

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



**SUSAN G. KOMEN®
NEW ORLEANS**

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Executive Summary

Introduction to the Community Profile Report

Susan G. Komen® New Orleans was founded in 1992 by Patricia C. Denechaud and the late Dr. Merv Trail. Komen New Orleans shares the common mission of other Affiliates to eradicate breast cancer as a life threatening disease by advancing research, education, screening, and treatment.

Komen New Orleans works to ensure that all people, regardless of race, income, geographic location, sexual orientation or insurance status, have access to screening, accurate breast health information, and if diagnosed, to quality, effective treatment and treatment support services.

Komen New Orleans Grants program is designed to make systemic, lasting change in the community. The current funding cycle, April 1, 2015 – March 31, 2016, includes nine projects totaling \$500,000 that will provide breast health and breast cancer services to thousands of low-income and uninsured women in the community. More than \$5.3 million has been raised and invested by Komen New Orleans since 1992.

The Community Profile (CP) is a community needs assessment specifically looking at breast cancer in the eight parishes served by the Komen New Orleans. The CP will help the Affiliate to:

- Establish granting priorities by helping the Affiliate better understand which breast needs have been unmet in each parish and seek out and partner with organizations and providers that can help meet these needs.
- Establish focused education activities within the communities that have limited or no access to breast health awareness information and/or Susan G. Komen.
- Drive public policy efforts for federal and state funding for patient navigation, low or no cost screening and transportation to and from treatments.

Strengthen/increase partnerships and sponsorships and establish direction for marketing and outreach activities to increase community awareness of Susan G. Komen and breast health awareness in the eight parishes served by Komen New Orleans.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

When measuring the breast cancer impact on the eight parishes served, Komen New Orleans used data from the Quantitative Data Report. This data report provides data at the Affiliate level as well as data comparisons to Louisiana and the United States. Some of the data provided are as follows:

- Female breast cancer incidence (new cases)
- Female breast cancer deaths
- Late-stage diagnosis
- Screening mammography
- Population demographics
- Socioeconomic indicators

The data provided in the report is 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 (HP 2020). The Healthy People 2020 is a major federal government initiative that provides specific health objectives for communities and the country as a whole.

To determine priority areas, each parish's estimated time to reach the HP2020 target for late-stage diagnosis and deaths were compared and then each parish was categorized into seven potential priority levels. Four parishes in the Affiliate service area are in the highest priority category: Jefferson Parish, Orleans Parish, St. Bernard Parish, and St. John the Baptist Parish.

Two parishes in the Komen New Orleans service area are in the medium high priority category: St. Tammany Parish, and Washington Parish.

In an effort to be the most efficient stewards of available resources, Susan G. Komen New Orleans has chosen the four parishes at the highest priority as targets within the service area. The Affiliate will focus strategic efforts on these four target parishes over the course of the next four years. These four target parishes are those parishes identified as having cumulative key indicators showing an increased chance of vulnerable populations likely at risk for experiencing gaps in breast health services and/or enhanced barriers in access of care.

When selecting the target parishes, the Affiliate reviewed the Healthy People 2020. Specific to Komen New Orleans, goals around reducing women's death rate from breast cancer and reducing the number of breast cancers found at a late-stage were analyzed. Through this review, areas of priority were identified based on the time needed to meet Healthy People 2020 targets for breast cancer. Additional key indicators the Affiliate reviewed when selecting target parishes included:

- Incidence rates and trends
- Death rates and trends
- Late-stage rates and trends
- Residents living below the poverty level
- Residents living without health insurance
- Unemployment percentages

The selected priority target parishes are:

- Jefferson Parish
- Orleans Parish
- St. Bernard Parish
- St. John the Baptist Parish

Jefferson Parish

Jefferson Parish is the highest populated parish in the Affiliate service area. The total population is 66.8 percent White, 28.4 percent Black/African-American and 11.4 percent Hispanic/Latina. The income below 100 percent poverty is estimated to be 15.1 percent of the total population with 6.7 percent unemployed. It is estimated that 13.5 percent of the Jefferson Parish population are currently in medically underserved areas and that 21.9 percent have no health insurance.

The age adjusted incidence rates, death rates, and late-stage rates for breast cancer in Jefferson Parish are slightly higher than the US. However, the Healthy People 2020 needs/priority classification predicts that Jefferson Parish is likely to miss the HP2020 breast cancer death and late –stage rate targets. It is estimated that it will take 13 years or more to meet both targets. This prediction classifies Jefferson parish as a highest intervention risk priority area.

Orleans Parish

Orleans Parish is the second highest populated parish in the Affiliate service area. The total population is estimated to be 151, 951. The total population is 33.2 percent White, 63.3 percent Black/African-American, and 4.4 percent Hispanic/Latina. The income below 100 percent below poverty is estimated to be 25.7 percent with 11.4 percent unemployed. There is an estimated 36.1 percent of the population that are in medically underserved areas and approximately 23.4 percent have no health insurance.

For the Affiliate area as a whole, the death rate was higher among Black/African-American than Whites. There were also a higher percentage of late-stage rates among Blacks/African-Americans than Whites. Orleans Parish incidence, death and late-stage rates are all higher than the US average. The death rate and late-stage rate of Orleans Parish are both higher than the Affiliate service area average.

The Healthy People 2020 needs/priority classification predicts that Orleans Parish is likely to miss the HP2020 breast cancer death and late-stage targets. It is estimated that it will take 13 years or more to meet both targets. This prediction based on increasing death and late-stage rates make Orleans Parish a highest priority intervention target for the Affiliate. It is important to take into consideration the substantially higher percentage of Black/African-American females that reside in this parish and the increasing late-stage rates in this population within the Affiliate as a whole.

St. Bernard Parish

St. Bernard Parish has an estimated female population of 13,705. The parish has a population consisting of 75.6 White, 20.9 Black/African-American, and 5.2 percent Hispanic/Latina. An estimated 14.6 percent have an income below 100 percent poverty level and approximately 11.9 percent are unemployed.

The data collected did not include a high enough pool of data to support a percentage rate for breast cancer death rates in St. Bernard Parish; however, the incidence rates and late-stage rates are both higher than the Affiliate and US averages.

The Healthy People 2020 needs/priority classification predicts that St. Bernard Parish is likely to miss the HP2020 breast cancer late-stage rate target. It is estimated that it will take 13 years or more to meet the target. This prediction puts St. Bernard Parish in the highest priority area.

St. John the Baptist Parish

The female population of St. John the Baptist Parish is estimated to be 23,976. The total population consists of 43.2 White, 55.3 Black/African-American, and 4.6 Hispanic/Latina. It is estimated that 15.2 percent have an income below 100 percent poverty. Ten percent are

unemployed, with 100 percent in medically underserved areas and 19.5 percent having no health insurance.

St. John the Baptist Parish has incidence rates that are equivalent to the US and Affiliate averages, however, the death rates are high at 33.2 per 100,000 and the late-stage rates are high at 58.7 per 100,000.

The Healthy People 2020 needs/priority classification predicts that St. John the Baptist Parish is likely to miss the HP2020 breast cancer death and late-stage rates target. It is estimated that it will take 13 years or more to meet both targets. This prediction based on the increasing death and late-stage rates makes St. John the Baptist Parish a highest priority target area for Komen New Orleans.

Health System and Public Policy Analysis

The Affiliate used the internet and an interview with the local LBCCHP (Louisiana Breast Cancer and Cervical Health Plan) as resources to facilitate the search for a comprehensive Health Systems Analysis inventory.

When assessing the breast health needs of the Affiliate service area, it is important to look at the entire continuum of care (CoC). A patient needs to have access to proper screening, and a woman must be given correct information about the outcome of the screening. The patient must be educated about breast health. If there is an abnormality found during screening, the patient must get guidance and further testing. Once the additional testing is done, a patient may be given a breast cancer diagnosis. This patient must be able to navigate the system to get the proper treatment options. A patient should be made aware of any clinical trials that she may be eligible to participate in. During and after treatment it is imperative that the patient seek follow-up care. There are many reasons why a patient may not stay in the CoC, and these reasons must be considered to create solutions to keep them in the CoC.

The Health Systems and Public Policy Analysis revealed that women may enter the CoC at any point, but ideally entrance would be through screening. However, screening may be affected by a lack of education on screening practices. Barriers that hinder the CoC, such as lack of transportation, lack of services within the specific target community, lack of time, and lack of information, exist in the target communities of Jefferson Parish, Orleans Parish, St. Bernard Parish, and St. John the Baptist Parish.

Two programs having to do with breast health in Louisiana include the Louisiana Breast and Cervical Health Program (LBCHP) and the Louisiana Cancer Control Partnership (LCCP). The Affiliate works with both of these programs to maintain a strong relationship and to ensure collaboration and synergy on efforts. Goal 15 of the Louisiana Comprehensive Cancer Control Plan addresses breast cancer, and the Affiliate works closely with the Director of the Louisiana Cancer Prevention and Control Programs concerning Goal 15. Louisiana has opted out of the Affordable Care Act, and consequently Medicaid has not been extended, leaving a coverage gap.

Louisiana as a state has opted out of the Medicaid Extension of the Affordable Care Act, resulting in a coverage gap for individuals whose income is above current Medicaid eligibility but

below the lower limit for Marketplace premium tax credits. This creates barriers for people needing to access health services. This has an effect on breast health when considering access and the CoC in Louisiana. Additionally, although the ACA may have allowed for increased access to mammography coverage, the decision to opt out of the Medicaid Expansion strains the places that provide screenings, treatment, and assistance.

Qualitative Data: Ensuring Community Input

Exploratory data of the community was provided by conducting key informant interviews with patients and questionnaires for providers and patients using the Susan G. Komen grants. Patient surveys were given to women who have received a mammogram in the selected greater New Orleans target area. These included women who received mammograms at a grantee clinic in Jefferson Parish, Orleans Parish, St. Bernard Parish, and St. John the Baptist Parish. The provider surveys were completed by providers associated with the Jefferson Parish, Orleans Parish, St. Bernard Parish, and St. John the Baptist clinics.

The survey questionnaires were emailed to providers, filled out and mailed or emailed back to the team. Providers also printed the patient surveys to distribute to patients in their clinics. The patient surveys were then scanned and emailed or mailed back to the office.

For the patient surveys and key informant interviews, key assessment questions, focused on awareness of education and outreach, and screening, diagnostic and treatment programs, were asked about community identified health concerns. The questions addressed general knowledge of breast health and included questions on breast cancer screening and genetic testing. A second set of questions for the patient surveys and key informant interviews was added for breast cancer survivors only. These questions addressed barriers and problems that the survivors faced when getting their mammograms, diagnosis, and treatment, in addition to resources that were utilized by the participants that contributed to their knowledge of breast cancer and breast health. Provider surveys questioned the availability of breast health education materials and procedures taken by providers in regards to clinical breast exams, screening mammography and referrals. In addition, a section of the survey was dedicated to the practice perspective on factors that prevent women from breast health care.

A total of nine provider surveys, 77 patient surveys, and 45 key informant interviews were completed. The common themes that arose from the surveys were: Lack of money or insurance, fear, lack of education/community outreach, and misconceptions about knowledge of breast cancer. The common variables that were identified as barriers from not getting screened from these surveys were access, outreach, and fear.

The information gathered through these surveys helps to explain some of the disparities in access to breast health care in the target communities. From the data, Black/African-American women are a large percentage of the target population. Additionally, Black/African-American women in Southeast Louisiana as well as the target parishes have higher than average annual death rates. Many are uninsured and economically disadvantaged. The surveys tell the Affiliate that these women skip regular screenings due to lack of money, fear of the unknown, and lack of education. With increased education and advertising about the importance of early screening and breast health, there will be an increase in community members affected.

Mission Action Plan

Based on demographic, statistical and qualitative information collected for this report, Komen New Orleans has chosen three priorities. These priorities take into account the common themes seen in the surveys. These themes are the common barriers to proper breast health awareness and the critical success of the continuum of care. These barriers are lack of money and insurance, lack of education and fear of the unknown. Other barriers are cultural barriers and misconceptions. The timeline for these priorities will be FY16-FY19. While the three priorities will apply to all eight parishes in Komen New Orleans service area, special emphasis will be given to the four parishes identified as the highest priority: Jefferson Parish, Orleans Parish, St. Bernard Parish, and St. John the Baptist Parish.

Needs Statement

The demographic and statistical information collected revealed that women in the target communities of Jefferson Parish, Orleans Parish, St. Bernard Parish, and St. John the Baptist Parish are at the greatest risk for falling out of the continuum of care. In particular, Black/African-American women are being diagnosed at later stages than the national average. This may be due to a lack of knowledge concerning breast cancer and early detection. In the four target communities of Jefferson Parish, Orleans Parish, St. Bernard Parish, and St. John the Baptist Parish, there is a large percentage of uninsured and economically disadvantaged people that are not educated about breast health awareness and are unaware of available services. The Affiliate has chosen three priorities based on the demographic, statistical, and qualitative information collected for the report.

