette (Figure 3.2). With a female population of 110,667, not including those whom travel from outside the parish to seek care currently unavailable to them, Lafayette Parish is faced with an ever increasing need for breast health services. Currently there are no surgeons in Lafayette that accept Medicaid. Women with Medicaid, who are diagnosed with breast cancer are referred to University Medical Center. Furthermore, very few free clinics exists which means that women without insurance have limited access to breast screening services.

According to the community health needs assessment conducted by Our Lady of Lourdes Regional Medical Center’s (OLOLRMC), the area that is most underserved is North Lafayette, specifically within the 70501 zip code. Services currently available to this portion of the parish are very limited. Currently there are no providers in the 70501 zip code that participate in the Louisiana Breast and Cervical Cancer Program (LCBBP). However, free screening services are offered at the Lafayette Community Health Care Clinic to patients whom are uninsured and currently employed. Residents in this area who are both uninsured and unemployed are able to receive a clinical breast exam at St. Bernadette Community Clinic.

To foster the development and improvement of breast health programs within the Lafayette community, Komen Acadiana works to strengthen existing and potential partnerships through provider education of local breast health disparities and current grant opportunities. The Affiliate currently collaborates with the following key mission partners to improve breast health outcomes within the Lafayette community:

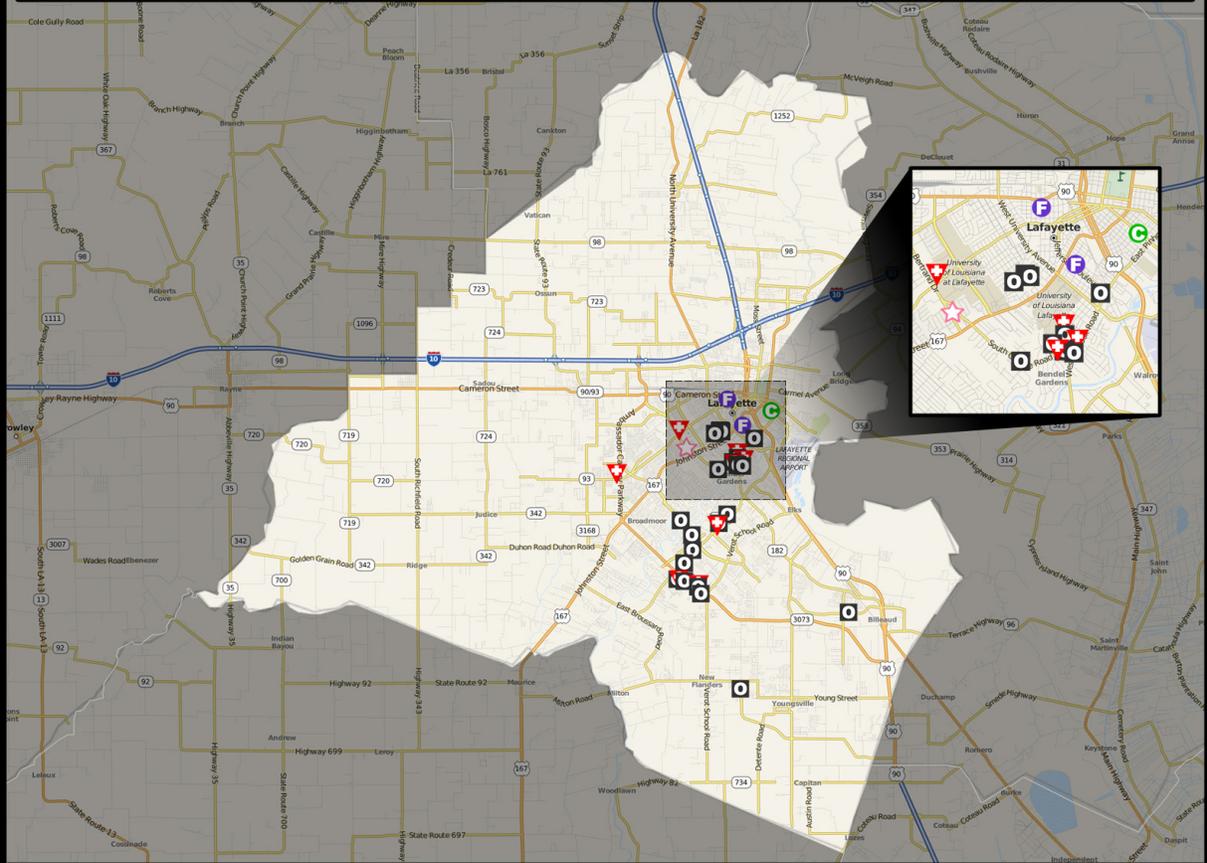
Breast Center of Acadiana Foundation – Provides education related to early detection and compliance with screening mammography to women in Acadiana.

Lafayette Community Health Care Center - Provides breast imaging procedures for low income, working, uninsured residents in north Lafayette (70501 zip code).

Miles Perret Cancer Services – Improves access to treatment by providing gas cards to facilitate breast cancer patients getting to treatment appointments currently there are only three providers who offer screening services in the 70501 zip code. The Affiliate has partnered with the Lafayette Community Health Care Clinic by offering financial assistance through the Affiliate’s grant program. The Affiliate plans to establish partnerships with the remaining two providers in this area. The Surrey Street Community Health Center is affiliated with the Iberia Comprehensive Community Health Center (ICCHC), one of two grant recipients in Iberia Parish. Collaborating with ICCHC, the Affiliate endeavors to partner with the Surrey Street Community Health Center by informing them of current grant opportunities and by providing educational materials for their patients. Previously a grant recipient, the St. Bernadette Clinic has chosen not to participate in the grant program. The Affiliate will still continue to show support by supplying educational materials and inviting St. Bernadette Clinic to monthly medical council meetings.

Lafayette Parish

 Hospital	 Community Health Center	 Other
 Free Clinic	 Department of Health	 Affiliate Office



Statistics

Total Locations in Region: 40

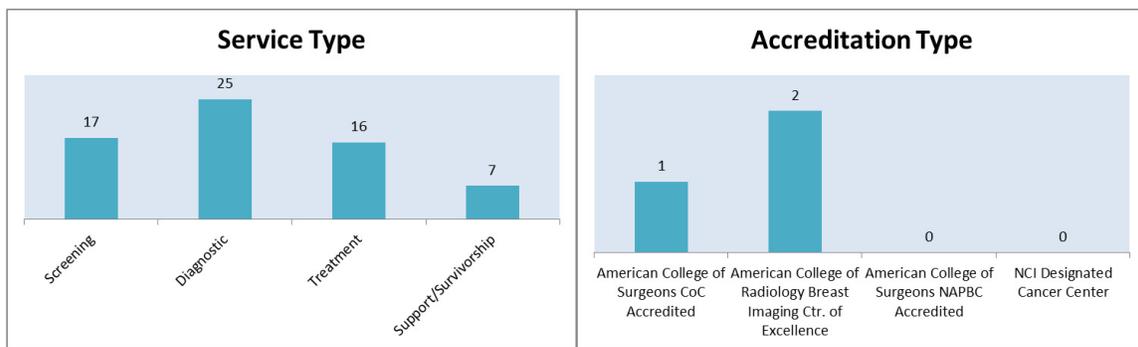


Figure 3.2. Breast cancer services available in Lafayette Parish

Iberia Parish

The total female population in Iberia Parish is 37,623 with 43.7 percent of the women being 40 years old or above. Nearly half of the women in this age group have an income below 250 percent poverty and 23 percent are without insurance. After reviewing existing programs and services within Iberia Parish, it was found that Iberia Parish has an overall shortage of breast health providers (Figure 3.3). This means that in every stage of the continuum of care, there exists too few providers to meet the needs of the women living in this community.

Transportation is another barrier preventing patients from gaining access to care. Additional qualitative data reveal that roughly half of the female population self-reported receiving a breast exam in the last two years. The Community Profile Team believes that a lack of affordable screening services, combined with a lack of breast health education and provider involvement have led to poor patient outcomes and directly contribute to the parish's 13 percentage late-stage diagnosis trend. Iberia Parish currently has two grant recipients offering breast health services within the community:

Breast Center of Acadiana - Provides education related to early detection and compliance with screening mammography to women in Acadiana and provides screening mammograms for uninsured women in the Acadiana area.

Iberia Comprehensive Community Health Center - Non-profit, community owned health care provider offering affordable primary care and preventive services at discounted rates, based on income and family size, to low income, uninsured or under insured persons.

In striving to improve breast health outcomes within Iberia Parish, the Affiliate plans to establish a local coalition of nurse practitioners, to increase educational awareness and encourage local providers to become more involved in addressing the breast health needs of the community. Additionally, each nurse will serve as liaison between the provider and Komen Acadiana to facilitate information regarding current grant opportunities and to distribute educational materials at each facility.

