

## KEY INFORMANT INTERVIEWS

Key informant interviews were conducted with over 30 health care providers, outreach workers, and breast cancer survivors in the 13-county affiliate service area. Data collected from interviewees is summarized in this section; to see key informant data for each county, refer to Appendices B–N. While we report the number of key informants who mentioned some topics, these data are not intended to be quantitative and should be reviewed within the context of the biases and limitations discussed earlier.

### A. Community Attitudes and Behaviors

#### *Sources of Breast Health Information:*

- **Health Departments** were the most commonly mentioned place when key informants from all counties were asked where most people seek out breast health information.
- **Nurses and/or doctors** were mentioned by key informants in 10 of the 13 counties.
- Chatham and Durham, which have a large population of Hispanics said people would likely get breast health information from **church or religious leaders or lay health advisors**. Orange Co. interviewees also mentioned the use of lay health advisors as a source of information.
- Some counties mentioned that the **media (TV, radio, newspaper)** was a source of information, though may not always be reliable.
- Residents of Wake also use the **internet** to search for breast health information, but this may be characteristic for higher-income and higher-educated populations.

*Breast Health Service Utilization:* Key informants from each county listed specific facilities that are often utilized for breast health services; please refer to the executive summaries for a complete list (Appendices B–N).

- Clinics listed for each of the 13 counties are primarily **community health centers** that offer limited services and must make referrals for services such as mammograms; however, most offer clinical breast exams and have education material available.
- Most clinics accept **Medicaid/Medicare** and/or use a **sliding scale** system.
- **Health departments** are the primary host for **BCCCP**, though most send their patients to a nearby county hospital or clinic that can provide mammograms.
- Seven of the 13 counties (Caswell, Chatham, Franklin, Granville, Harnett, Orange and Vance) mentioned that **residents seek care outside of their county**, often in Raleigh or Durham (with or without a referral).
- The most advanced breast cancer treatments are only available at the large research hospitals in Durham, Orange, or Wake.
- Interviewees in both Franklin and Johnston mentioned that **women are not getting the care they need**.

- Key informants representing counties with high Hispanic populations made note of the **non-traditional approach to medicine practiced by many Hispanics**, including home remedies and the use of natural healers.
- Multiple informants commented that in the African American community **health education is highly connected with the church**.

***Populations Lacking Regular Breast Health Screening:***

- Interviewees in 10 of the 13 service area counties mentioned that the **uninsured and low-income population** is most in need of regular breast health screenings. Of note, Caswell, Edgecombe, and Vance also have the lowest median income levels in the service area.
- Interviewees in Nash, Harnett, and Edgecombe said that **women who are not eligible for BCCCP** are least likely to be getting regular screenings.
- Vance mentioned that **young women** are in need.
- Edgecombe, Vance, and Durham have the highest population of **African Americans** and mentioned that this population was lacking regular breast health screenings (as did four other counties).
- In most of the counties in which African Americans were listed as a population needing regular screening, at least 30% of Minorities are diagnosed with late stage breast cancer. Edgecombe and Vance have the highest percentage (44% and 40% respectively) of Minorities who are diagnosed with breast cancer in a late stage.
- **Hispanics** also lack regular breast health screenings in most of the outlying counties. Caswell, Durham, and Johnston have the highest populations of Hispanics.
- Edgecombe Co. mentioned the **rural population** as being less likely to get regular screenings and Durham and Wake Counties mentioned the **Vietnamese and refugee populations**.

***Barriers to Breast Health Screening and Treatment:***

- For all of the service area counties, it is apparent that **breast health is not a priority** for the low income population. Women are more concerned with taking care of their families and paying the bills, which leaves little, if any, time or money for personal health care.
- Seven of the 13 counties said that a **lack of awareness and education about breast health**, including knowledge about survivorship, is a barrier.
- Four counties reported that some women have a **fatalistic view** and accept illness as a way of life.
- Interviewees report that women often **fear the results of a mammogram** or they are **afraid the mammogram will be painful**.
- Some populations do **not trust the medical community**; a few key informants said having a provider of the same race/ethnicity may help to reduce that barrier.