Priority Provide educational outreach programs specifically for Black/African-American women that will help remove cultural misconceptions, eliminate fear and increase breast health awareness in the target communities of Orleans Parish, Jefferson Parish, St. John the Baptist Parish, and St. Bernard Parish.	Objectives <ol style="list-style-type: none"> 1. Maintain partnership with Xavier University, Southern University, University of New Orleans, Tulane University and Dillard University to provide culturally appropriate breast health messages to the students and faculty of the Universities. Education and information are the keys to breaking the cultural cycle of not getting screened for fear of diagnosis. Emphasis should be on early detection. At least 8,000 educational flyers, pamphlets, and materials on breast cancer will be distributed to target communities on an annual basis from FY16-FY19. 2. The Affiliate will participate in University health fairs and partner with school health clinics, sororities and fraternities as well as community General/Family Practice offices, community health clinics, and OBGYNs. The Affiliate will participate in 120 health events on an annual basis from FY16-FY19 that involve the target communities of Jefferson Parish, Orleans Parish, St. Bernard Parish, and St. John the Baptist Parish. 3. Maintain partnership with The New Orleans Saints, Pelicans and Zephyr organizations to provide culturally appropriate breast health messages at three charity events, pre-game events and half-time events on an annual basis from FY16-FY19. 4. Coordinate at least 50 "Pink" events with community salons and gyms to promote culturally appropriate breast health messages on an annual basis from FY16-FY19.
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Priority Increase breast health awareness, educational outreach, and access to screening services for the uninsured and underserved.	Objectives <ol style="list-style-type: none"> 1. Susan G. Komen New Orleans will continue to partner with the Louisiana Breast and Cervical Health Program (LBCHP) and advocate for additional state funding for uninsured women in Southeast Louisiana by working with the statewide Susan G. Komen Affiliates, participating in Susan G. Komen day at the State Capital, contacting each legislator to engage and inform three times annually from FY16-FY19. 2. The Affiliate will continue to partner with and establish a presence in the local health clinics, such as St. Thomas Community Health Center, LSUHSC clinic, West Jefferson Women's imaging and Breast Center and the St. Charles Community Health Center, to promote access for screening services to over 30,000 people on the Affiliate's database from FY16-FY19. 3. FY17 and FY18, the Affiliate will make contact with at least one new breast cancer related organization in each priority parish to inform them about the local Community Health Request for Application. That can provide patient navigation, allow for additional screening and transportation to and from screening and treatment.
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	<ol style="list-style-type: none"> 4. From FY16-FY19, annually Komen New Orleans will participate in one statewide Lobby Day and National Lobby Day for Komen target specific legislators for support for Susan G. Komen's advocacy priorities. 5. If Louisiana has accepted Medicaid expansion by the FY17 Community Grant Request for Application, the patient navigation services and transportation assistance for residents of the target communities will be listed as a funding priority of Komen New Orleans. If Louisiana has not accepted Medicaid expansion, the focus will remain on screenings and treatment assistance.
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Priority	Objectives
Increase Awareness of Susan G. Komen New Orleans and the services that are provided by the Affiliate.	<ol style="list-style-type: none"> 1. Susan G. Komen New Orleans will work with 200 community and civic organizations along with leaders in each community in the Affiliate service area with special emphasis on the highest priority communities of Jefferson Parish, Orleans Parish, St. Charles Parish, and St. Bernard Parish to conduct and partner with existing health fairs and community events annually from FY16-FY19. 2. The Affiliate will expand partnerships with television, radio and online community partners by 10 from FY16-FY19. Ideally, awareness within the target communities would increase by having corporate partners or sponsors to focus on public awareness of both Susan G. Komen New Orleans and breast health awareness. 3. Continue to partner with health and breast health clinics, physician's offices, hospitals and schools to attend health fairs and events providing accurate breast health awareness literature through the distribution of 10,000 educational materials annually from FY16-FY19. 4. Continue nine partnerships with Mary Bird Perkins Cancer Center, The Center for Restorative Breast Surgery, MD Anderson at East Jefferson General Hospital, the Ochsner Breast Center, the St. Charles Community Health Center, the St. Thomas Clinic, the Louisiana Cancer Registry and the LBCHP, Cancer Association of New Orleans, and the Central City Health Clinic, which serve the target communities, from FY16-FY19.

Disclaimer: Comprehensive data for the Executive Summary can be found in the 2015 Komen New Orleans Community Profile Report.

Introduction

Affiliate History

Susan G. Komen® New Orleans was founded in 1992 by Patricia C. Denechaud and the late Dr. Merv Trail. Komen New Orleans shares the common mission of other Affiliates to eradicate breast cancer as a life threatening disease by advancing research, education, screening, and treatment.

Komen New Orleans works to ensure that all people, regardless of race, income, geographic location, sexual orientation or insurance status, have access to screening, and if diagnosed, to quality, effective treatment and treatment support services.

Komen New Orleans Community Grants program is designed to make systemic, lasting change in the community. The Affiliate is proud to have invested more than \$4.8 million into New Orleans since 1992. Komen New Orleans funding cycle, April 1, 2014 – March 31, 2015, includes nine projects totaling \$620,000 that will provide breast health and breast cancer services to thousands of low-income and uninsured women in the community.

Fiscal Year 2014/2015 Awarded Grants ~ \$620,000

- St. Thomas Community Health Center ~funding for breast cancer screening mammography and diagnostic ultrasounds.
- LSUHSC School of Public Health Breast Center~ funding for advanced practice nurse and diagnostic care coordinator patient navigator.
- Cancer Association of Greater New Orleans (CAGNO)~Funding for breast cancer patients financial assistance with medications, insurance premiums, COBRA fees, co-pays and breast cancer related medical bills.
- Thomas/McMahan Cancer Foundation ~ funding for breast cancer screening lymphedema therapy, screening and transportation.
- Access Health Louisiana ~ funding for breast cancer screening and diagnostic mammograms.
- West Jefferson Medical Center Women's Imaging & Breast Care Center ~ funding for breast cancer screening and diagnostic mammograms.
- West Jefferson Medical Center Outpatient Rehabilitation Dept. ~ funding for breast cancer survivor lymphedema rehabilitation and compression materials.
- Mary Bird Perkins at St. Tammany Parish Hospital Cancer Program ~ funding for breast cancer mobile mammography screening.
- East Jefferson General Hospital Foundation ~ funding for breast cancer screening and diagnostic mammograms.

Affiliate Organizational Structure

Komen New Orleans is led by a volunteer Board of Directors and an Executive Director. The Affiliate's ability to hire an Executive Director and obtain office space in 2000 has stabilized the Affiliate leadership and visibility in the community. Visibility within the community has paved the way for successful fundraising events such as the Summer Cure Chef's Wine Dinner, #Kickdat for Komen, and the Salute to Survivors Luncheon.

The Affiliate staff includes two full time employees and four internship positions:

- Executive Director
- Affiliate Coordinator
- Race for the Cure Internship
- Mission/Outreach Internship
- Public Relations & Marketing Internship
- Volunteer Development Internship

The Board of Directors includes:

- President
- Secretary
- Treasurer
- 6 At-Large Board Members
- 22 Honorary Board Members

Affiliate Service Area

New Orleans is the Southeastern tip of the State of Louisiana. It is the largest city in Louisiana and is the center of the largest metropolitan area in Louisiana, the Greater New Orleans Metropolitan Area, which is the service area of Komen New Orleans. The Greater New Orleans Metropolitan statistical area includes seven parishes: Orleans Parish, Jefferson Parish, St. Bernard Parish, St. John the Baptist Parish, St. Charles Parish, Plaquemines Parish and St. Tammany Parish. Washington Parish is added into the combined statistical area (Figure 1.1). Geographically, the Greater New Orleans Metropolitan Area is described using the following terms: East Bank, West Bank, North Shore and River Parishes. The East Bank term refers to those parishes east and north of the Mississippi River and includes the northern portion of Jefferson Parish, the northern portion of Orleans Parish and St. Bernard Parish. The West bank term refers to those parishes west and south of the Mississippi River and includes the southern portion of Jefferson Parish, the southern portion of Orleans Parish and the western portion of Plaquemines Parish. St. Tammany and Washington Parish are the North Shore parishes on the northern shore of Lake Pontchartrain. The River Parishes – St. Charles and St. John the Baptist – are located along the Mississippi River between New Orleans and Baton Rouge, Louisiana.

KOMEN NEW ORLEANS SERVICE AREA

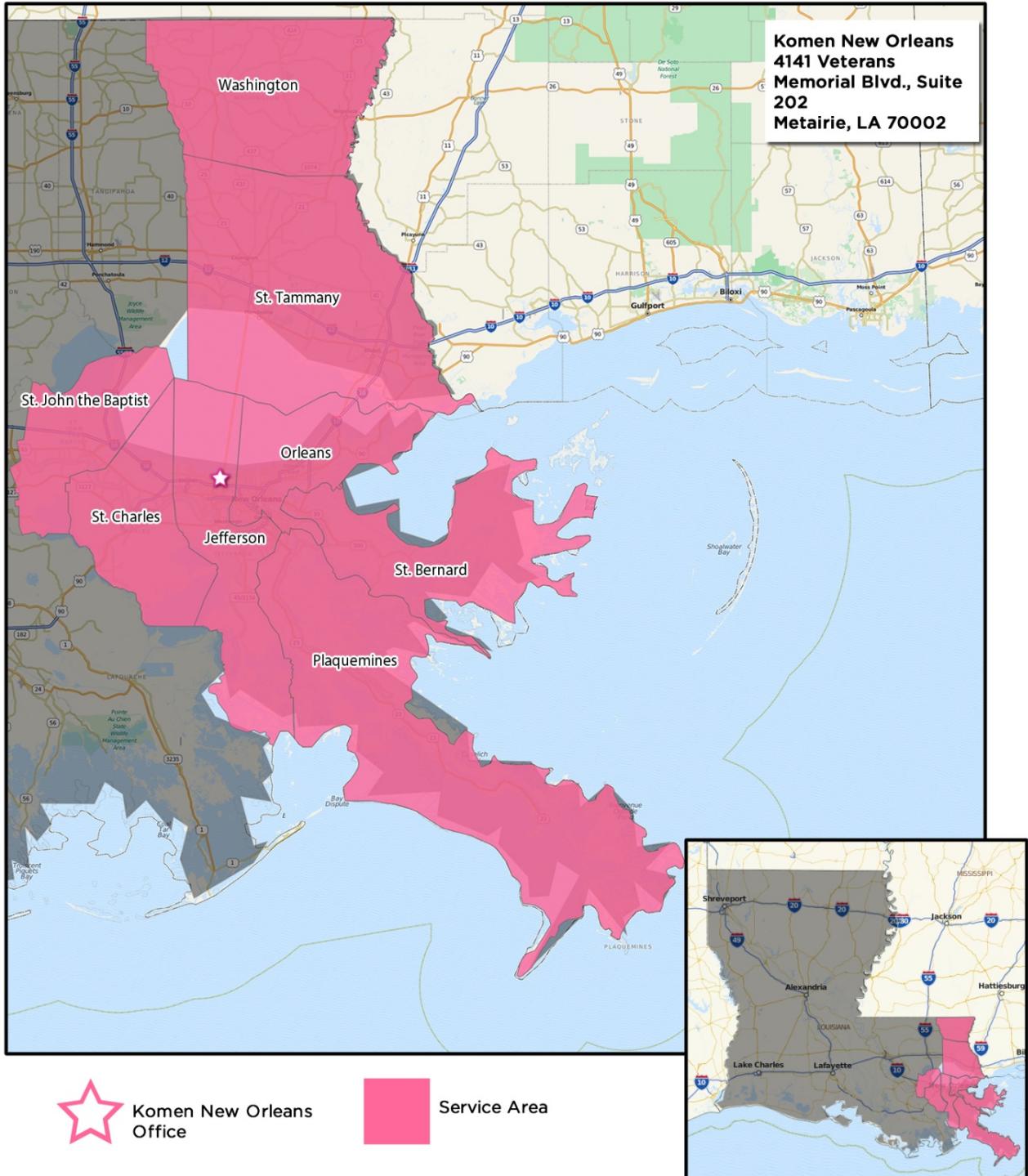


Figure 1.1. Susan G. Komen New Orleans service area

Purpose of the Community Profile Report

Susan G. Komen's promise is to save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to find a cure. To help meet this promise, Komen New Orleans uses information obtained through a Community Profile Report (CP) to assure that the mission and non-mission work of the Affiliate is targeted and non-duplicative.

The CP is a community needs assessment specifically looking at breast cancer in the eight parishes served by Komen New Orleans. It will help the Affiliate to:

1. Establish granting priorities by helping the Affiliate to better understand which breast needs have been unmet in each parish and seek out and partner with organizations and providers that can help meet these needs.
2. Establish focused education activities within the communities that have limited or no access to breast health awareness information and /or Susan G. Komen.
3. Drive public policy efforts for federal and state funding for patient navigation, low or no cost screening and transportation to and from treatments.
4. Strengthen/increase partnerships and sponsorships and establish direction for marketing and outreach activities to increase community awareness of Susan G. Komen and breast health awareness in the eight parishes served by Komen New Orleans.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

Quantitative Data Report

Introduction

The purpose of the quantitative data report for the Susan G. Komen® New Orleans 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 New Orleans' Quantitative Data Report. For a full report please contact the Affiliate.