Iberia Parish



Hospital



Community Health Center



Other



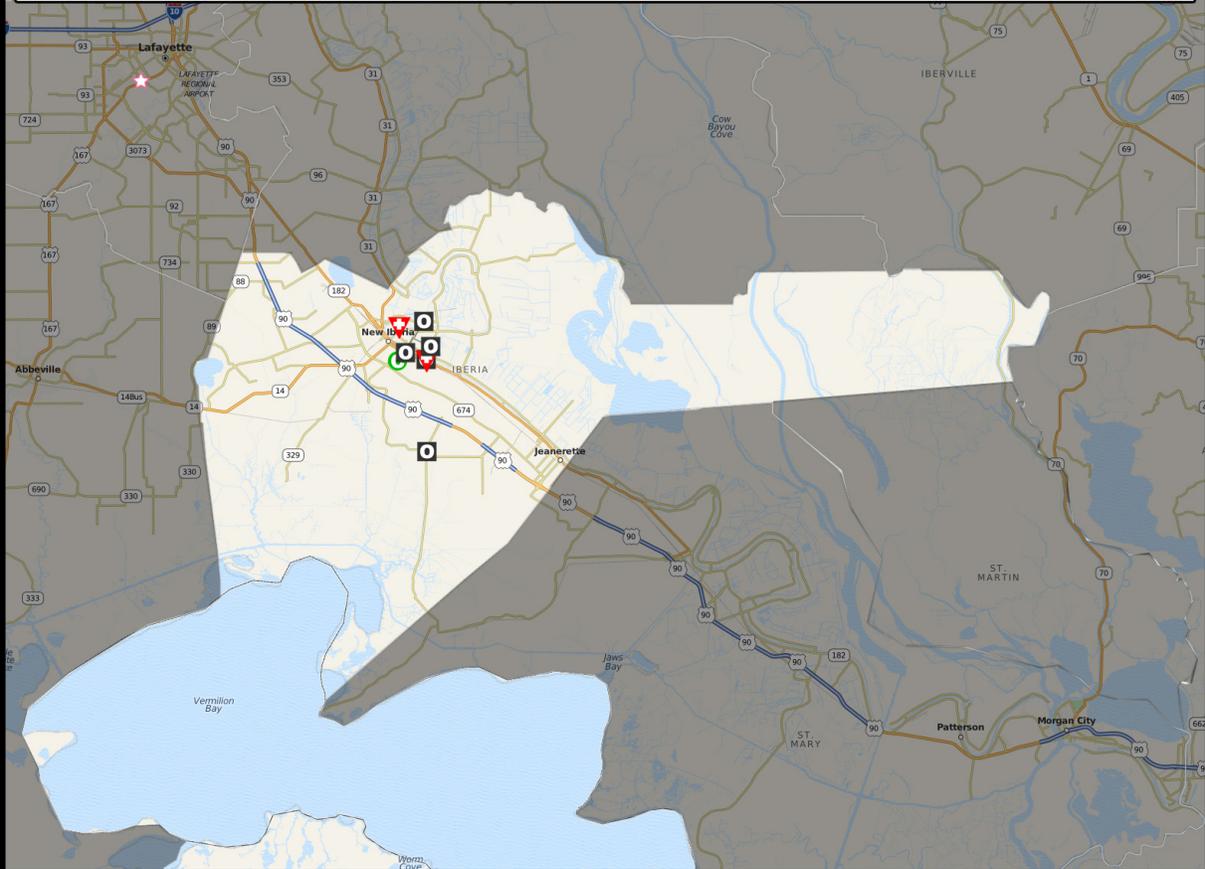
Free Clinic



Department of Health



Affiliate Office



Statistics

Total Locations in Region: 8

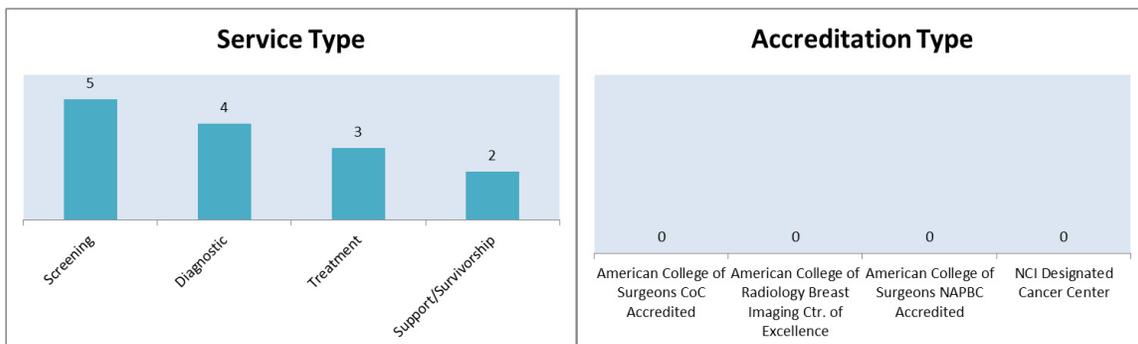


Figure 3.3. Breast cancer services available in Iberia Parish

St. Martin Parish

There is a shortage of primary and specialty care physicians in the community, particularly in pediatrics and oncology and only a limited number of physicians accept Medicare and Medicaid (Figure 3.4). To compound the problem, there has been a reduction of services provided at health care units. Thus individuals in the community are faced with barriers to accessing care and are forced to commute to Iberia Parish or Lafayette Parish to seek care.

Currently, St. Martin Hospital provides a resource directory for all patients being discharged. The hospital is in the process of creating a marketing campaign to increase awareness of the services they provide to the community. Additionally, a new health unit is being constructed to address the needs of those medically underserved in the community.

The Community Profile Team's Health System Analysis revealed only three providers in the area offering breast health services, one of which is the St. Martin Community Health Center (SMCHC). Another affiliate of the Iberia Comprehensive Community Health Center (ICCHC), the SMCHC offers clinical breast exams to their patients and refers patients for mammogram screenings. As a non-profit community health center, the Affiliate realizes that funding is limited and the opportunity of becoming a grantee would greatly benefit the residents in this community. Educational materials would be provided to the facility to increase breast health awareness and to inform patients of the resources available to them. Establishing a partnership with SMCHC would also provide the Affiliate with information regarding the number of mammogram referrals and referral locations, to better understand and address the needs of St. Martin Parish. In addition, there is the opportunity for collaborative efforts between these providers and the Miles Perret Cancer Services to extend transportation assistance to patients whom have been diagnosed and are in need of transportation assistance.

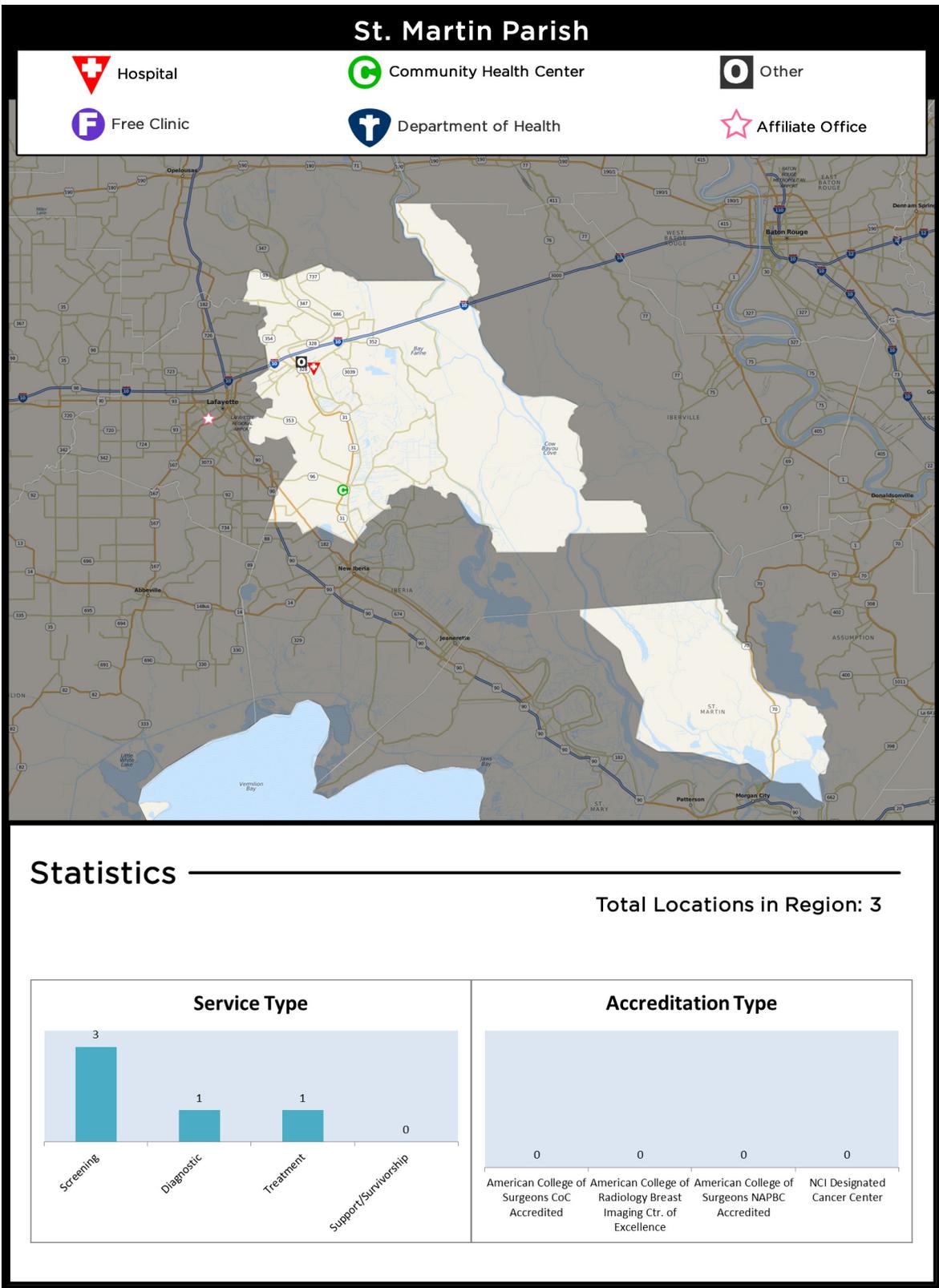


Figure 3.4. Breast cancer services available in St. Martin Parish

Concordia Parish

Concordia Parish is located in North East Louisiana and is considered to be a very rural community. Although there is a FQHC located in the parish, screening services are very limited (Figure 3.5). The parish currently has two hospitals, however there are no cancer treatment centers in the parish. Some of the barriers to the community are a shortage of primary care providers, an uninsured rate of 24.9 percent, a lack of health facilities that provide services to the uninsured, lack of financial resources due to a 31.4 percent poverty rate, and a very dispersed population that has to drive an average 25 miles to receive breast cancer screening services.

