

I. EXECUTIVE SUMMARY

A. Overview

The NC Triangle Affiliate of the Susan G. Komen Breast Cancer Foundation has a 13-county service area that includes: Caswell, Chatham, Durham, Edgecombe, Franklin, Granville, Harnett, Johnston, Nash, Orange, Person, Vance and Wake counties. This Community Profile was initiated by the Affiliate to:

- identify specific populations in the service area most in need of breast health services,
- identify gaps in services that must be addressed in order to improve the breast health of these populations.

The results of the assessment will be used by the Affiliate to:

- guide the allocation of funds and resources to support needed breast health and breast cancer services in the affiliate service area,
- support the development of programs and planning goals, and
- guide outreach and policy advocacy efforts.

This is intended to be a dynamic document that the Affiliate can continually update and use to guide efforts to meet the Komen mission.

B. Methodology

Both quantitative and qualitative data were collected using a variety of methods. In 2006, we collected the following information:

- key informant interviews,
- program and service inventories for each county,
- data specific to the female incarcerated population, and
- information about federally-funded programs for breast cancer screening and treatment.

Additional data specific to breast cancer stage at diagnosis were collected for the 2004 Community Profile and are included here since it remains the most recent data available; NCI cluster maps and profiles are also included.

After data collection and analysis, we prepared an Executive Summary for each county in the affiliate service area to highlight the most important quantitative and qualitative data. We combined suggestions from key informants with our own insights to generate a list of summary points for each county and for the Affiliate's grant program, education, planning, outreach, and policy work. The key findings and summary points from the Community Profile will be presented to the Board of Directors for feedback and discussion. Finally, the Community Profile will be submitted to Komen National Headquarters and distributed to Affiliate grantees, committees, and other groups and individuals working to improve breast health in the affiliate service area.

C. Key Findings

Demographic overview:

- The NC Triangle Affiliate service area includes metropolitan areas, suburbs, small towns, and very poor rural communities. Demographic characteristics range significantly among counties and within individual counties, and availability of healthcare services is also extremely variable.
- The 5-year female breast cancer incidence and mortality rates for the affiliate service area are higher than both the North Carolina and national rates.
- Within the service area, there is a wide variability in breast cancer incidence and mortality rates. One clear pattern does exist: Caucasian women experience higher rates of breast cancer overall, but Minority women have higher mortality rates from the disease in a majority of the 13 affiliate counties.
- About 70% of breast cancer cases in the service area are diagnosed in an early stage (in situ or local) and local diagnosis is by far the most common. The number of Caucasian women and Minority women who are diagnosed in situ is similar; however, compared with Caucasian women, Minority women are less likely to be diagnosed in local stage, and more likely to be diagnosed in regional or distant stage.

Key Informant Interviews:

- Health Departments and doctors (private practice or clinic) are the most common source of information about breast health for women.
- Most insured women see private doctors for breast healthcare; uninsured or low-income women primarily visit sliding scale clinics or health departments. Low income and uninsured women lack regular breast health screening; many African American women also do not receive regular mammograms.
- Women in rural counties must travel to Durham, Orange, or Wake for advanced diagnosis and treatment services.
- Women face many personal barriers to receiving adequate breast healthcare:
 - low priority for preventive care, including mammograms (due to other financial and/or family concerns),
 - lack of awareness about the importance of breast health, and
 - fear of mammograms.
- The lack of transportation from rural areas to clinics and the cost of health care are also barriers for women.
- Ideas for improved breast health in the affiliate service area:
 - increased outreach efforts (health fairs, media campaigns, lay health advisors, churches, senior centers, etc.),
 - use of mobile mammography units, and
 - development of patient advocate programs for newly diagnosed women.

Programs and Services:

- The affiliate service area includes 3 densely populated metropolitan counties (Durham, Orange, and Wake), each with comprehensive cancer diagnosis and

- treatment services, and 10 rural counties, most with populations that are spread out and some limitations on healthcare availability and access.
- The disparity between urban and rural counties in availability of services is also apparent in the numbers of primary health professionals, cancer treatment health professionals, mammography facilities, and cancer treatment facilities in each county.
 - Within the affiliate service area, counties in outlying areas lack all types of breast health services.
 - In 2006, the NC Triangle Affiliate awarded 20 grants to programs in 9 of the 13 service area counties. Eight of the Komen-funded programs are in Wake, 3 in Orange, 2 each in Durham and Nash, and 1 each in Caswell, Vance, Chatham, Johnston and Edgecombe. Like the overall services and programs, Komen grantees are concentrated in areas with dense commerce.

D. Summary Points

Through the grants program, outreach and education efforts, and policy work, the NC Triangle Affiliate can be effective in improving breast health education, services, and accessibility in the short-term and in developing long-term solutions.

- Grants program
 - Target funding to programs that will address county-level key points included in this document.
 - Consider changes to reporting requirements for Affiliate grantees to increase accountability and improve evaluation techniques and practices.
 - Require grantees to evaluate impact of funded programs.
 - Identify “best practices” of Affiliate grantees and replicate as model programs elsewhere in the service area.
- Outreach
 - Facilitate expansion of partnerships among local entities related to breast health.
 - Conduct trainings on Komen model programs and evidence-based approaches.
 - Disseminate Community Profile results to affiliate area counties.
- Policy advocacy
 - Expand BCCCP age- and income-eligibility.
 - Ensure public and private health insurance covers breast health services.
- Partnerships
 - Facilitate expansion of partnerships among entities related to breast health (health departments, local county hospitals, non-profit organizations, churches, sliding scale clinics, large research hospitals, and local businesses) to
 - increase effectiveness in reaching specific populations,
 - educate greater number of women with more efficiency,
 - develop new breast health programs,
 - ensure a continuum of care from education to screening to treatment, and

- better coordinate free care for the uninsured.
- Education
 - Create programs targeted to African American and Hispanic women.
 - Expand educational outreach efforts to non-clinic locations that are frequented by community members.
 - Adapt breast health materials for low literacy populations.
 - Expand lay health advisor programs.
- Access to services
 - Transportation – develop funding and programs to provide women with rides to county hospitals and clinics or to large research hospitals in metropolitan counties and make services mobile through the use of mobile mammography vans.
 - Free-screening services – expand BCCCP age- and income-eligibility.
- Social services
 - Provide comprehensive social services for women immediately following cancer diagnosis and during treatment.
- Community Profile
 - Divide the service area into regions and conduct more detailed assessments more frequently according to region.
 - Treat as a dynamic document that is continually updated.