Breast Cancer Statistics

Incidence rates

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

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

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

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

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

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

Death rates

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

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

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

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

Late-stage incidence rates

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

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

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

		Incidence Rates and Trends			Death Rates and Trends			Late-stage Rates and Trends		
Population Group	Female Population (Annual Average)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of Deaths (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)
US	154,540,194	182,234	122.1	-0.2%	40,736	22.6	-1.9%	64,590	43.8	-1.2%
HP2020	.	-	-	-	-	20.6*	-	-	41.0*	-
Louisiana	2,265,429	2,967	119.7	1.3%	642	25.4	-1.4%	1,151	46.8	0.4%
Komen New Orleans Service Area	590,921	841	125.9	1.4%	179	26.4	NA	308	46.5	1.6%
White	365,921	577	125.7	0.7%	114	23.6	NA	194	42.6	0.0%
Black/African-American	205,248	254	133.0	3.4%	64	34.7	NA	110	58.1	3.6%
American Indian/Alaska Native (AIAN)	3,237	SN	SN	SN	SN	SN	SN	SN	SN	SN
Asian Pacific Islander (API)	16,515	8	52.3	-6.3%	SN	SN	SN	4	22.9	-0.7%
Non-Hispanic/ Latina	552,897	807	127.3	1.7%	176	27.3	NA	295	47.0	2.0%
Hispanic/ Latina	38,024	33	100.5	-4.9%	SN	SN	SN	12	36.6	-8.2%
Jefferson Parish - LA	222,356	328	123.4	1.5%	69	24.9	-1.4%	115	44.3	0.0%
Orleans Parish - LA	151,951	209	128.1	1.4%	51	30.8	-1.4%	85	52.8	3.0%
Plaquemines Parish - LA	11,339	14	119.5	-4.6%	SN	SN	SN	5	47.1	-7.0%
St. Bernard Parish - LA	13,705	18	126.9	12.6%	SN	SN	SN	8	52.9	16.1%
St. Charles Parish - LA	26,736	30	110.7	-0.7%	6	25.1	-1.9%	9	34.8	-0.4%
St. John the Baptist Parish - LA	23,976	30	124.6	1.1%	8	33.2	0.8%	14	58.7	3.0%
St. Tammany Parish - LA	117,318	179	134.0	-0.4%	33	24.8	-0.5%	57	42.5	-1.5%
Washington Parish - LA	23,540	34	116.8	10.7%	6	22.2	-2.5%	14	49.3	11.6%

*Target as of the writing of this report.

NA – data not available.

SN – data suppressed due to small numbers (15 cases or fewer for the 5-year data period).

Data are for years 2006-2010.

Rates are in cases or deaths per 100,000.

Age-adjusted rates are adjusted to the 2000 US standard population.

Source of incidence and late-stage data: North American Association of Central Cancer Registries (NAACCR) – Cancer in North America (CINA) Deluxe Analytic File.

Source of death rate data: Centers for Disease Control and Prevention (CDC) – National Center for Health Statistics (NCHS) 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 New Orleans service area was slightly higher than that observed in the US as a whole and the incidence trend was higher than the US as a whole. The incidence rate of the Affiliate service area was **significantly higher** than that observed for the State of Louisiana and the incidence trend was not significantly different than the State of Louisiana.

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

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

- St. Bernard Parish

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

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

Death rates and trends summary

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

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

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

Late-stage incidence rates and trends summary

Overall, the breast cancer late-stage incidence rate in the Komen New Orleans 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 and lower among APIs than Whites. There were not enough data available within the Affiliate service area to report on AIANs so comparisons cannot be made for this racial group. The late-stage incidence rate among Hispanics/Latinas was lower than among Non-Hispanics/Latinas.

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
Informed decision-making with a health care provider at age 40		Informed decision-making with a health care provider ages 40-49
Mammography every year starting at age 45	Mammography every year starting at age 40	Mammography every 2 years ages 50-74
Mammography every other year beginning at age 55		

*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 New Orleans Service Area	613	499	80.3%	75.7%-84.2%
White	399	324	81.8%	76.2%-86.3%
Black/African-American	188	155	78.0%	69.0%-85.0%
AIAN	SN	SN	SN	SN
API	SN	SN	SN	SN
Hispanic/ Latina	17	16	93.8%	61.6%-99.3%
Non-Hispanic/ Latina	593	480	79.7%	75.0%-83.7%
Jefferson Parish - LA	201	170	83.4%	75.8%-89.0%
Orleans Parish - LA	147	119	78.9%	68.4%-86.6%
Plaquemines Parish - LA	SN	SN	SN	SN
St. Bernard Parish - LA	13	9	69.9%	28.8%-93.0%
St. Charles Parish - LA	16	13	80.8%	46.1%-95.4%
St. John the Baptist Parish - LA	23	18	86.2%	57.0%-96.7%
St. Tammany Parish - LA	111	89	76.9%	65.1%-85.6%
Washington Parish - LA	94	73	71.8%	59.0%-81.8%

SN – data suppressed due to small numbers (fewer than 10 samples).

Data are for 2012.

Source: CDC – Behavioral Risk Factor Surveillance System (BRFSS).

Breast cancer screening proportions summary

The breast cancer screening proportion in the Komen New Orleans 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.

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

Population Characteristics

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

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

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

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

Table 2.4. Population characteristics – demographics

Population Group	White	Black/African-American	AIAN	API	Non-Hispanic /Latina	Hispanic /Latina	Female Age 40 Plus	Female Age 50 Plus	Female Age 65 Plus
US	78.8 %	14.1 %	1.4 %	5.8 %	83.8 %	16.2 %	48.3 %	34.5 %	14.8 %
Louisiana	63.7 %	33.8 %	0.8 %	1.8 %	96.1 %	3.9 %	46.8 %	33.7 %	14.0 %
Komen New Orleans Service Area	60.1 %	36.4 %	0.6 %	2.9 %	93.1 %	6.9 %	48.1 %	34.6 %	14.0 %
Jefferson Parish - LA	66.8 %	28.4 %	0.6 %	4.2 %	88.6 %	11.4 %	50.2 %	36.8 %	15.7 %
Orleans Parish - LA	33.2 %	63.3 %	0.4 %	3.0 %	95.6 %	4.4 %	44.8 %	32.4 %	12.8 %
Plaquemines Parish - LA	72.2 %	22.2 %	2.0 %	3.7 %	94.8 %	5.2 %	46.1 %	30.7 %	12.3 %
St. Bernard Parish - LA	75.6 %	20.9 %	0.8 %	2.6 %	91.5 %	8.5 %	41.1 %	28.0 %	10.0 %
St. Charles Parish - LA	70.6 %	27.8 %	0.4 %	1.2 %	95.1 %	4.9 %	47.3 %	31.3 %	11.2 %
St. John the Baptist Parish - LA	43.2 %	55.3 %	0.4 %	1.1 %	95.4 %	4.6 %	46.1 %	31.3 %	11.3 %
St. Tammany Parish - LA	85.0 %	12.7 %	0.6 %	1.7 %	95.4 %	4.6 %	50.8 %	36.1 %	14.2 %
Washington Parish - LA	67.8 %	31.5 %	0.4 %	0.3 %	98.4 %	1.6 %	50.3 %	38.0 %	16.6 %

Data are for 2011.

Data are in the percentage of women in the population.

Source: US Census Bureau – Population Estimates

Table 2.5. Population characteristics – socioeconomics

Population Group	Less than HS Education	Income Below 100% Poverty	Income Below 250% Poverty (Age: 40-64)	Un-employed	Foreign Born	Linguistic-ally Isolated	In Rural Areas	In Medically 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 New Orleans Service Area	16.0 %	17.2 %	38.7 %	8.5 %	6.8 %	2.6 %	9.1 %	35.6 %	21.0 %
Jefferson Parish - LA	17.0 %	15.1 %	36.5 %	6.7 %	11.1 %	4.3 %	1.1 %	13.5 %	21.9 %
Orleans Parish - LA	16.1 %	25.7 %	48.4 %	11.4 %	5.8 %	2.2 %	0.6 %	36.1 %	23.4 %
Plaquemines Parish - LA	18.4 %	9.4 %	30.0 %	6.9 %	3.0 %	1.0 %	19.5 %	100.0 %	17.0 %
St. Bernard Parish - LA	20.5 %	14.6 %	47.0 %	11.9 %	5.2 %	3.7 %	4.3 %	6.0 %	24.6 %
St. Charles Parish - LA	14.6 %	12.9 %	28.3 %	7.0 %	3.1 %	1.2 %	11.5 %	100.0 %	15.2 %
St. John the Baptist Parish - LA	17.8 %	15.2 %	37.0 %	10.0 %	3.4 %	0.7 %	13.4 %	100.0 %	19.5 %
St. Tammany Parish - LA	11.6 %	10.1 %	28.1 %	6.1 %	3.4 %	0.9 %	23.2 %	33.6 %	16.9 %
Washington Parish - LA	22.5 %	27.4 %	55.7 %	15.6 %	0.9 %	0.2 %	66.7 %	100.0 %	23.7 %

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 New Orleans service area has a substantially smaller White female population than the US as a whole, a substantially larger Black/African-American female population, a slightly 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 slightly lower than and income level is slightly 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 smaller percentage of people living in rural areas, a slightly larger percentage of people without health insurance, and a substantially larger percentage of people living in medically underserved areas.

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

- Orleans Parish
- St. John the Baptist Parish

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

- Washington Parish

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

- Orleans Parish
- Washington Parish

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

- St. Bernard Parish
- Washington Parish

Priority Areas

Healthy People 2020 forecasts

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

HP2020 has several cancer-related objectives, including:

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

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

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

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

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

Identification of priority areas

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

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

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

Counties are classified as follows (Table 2.6):

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

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

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

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

Affiliate Service Area Healthy People 2020 Forecasts and Priority Areas

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

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

Trends can change for a number of reasons, including:

- Improved screening programs could lead to breast cancers being diagnosed earlier, resulting in a decrease in both late-stage incidence rates and death rates.

- Improved socioeconomic conditions, such as reductions in poverty and linguistic isolation could lead to more timely treatment of breast cancer, causing a decrease in death rates.

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

Table 2.7. Intervention priorities for Komen New Orleans 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
Jefferson Parish - LA	Highest	13 years or longer	13 years or longer	
Orleans Parish - LA	Highest	13 years or longer	13 years or longer	%Black/African-American, poverty
St. Bernard Parish - LA	Highest	SN	13 years or longer	Employment
St. John the Baptist Parish - LA	Highest	13 years or longer	13 years or longer	%Black/African-American, medically underserved
St. Tammany Parish - LA	Medium High	13 years or longer	3 years	Rural
Washington Parish - LA	Medium High	3 years	13 years or longer	Education, poverty, employment, rural, medically underserved
Plaquemines Parish - LA	Medium Low	SN	2 years	Rural, medically underserved
St. Charles Parish - LA	Medium Low	11 years	Currently meets target	Medically underserved

NA – data not available.

SN – data suppressed due to small numbers (15 cases or fewer for the 5-year data period).

Map of Intervention Priority Areas

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

Komen New Orleans Affiliate Counties

Priority Areas

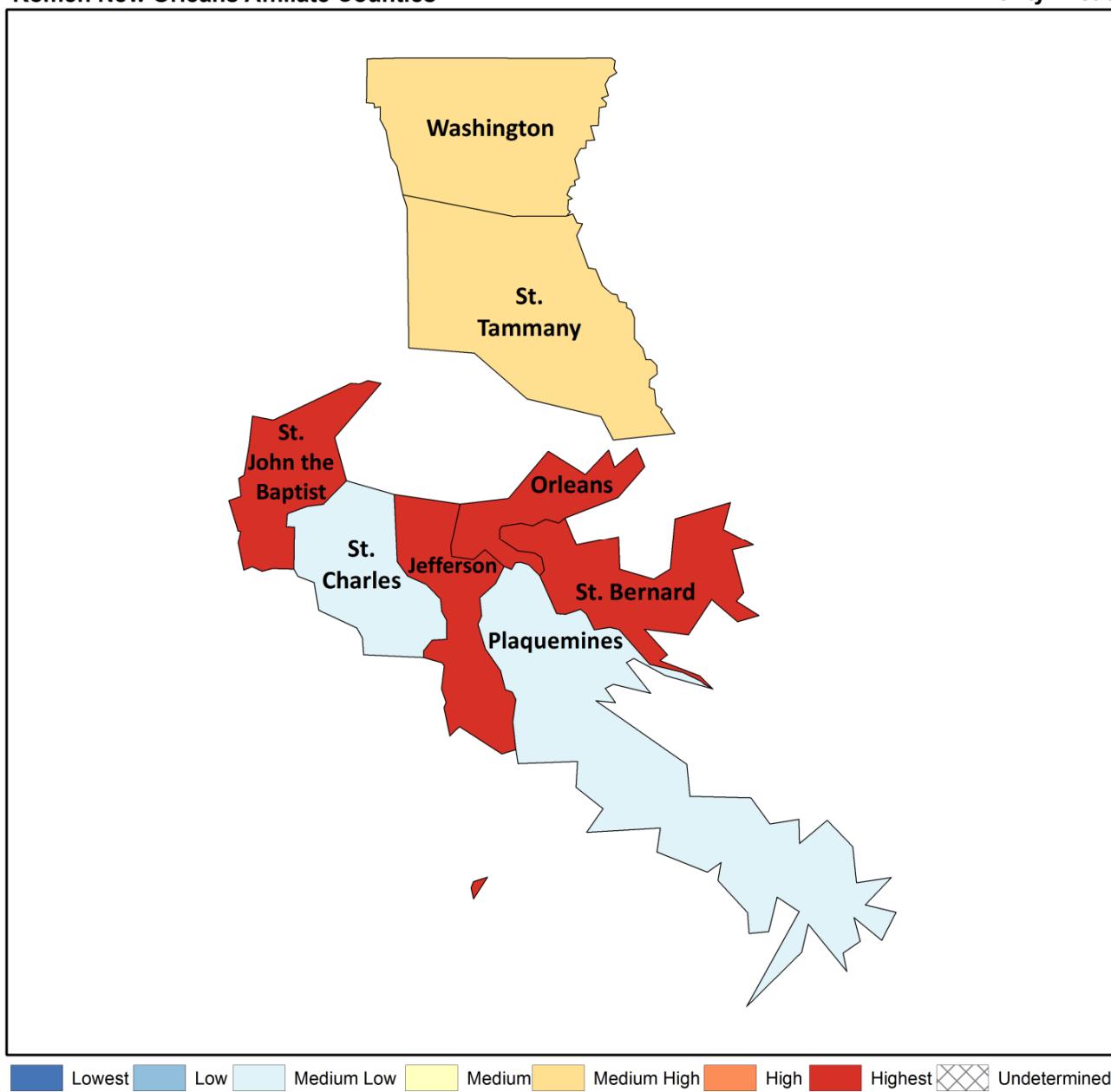


Figure 2.1. Intervention priorities

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

Four parishes in the Komen New Orleans service area are in the highest priority category. Three of the four, Jefferson Parish, Orleans Parish and St. John the Baptist Parish, are not likely to meet either the death rate or late-stage incidence rate HP2020 targets. One of the four, St. Bernard Parish is not likely to meet the late-stage incidence rate HP2020 target. Incidence trends in St. Bernard Parish (12.6 percent per year) are significantly less favorable than the Affiliate service area as a whole (1.4 percent per year).