Komen Acadiana currently does not have an existing partnership in Concordia Parish. Komen Acadiana has discussed the opportunity of establishing partnerships with local providers in this community by scheduling provider “lunch and learn” sessions to inform them about the Affiliate and how they can apply for financial and educational assistance through upcoming grant opportunities. Komen Acadiana intends to utilize the current partnership with the Community Mammography Access Project (CMAP) a mobile mammography unit, to schedule screenings in underserved areas throughout Concordia Parish. The Affiliate plans to distribute educational materials regarding breast screening services through CMAP and information on how to pre-register for their mobile mammogram to local providers.

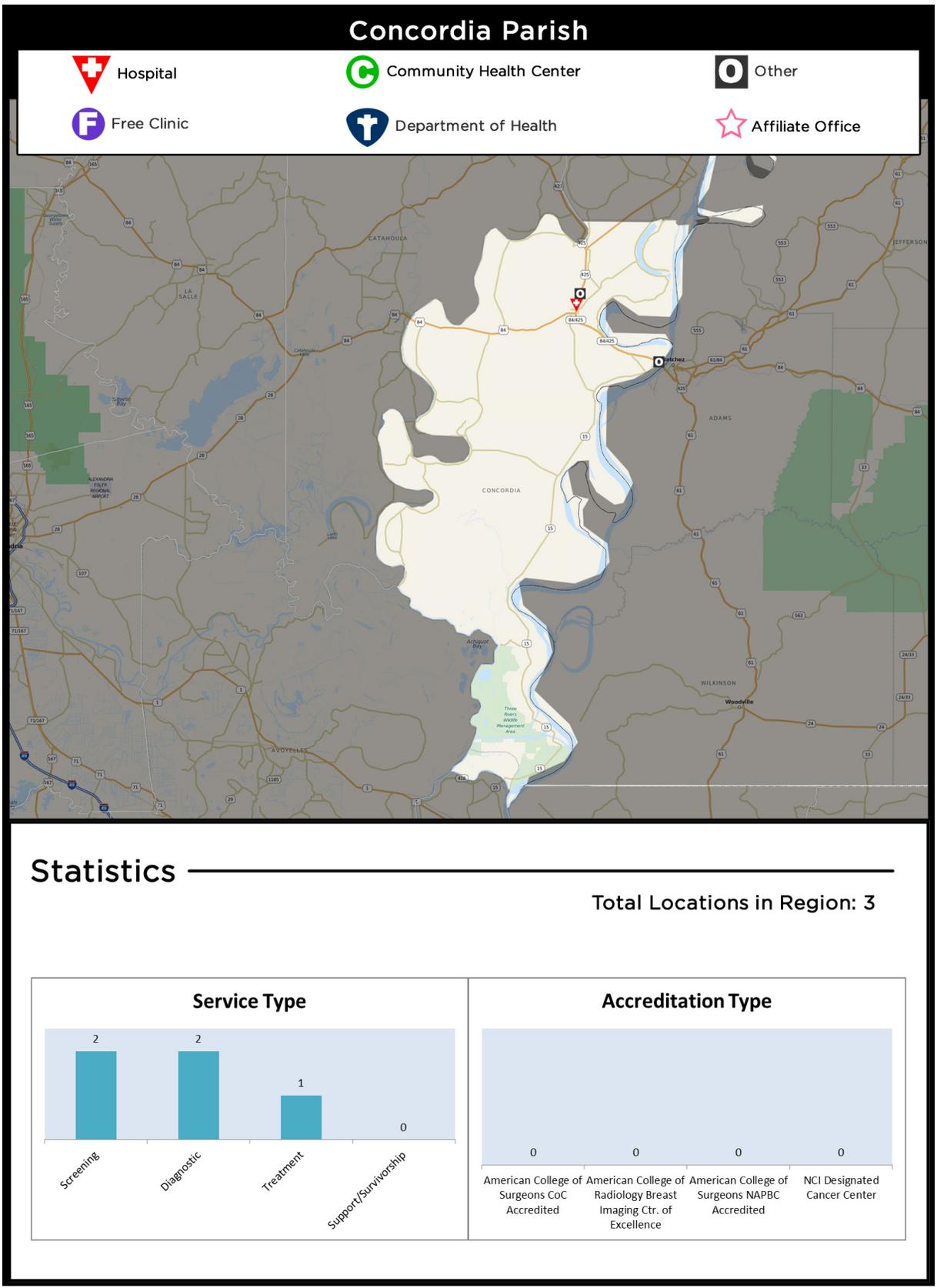


Figure 3.5. Breast cancer services available in Concordia Parish

Evangeline Parish

Health disparate groups within Evangeline Parish include the unemployed, the uninsured/underinsured, the aging population and those without a high school education. “According to the Concordia Parish Health Profile,” published by the Louisiana Department of Health and Hospitals in 2005, the geographic layout of the parish and a lack of transportation services are disadvantages that add to the health inequities experienced by such groups. Evangeline Parish currently has two hospitals, one of which offers cancer treatment and does accept Medicaid patients (Figure 3.6). Uninsured patients may receive screening services at Mamou Health Resources, a free clinic located in Mamou, LA. Patients with abnormal screenings are referred to University Medical Center in Lafayette for diagnosis and treatment. The commute time for these patients is over an hour and as of right now transportation services are not available.

Currently, there are no community grantees or existing partnerships in Evangeline Parish. Conversations have been initiated to forge new partnerships with each of the three providers in the parish; Mercy Regional Center, Savoy Medical Center, and Mamou Health Resources. The opportunity to develop strategic partnerships within Evangeline Parish will be initiated through the Komen Acadiana grant application process. Information regarding Komen grants and how to apply will be presented to each of these providers, along with information regarding Evangeline Parish’s current breast health outcomes. In addition, the Affiliate’s Community Profile Team will conduct provider surveys to improve knowledge pertaining to the specific needs of the community in order to efficiently direct resources to have the greatest impact.

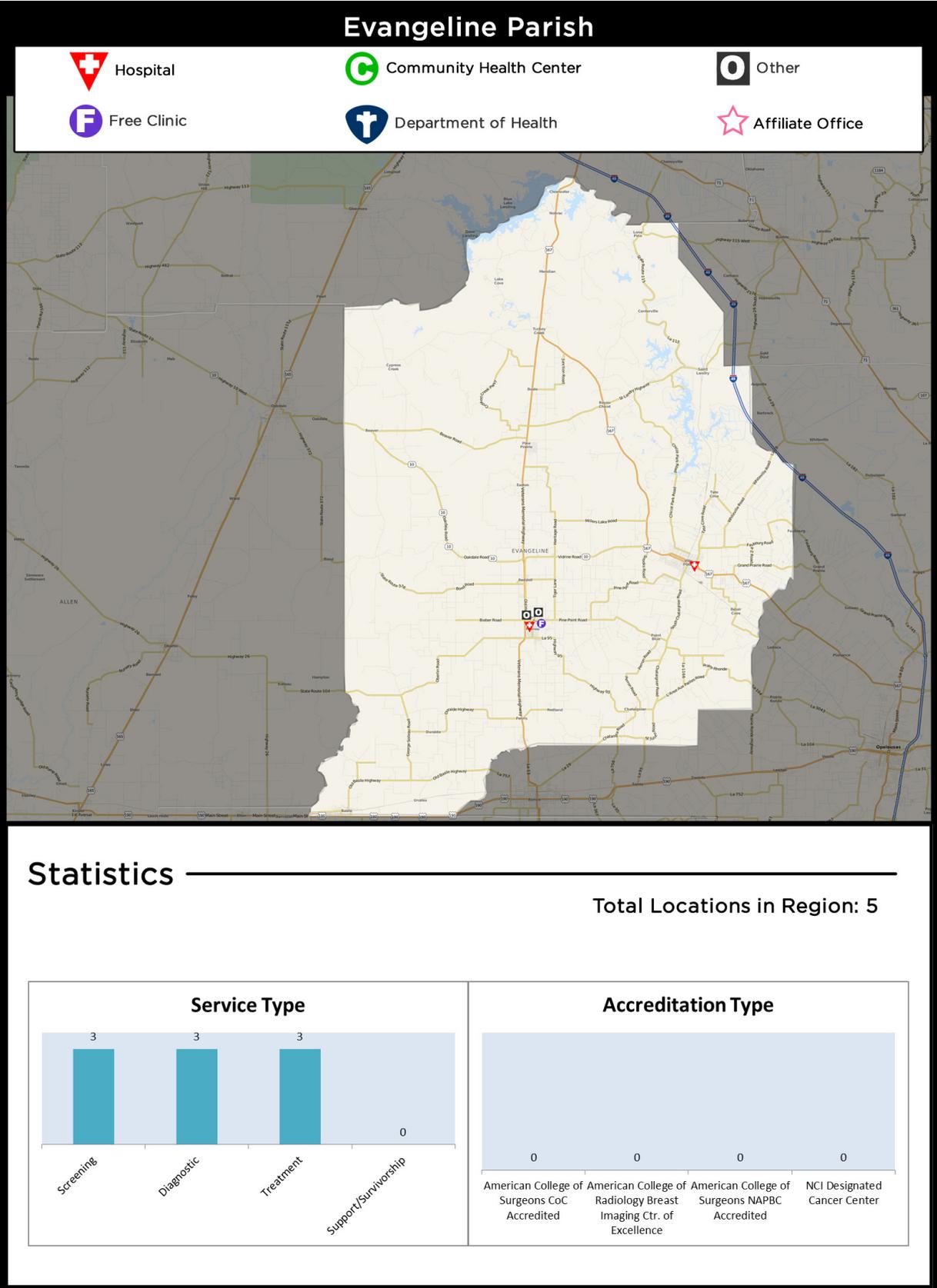


Figure 3.6. Breast cancer services available in Evangeline Parish

Public Policy Overview

National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

The Louisiana Breast & Cervical Health Program (LBCHP) is part of the US Centers for Disease Control and Prevention's ([CDC](#)) National Breast and Cervical Cancer Early Detection Program ([NBCCEDP](#)) and is managed by the LSU Health Sciences Center (LSU-HSC). The LBCHP provides low-income, uninsured women in Louisiana with access to comprehensive breast and cervical cancer early detection services 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 at www.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. The LBCCP provides full Medicaid benefits, such as prescriptions, hospital and doctor visits. In order to receive care through the LBCCP, qualified women must only use providers whom receive LBCCP funding. This presents a problem for residents living in areas that currently have no providers whom participate in the program, such as in the Lake Charles or Central Louisiana area.