Health system factors also present multiple barriers to receiving breast health care.

- Interviewees from all 13 counties in the Affiliate service area said the **cost of health care and lack of transportation** remain the biggest barriers to receiving

- care. Whereas transportation is a greater problem for low-income women, especially in rural areas, cost affects all areas and populations.
- Most health facilities are concentrated in commerce-dense areas and women in outlying areas cannot access these services. Even in counties such as Wake and Orange, where there is public transportation and a more affluent population, the outlying townships do not always benefit from services in Raleigh and Chapel Hill. In Caswell, women have to go to another county to get a mammogram and there are only four health clinics to choose from for other services, such as breast health information and clinical breast exams.
  - Women who work in low paying or hourly wage jobs report that getting **time off of work** for doctors' appointments is difficult and **lost wages and childcare** are a problem.
  - Three counties (Chatham, Granville, and Vance) reported that **breast health is not a priority of the Health Department**. Many Health Departments lack the funds and personnel to provide outreach or initiate breast health programs outside of BCCCP. Currently, priorities in the Health Department are obesity, diabetes, and prenatal/maternal care.
  - Hispanic and Asian women may face **language barriers** both in the clinics and health departments.

## **B. Ideas for Improvement**

### *Education Programs/Information Dissemination:*

- In all 13 service area counties, key informants reported that more outreach is needed. **Health fairs** and other community events (such as the Bright Leaf Hoe Down in Caswell) were listed as potential outreach opportunities.
- **Lay health advisor programs** were also mentioned as an effective outreach method, especially for the Hispanic communities; however, others mentioned that lay health advisors may be effective for other populations, such as African American women.
- Key informants also stated that **media**, including television, radio and newspapers, would be an effective way to educate women.
- Key informants suggested **multiple ways in which doctors can be effective in outreach**: education material in doctors' waiting rooms; verbal education by a nurse or health educator while the patient waits for the doctor, and having doctors talk to their patients about breast health during visits for other services.
- Certain populations are thought to benefit from **education efforts made by churches** and church leaders: African Americans, Hispanics and the elderly population.
- **Senior centers** were also mentioned as a good place to disseminate and educate elderly women about breast health.
- **Worksite educational programs** were mentioned by key informants as an effective method, especially in factories where there may be a large population of uneducated, low income women. One key informant even suggested putting health education material in payroll envelopes at factories.

- Other locations mentioned for targeting outreach efforts were **beauty salons** (to reach African American women), **ACS Relay for Life events**, and **homeless shelters**.

***Screening Programs:***

- Despite the cost, many key informants recognized the benefits of providing a **mobile mammography** van to alleviate transportation and access problems. Employee nurses at Townsend Poultry, a chicken processing plant in Siler City, said that was the only way most women there would get screened.
- **Expanding eligibility requirements for BCCCP**, increasing BCCCP funds, compiling a list of “BCCCP best practices” to share with others, and **reinstating BCCCP** in counties that do not currently have the program.
- Some key informants felt that attending to other basic needs of women would help them prioritize breast health.

***Treatment Programs:***

- Encourage the use of **clinical trials**.
- An increased budget for **cancer support services** at large research hospitals.

***Social Support Programs:***

- Many key informants mentioned the use of **patient navigators** to help women work their way through the health care system, and to be available by phone to help answer questions for newly diagnosed women. Some suggested it would be helpful to have women of different cultures act as navigators.
- Another suggestion was to have more **support groups for African American women**.
- Coordinate a **central source of funding** to help patients pay for their treatment (or to pay other bills while undergoing treatment).
- Lastly, it was recommended that more programs provide money for **public transportation** so women can get breast health services.