Orleans Parish has a relatively large Black/African-American population and high poverty level. St. Bernard Parish has high unemployment. St. John the Baptist Parish has a relatively large Black/African-American population.

Medium high priority areas

Two parishes in the Komen New Orleans service area are in the medium high priority category. One of the two, St. Tammany Parish is not likely to meet the death rate HP2020 target. One of the two, Washington Parish is not likely to meet the late-stage incidence rate HP2020 target. Washington Parish has low education levels, high poverty level and high unemployment.

Selection of Target Communities

In an effort to be the most efficient stewards of available resources, Komen New Orleans has chosen four parishes as high priority targets within the service area. The Affiliate will focus strategic efforts on these four target parishes over the course of the next four years. The target parishes are those parishes identified as having cumulative key indicators showing an increased chance of vulnerable populations likely at risk for experiencing gaps in breast health services and/or enhanced barriers in access of care.

When selecting the target parishes, 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 New Orleans, 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 counties included, but were not limited to:

- Incidence rates and trends
- Death rates and trends
- Late-stage rates and trends
- Residents living below the poverty level
- Residents living without health insurance
- Unemployment percentages

The selected target parishes are:

- Jefferson Parish
- Orleans Parish
- St. Bernard Parish
- St. John the Baptist Parish

Jefferson Parish

Jefferson Parish is the highest populated parish in the Affiliate service area. According to data from 2006-2010 the Annual average female population is 222, 356. The total population is 66.8 percent White, 28.4 percent Black/African-American and 11.4 percent Hispanic/Latina (Table 2.4). The income below 100 percent poverty is estimated to be 15.1 percent of the total population with 6.7 percent unemployed (Table 2.5). It is estimated that 13.5 percent of the Jefferson Parish population are currently in medically underserved areas and that 21.9 percent have no health insurance (Table 2.5).

The age-adjusted incidence rates, death rates and late-stage rates for breast cancer in Jefferson Parish are slightly higher (not statistically significant) than the US. However, the Healthy People 2020 needs/priority classification predicts that Jefferson Parish is likely to miss the HP2020 breast cancer death and late-stage rate targets. It is estimated that it will take 13 years or more to meet both targets (Table 2.7). This prediction classifies Jefferson Parish as a highest intervention risk priority area.

The health systems analysis component of this report will take a more in depth look at the available breast health services in this parish. Many of the Institutions in this parish are private and do not have services available for under and non-insured. It is important to gain a clear understanding of how accessible breast health services are in Jefferson Parish.

Orleans Parish

Orleans Parish is the second highest populated parish in the Affiliate service area. The female population is estimated to be 151,951 (Table 2.1). The total population is 33.2 percent White, 63.3 percent Black/African-American, and 4.4 percent Hispanic/Latina (Table 2.4). The income below 100 percent below poverty is estimated to be 25.7 percent with 11.4 percent unemployed (Table 2.5). There is an estimated 36.1 percent of the population that are in medically underserved areas and approximately 23.4 percent have no health insurance (Table 2.5).

For the Affiliate area as a whole, the death rate was higher among Blacks/African-Americans than Whites. There were also a higher percentage of late-stage rates among Blacks/African-Americans than Whites. Orleans Parish incidence, death and late-stage rates are all higher than the US average. The death rate and late-stage rate of Orleans Parish are both higher than the Affiliate service area average.

The Healthy People 2020 needs/priority classification predicts that Orleans Parish is likely to miss the HP2020 breast cancer death and late-stage targets. It is estimated that it will take 13 years or more to meet both targets (Table 2.7). This prediction based on the increasing death and late – stage rates make Orleans Parish a highest priority intervention target for Komen New Orleans. It is important to take into consideration the substantially higher percentage of Black/African-American females that reside in this parish and the increasing late-stage rates in this population within the Affiliate as a whole data analysis.

The socioeconomic characteristics of the parish indicate a potential concern about women's access to affordable breast health care. The largest provider of services for under and non-insured is no longer in operation due to the effects of Hurricane Katrina. There is still much concern that adequate access for breast health is lacking in Orleans Parish.

The health systems analysis component of this report will take an in-depth look at the available breast health services in Orleans Parish. It is necessary to look further into how the Black/African-American female population is impacted by lack of adequate access to proper breast health services and continuum of care in Orleans Parish.

St. Bernard Parish

St. Bernard Parish has an estimated female population of 13,705 (Table 2.1). The parish has a population consisting of 75.6 percent White, 20.9 percent Black/African-American and 5.2 percent Hispanic/Latina (Table 2.4). An estimated 14.6 percent have an income below 100 percent poverty level and approximately 11.9 percent are unemployed (Table 2.5).

The data collected did not include a high enough pool of data to support a percentage rate for breast cancer death rates in St. Bernard Parish; however, the incidence rates and late-stage rates are both higher than the Affiliate and US averages (Table 2.1).

The Healthy People 2020 needs/priority classification predicts that St. Bernard Parish is likely to miss the HP2020 breast cancer late-stage rate target. It is estimated that it will take 13 years or more to meet the target (Table 2.7). This prediction puts St. Bernard Parish in the highest priority area. The health systems analysis component of this report will take a more in depth look at the available breast health services in this parish.

The health systems analysis component of this report will take an in-depth look at access to breast health services in St. Bernard Parish. Most residents most likely travel to Orleans Parish for breast health care.

St. John the Baptist Parish

The female population of St. John the Baptist Parish is estimated to be 23, 976 (Table 2.1). The total population consists of 43.2 percent White, 55.3 percent Black/African-American, and 4.6 percent Hispanic/Latina (Table 2.4). It is estimated that 15.2 percent have an income below

100 percent poverty (Table 2.5). Ten percent are unemployed, with 100 percent in medically underserved areas and 19.5 percent having no health insurance (Table 2.5).

St. John the Baptist Parish has incidence rates that are equivalent to the US and Affiliate averages, however, the death rates are high at 33.2 per 100,000 and the late-stage rates are high at 58.7 per 100,000.

The Healthy People 2020 needs/priority classification predicts that St. John the Baptist Parish is likely to miss the HP2020 breast cancer death and late-stage rates target. It is estimated that it will take 13 years or more to meet both targets (Table 2.7). This prediction based on the increasing death and late – stage rates make St. John the Baptist Parish a highest priority target area for Komen New Orleans. It is important to take into consideration the substantially higher percentage of Black/African-American females that reside in this parish and the increasing late-stage rates in this population within the Affiliate as a whole data analysis.

A health systems review will analyze the availability of breast health services in St. Bernard Parish.

Health Systems and Public Policy Analysis

Health Systems Analysis Data Sources

The Affiliate used the internet as a resource to facilitate the search for a comprehensive Health Systems Analysis inventory. An interview with the local Louisiana Breast Cancer and Cervical Health Plan (LBCCHP) administrator was also used to obtain information. Certified mammography centers were identified from the Food and Drug Administration (FDA) Certified Mammography Facilities listing at the website. Hospitals and clinics were located by looking up Parish Health Facilities that support breast health exams and treatment options. The following websites were used to identify certification and accreditation resources for each Parish; the American College of Surgeons Commission on Cancer, the American College of Radiology Centers of Excellence, and the American College of Surgeons National Accreditation Program for Breast Centers (NAPBC).

The review process included utilizing the above websites and Parish by Parish web searches as well as email correspondence with health care providers to complete the template. Once the template was compiled it was then reviewed by the Affiliate. The Community Profile Team then assessed each Parish and the services currently in place to support breast health and the continuum of care, and identified gaps in each target Parish.

Health Systems Overview

The Breast Cancer Continuum of Care (CoC) is a model that shows how a woman typically moves through the health care system for breast care (Figure 3.1). A woman would ideally move through the CoC quickly and seamlessly, receiving timely, quality care in order to have the best outcomes. Education can play an important role throughout the entire CoC.

While a woman may enter the continuum at any point, ideally, a woman would enter the CoC by getting screened for breast cancer – with a clinical breast exam or a screening mammogram. If the screening test results are normal, she would loop back into follow-up care, where she would get another screening exam at the recommended interval. Education plays a role in both providing education to encourage women to get screened and reinforcing the need to continue to get screened routinely thereafter.

If a screening exam resulted in abnormal results, diagnostic tests would be needed, possibly several, to determine if the abnormal finding is in fact breast cancer. These tests might include a diagnostic mammogram, breast ultrasound or biopsy. If the tests were negative (or benign)

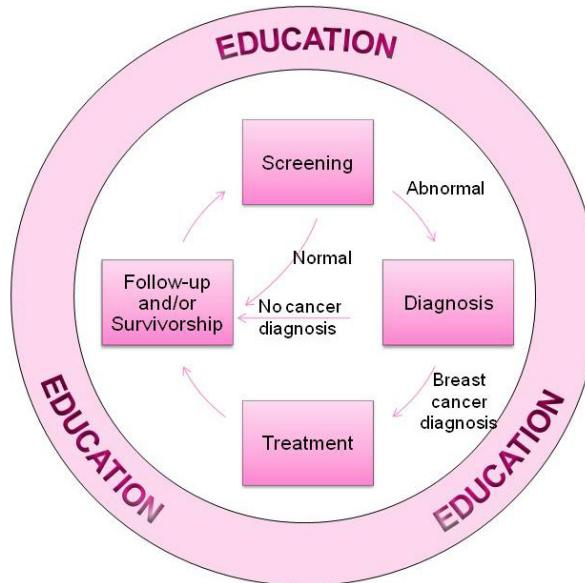


Figure 3.1. Breast Cancer Continuum of Care (CoC)

and breast cancer was not found, she would go into the follow-up loop, and return for screening at the recommended interval. The recommended intervals may range from three to six months for some women to 12 months for most women. Education plays a role in communicating the importance of proactively getting test results, keeping follow-up appointments and understanding what it all means. Education can empower a woman and help manage anxiety and fear.

If breast cancer is diagnosed, she would proceed to treatment. Education can cover such topics as treatment options, how a pathology report determines the best options for treatment, understanding side effects and how to manage them, and helping to formulate questions a woman may have for her providers.

For some breast cancer patients, treatment may last a few months and for others, it may last years. While the CoC model shows that follow up and survivorship come after treatment ends, they actually may occur at the same time. Follow up and survivorship may include things like navigating insurance issues, locating financial assistance, symptom management, such as pain, fatigue, sexual issues, bone health, etc. Education may address topics such as making healthy lifestyle choices, long term effects of treatment, managing side effects, the importance of follow-up appointments and communication with their providers. Most women will return to screening at a recommended interval after treatment ends, or for some, during treatment (such as those taking long term hormone therapy).

There are often delays in moving from one point of the continuum to another – at the point of follow-up of abnormal screening exam results, starting treatment, and completing treatment – that can all contribute to poorer outcomes. There are also many reasons why a woman does not enter or continue in the breast cancer CoC. These barriers can include things such as lack of transportation, system issues including long waits for appointments and inconvenient clinic hours, language barriers, fear, and lack of information - or the wrong information (myths and misconceptions). Education can address some of these barriers and help a woman progress through the CoC more quickly.

Health Systems Analysis

Jefferson Parish

The health systems analysis of Jefferson Parish found several hospitals (Figure 3.2). East Jefferson General Hospital provides many different breast health services including mammography. They offer discounted mammograms during October as well as offering free mammograms to uninsured through a grant provided by Komen New Orleans during October. EJGH has the Breast Care Center that includes the following: digital mammography, computer-aided detection (CAD), breast ultrasound, Breast MRI, cyst aspiration, needle biopsies (stereotactic, ultrasound and MRI guided), ductograms, needle localization for surgical biopsy, and 3-D mammography. The Center also has Breast Care Nurses who are advocates from discovery to recovery (nurse navigator). The Center has dedicated radiologists and the Bosom Buddies support group as well as an exercise and nutrition program. East Jefferson General Hospital is a member of the MD Anderson Cancer Network. As a member of the network, EJGH offers cancer patients the opportunity to participate in clinical trials. Currently, there are 11 breast cancer clinical trials ongoing. EJGH has the following breast cancer accreditations: American College of Surgeons Commission on Cancer, American College of Surgeons NAPBC, and American College of Radiology Breast Imaging Center of Excellence.