Exchanging information and ideas through ongoing conversations, the Komen Affiliate's relationship with LBCCP is focused on collaborative efforts to expand the program to areas in Louisiana that currently have no participating providers. In partnering with the LBCCP, the Affiliate has focused on establishing contact with local providers in underserved areas to initiate the program's expansion to these areas. In an effort to strengthen Komen's relationship with the LBCCP, the Affiliate will continue involvement to ensure the program's expansion by encouraging provider participation in the target communities. The first stage of this process will be to establish contact with providers in an effort to initiate informative meetings on behalf of the LBCCP. Providers will also be informed of Komen Acadiana's grant application process to encourage the successful development of breast health programs in their area. Providers interested in participating in the LBCCP will be put in contact with the LBCCP program director,

after which they will be contacted for follow up by Komen Acadiana to designate their current status within the program.

Louisiana 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 the LCCP is to reduce cancer incidence, morbidity, death and improve the quality of life for all Louisiana citizens by providing a comprehensive, integrated, and coordinated approach to the continuum of cancer control delivery.

Komen Acadiana partners with the LCCP to promote the utilization of community screening and early detection resources as they are implemented. Staying connected with the LCCP through monthly meetings, Komen Acadiana works to ensure that local breast health providers are made aware of such resources. Additionally, the Affiliate strives to educate the community about prevention, early detection, and treatment coverage through the Affordable Care Act as they are implemented.

To guide the comprehensive cancer control process in Louisiana, the LCCP developed the Louisiana Comprehensive Cancer Control Plan 2010-2015, which details statewide goals, objectives, and strategies to reduce the burden of cancer in Louisiana. Long term outcomes for breast cancer death and late stage diagnosis are detailed below followed by specific goals and objectives related to breast cancer:

Breast Cancer Death

- Reduce breast cancer death rates in Louisiana women (all races) from 28.9 per 100,000 to 25.7. (11 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 percent improvement. Data Sources: LTR, SEER, HHS.)

Late-Stage Diagnosis

- Reduce late stage diagnosis of breast cancer in Louisiana AA women from 41 percent to 32 percent (22 percent improvement. Data Source: LTR, SEER)
- Reduce late stage diagnosis of breast cancer in Louisiana White women from 30percent to 27 percent (10 percent improvement. Data Source: LTR, SEER)

Burden of Cancer: Incidence, Death, Disparities & Access

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

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

Goal 2: Provide timely cancer death 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.

Screening and Early Detection

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 percent of the eligible population.

Objective 15.3: Increase the percentage (76 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.

Treatment

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.

Quality of Life

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

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

Affordable Care Act

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

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. The Affiliate will continue to increase community awareness of the program and

participating providers. In an effort to expand the program to areas that currently have no participating providers, NBCCEDP participation will be encouraged and prioritized through the Affiliate's grant application process.

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.

Affiliate's Public Policy Activities

Komen Acadiana is committed to maintaining a continued dialogue with Louisiana State Representatives to address timely issues regarding the improvement of breast health programs and services within Louisiana. Komen Acadiana supports evidence-based policy and legislative solutions designed to eliminate breast cancer as a major health problem by encouraging elected officials and candidates to make breast cancer a top priority.

Louisiana Breast and Cervical Cancer Program

Although the ACA has expanded coverage for preventative services by requiring private and public insurance to cover breast and cervical cancer screening, many women will remain uninsured and in need of breast and cervical cancer screenings provided by the LBCCP. Ensuring LBCCP remains adequately funded will be key to ensuring low-income, uninsured, or underinsured women continue to have access to vital screening services. Central to the Affiliate's efforts to make breast health services more accessible within target communities, Komen Acadiana will continue to advocate for increasing state funding for the LBCCP through ongoing conversations and letters to Louisiana State Representatives that testify the need for the program's expansion to medically underserved areas.

Oral Anti-Cancer Drug Parity

In response to enormous financial barriers preventing access to recommended treatment for cancer patients, Komen Acadiana encouraged state representatives to support legislation that requires insurers to provide coverage for orally-administered anti-cancer medications at a level no less favorable than their coverage of intravenously administered drugs.

As a result of numerous letters and calls to urge state representatives to support oral parity legislation, Louisiana enacted the Oral Chemotherapy Parity Law in 2012. However, the law only applies to state-regulated insurance plans that are not offered through a health benefit exchange. In order for all patients to have equal access to treatment, regardless of insurance type, federal legislation would be required. Although the law may be viewed as a move in the right direction, much work remains to be done. In response, Komen Acadiana continues to urge congress to support the Cancer Drug Coverage Parity Act H.R. 1801 or the Cancer Treatment Parity Act S. 1879, to ensure all cancer patients have access to the anti-cancer treatments prescribed by their physicians.

Federal Investments in Breast Cancer Research

Komen Acadiana supports increased funding for the National Institute of Health (NIH), the nation's leading funder of intramural and extramural biomedical research, to drive progress

against cancer and discover and deliver the cures. Past congressional support for cancer research has led to new and better ways to prevent, detect, diagnose and treat cancer. These advances have contributed to a record 2.9 million breast cancer survivors living in the United States. However, due to an aging population, the number of new cancer cases is projected to increase by as much as 42 percent by 2025.

As other nations aggressively invest in research and development, current federal funding fails to keep up with inflation, translating into less job opportunities within the scientific community. In response, Komen Acadiana has urged state representatives to advocate for increased funding of the NIH to \$32 billion in FY15, including \$5.26 billion for the National Cancer Institute (NCI), in order to restore funding to inflation-adjusted, pre-sequestration levels.

Health Systems and Public Policy Analysis Findings

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 healthcare 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. Increases in available funding for community health centers will ensure that breast screening services are made available to low income, working, and/or uninsured residents. During the Affiliate's grant application period, financial need assessments will be conducted for each applicant to determine whether grants are deemed financially necessary. If it is decided that Community Health Centers do not require Komen funding to improve the effectiveness of their early detection programs, then grant funds may be redirected to areas of greater need. The Affiliate will continue to strengthen partnerships by supplying educational materials to local community health centers, regardless of financial need. The impact of the ACA on community health centers is still unclear. Therefore it is vital that the Affiliate maintains monthly conversations with these providers. Additionally, the establishment of new community health centers presents the opportunity for new partnerships and collaborations to identify and address the breast health needs of the Affiliate service area.

Qualitative Data: Ensuring Community Input

Qualitative Data Sources and Methodology Overview

Methodology

Information provided from the Komen Acadiana Quantitative Data Report revealed that late-stage incident rates and death rates were higher in each of the five target communities, compared to the rest of the Affiliate's service area. Based on this information the Affiliate's Community Profile Team is concerned about the utilization of screening mammography services amongst women (ages 40+) residing in the Affiliates five target communities, as well as the accessibility of breast health services for these populations. Additionally, the Affiliate is interested in exploring existing behaviors, beliefs and attitudes regarding preventative breast healthcare within each target community. With that said, the Affiliate decided to focus their qualitative analysis on answering the following key questions:

- What is preventing women (ages 40+) from receiving annual breast cancer screenings?
- What gaps and/or barriers exist that negatively impact a patients' transition throughout the breast cancer continuum of care?

The following methods were used to collect qualitative data within each target community:

- Breast Health Provider Surveys
- Community Breast Cancer Awareness Surveys
- Key Informant Interviews

The Affiliate chose to utilize surveys to quickly gather information from community providers and residents about service delivery gaps, needs and barriers within each target parish. Additionally, surveys were used to identify existing behaviors, beliefs and attitudes regarding preventative breast healthcare and to measure community awareness of available breast health resources.

Breast Health Provider Surveys were distributed to local breast health providers within each target parish using SurveyMonkey.com, an online survey and data management service. The Affiliate chose to use online surveys to effectively target specific individuals within each community. Initial contact was made with each provider via email, which served to introduce the Affiliate and explain the purpose of the survey. Providers wishing to participate were able to access the survey by clicking on a link within the email, which was uniquely tied to each participant. The survey was 20 questions in length and took approximately 30 minutes to complete. The survey format was primarily structured with the majority of the questions being close-ended, however there were several open-ended questions as well. The topics covered included basic respondent information, such as their role and level of involvement with patients. Additional topics included current processes and policies relating to the delivery of breast healthcare within their organization. The survey also included questions that took into account the respondent's perspective as to what may be preventing women (ages 40+) from receiving annual breast cancer screenings. SurveyMonkey.com recorded and analyzed data using statistical analysis.

Community Breast Cancer Awareness surveys were completed in person within each target community. Surveys were chosen to be conducted in person to achieve sample size

requirements for each target parish and because it allowed the Team to answer any questions that participants may have had pertaining to survey questions and or the purpose of the survey. The Affiliate's Community Profile Team made arrangements with public locations in each target parish prior to conducting the surveys and complimentary t-shirts were provided as an incentive to participate. The survey was comprised of ten questions which were mostly close-ended in nature. The topics covered included respondent information (i.e. age and race), screening frequency and barriers, Early Detection Program awareness and breast health education availability. In addition, respondents were asked several open-ended questions. These questions gave the respondents the opportunity to share ideas about what providers can do to encourage women to seek preventative breast healthcare. Data collected from each target community was manually entered, coded and analyzed using Microsoft Excel.