Tulane Medical Center Lakeside is located in Jefferson Parish also. Tulane Lakeside has a breast center. They provide patients with mammography, breast evaluation and monitoring, breast ultrasound, cyst aspiration, galactography, core breast biopsy, clinical breast exams, second opinion services, MRI, Biopsy, ancillary and rehabilitation services, and risk assessment. Tulane Medical Center Lakeside has the following breast cancer accreditations: American College of Surgeons Commission on Cancer and American College of Radiology Breast Imaging Center of Excellence.

Ochsner Clinic in Metairie and Kenner offer breast screenings and mammography as does Diagnostic Imaging Services in Metairie. In the analysis section, there were no federally funded or free clinics supporting breast health located in Jefferson Parish. Patients who are uninsured and in need of breast cancer surgery and interventional treatment (treatments such as radiation, chemotherapy and palliative care) are referred to Orleans Parish to the Louisiana State University (LSU) Health System.

Jefferson Parish



Hospital



Community Health Center



Other



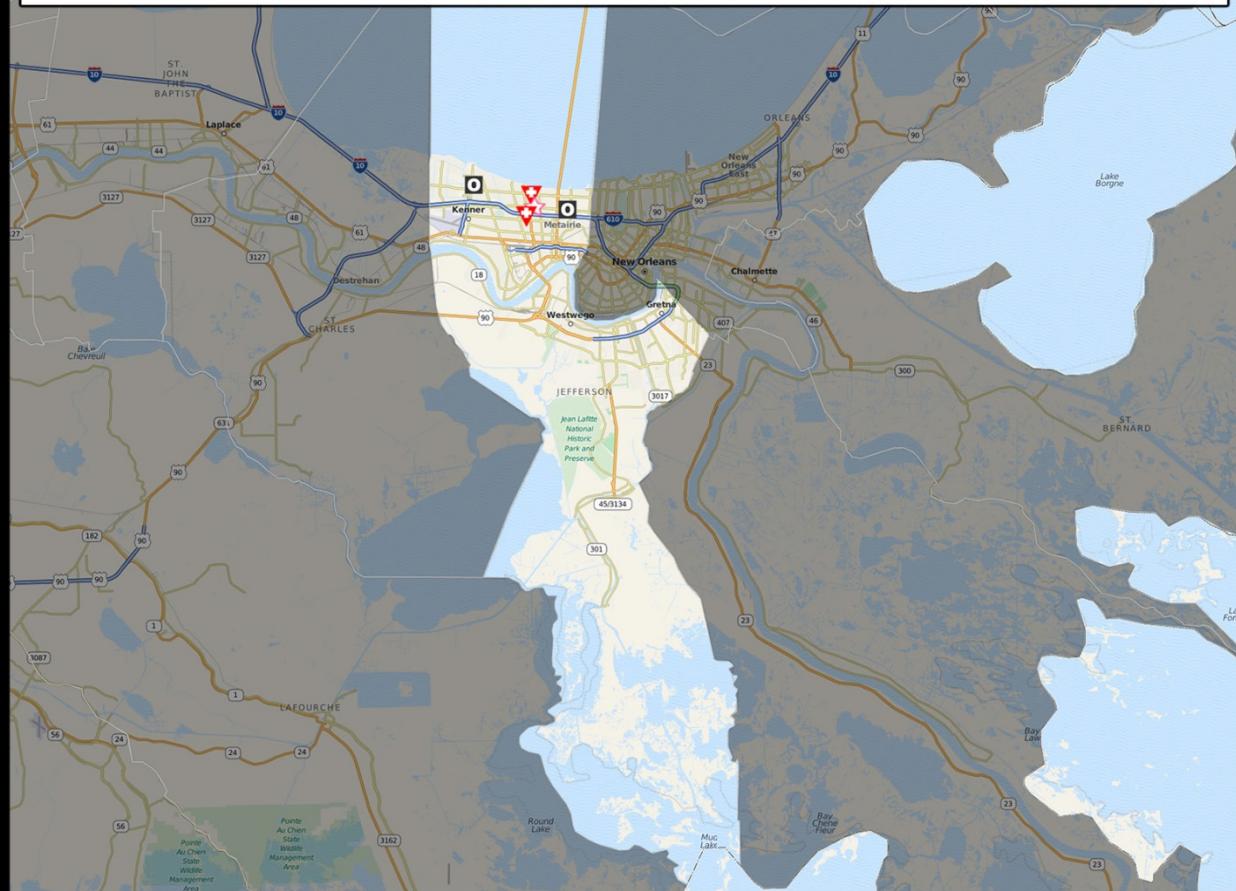
Free Clinic



Department of Health



Affiliate Office



Statistics

Total Locations in Region: 4

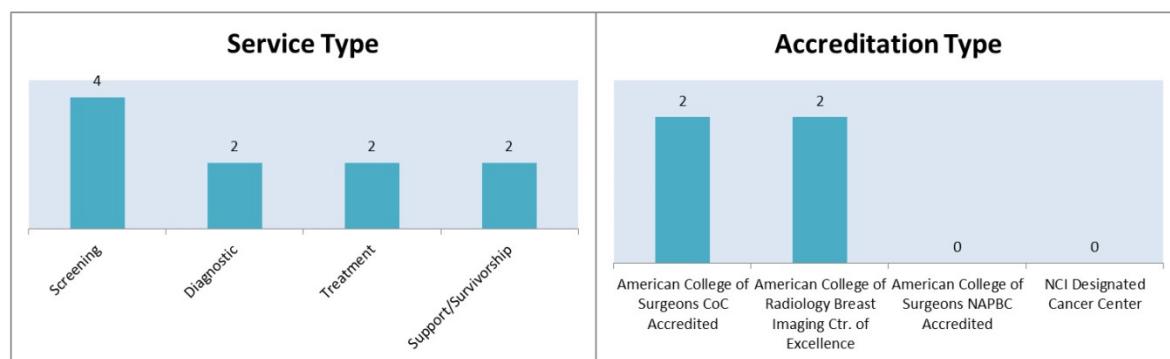


Figure 3.2. Breast cancer services available in Jefferson Parish

Orleans Parish

Orleans Parish has several hospitals (Figure 3.3). Ochsner Medical Center Main Campus lies on the Jefferson/Orleans Parish line. Ochsner Main Campus houses the Lieselotte Tansey Breast Center. It has been designated by the National Accreditation Program for Breast Centers (NAPBC). It is the only one in Orleans Parish that is accredited by the NAPBC. It has been designated a Breast Imaging Center of Excellence by achieving accreditation in all breast imaging modalities. The Tansey Center offers MRI, ultrasound, computed tomography, mammography, nuclear medicine and PET, radiation oncology, and stereotactic breast biopsy. Ochsner has many satellite campuses that offer mammography as well. One is in Orleans at Ochsner Baptist Imaging Center. Ochsner also participates in clinical trials.

Tulane Medical Center main campus in Orleans Parish offers the same services as Tulane Lakeside, along with interventional treatment. Touro Infirmary also offers mammography, screening, radiology, surgery and interventional treatment for breast cancer. Touro runs an educational breast cancer awareness campaign (31 Days of Pink) every October. The web-based educational program is designed to educate the Greater New Orleans community on breast cancer and the importance of early detection. Aforementioned, EJGH also has a satellite campus in Lakeview providing Komen New Orleans funded mammograms during October.

The Medical Center of Louisiana and the LSU/ Health Care network offer mammography, surgical and interventional breast cancer options for patients that are uninsured or underinsured. The St. Thomas Community Health Clinic is a low-cost clinic in Orleans Parish that women can access breast health screenings and mammograms.

Orleans Parish

 Hospital

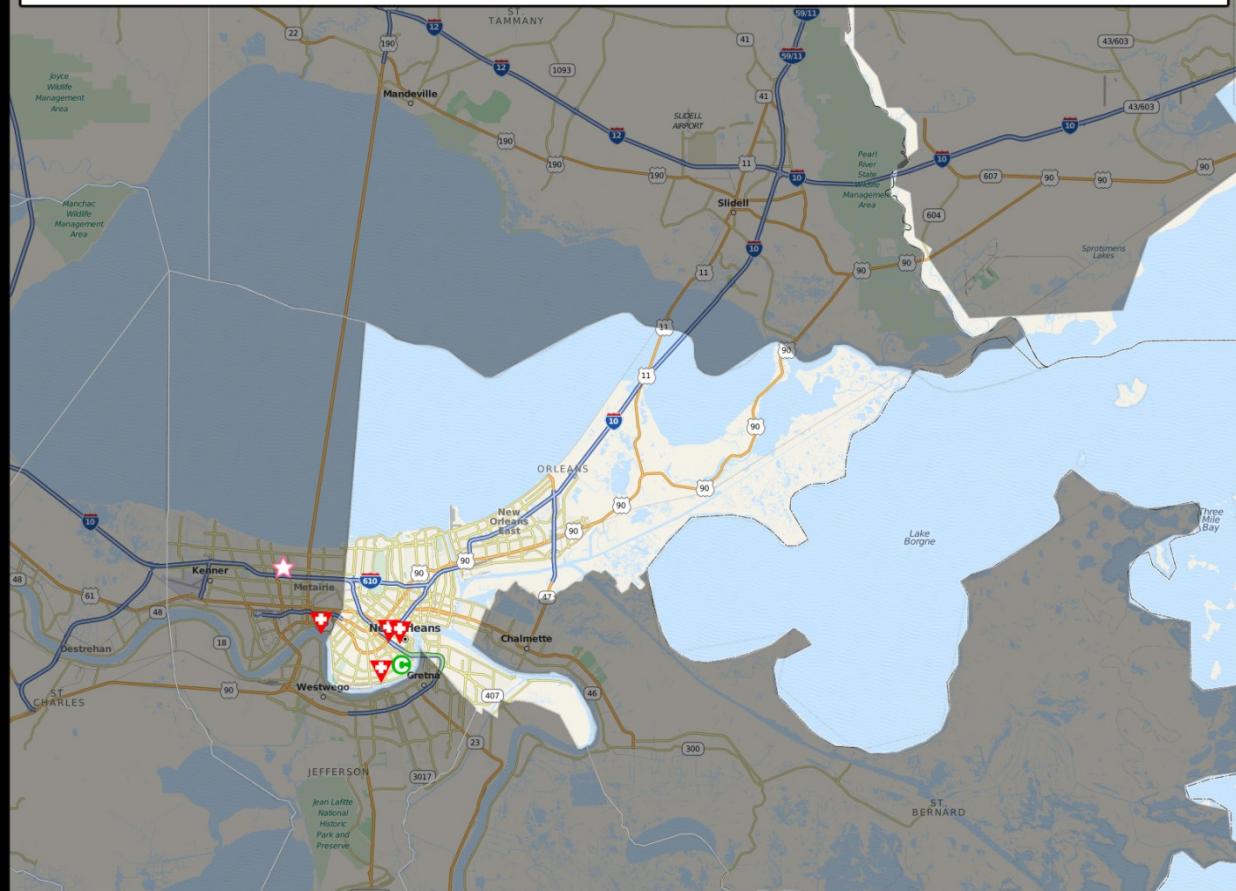
 Community Health Center

 Other

 Free Clinic

 Department of Health

 Affiliate Office



Statistics

Total Locations in Region: 5

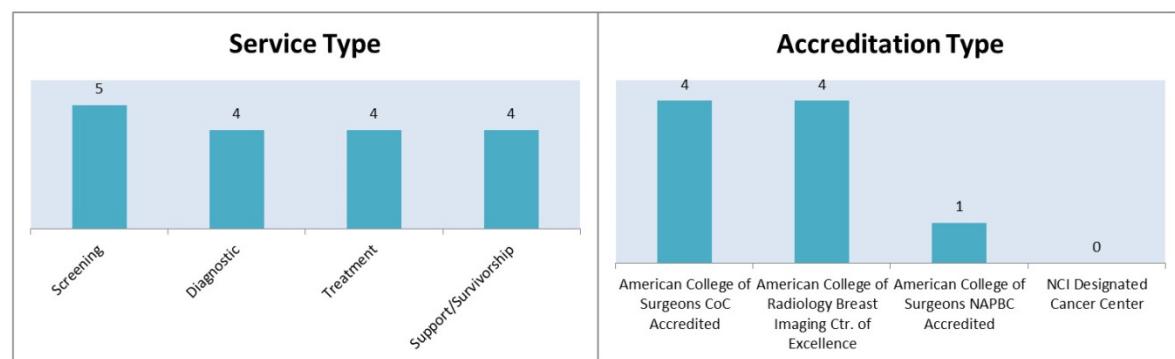


Figure 3.3. Breast cancer services available in Orleans Parish

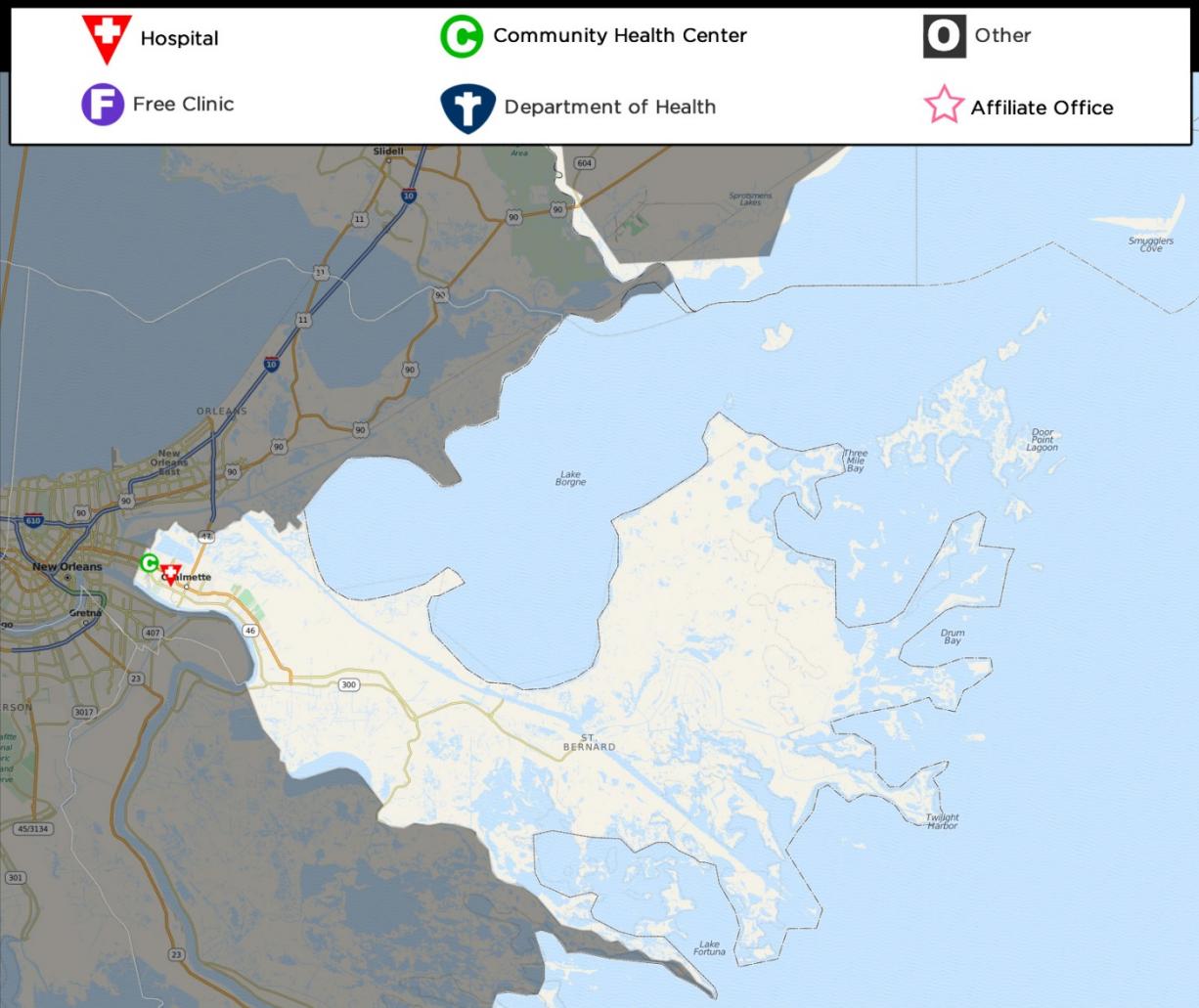
St. Bernard Parish

St. Bernard Parish Hospital has mammography and imaging services available (Figure 3.4). There is also a community health clinic (St. Bernard Community Health Center) where women can receive clinical breast exams. There are a few oncology specialists as well as surgeons who have practicing rights at St. Bernard Parish Hospital; however, most breast cancer care is referred to offices in Orleans or Jefferson Parishes. The inconvenience of having to travel to Orleans or Jefferson Parishes for breast surgery and/or breast cancer interventional treatment can be a burden on the patient and interrupt the continuum of care loop.

St. John the Baptist Parish

In St. John the Baptist Parish, there are two sources of breast health care (Figure 3.5). River Parishes Hospital offers Imaging services such as mammography, ultrasound, MRI and nuclear medicine gamma camera. St. John the Baptist Health Unit offers breast exams and women's health. Unfortunately, breast cancer patients must travel to Jefferson or Orleans Parish for surgery and/or treatment options.

St. Bernard Parish



Statistics

Total Locations in Region: 2

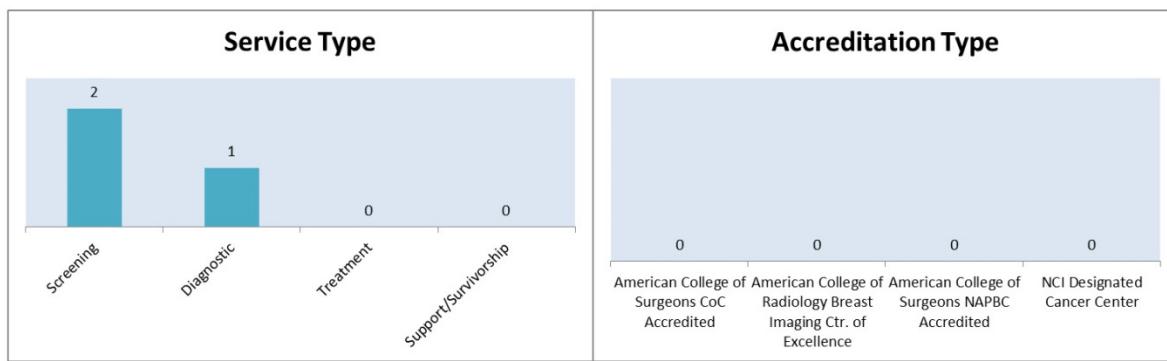
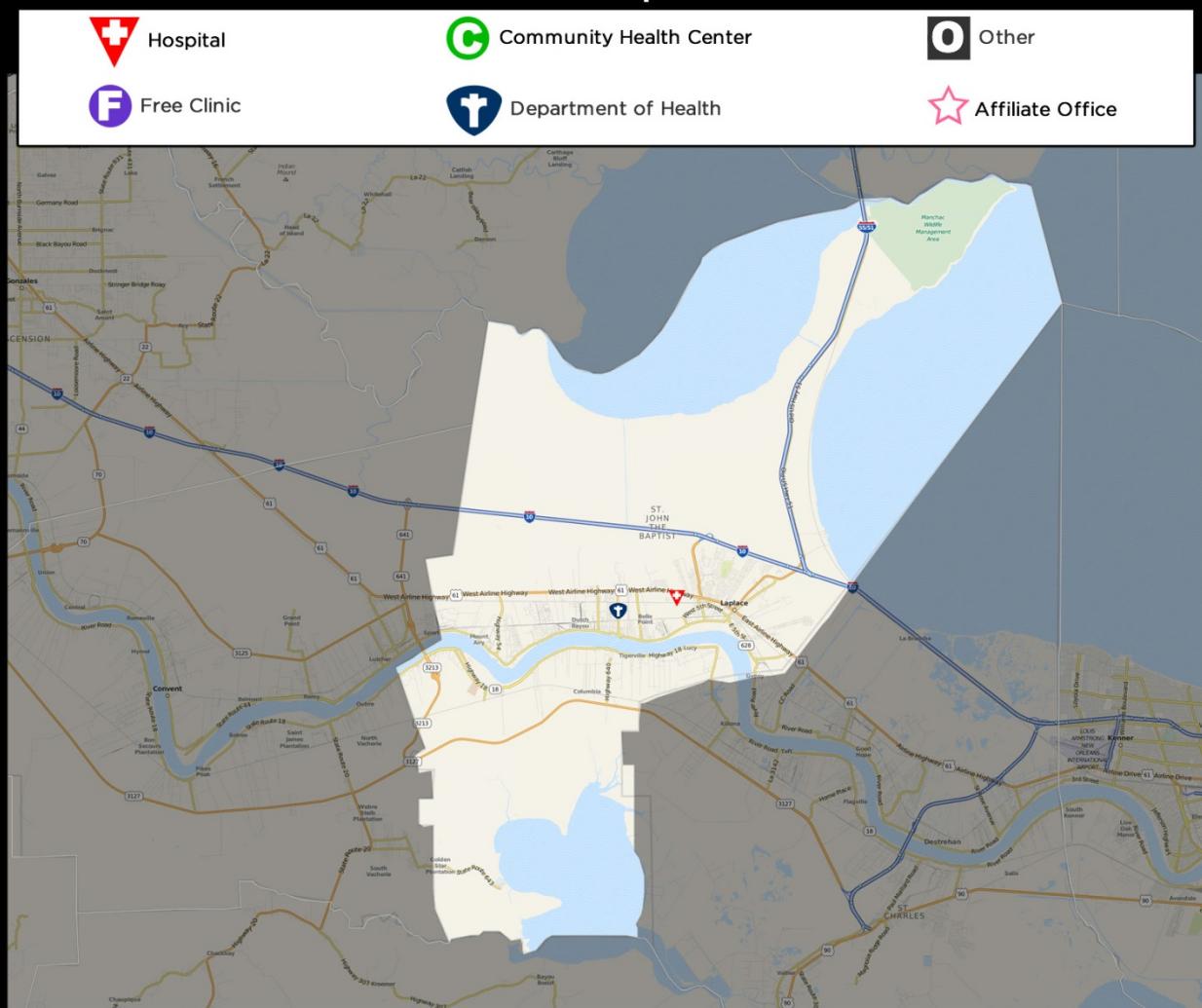


Figure 3.4. Breast cancer services available in St. Bernard Parish

St. John the Baptist Parish



Statistics

Total Locations in Region: 2

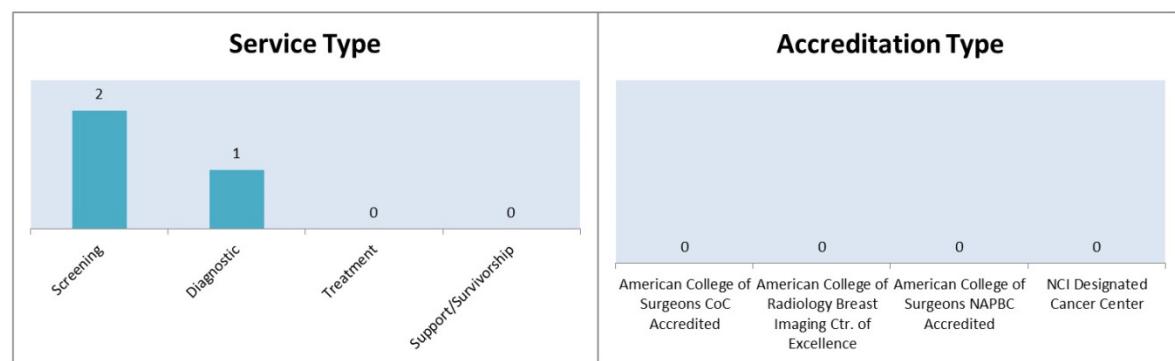


Figure 3.5. Breast cancer services available in St. John the Baptist Parish

Public Policy Overview

National Breast and Cervical Cancer Early Detection Program

Through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), the Centers for Disease Control and Prevention (CDC) provides low-income, uninsured, and underserved women access to timely breast and cervical screening and diagnostic services. The Breast and Cervical Cancer Mortality Prevention Act of 1990 was passed by Congress to improve access to screening. Currently, the NBCCEDP funds all 50 states, the District of Columbia, five US territories, and 11 American Indian/Alaskan Native tribes to provide screening services for breast and cervical cancer.

The program has federal guidelines that establish an eligibility baseline which direct services to uninsured and underinsured women at or below 250 percent of federal poverty level; ages 21-64 for cervical cancer screening; ages 40-64 for breast cancer screening.

The Louisiana Breast and Cervical Health Program (LBCHP) is the CDC's breast and cervical cancer early detection program in Louisiana. LBCHP was established at the Louisiana State University health Sciences Center's (LSUHSC) School of Public Health in October 2002. LBCHP provides low income, uninsured, and underserved women with access to timely and high quality breast and cervical cancer screening and diagnostic services. The mission of the program is to prevent unnecessary disease, disability, and premature death by providing quality breast and cervical cancer screenings at no-cost to uninsured and underinsured, lower income women in Louisiana. Special emphasis is given to reaching women who rarely or never receive screening services. Rarely screened is defined as not having been screened within the last three years for breast cancer and within the last five years for cervical cancer.

The LBCHP relies on partnership of local screening and outreach providers to implement the program. Some of the breast and cervical screening services provided to eligible participants are:

- Clinical breast exam
- Mammogram
- Pelvic exam
- Pap test
- Diagnostic tests
- Health education

The LBCHP does not provide or pay for treatment services; however, LBCHP providers can enroll women diagnosed with cancer in the Medicaid fast track program, if they qualify.

It is a statewide program that operates in the following regions: Greater New Orleans, Greater Baton Rouge, River Region, Southwest Louisiana, Northwest Louisiana and Northeast Louisiana.

Eligibility guidelines for LBCHP are as follows:

1. Age- Women must be between 21 and 64 years of age to qualify for cervical cancer screenings. For breast cancer screenings, women must be between 50 and 64 years of age, but women in their 40's can qualify for clinical breast exams. A woman who by

virtue of symptoms or physical findings, regardless of age, is considered to have a substantial likelihood of having breast disease is to be referred for a diagnostic mammogram.