Key Informant Interviews were also selected as a viable method of data collection, as they are relatively inexpensive and simple to conduct. The main objective of the interviews was to examine current breast health systems and their processes and to acquire a better understanding of breast cancer statistics and how they translate in the community. The Team believed this method was very beneficial as it provided the opportunity to ask in-depth and probing questions from qualified breast health professionals. Key Informant Interviews were conducted via telephone, consisting of eight open-ended questions, and were approximately 30 minutes in length. Responses were transcribed simultaneously during the meeting. Copies of the each transcription were then sent to the key informant to verify that their responses had been recorded accurately.

The Affiliate's Community Profile Team was able to compare and contrast the different perspectives about what prevents women (ages 40+) from receiving annual breast cancer screenings in each target community through the use of Key Informant Interviews and surveys with women (ages 40+). The use of surveys with breast health providers and provider Key Informant Interviews allowed the Affiliate to compare and contrast provider perspectives about what gaps and/or barriers exist that negatively impact a patients' transition throughout the breast cancer continuum of care.

Sampling

The Affiliate's population of interest across all target communities was women (ages 40+). Gathering breast health information about this group of women, the Affiliate used three separate sources to collect data from; breast health providers, key informant interview participants and women from the community.

The sample of breast health providers for the provider surveys was selected from the Health System Analysis Template. The reason the Affiliate chose to utilize the Health System Analysis Template was because it listed all breast health providers in all five target parishes, helping to ensure that the sample was representative and that the response rate was adequate. Provider surveys were sent to each dedicated contact listed on the Health System Analysis, for a total of 58 providers. Despite the Team's efforts to ensure an adequate response rate, the number of participating providers was far less than expected. The overall provider survey response rate for all five parishes was 31.0 percent for a total of 18 provider survey participants. Lafayette

Parish had the highest provider response rate with seven participants; followed by Iberia Parish which had four, Concordia Parish with three, Evangeline Parish with two and St. Martin Parish with two.

In conducting the Community Breast Health Awareness survey, the Team used a non-probability sampling technique referred to as quota sampling. Quota sampling selects individuals as they come based on characteristics proportional to the population of interest in an effort to fill a predetermined sample size quota. Since the population of interest was women (ages 40+), the Team selected female participants whom were believed to be above the age of 35. The reason the Team chose this type of sampling was to make sure that they successfully attained a representative sample size within each community. The Team was successful in reaching their sample size objective of 100 participants for each target community except Evangeline Parish. Due to its rural location and exceptionally small population, the Team was only able to recruit 50 participants.

In addition to conducting online provider surveys, the Team chose to conduct Key Informant Interviews. The key informants were selected using a subcategory of purposive sampling referred to as expert sampling. Expert sampling involves the assembling of a sample of persons with known or demonstrable experience and expertise in some area. Participants were selected based on their level of knowledge and involvement within the breast healthcare system and the community at large. The rationale that led to this type of sampling was based on the requirement of key informants to be knowledgeable of breast health systems and processes. Key informants were also selected on their ability to provide key insight into identifying present gaps and/or barriers that may be preventing women (ages 40+) from entering and/or transitioning through the breast cancer continuum of care.

Due to competing priorities, the amount of time that the Affiliate was able to dedicate to the Key Informant Interviews was limited, preventing the Team from securing an adequate number of participants. Such priorities included the execution of a race in Alexandria and various other events taking place during the month of October. A total of eight key informants were interviewed; three representing the target population in Lafayette Parish with backgrounds in Patient Navigation, Oncology and Public Health and two representing Iberia Parish, both with backgrounds in preventative breast healthcare. The following three target parishes; St. Martin Parish, Evangeline Parish and Concordia Parish, had considerably fewer breast health providers due to the size of the population they served and their rural location. For that reason, the Team selected one key informant to represent each of these parishes. An Administrator at Mamou Health Resources was selected to represent the target population in Evangeline Parish, a social worker representing the target population in Concordia Parish and a primary care physician representing the target population in St. Martin Parish.

Ethics

Consent procedures were followed for each method of qualitative data collection. Information regarding the purpose of the survey and or interview was supplied to each participant in addition to a formal consent form. Personal identifying information was not collected for both the provider surveys and community surveys, to protect the anonymity of each participant.

Prior to conducting the Key Informant Interviews, selected participants were supplied information pertaining to the outline of the interview and the overall objective. Additionally, each participant was required to sign and return a formal consent form in order to participate in the interview. The consent form also provided the option for participants to designate whether or not they allowed Komen Acadiana to quote them directly or if they would like to remain anonymous. To ensure the confidentiality of the data and to prevent access from unauthorized users, all data was recorded in a password protected workbook.

Qualitative Data Overview

The format of the original data included the use of online surveys, hardcopy surveys, and Key Informant Interview scripts. In choosing to use an online survey and data management service, the Affiliate gained access to statistical analysis applications, offering a convenient and feasible way to sort and analyze data from the breast health provider surveys. Data collected from the community breast cancer awareness surveys were manually entered into a protected workbook, where it was coded and sorted for further analysis. This method of data management was selected because the Team needed a way to manually enter the data that was feasible and relatively easy to manage. Responses from the Key Informant Interviews were transcribed into a protected word document. This method of data management served to be very flexible, as it allowed the interviewer to adjust for changes in the type of questions being asked and the length of the response.

Questions for each method of collection were selected based on their ability to answer the Affiliate's key questions. In order to simplify the process of comparing data from different collection methods, the Affiliate categorized each question based on what theme they corresponded with. For example, after reviewing the Quantitative Data Report for Iberia Parish, it was found that the screening proportion was really low and the percentage of persons who were uninsured were much higher, compared to the Affiliates service area as a whole. In order to identify a possible correlation between lack of insurance and screening frequency, the Affiliate selected questions that asked participants if being uninsured prevented them from receiving preventative breast health care. In addition, the Affiliate also employed the use of open ended questions to further measure the prevalence of a possible correlation between lack of insurance and screening frequency. In an effort to simplify the process of comparing data from different collection methods, the Affiliate then categorized these questions and questions which were similar under the theme "Insurance Barrier," and did the same for each theme identified. Common findings were established for each target community by measuring which responses were most prevalent for each theme. Responses which were identified as being the most common were then compared across collection methods to establish validity of common findings. Following is an overview of common findings for each parish:

Lafayette Parish

Common findings within the qualitative data collected from Key Informant Interviews and provider surveys in Lafayette Parish indicated that being uninsured prevented women from receiving annual breast cancer screenings. When Key Informants were asked what prevents

women (ages 40+) residing in Lafayette Parish from receiving annual breast cancer screenings, key informants representing Lafayette Parish stated that not having insurance or being underinsured prevented women from accessing preventative breast healthcare. This belief was also shared by 60.0 percent of provider survey respondents who listed being uninsured as the primary factor preventing women (ages 40+) from receiving annual breast cancer screenings.

Lafayette Parish is fortunate to have two separate breast health providers who participate in the Early Detection Program. However, common findings between the Key Informant Interviews and the community surveys revealed that many women (ages 40+) are unaware of available early detection programs in their area. When asked what prevents uninsured women (ages 40+) from utilizing available Early Detection Program services in Lafayette Parish, Key Informants stated that many women who are in need of free breast cancer screenings and qualify for free or low cost services are unaware that these programs exist. This information was further corroborated by the community surveys in Lafayette Parish, where it was found that 40.0 percent of women (ages 40+) reported being unaware of Early Detection Programs in their area.

Iberia Parish

Common findings within the qualitative data collected from Key Informant Interviews and surveys in Iberia Parish, revealed that being uninsured prevented women from receiving annual breast cancer screenings. Women (ages 40+) were asked why they had not received a mammogram in the last two years, 37.0 percent responded that they did not have insurance. Furthermore, when providers in Iberia Parish were asked what they believed to be the primary factor preventing women (ages 40+) from receiving annual breast cancer screenings, 75.0 percent listed being uninsured as the primary factor.

Similar to findings in Lafayette indicating an overall lack of awareness of available Early Detection Programs, common findings between Key Informant Interviews and surveys conducted in Iberia Parish revealed that many women (ages 40+) are unaware of early detection programs available in their community. Surveyed women (ages 40+) were asked if they were aware of Early Detection Programs in their area, 40.0 percent responded “No.” During the Key Informant Interviews, one Iberia Parish provider stated, “Women who are uninsured are unable to afford breast healthcare and don’t know where to go to get it.”

St. Martin Parish

Common findings within the qualitative data collected from Key Informant Interviews and provider surveys in St. Martin parish revealed that uninsured women (ages 40+) have limited access to affordable breast health care due to a lack of breast health providers and early detection program availability in these areas. Provider surveys and Key Informant Interviews revealed that women in this area are faced with diagnostic and treatment barriers because they must travel to either Iberia Parish or Lafayette Parish in order to access affordable breast healthcare.

Common findings within the qualitative data collected from Key Informant Interviews and community surveys revealed that current breast health education materials have been ineffective. When women (ages 40+) were asked why they had not received a mammogram in

the last two years, 34.0 percent responded that “self-checks showed no symptoms.” When these women were asked what would motivate them to obtain a breast cancer screening, 41.0 percent replied, “If I felt a lump.” When asked what prevents women (40+) residing in St. Martin Parish from receiving preventative breast health care, key informants responded that due to a lack of breast health providers in this area, many of these women are unaware of the risk of breast cancer and are not being educated.