2. *Income*- The participant's household income must be at or below 200 percent of the Federal Poverty Level and the LBCHP's maximum allowable income are adjusted annually.
3. *Insurance Status*- Underinsured women are entitled to the same LBCHP services as eligible uninsured women. Women under Medicare Part B and/or Medicaid are not eligible for LBCHP services.

LBCHP cannot pay the co-payment for Medicare. A woman who meets the income requirements of LBCHP is considered underinsured and eligible for services under the following conditions:

- 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.

The Affiliate has a strong relationship with LBCHP. The Affiliate makes its top priority for LBCHP to know of the Affiliate's breast health and breast cancer priorities for the service area to ensure collaboration and synergy on efforts. The Affiliate will continue its relationship with LBCHP and maintain communication as possible changes may be made as a result of the Affordable Care Act and the fact that Louisiana has opted out of Medicaid Expansion.

State Comprehensive Cancer Control Coalition

The Louisiana Cancer Control Partnership (LCCP) is part of the National Comprehensive Cancer Control Program administered by the United States Centers for Disease Control and Prevention. The goal of the national program is to achieve reductions in the incidence, morbidity, and deaths of cancer among all citizens through a comprehensive, integrated, and coordinated approach to cancer prevention and control that covers the continuum of care from prevention to palliation. The Louisiana Cancer Control Partnership has developed a statewide mission, goal and desired outcomes to guide the comprehensive cancer control process in Louisiana.

The 2010-2015 Louisiana Comprehensive Cancer Control Plan is a joint effort of state partner organizations and committed community members. This new plan follows the state's first cancer control plan that was formed from 2005 to 2009. There are 23 goals outlined in the document. Goal fifteen directly addresses breast cancer.

Goal 15

Objective 15.1- Increase the percentage of eligible Louisiana women adhering to recommended breast cancer screening guidelines.

Strategies

- Conduct a statewide population-based media campaign to promote appropriate breast cancer early detection in all areas of Louisiana.
- Earned media TV and radio campaigns
- Print media

- Website
- Distribute educational materials through business and other places frequented by women age 40 years and over, such as doctor's offices, churches, beauty shops, and Office of Public Health (OPH). Louisiana Rural Health Association (LRHA), Louisiana Primary Care Association (LPCA), LSU-Health Care Service Division (HCSD), Louisiana Breast and Cervical Health Program (LBCHP) and Louisiana facilities with an emphasis on reaching Black/African-American women, who have the highest death rate for breast cancer in Louisiana.
- Conduct physician academic detailing visits to promote breast cancer early detection to providers who serve women aged 40 and over.
- Provide patient navigation services to help women access appropriate breast cancer early detection services.

Objective 15.2- Increase the number of women served by the Louisiana Breast and Cervical Health Program to 25.0 percent of the eligible population.

Strategies:

- Promote the availability of low and no-cost services through media campaign, and lay health education/advisory programs.
- Secure funding to increase the state-allocated budget for the Louisiana Breast and Cervical Health program to serve all 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.

Objective 15.4- Increase the number of women who start and complete the early detection process.

Strategies:

- Develop expand lay health education/patient navigation programs to assist women in location and accessing breast cancer early detection services.
- Provide patient navigators to assist women with signs and symptoms or abnormal screening results through the diagnostic process and start of treatment.
- Promote and expand resources needed to assist women through the early detection process, including transportation, patient education, and language services.

Currently the Affiliate works closely with the Director of the Louisiana Cancer Prevention and Control Programs at the LSU Health Sciences Center School of Public Health and will continue to maintain this relationship.

Affordable Care Act

The expansion of Medicaid eligibility to nearly all low-income adults is a core component of the coverage provisions of the 2010 Affordable Care Act (ACA). The expansion of Medicaid, effective January 2014, fills in historical gaps in Medicaid eligibility for low-income adults and has the potential to extend health coverage to millions of currently uninsured individuals. This expansion essentially sets a national Medicaid income eligibility level of 138 percent of poverty

for adults. The expansion was intended to be national coverage serving as the vehicle for covering people with higher incomes. However, the June 2012 Supreme Court ruling made the expansion of Medicaid optional for states, and as of March 2014, Louisiana is one of the 24 states that did not plan to implement the expansion.

Louisiana is using Bayou Health. It is the way most of Louisiana's Medicaid recipients receive health services. The overriding goal is to encourage enrollees to own their own health and health of their families according to the Bayou Health website.

In Bayou Health, Medicaid recipients enroll in a Health Plan. Each of these plans is accountable to the Department of Health and Hospitals (DHH) and the State of Louisiana. According to the Kaiser Family Foundation State data website, states like Louisiana that have opted out of the Medicaid extension will have large gaps in coverage available for adults. Nationally, nearly five million poor uninsured adults will fall into the "coverage gap" that results from state decisions not to expand Medicaid, meaning that their income is above current Medicaid eligibility but below the lower limit for Marketplace premium tax credits. Louisiana alone has an estimated 242,150 adults in the "coverage gap" according to Kaiser Family Foundation. People in the "coverage gap" are likely to face barriers to needed health services. Clinics and hospitals that have traditionally served the uninsured population will most likely be stretched to the limits. This will have an effect on breast health when considering access and the continuum of care in the State of Louisiana.

Affiliate's Public Policy Activities

The Affiliate participates in the Susan G. Komen day at the State Capital in Baton Rouge, Louisiana. This is coordinated with other Louisiana State Susan G. Komen Affiliates. The Affiliate also supports legislative initiatives to keep the LABCHP dollars in the State budget whenever concerns arise. Komen New Orleans supports the Susan G. Komen Headquarters Advocacy initiatives to promote continued national breast cancer research funding. This can include, but is not limited to, constituent support email and phone campaigns as coordinated by Susan G. Komen Advocacy.

Health Systems and Public Policy Analysis Findings

A review of the health systems analysis has identified needs and gaps in the CoC for all four target parishes. Only one parish, Orleans, has a low cost clinic and a hospital dedicated to the uninsured and underinsured. While Orleans and Jefferson Parishes both have facilities that provide ample support for screening, education, diagnosis, surgery and treatment for the insured, there certainly remain gaps for the underinsured and uninsured. St. Bernard and St. John the Baptist residents must travel into Orleans and/or Jefferson to get any support beyond breast health exams and mammography. The Affiliate has partnered with St. Thomas Community Health Center, LSUHC and EJGH to provide grants for programs that offer better access to screenings and treatment services for uninsured and underinsured residents.

The ACA may have given some increased access to mammography coverage in Louisiana; however, the decision to opt out of the Medicaid Expansion puts an even greater strain on the LSUHC and The Medical Center of Louisiana as well as all the hospitals in the four target parishes.

Qualitative Data: Ensuring Community Input

Qualitative Data Sources and Methodology Overview

Methodology

Komen New Orleans chose to use surveys and key informant interviews as the methodology for collecting qualitative data in the target communities of Jefferson Parish, Orleans Parish, St. Bernard Parish and St. John the Baptist Parish. The Qualitative Data Analysis is based on the results of the Quantitative Data Analysis, which identified the target communities listed above. In addition, it revealed the necessity for service design and/or educational services within those communities.

The data collection methods included a provider survey, a patient survey, and key informant interviews with those receiving services using the grant. The rationale for selecting these methods was that it was the most efficient method available to collect the data in cooperation with local providers. Additionally, key informant interviews allowed for direct interaction with the target populations. Local providers agreed to participate in the provider surveys as well as to cooperate by distributing and collecting completed surveys from their patients. This allowed for efficient distribution of the surveys to the target populations.

For the patient surveys and key informant interviews, key assessment questions, focused on awareness of education and outreach, and screening, diagnostic and treatment programs, were asked about community identified health concerns. The questions also addressed general knowledge of breast health and included questions on breast cancer screening and genetic testing. Some examples of the questions are: “What do you think are the barriers that prevent women from seeking or getting breast cancer screening in your community?”, “What knowledge do you have about early detection programs and sources of (breast health) information?”, “Do you know of available services for breast health and/or breast cancer?”, and “If genetic testing (BRCA) were available to you now, would you be likely to get it in the next six months? Why yes or why not?”

A second set of questions for the patient surveys and key informant interviews was added for breast cancer survivors only. These questions addressed barriers and problems that the survivors faced when getting their mammograms, diagnosis, and treatment, in addition to resources that were utilized by the participants that contributed to their knowledge of breast cancer and breast health. Some of these questions were: “Are the breast health education and awareness materials available in your community? Are they culturally appropriate? Are they effective?”, “What are the main breast health resources that you have used in your community?”, and “What information, support, or resources have been lacking during your survivorship years?”

Provider surveys questioned the availability of breast health education materials and procedures taken by providers in regards to clinical breast exams, screening mammography and referrals. In addition, a section of the survey was dedicated to the practice perspective on factors that prevent women from breast health care. Some examples of the questions are: “What is your practice’s recommendation for conducting clinical breast exams (e.g. when should they be conducted on a patient)?”, “What is your practice’s recommendation for screening mammography for women at high risk for breast cancer (e.g. inherited gene mutations, family

history)?”, “Where does your practice refer women that are in need of a screening mammogram that do not have health insurance coverage?”, and “From your perspective, what health care system changes are needed to assist women in seeking and completing recommended breast health care?”

The survey questionnaires were emailed to providers, filled out and mailed or emailed back to the team. Providers also printed the patient surveys to distribute to patients in their clinics. The patient surveys were then scanned and emailed or mailed back to the office.

Key informant interviews were held with patients who utilized the grant. During the interview, questions mirroring those from in the patient survey were asked. The interviews resulted in further information about awareness and access to screening programs, and made available the opportunity for clarification regarding answers during the interview. This is beneficial in collecting information because it allows for a clear understanding of the key informants' responses.

The use of surveys in addition to key informant interviews limited nonresponse bias among the target patient group by creating two methods of data collection in which grant recipients could participate.

Sampling

The population of interest was women who have received a mammogram in the selected greater New Orleans target area. These included women who received mammograms at a grantee clinic in Jefferson Parish, Orleans Parish, St. Bernard Parish, and St. John the Baptist Parish. The provider surveys were completed by providers associated with the Jefferson Parish, Orleans Parish, St. Bernard Parish, and St. John the Baptist clinics. Convenience sampling was used. It was done by utilizing a random sampling method within those served from the target populations. The surveys were mailed or scanned and emailed over to the Affiliate office by the grantee clinics.

The data showing the samples of the target populations can be found in Table 4.1.

Table 4.1. Methods of data collection for qualitative analysis

	Provider Survey	Patient Survey	Key Informant Interview
	Number of Surveys Completed		
Jefferson Parish	3	27	15
Orleans Parish	3	24	15
St. Bernard Parish	2	9	9
St. John the Baptist Parish	1	14	6

Ethics

As mentioned above, individuals were randomly selected from the target populations with convenience sampling. With any qualitative data methodology, the information gathered through the surveys and key informant interviews may be affected by potential biases. The biases can include researcher bias in the selection of questions for the surveys and interviews, the credibility of the answers given by participants, and under-coverage as the answers of the participants may not be representative of the entire target population. Additionally, the use of

paper surveys filled out by participants allowed for questions to not fully be answered or were completely left blank. The lack of response may also add to the under-coverage of information from the populations.

In accordance with HIPPA regulations, the patient's name was not requested nor given with the surveys. During key informant interviews, the participants' names were not recorded. Notes recorded from the key informant interviews were labeled by number, as not to identify the participant directly by name. The surveys that were distributed were viewed by a limited number of people and were promptly sent to the Affiliate for review. The name of the person completing the provider survey was not asked.

All documented answers and noted regarding patient and provider surveys and key informant interviews belong to Susan G. Komen New Orleans and will be kept in the office until they are no longer needed. At that time they will be destroyed.

Qualitative Data Overview

There were nine clinics involved in the data collection process for the target communities. Nine provider surveys were collected and 77 patient surveys were collected. The common themes that arose from the surveys were: Lack of money or insurance, fear, lack of education/community outreach, and misconceptions about knowledge of breast cancer. The common variables that were identified as barriers from not getting screened from these surveys were access, outreach, and fear.

Jefferson Parish

Providers for Jefferson Parish indicated that barriers that women might experience when accessing care include fear of the results, lack of transportation to appointments, lack of available time to attend appointments, and lack of insurance. They also indicated that the health care system should change by increasing the number of mobile clinics and increasing education surrounding screening.

This is supported by the community members that completed the survey indicating that the top barriers for breast health are insurance and fear of the outcome of screening tests. They indicated that there is a necessity for more available educational materials and more advertising about screening because most did not have prior knowledge about breast health. All participants answered that they would get genetic testing if a family member was diagnosed with cancer, and most added that it would need to be provided for free because of high costs.

Orleans Parish

Providers for Orleans Parish indicated that barriers that women might experience when accessing care include fear of results, lack of insurance, and lack of education on the importance of early detection. They also indicated that the health care system should change by increasing education surrounding screening and increasing insurance coverage within the target population, as well as reducing cost.

This is supported by the community members that complete the survey indicating that the top barriers for breast health are cost and lack of knowledge about screening programs. The information reveals that knowledge about breast cancer and breast health is most commonly

gathered from primary care physicians and awareness raised during October due to Susan G. Komen. However, community members of Orleans Parish also believe that there needs to be more knowledge about breast cancer through increased advertising and awareness. Lack of insurance and cost in general tends to be the major factor influencing all breast health related decisions, including screening, follow-up treatment, and genetic testing. Additionally, most participants answered that they are not able to travel more than a few miles to receive services due to lack of transportation and lack of time.