Evangeline Parish

Common findings within the qualitative data collected from Key Informant Interviews and surveys in Evangeline Parish revealed that uninsured women (ages 40+) have limited access to affordable breast health care due to a lack of early detection program availability in these areas. Key informants and local provider surveys confirmed that uninsured women who have received an abnormal breast cancer screening must travel two hours to Lafayette in order to receive diagnostic services.

Additional findings from the community surveys revealed that 25.0 percent of African-American women 40 years and older who participated in the survey have never received a mammogram. Of the 75.0 percent of African-American women that have received a mammogram, only 67 percent of participants reported having a mammogram done annually. When women (ages 40+) were asked why they had not received a screening mammogram in the last two years, 41.0 percent responded that they didn't have time.

Concordia Parish

Common findings within the qualitative data collected from Key Informant Interviews and surveys in Concordia Parish revealed that uninsured women (ages 40+) have limited access to affordable breast health care due to a lack of breast health providers and early detection program availability in these areas.

Common findings also revealed that efforts to educate women on preventative breast healthcare have been ineffective. Provider surveys revealed that many providers have breast health educational materials available to their patients, primarily in the form of flyers and brochures. However, when the Affiliate asked providers whether or not they had a formal policy regarding the provision of breast health education during well women visits, 80.0 percent responded “No.” When the Affiliate asked women in Concordia Parish, “*What can providers do to encourage women to get annual breast cancer screenings?*” 62.0 percent responded “Educate their patients.” The most alarming breach of breast health education was discovered when the Affiliate asked women (ages 40+) in Concordia Parish “*Why they had never received a mammogram?*” 26.0 percent stated that they were never advised by their doctor.

Qualitative Data Findings

Limitations of the Qualitative Data

The Affiliate's Community Profile Team took into account the various strengths and weaknesses for each select method of data collection. In addition to being inexpensive and fairly simple to conduct, Key Informant Interviews offer a variety of other advantages. By allowing the

interviewer to ask in-depth questions, they yield detailed-rich data. Another advantage is that they offer flexibility by allowing the interviewer to clarify questions or curtail the interview to particular individuals or circumstances. Like all methods of data collection, Key Informant Interviews also have their weaknesses. For instance, data can be difficult to analyze and compare due to the flexible nature of open-ended questions and the unstructured format of the interview. Additionally, Key Informant Interviews can be time-consuming and difficult to schedule for both parties involved. During the Key Informant Interviews, the Team was faced with time constraints due to the obligation to effectively execute a race in Alexandria, which is one of two races the Affiliate is responsible for each year. Due to these competing priorities, the Team was unable to achieve an adequate number of key informants for each parish. Further obstacles preventing the Team from reaching an adequate number of key informants dealt with size of the communities the Affiliate is reaching. Due to their rural location, many of these smaller towns have fewer than two providers and are suffering from provider shortages. This made it difficult to reach key informants, as there are very few providers available within these communities.

When collecting qualitative data, the Affiliate also considered the strengths and weaknesses of their sources. One of the strengths of choosing breast health providers as a source for data collection is that they are knowledgeable about the breast cancer continuum of care. Interacting with patients on a daily basis provides them with valuable insight that can be of great benefit in addressing the breast health needs of their communities. A limitation of selecting breast health providers as a source of data collection is that they are often very busy and may be difficult to get in touch with. The primary advantage of choosing women (ages 40+) as a source of data collection is that you are better able to understand how existing breast health outcomes are translated into the community. One of the downsides of collecting information from any source is that it relies on the truthfulness of the respondent.

In order to establish data validity, the Affiliate compared common findings for each theme between each method of data collection for each parish. In reviewing the Quantitative Data Report and Health System Analysis, the Affiliate identified information supporting the common findings for each target parish. This information along with conclusion statements has been provided for each of the following parishes:

Lafayette Parish

Common findings within the qualitative data collected from Key Informant Interviews and provider surveys in Lafayette Parish revealed that being uninsured prevented women from receiving annual breast cancer screenings. Information from the Affiliate's Quantitative Data Report shows that 19.8 percent of women (ages 40-64) are presently uninsured. This information has lead the Affiliate to conclude that being uninsured or underinsured is a barrier that prevents women (ages 40+) from accessing preventative breast health services as it limits the number of breast health service providers a women may access.

Information collected during the Key Informant Interviews and Community surveys conducted in Lafayette Parish revealed that many women are unaware of available Early Detection Programs in their community. After reviewing the Affiliate's Health System Analysis for Lafayette Parish, it was found that there are two organizations within the City of Lafayette that participate in the

Louisiana Breast and Cervical Cancer Program's Early Detection Program. This information has lead the Affiliate to conclude that there is a lack of awareness of available Early Detection Program providers in Lafayette Parish. Collaborative efforts between participating providers and the Affiliate will need to be implemented in order to improve community awareness of local breast health resources.

Iberia Parish

Quantitative data shows that the screening percentage in Iberia Parish is significantly lower than the Affiliate service area as a whole, revealing that only 52.0 percent of women (ages 50-74) self-reported obtaining a screening mammogram in the last two years. Women (ages 40+) were asked why they had not received a screening mammogram in the last two years. The two most common responses were being uninsured and being too expensive. Provider information collected from the Health System Analysis showed that although there are no Early Detection Program participants in the area, there are providers who offer free breast cancer screenings through the Komen Acadiana grant funds.

During the qualitative data analysis, common findings between the Key Informant Interviews and the community surveys revealed that many women (ages 40+) who may qualify for these services are not utilizing these services because they are not aware of them. Key informants stated that many who are uninsured do not attend the doctor regularly and that because of this they are not accessing pertinent information about breast health resources in their area. "Most women who are uninsured do not go to the doctor on a regular basis and do not have primary care doctor. Rather they use the emergency room and/or walk-in clinic where there is little to no information pertaining to breast health education and breast health resources,"(Anonymous Key Informant for Iberia Parish). This information has lead the Affiliate to conclude that being uninsured is a barrier as it limits the number of breast health providers that a woman may utilize. Additionally, due to not having regular access to a primary care physician, many uninsured women are not being informed of available low cost alternatives for preventative breast health services. Collaborative efforts between local providers and the Affiliate will need to be implemented in order to improve community awareness of local breast health resources.

St. Martin Parish

In reviewing the Health System Analysis for St. Martin Parish it was found that there is a shortage of primary and specialty care physicians in the community, particularly in pediatrics and oncology and only a limited number of physicians accept Medicare and Medicaid. The Affiliate's Quantitative Data Report revealed that 42.6 percent of the populations (ages 40-64) live below 250.0 percent poverty, with 49.6 percent of the residents living in rural areas. Qualitative data collected from Key Informant Interviews and provider surveys in St. Martin Parish indicated that women (ages 40+) have limited access to breast health care due to a shortage of breast health providers and early detection program availability in these areas. Further analysis revealed that provider shortages have translated into an overall lack of awareness regarding the importance of preventative breast healthcare, compounding the problem even further.

Qualitative data collected from Key Informant Interviews revealed that many women have not been educated with regards to breast cancer prevention and their risk of breast cancer. When discussing the barriers preventing women living in St. Martin Parish from seeking preventative breast healthcare, one Key Informant stated that, “Due to a lack of breast health services and its rural location, many women have not been educated with regards to breast cancer prevention and their risk of breast cancer,”(Anonymous). This has led the Affiliate to conclude that women (ages 40+) living in St. Martin Parish are not being adequately educated with regards to breast cancer prevention. Furthermore, due to a lack of breast health providers accepting Medicaid and no low-cost alternatives available, women (ages 40+) do not have access to affordable breast health care in their community.

Collaborative efforts between St. Martin breast health providers and the Affiliate will focus on educating women in the community of their risk of breast cancer and the need to receive preventative breast health care. Since St. Martin Parish suffers from a shortage of breast health providers, efforts to bridge the gap in care will involve informing the community of breast health services and resources in the surrounding area (i.e. Iberia Parish and Lafayette Parish) in order to improve the utilization of these services by women residing in St. Martin Parish. The Affiliate will also focus efforts on establishing relationships with local providers to inform them of current disparities within the communities they serve and encourage them to take advantage of Komen Grant opportunities in the coming years.

Evangeline Parish

Quantitative data show that 61.0 percent of the Evangeline Parish population lives in rural areas with 50.0 percent of the residents (ages 40-64) living below 250.0 percent poverty income. To compound potential barriers to breast health care, Evangeline Parish is considered to be medically underserved based on information from the Quantitative Data Report. Data collected from Key Informant Interviews and community surveys in Evangeline Parish revealed that women (ages 40+) have limited access to affordable breast health care due to a lack of breast health providers and early detection program availability in these areas. The Affiliate’s Health System Analysis of Evangeline Parish showed only four breast health providers serving the area, with only one of them offering free clinical breast exams. In order to receive free screening mammograms, qualified women must travel two hours to Lafayette. Based on this information, the Affiliate has concluded that women (ages 40+) living in Evangeline Parish, who are uninsured or underinsured have difficulty accessing breast health care due to a lack of breast health providers and early detection program participants. Collaborative efforts between the Louisiana Breast and Cervical Cancer Program and the Affiliate will focus on expanding Early Detection Program services to qualified providers in the community. Additionally, partnering with local providers through Komen Acadiana grant programs will also be an area of focus for the Affiliate.

Concordia Parish

Common findings within the qualitative data collected from Key Informant Interviews and surveys in Concordia Parish revealed that uninsured women (ages 40+) have limited access to affordable breast health care due to a lack of breast health providers and early detection program availability in these areas. Quantitative data show that 24.9 percent of the populations

(age 40-64) are without health insurance and 53.6 percent are below 250.0 percent poverty. In reviewing the Affiliate's Health System Analysis it was found that there is presently a shortage of breast health providers in Concordia Parish, confirming that the area is medically underserved. Based on this information, the Affiliate has concluded that women (ages 40+) residing in Concordia Parish do not have access to affordable breast health care due to a shortage of breast health providers and Early Detection Program participants.

Although many breast health providers practicing in Concordia Parish stated having educational materials available for their patients, more than 60.0 percent of the women (ages 40+) expressed that local breast health providers need to do a better job of educating their patients. The Affiliate has concluded that current breast cancer resources have been ineffective as they do not reach the entire target population. Women in the community who do not receive annual breast health services do not have access to these materials, and those that do, are not using them. The Affiliate must do what they can to encourage local breast health providers to play a more active role in their community in order to improve and expand breast health education beyond the exam room.

Mission Action Plan

Breast Health and Breast Cancer Findings of the Target Communities

The purpose of the Mission Action Plan is to determine Susan G. Komen Acadiana's key problem areas regarding breast health in the surrounding area. Once the key problems areas have been identified then the Affiliate can determine objectives to best address the issues at hand. Then, the Affiliate can make data-driven decisions about how to use its resources to make the greatest impact.

Quantitative Data Report

The breast cancer incidence rate in the Komen Acadiana service area was lower than that observed in the US and as a whole, and the incidence trend was higher than the US as a whole. The incidence rate was significantly lower in the following parishes: Avoyelles Parish, Concordia Parish, and Vernon Parish and Acadia Parish.

The breast cancer death rate in the Komen Acadiana 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. For the Affiliate service area as a whole, the death rate was higher among Blacks/African-Americans and Whites.

The breast cancer late-stage incidence rate in the Komen Acadiana 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. For the affiliate service area as a whole, the late-stage incidence rate was higher among Blacks/African-Americans and Whites.

Breast cancer screening percentages in the Komen Acadiana service area were not significantly different than those observed in the US as a whole. For the Affiliate service area as a whole, screening percentages were not significantly different between Blacks/African-Americans and Whites. The following parish had a screening percentage significantly lower than the Affiliate service area as a whole: Iberia Parish.

The Komen Acadiana 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 Alaskan Native (AIAN) female population, and a substantially smaller Hispanic/Latina female population. The Affiliate's female population is slightly younger than that of the US as a whole. The Affiliate's education level is substantially lower than and income level is substantially lower than those of the US as a whole.

There is a slightly smaller 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 slightly smaller percentage of people who are linguistically isolated. There is a substantially larger percentage of people living in rural areas, a 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: Concordia

Parish, Iberia Parish and St. Landry Parish. The following parishes have substantially lower education levels than that of the Affiliate service area as a whole: Acadia Parish, Avoyelles Parish, Catahoula Parish, Concordia Parish and Evangeline Parish. The following parishes have substantially lower income levels than that of the Affiliate service area as a whole: Catahoula Parish, Concordia Parish and St. Landry Parish. The following parishes have substantially lower employment levels than that of the Affiliate service area as a whole: Catahoula Parish and Concordia Parish.

Highest Priority Areas

Five parishes in the Komen Acadiana service area are in the highest priority category. Four of the five, Evangeline Parish, Iberia Parish, Lafayette Parish and St. Martin Parish, are not likely to meet either the death rate or late-stage incidence rate HP2020 targets. One of the five, Concordia Parish, is not likely to meet the death rate HP2020 target. The screening percentage in Iberia Parish (52 percent) is significantly lower than the Affiliate service area as a whole (75 percent). Concordia Parish has a relatively large Black/African-American population, low education levels, high poverty rates, and high unemployment. Evangeline Parish has low education levels. Iberia Parish has a relatively large Black/African-American population.

Concordia Parish

Concordia Parish is a highly rural area. Concordia Parish has been chosen due to its unique population demographics: identification as a medically underserved community, lower education levels, high poverty rates and high unemployment. This region's female residents are primarily White; according to the US Census Bureau forty-one percent of the population is composed of African-American women. Unfortunately, the last two decades have seen a large increase in both late stage incidence and higher death rates for this group of women. For the Affiliate service area as a whole, the death rate was higher among Blacks/African-Americans than Whites. Socioeconomic characteristics of the region indicate a potential concern about women's access to affordable breast health care. Concordia Parish has a very high percentage of residents living below 250 percent poverty income than the service area average. Additionally, Concordia Parish is considered to be in a medically underserved area compounding potential barriers to breast health care. Currently, there are no providers in this region that participate in the Louisiana Breast and Cervical Cancer Early Detection Program.

Lafayette Parish

Lafayette Parish is in the immediate metropolitan area of the Komen Acadiana service area and is a high priority parish in regards to meeting the Healthy People 2020 goals. Lafayette Parish has been chosen as a target community due to rates and trends regarding breast cancer deaths, as well as the rates of breast cancer incidence and late-stage diagnosis. Additionally, Lafayette Parish residents reflect a diverse population with many women who may be more vulnerable to breast cancer due to known poorer prognosis rates (i.e. late stage diagnosis or more aggressive cancers). Finally, compared to the US average, more residents are living below 250 percent poverty, have higher unemployment rates, and are less likely to have health insurance making affordable access to breast health care potentially difficult. Data for Lafayette Parish show the breast cancer death and late stage diagnoses rates are currently higher than both the United States and the Affiliate service area's average rates. On the plus side, Lafayette Parish women (50-74) self-reported obtaining a screening mammogram within the last two

years at a rate higher than the Affiliate service area and the United States. The increase in incident rates may be correlated to an above average mammography screening percentage in Lafayette Parish.

Iberia Parish

Iberia Parish is considered to be a semi-rural parish. Iberia Parish is part of the New Iberia Statistical Area as well as the Lafayette-Acadiana Combined Statistical Area. Iberia Parish has a high percentage of Black/African-American women that make up the parishes' population; data demonstrate that Iberia Parish is a medically underserved parish. Iberia Parish also has higher than average late stage diagnosis rates and high increasing trends in incidence rates. Iberia Parish has one of the highest rates of late-stage breast cancer diagnosis. Iberia Parish has also been identified as a high priority parish due to the amount of time needed to meet the Healthy People 2020 goals. Iberia Parish currently has breast cancer incidence rates higher than both the United States and Komen Acadiana Service area averages. Trends show incidence rates increasing. Also, late diagnosis rates are above the United States and service area averages, with an increasing trend for late stage diagnosis. This suggests a significant likelihood that more women will be diagnosed at a late-stage. With a screening percentage in Iberia Parish below the United States and service area average, it is possible women are experiencing barriers to receiving mammography screening. This may be associated with higher rates of late stage diagnosis and more women dying from breast cancer.

St. Martin Parish

St. Martin Parish was selected as a target community due to its rural location, socioeconomic status of residents, high incidence rates, high death rates, and higher late stage rates. St. Martin Parish statistics were higher than the US average. St. Martin Parish was also selected as a high priority parish due to the amount of time needed to meet the Healthy People 2020 goals.

Evangeline Parish

Evangeline Parish was selected based on a combination of factors such as: socioeconomic statistics, geographical location, high death rates, high late stage diagnosis trends, and the probability of Evangeline Parish not being able to meet Healthy People 2020 Goals. Evangeline Parish is considered to be in a medically underserved area, compounding potential barriers to breast health care.

Health Systems and Policy Analysis

The Susan G. Komen® Acadiana Community Profile Team collected health systems analysis data for the following target communities: Iberia Parish, Lafayette Parish, St. Martin Parish, Evangeline Parish and Concordia Parish. The Community Profile Team then contacted each provider (Breast Center of Acadiana Foundation, Lafayette Community Health Care Center, Miles Perret Cancer Services, and Iberia Comprehensive Community Health Center, and St. Martin Community Health Center) to find out what services and programs they offer regarding breast health. When contacting these providers, the Affiliate also established a dedicated contact person to facilitate potential partnerships in the future and to strengthen the impact within the local community.

Komen Acadiana's Community Profile Team conducted an in-depth health systems analysis for each selected target community. Following the continuum of care model, the Community Profile Team assessed what services and programs are currently available within each target community in an effort to identify the strengths and weaknesses of each corresponding health system. A summary of key mission related partnerships currently in place, as well as potential new partnerships or collaboration opportunities, is provided to describe the Affiliates position in addressing the challenges facing each community.

Lafayette Parish

Currently there are no surgeons in Lafayette that accept Medicaid. Women with Medicaid, who are diagnosed with breast cancer are referred to University Medical Center. Furthermore, very few free clinics exist, which means that women without insurance have limited access to breast screening services. The area that is most underserved is north Lafayette, specifically within the 70501 zip code. Currently there are no providers in the 70501 zip code that participate in the Louisiana Breast and Cervical Cancer Program (LCBBP). However, free screening services are offered at the Lafayette Community Health Care Clinic to patients who are uninsured and currently employed. Residents in this area who are both uninsured and unemployed are able to receive a clinical breast exam at St. Bernadette Community Clinic. Komen Acadiana works to strengthen existing and potential partnerships through provider education of local breast health disparities and current grant opportunities. The Affiliate currently collaborates with the following key mission partners to improve breast health outcomes within the Lafayette community: Breast Center of Acadiana Foundation, Lafayette Community Health Care Center, and Miles Perret Cancer Services.

Iberia Parish

Iberia Parish has an overall shortage of breast health providers. Transportation is another barrier preventing patients from gaining access to care. Additional qualitative data reveal that roughly half of the female population self-reported receiving a breast exam in the last two years. The Community Profile Team believes that a lack of affordable screening services, combined with a lack of breast health education and provider involvement, have led to poor patient outcomes and directly contribute to the parish's 13 percent late-stage diagnosis trend. Iberia Parish currently has two grant recipients offering breast health services within the community: Breast Center of Acadiana and Iberia Comprehensive Community Health Center. The Affiliate plans to establish a local coalition of nurse practitioners, to increase educational awareness and encourage local providers to become more involved in addressing the breast health needs of the community. Additionally, each nurse will serve as liaison between the provider and Komen Acadiana to facilitate information regarding current grant opportunities and to distribute educational materials at each facility.