St. Bernard Parish

Providers for St. Bernard Parish indicated that barriers that women might experience when accessing care include fear of the results, lack of transportation, and lack of childcare during appointment times. They also indicated that the health care system should change by increasing the number of mobile clinics, increasing education regarding screening, and decreasing mammogram costs.

This is supported by the community members that completed the survey indicating that the top barriers for breast health are transportation, cost, and knowledge about screening. Additionally, some participants cited childcare as a barrier to getting screened. Most people responded saying that they would travel as far as they needed to in order to receive services but did not have means of transportation.

St. John the Baptist Parish

Providers for St. John the Baptist Parish indicated that barriers that women might experience when accessing care include lack of education surrounding qualifications for screening, lack of insurance, lack of time, and a lack of childcare during appointment times. They also indicated that the health care system should change by increasing access to screening in primary care facilities.

This is supported by the community members that completed the survey indicating that the top barriers for breast health are cost and fear. Most participants had no previous knowledge about breast health.

Qualitative Data Findings

The strength of the data collected from these surveys and key informant interviews is that through open-ended questions, providers and patients were able to provide information about breast cancer and mammography in the target communities from their own perspectives. The limitations of the data are the small sample size. Therefore, the perspectives provided represent only those that participated in the surveys and key informant interviews and do not represent the general population of the community or providers as a whole.

Jefferson Parish

The availability of screening services at multiple locations throughout Jefferson Parish limits the need for excessive travel to receive services. However, the lack of places that underinsured participants can receive breast cancer surgery in Jefferson Parish causes an issue of transportation and/or cost for those who are diagnosed.

Orleans Parish

The availability of multiple locations throughout Orleans Parish for screenings and mammograms for underinsured community members limits the need for excessive travel to utilize services. The high rate of unemployment and resulting lack of insurance make women's breast health a concern in this area. However, the fact that it is not necessary to travel far to receive services helps the continuum of care to function.

St. Bernard Parish

The availability of screening and mammography services for the underinsured community members allows for the Parish, with high unemployment and poverty levels, to receive care. However, the lack of facilities providing breast cancer surgery and/or breast cancer interventional treatment requires that patients needing these services need transportation to Orleans Parish or Jefferson Parish. This creates a problem for those who do not have transportation, and interrupts the continuum of care.

St. John the Baptist Parish

The availability of screening and mammography services for the underinsured community members allows for the Parish, with high unemployment and poverty levels, to receive care. This benefits the community by increasing early screenings and diagnosis, lowering the high late-stage rates. However, the lack of facilities providing breast cancer surgery and/or breast cancer interventional treatment requires that patients needing these services need transportation to Orleans Parish or Jefferson Parish. This creates a problem for those who do not have transportation, and interrupts the continuum of care.

All of the information gathered through these surveys helps to explain some of the disparities in access to breast health care in Jefferson Parish, Orleans Parish, St. Bernard Parish, and St. John the Baptist Parish. From the data, Black/African-American women are a large percentage of the target population. It is documented that Black/African-American women in Southeast Louisiana as well as the target parishes have higher than average annual death rates. Many are uninsured and economically disadvantaged. The surveys tell the Affiliate that these women skip regular screenings due to lack of money, fear of the unknown, and lack of education. With increased education and advertising about the importance of early screening and breast health, there will be an increase in community members affected.

Qualitative Data Analysis Conclusions

The purpose of the qualitative data analysis was to gain understanding of the challenges and barriers that community members of the target populations face in regards to breast health and breast cancer. The information gathered by Komen New Orleans and the grantees through a total of nine provider surveys, 77 patient surveys, and 45 key informant interviews led to common conclusions surrounding breast health and breast cancer within Jefferson Parish, Orleans Parish, St. Bernard Parish, and St. John the Baptist Parish.

The common themes that were identified as barriers include cost and lack of insurance, transportation, and lack of knowledge. Common factors influencing the decisions of community members on screening programs are cost, transportation, and fear of the result. The lack of knowledge about the importance of early detection leads to the suggestion of increased education throughout the target populations and increased awareness, both of breast health and Komen funded programs that are available to the target populations. The common

suggestions that were revealed also included lowering costs of services (in general) and providing transportation and childcare. The common themes that were identified help verify the validity of the data collection methods, and the consistency helps to identify the gaps that exist within Jefferson Parish, Orleans Parish, St. Bernard Parish, and St. John the Baptist Parish.

Mission Action Plan

Breast Health and Breast Cancer Findings of the Target Communities

Breast cancer is the most commonly diagnosed invasive cancer among women in Louisiana. It is the most common cause of cancer death among Black/African-American women in the state and the second most common cause of death of cancer among White women in the state. Demographic and statistical information collected revealed that women in four parishes in the Komen New Orleans service area are at the greatest risk of falling out of the continuum of care. These four parishes were chosen as priority parishes. They are Jefferson Parish, Orleans Parish, St. Bernard Parish, and St. John the Baptist Parish.

- The findings of the Quantitative data report revealed that overall, the breast cancer incidence rate in Komen New Orleans service area was slightly higher than that observed in the US as a whole and the incidence trend was higher than the US as a whole. The incidence rate of the Affiliate service area was significantly higher than that observed for the State of Louisiana. Overall, the breast cancer late-stage incidence rate in Komen New Orleans 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. More specifically, in Jefferson Parish, the incidence rate, death rate, and late-stage rate are slightly above the average rates for the US. In Orleans Parish, the incidence, death rate, and late-stage rate are all higher than the US average. Furthermore, in this target community the death rate and late-stage rate are higher than the Affiliate average. In St. Bernard Parish, the incidence rate and late-stage rate are higher than the US and Affiliate averages. In St. John the Baptist Parish, the death rate and late-stage rate are higher than the US and Affiliate averages.
- Proportionately, Komen New Orleans service area has a substantially smaller White female population than the US as a whole and a substantially larger Black/African-American female population. There is a slightly larger percentage of people without health insurance, and a substantially larger percentage of people living in medically underserved areas. Orleans Parish and St. John the Baptist Parish have substantially larger Black/African-American female population percentages. Orleans Parish has substantially lower income levels and St. Bernard Parish has substantially lower employment levels than that of the Affiliate service area as a whole.
- The Health Systems and Public Policy Analysis revealed that women may enter the CoC at any point, but ideally entrance would be through screening. However, screening may be affected by a lack of education on screening practices. Barriers that hinder the CoC, such as lack of transportation, lack of services within the specific target community, lack of time, and lack of information, exist in the target communities of Jefferson Parish, Orleans Parish, St. Bernard Parish, and St. John the Baptist Parish. Goal 15 of the Louisiana Comprehensive Cancer Control Plan addresses breast cancer, and the Affiliate works closely with the Director of the Louisiana Cancer Prevention and Control Programs concerning Goal 15. Louisiana has opted out of the Affordable Care Act, and consequently Medicaid has not been extended, leaving a coverage gap.

- Different methods were used to gather information pertaining to health care and breast health providers in the priority parishes. One method was a Provider survey questionnaire. There were several common themes that were derived from the surveys. The most common across all target communities are that patients living outside of Orleans Parish are at a disadvantage when it comes to access to free mammography screening. This inhibits the uninsured from getting proper and timely screenings. Other common themes shared by the patient surveys for all target communities are lack of funds, lack of insurance, fear of unknown, lack of knowledge of breast health, lack of transportation and lack of time or paid leave to seek screenings.

Mission Action Plan

Based on demographic, statistical and qualitative information collected for this report, Komen New Orleans has chosen three priorities. These priorities take into account the common themes seen in the surveys. These themes are the common barriers to proper breast health awareness and the critical success of the continuum of care. These barriers are lack of money and insurance, lack of education and fear of the unknown. Other barriers are cultural barriers and misconceptions. The timeline for these priorities will be FY16-FY19. While the three priorities will apply to all eight parishes in the Affiliate service area, special emphasis will be given to the four parishes identified as the highest priority: Jefferson Parish, Orleans Parish, St. Bernard Parish, and St. John the Baptist Parish.

Needs Statement

The demographic and statistical information collected revealed that women in the target communities of Jefferson Parish, Orleans Parish, St. Bernard Parish, and St. John the Baptist Parish are at the greatest risk for falling out of the continuum of care. In particular, Black/African-American women are being diagnosed at later stages than the national average. This may be due to a lack of knowledge concerning breast cancer and early detection. In the four target communities of Jefferson Parish, Orleans Parish, St. Bernard Parish, and St. John the Baptist Parish, there is a large percentage of uninsured and economically disadvantaged people that are not educated about breast health awareness and are unaware of available services. The Affiliate has chosen three priorities based on the demographic, statistical, and qualitative information collected for the report.

Priority	Objectives
<p>Provide educational outreach programs specifically for Black/African-American women that will help remove cultural misconceptions, eliminate fear and increase breast health awareness in the target communities of Orleans Parish, Jefferson Parish, St. John the Baptist Parish, and St. Bernard Parish.</p>	<ol style="list-style-type: none"> 1. Maintain partnership with Xavier University, Southern University, University of New Orleans, Tulane University and Dillard University to provide culturally appropriate breast health messages to the students and faculty of the Universities. Education and information are the keys to breaking the cultural cycle of not getting screened for fear of diagnosis. Emphasis should be on early detection. At least 8,000 educational flyers, pamphlets, and materials on breast cancer will be distributed to target communities on an annual basis from FY16-FY19. 2. The Affiliate will participate in University health fairs and partner with school health clinics, sororities and fraternities as well as community General/Family Practice offices, community health clinics, and OBGYNs. The Affiliate will participate in 120 health events on an annual basis from FY16-FY19 that involve the target communities of Jefferson Parish, Orleans Parish, St. Bernard Parish, and St. John the Baptist Parish. 3. Maintain partnership with The New Orleans Saints, Pelicans and Zephyr organizations to provide culturally appropriate breast health messages at three charity events, pre-game events and half-time events on an annual basis from FY16-FY19. 4. Coordinate at least 50 "Pink" events with community salons and gyms to promote culturally appropriate breast health messages on an annual basis from FY16-FY19.

Priority	Objectives
<p>Increase breast health awareness, educational outreach, and access to screening services for the uninsured and underserved.</p>	<ol style="list-style-type: none"> 1. Susan G. Komen New Orleans will continue to partner with the Louisiana Breast and Cervical Health Program (LBCHP) and advocate for additional state funding for uninsured women in Southeast Louisiana by working with the statewide Susan G. Komen Affiliates, participating in Susan G. Komen day at the State Capital, contacting each legislator to engage and inform three times annually from FY16-FY19. 2. The Affiliate will continue to partner with and establish a presence in the local health clinics, such as St. Thomas Community Health Center, LSUHSC clinic, West Jefferson Women's imaging and Breast Center and the St. Charles Community Health Center, to promote access for screening services to over 30,000 people on the Affiliate's database from FY16-FY19. 3. FY17 and FY18, the Affiliate will make contact with at least one new breast cancer related organization in each priority parish to inform them about the local Community Health Request for Application. That can provide patient navigation, allow for additional screening and transportation to and from screening and treatment.

	<ol style="list-style-type: none"> 4. From FY16-FY19, annually Komen New Orleans will participate in one statewide Lobby Day and National Lobby Day for Komen target specific legislators for support for Susan G. Komen's advocacy priorities. 5. If Louisiana has accepted Medicaid expansion by the FY17 Community Grant Request for Application, the patient navigation services and transportation assistance for residents of the target communities will be listed as a funding priority of Komen New Orleans. If Louisiana has not accepted Medicaid expansion, the focus will remain on screenings and treatment assistance.
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Priority	Objectives
Increase Awareness of Susan G. Komen New Orleans and the services that are provided by the Affiliate.	<ol style="list-style-type: none"> 1. Susan G. Komen New Orleans will work with 200 community and civic organizations along with leaders in each community in the Affiliate service area with special emphasis on the highest priority communities of Jefferson Parish, Orleans Parish, St. Charles Parish, and St. Bernard Parish to conduct and partner with existing health fairs and community events annually from FY16-FY19. 2. The Affiliate will expand partnerships with television, radio and online community partners by 10 from FY16-FY19. Ideally, awareness within the target communities would increase by having corporate partners or sponsors to focus on public awareness of both Susan G. Komen New Orleans and breast health awareness. 3. Continue to partner with health and breast health clinics, physician's offices, hospitals and schools to attend health fairs and events providing accurate breast health awareness literature through the distribution of 10,000 educational materials annually from FY16-FY19. 4. Continue nine partnerships with Mary Bird Perkins Cancer Center, The Center for Restorative Breast Surgery, MD Anderson at East Jefferson General Hospital, the Ochsner Breast Center, the St. Charles Community Health Center, the St. Thomas Clinic, the Louisiana Cancer Registry and the LBCHP, Cancer Association of New Orleans, and the Central City Health Clinic, which serve the target communities, from FY16-FY19.

References

HP 2020. Healthy People 2020. US Department of Health and Human Services. December 2, 2010. Available online at <http://www.healthypeople.gov/2020/about/> (accessed 8/2/2013).

SEER Summary Stage. Young JL Jr, Roffers SD, Ries LAG, Fritz AG, Hurlbut AA (eds). *SEER Summary Staging Manual - 2000: Codes and Coding Instructions*, National Cancer Institute, NIH Pub. No. 01-4969, Bethesda, MD, 2001. Available online at <http://seer.cancer.gov/tools/ssm/> (accessed 8/2/2013).