St. Martin Parish

There is a shortage of primary and specialty care physicians in the community, particularly in pediatrics and oncology, and only a limited number of physicians accept Medicare and Medicaid. There has been a reduction of services provided at health care units. Thus, individuals in the community are faced with barriers to accessing care and are forced to commute to Iberia Parish or Lafayette Parish to seek care. St. Martin Hospital provides a resource directory for all patients being discharged. The hospital is in the process of creating a

marketing campaign to increase awareness of the services they provide to the community. A new health unit is being constructed to address the needs of those medically underserved in the community. The Community Profile Team's Health System Analysis revealed only three providers in the area offering breast health services: Martin Community Health Center (SMCHC), Iberia Comprehensive Community Health Center (ICCHC), and the Miles Perret Cancer Services.

Concordia Parish

Concordia Parish is a very rural community. Although there is a Federally Qualified Health Center located in the parish, screening services are very limited. The parish currently has two hospitals; however there are no cancer treatment centers in the parish. Some of the barriers to the community are a shortage of primary care providers, an uninsured rate of 24.9 percent, a lack of health facilities that provide services to the uninsured, lack of financial resources due to a 31.4 percent poverty rate, and a very dispersed population that has to drive an average 25 miles to receive breast cancer screening services. Komen Acadiana intends to leverage the current partnership with the Community Mammography Access Project (CMAP) a mobile mammography unit to schedule screenings in underserved areas throughout Concordia Parish. The Affiliate plans to distribute educational materials regarding breast-screening services through CMAP and information on how to pre-register for their mobile mammogram to local providers.

Evangeline Parish

Health disparate groups within Evangeline Parish include the unemployed, the uninsured/underinsured, the aging population and those without a high school education. The geographic layout of the parish and a lack of transportation services are disadvantages that add to the health inequities experienced by such groups. Evangeline Parish currently has two hospitals, one of which offers cancer treatment and does accept Medicaid patients. Uninsured patients may receive screening services at Mamou Health Resources, a free clinic located in Mamou, LA. Patients with abnormal screenings are referred to University Medical Center in Lafayette for diagnosis and treatment. The commute time for these patients is over an hour and as of right now transportation services are not available. Currently, there are no community grantees or existing partnerships in Evangeline Parish. Conversations have been initiated to forge new partnerships with each of the three providers in the parish; Mercy Regional Center, Savoy Medical Center and Mamou Health Resources. The opportunity to develop strategic partnerships within Evangeline Parish will be initiated through the Komen Acadiana grant application process.

Qualitative Data

Key questions and variables explored in the target communities

- What is preventing women (ages 40+) from receiving annual breast cancer screenings?
- What gaps and/or barriers exist that negatively impact a patients' transition throughout the breast cancer continuum of care?

Lafayette Parish

One of the reasons that prevented women from receiving annual breast cancer screenings was being uninsured. Twenty-four percent of women (ages 40+) of respondents replied that they did

not have insurance. Providers in Lafayette Parish believed that the primary factor preventing women (ages 40+) from receiving annual breast cancer screenings, 60 percent listed being uninsured as the primary factor. Many women (ages 40+) are unaware of available early detection programs in their area. 70 percent of key informants reported that women whom are in need of free breast cancer screenings are unaware that these programs exist. Forty percent of women (ages 40+) reported being unaware of Early Detection Programs in their area.

Iberia Parish

Being uninsured prevented women from receiving annual breast cancer screenings. Thirty-seven percent of women who had not had a mammogram in the last two years said it was because they did not have insurance. Providers in Iberia Parish believe the primary factor preventing women from receiving annual breast cancer screenings, 75 percent listed being uninsured as the primary factor.

St. Martin Parish

Uninsured women (ages 40+) have limited access to affordable breast health care due to lack of breast health providers and early detection program availability in these areas. Provider surveys and key informant interviews revealed that women in this area are faced with diagnostic and treatment barriers because they must travel to either Iberia or Lafayette Parish in order to access affordable breast healthcare. Key informant interviews and community surveys revealed that current breast health education materials have been ineffective. Thirty-four percent of respondents responded that they had not received a mammogram in the last two years, because their “self-checks showed no symptoms”. When asked what prevents women (40+) residing in St. Martin Parish from receiving preventative breast health care, key informants responded that due to a lack of breast health providers in this area, many of these women are unaware of the risk of breast cancer and are not being educated.

Evangeline Parish

Uninsured women (ages 40+) have limited access to affordable breast health care due to lack of breast health providers and early detection program availability in these areas. Women who have received an abnormal breast cancer screening must travel two hours to Lafayette in order to receive diagnostic services. Twenty-five percent of Black/African-American women (40+) have never received a mammogram. Of the 75 percent of Black/African-American women that have received a mammogram, only 67 percent of them reported having them done annually. When asked why they had not received a screening mammogram in the last two years, 41 percent responded that they did not have time.

Concordia Parish

Uninsured women (ages 40+) have limited access to affordable breast health care due to lack of breast health providers and early detection program availability in these areas. Efforts to educate women on preventative breast healthcare have been ineffective. Many providers have breast health education materials available to their patients, primarily in the form of flyers and brochures; however, when asked providers whether or not they had a formal policy regarding the provision of breast health education during well women visits, 80 percent responded, “No”.

Mission Action Plan

Education & Outreach

Problem/Need Statement: The qualitative data found that women in Lafayette Parish, St. Martin Parish, Evangeline Parish, and Concordia Parish are unaware of free breast cancer services that exist. Women in these parishes need to be educated about the available resources in their communities.

Priority: Partner with community-based outreach/health organizations to effectively promote breast health education and services in each of the five target parishes (Lafayette Parish, Evangeline Parish, Concordia Parish, St. Martin Parish and Iberia Parish) specifically prioritizing the African-American target community.

- *Objective 1:* By March 2016, meet with at least four faith-based organizations that serve the African-American community to discuss breast health outreach in North Lafayette Parish and Iberia Parish.
- *Objective 2:* By September 2016, partner with community-based health organizations, in the five priority parishes, to arrange small group education classes on breast self-awareness in at least four clinics serving African-American women.
- *Objective 3:* In FY 2016, hold at least three collaborative meetings involving local hospitals, walk-in clinics, and health units, in each of the five priority parishes, focused on the implementation of breast health education programs at points of care that are presently being utilized by African-American women.

Priority: Increase awareness of available breast health resources among African-American women residing in Lafayette Parish, Iberia Parish, Concordia Parish, Evangeline Parish, and St. Martin Parish.

- *Objective 1:* By November 2015, revise the Komen Grant RFA to require qualifying candidates to develop an integrated marketing communication plan for the purpose of advertising their Komen funded breast health services to the community in which they serve.
- *Objective 2:* By September 2016, provide breast cancer educational materials to points of care that are presently being utilized by African-American women (emergency rooms, walk-in clinics, health units) in each of the five target parishes.

Improving Access to Breast Health Care

Problem/Need Statement: The qualitative data found that one of the largest reasons for women (40+) in Lafayette Parish, Iberia Parish, Evangeline Parish, and Concordia Parish are not receiving annual breast cancer screenings is due to being uninsured.

Priority: Increase access to preventative breast health care through developing partnerships in Concordia Parish, Evangeline Parish, and St. Martin Parishes.

- **Objective 1:** By November 2015 target marketing efforts to promote grant workshop opportunities for target areas (Concordia Parish, Evangeline Parish, St. Martin Parish) aimed at existing breast health providers identified on the Health System Analysis Template.
- **Objective 2:** By January 2016, add a medical, public health, or non-profit professional from each parish (Concordia Parish, Evangeline Parish, St. Martin Parish) to the Affiliate's Pink Council to ensure that the breast health needs of these communities are represented.
- **Objective 3:** In FY 2016 and 2017, hold rural breast cancer summit with providers in Concordia Parish, Evangeline Parish and St. Martin Parish to discuss possible partnership opportunities with the goal of increasing access to and seamless progression through the breast health continuum of care.

Patient Navigation

Problem/Need Statement: The community breast cancer awareness surveys that were conducted to gather qualitative data found that women (40+) in Lafayette Parish, St. Martin Parish, and Concordia Parish have limited education on where to get services for screenings and treatment.

Priority: Increase the development of patient navigator programs in each of the five target parishes (Lafayette Parish, Evangeline Parish, Concordia Parish, St. Martin Parish and Iberia Parish) to encourage the successful movement of patients through the continuum of care.

- **Objective 1:** By August 2015, revise the RFA to give priority to grants programs that use innovative or evidence-based approaches to track patients through the breast cancer continuum of care, resulting in documented linkages to breast cancer screening, diagnostic, treatment and/or supportive services.
- **Objective 2:** For FY 2016, boost funding to patient navigator programs aimed specifically at working with African-American residents in the Lafayette Parish, Evangeline Parish, Concordia Parish, St. Martin Parish and Iberia Parish.

Public Policy

Problem/Need Statement: The healthcare provider key informant interviews that were conducted to gather qualitative data found that women (40+) in Lafayette Parish, St. Martin Parish, Evangeline Parish, and Concordia Parish have limited access to affordable breast health care due to lack of breast health providers and early detection program availability in these areas.

Priority: Develop and utilize partnerships to enhance Affiliate public policy efforts in order to improve breast health outcomes of women in the Affiliate service area.

- Objective 1: In FY16 and FY17, partner with at least one (1) other Affiliate within the state and the Louisiana Cancer Alliance on advocacy and public policy efforts for the state of Louisiana.
- Objective 2: In FY 2016, conduct a bi-annual mailing to all legislators to increase Komen's visibility as a trusted local resource on breast cancer.
- Objective 3: In FY 2016, hold quarterly conference calls with the other Komen Affiliates in the State to discuss joint public policy efforts and any pending breast cancer legislation, including advocating for maintaining state BCCP funding.

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