



# COMMUNITY PROFILE REPORT

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## Executive Summary

### Introduction

Susan G. Komen for the Cure began as one promise between two sisters. Komen for the Cure was established in Dallas, Texas in 1982 and over the years has become the global leader in the fight against breast cancer. There are 125 Komen Affiliates located in communities around the world working every day to save lives, empower people to take charge of their breast health, ensure quality care for all and energize science to find the causes and the cures for breast cancer.



The Ozark Affiliate is located in the Northwest and River Valley region of Arkansas and got its name because of the Ozark Mountains that run through the service area. The Affiliate began in 1998 by a group of dedicated community volunteers and that next spring in 1999, the held its first Race for the Cure. Since the inception of the Ozark Affiliate nearly \$6.1 million has been given out through the local granting process while \$1.9 million has supported the Komen National's Research and Awards program. This brings the Ozark Affiliate's financial contribution to end breast cancer forever to \$8 million.

The Ozark Affiliate staff consists of five full-time employees and one part-time employee. Those employees include an Executive Director, Director of Mission Services, Director of Operations, Director of Development and Rural Outreach Coordinator for Crawford and Sebastian counties. The part time position is a

Communications Coordinator.

The Ozark Affiliate has annexed many counties into the service area over the years and now includes; Benton, Boone, Carroll, Crawford, Madison, Newton, Sebastian and Washington counties and recently annexed Stone and Taney Counties located in Missouri.

The Community Profile is an assessment required of all Komen Affiliates every two years to analyze the state of breast cancer within a service area. The primary intent of the Ozark Affiliate's 2011 Community Profile is to gain better insight to the communities served in each of the eight counties within the current Ozark Affiliate service area and two counties in Missouri. The Community Profile team that worked on collecting and

analyzing data as well as writing the report consisted of an Epidemiologist and Professor of Public Health, a group of graduate level college students in the Department of Public Health and affiliate staff. The Community Profile team conducted an analysis of both quantitative and qualitative data to highlight areas of need in the service area. The Community Profile allows the Affiliate to; establish priorities for Community Based Grants, serve as a marketing plan for education and outreach, strengthen fundraising efforts, guide Public Policy initiatives, and align with the strategic plan.

In 2011, the Ozark Affiliate awarded \$750,000 to thirteen grantees in the service area to support the breast health mission. These grantees will provide education, screening and treatment services to those in need. Two key areas that the Ozark Affiliate has funded for several years include genetic testing and breast cancer navigators. Nurse navigators assist patients and their families understand the system as well as help connect them to resources. Both of these notable grant programs are very costly and would not be available without the assistance of Komen funds.

### **Statistics and Demographic Review**

The Community Profile team used demographic and breast cancer data made available by Thomson Reuters © 2010. Additional statistical information was obtained from "National Women's Law Center Report Card—State Report Card, Arkansas Department of Health's BreastCare's 2008 Final Report, Arkansas Community Health Center, 2010 U.S. Census Bureau State and County Quick Facts and BRFSS Prevalence and Trends Data.

Demographic and breast cancer data was analyzed with the intent of identifying and targeting communities of interest by examining incidence rates, mortality rates and screening rates. Also, information like access to healthcare and demographic variables were taken into consideration. The data represented the eight counties located in Arkansas, but because of the timing of the newly annexed counties, the Community Profile team had very limited data on Stone and Taney counties. The data pack provided to the affiliate is where much of the statistical data was obtained and the two newly annexed counties were not included in the data pack.

Priority communities for the Ozark Affiliate include Newton, Carroll, Madison, and Crawford counties. These counties have the highest rates of women not being screened for breast cancer, as well as higher breast cancer incidence rates and mortality rates. An important priority for the affiliate is how the women in these counties access services. By examining the Continuum of Care model, the affiliate knows that the treatment and follow-up care will be accessed in other counties and that will need to be taken into consideration during the grant process. Based on the analysis of data, it is clear that availability and access to breast health care contributes to the mortality rates.

### **Health Systems Analysis**

The Community Profile team conducted an asset map assessment of the service area. Grantees, hospitals, clinics and agencies that offered breast cancer services were

mapped out on the service map. The map was then analyzed for what areas were absent of local services. The Community Profile team also compared statistics with the areas that lacked services and noted that the barriers to Continuum of Care in these areas affected detection/screening, diagnosis, and treatment, of breast cancer. The Continuum of Care leads back to Benton, Washington and Sebastian counties. The affiliate then addresses these gaps through funding programs like mobile mammography.

The Ozark Affiliate Service area has many providers and clinics that help meet the needs of those in our communities. Specifically, there are 15 hospitals throughout the ten county service area. Those counties without a hospital are Madison and Newton in Arkansas and Stone County in Missouri.

For women and men in these counties that have limited access to services, a commute is necessary to receive treatment. Women and men from Newton County will need to travel to Boone or Washington counties for services. Women and men in Crawford County will need to travel to Sebastian or Washington County for services. Women and men in Madison and Carroll will travel to Benton or Washington counties for treatment. Women and men receive excellent care in these counties, but face the burden of travel and costs related to travel to access this care.

In addition to transportation barriers, another gap in services the affiliate is continuing to focus on is serving the Hispanic and Marshallese populations. There is a consistent increase in both of these populations in the Ozark Affiliate service area and the affiliate continues to support diverse programs to make sure neither of these populations go overlooked. Both of these populations have gaps and needs in access to healthcare. Some of these gaps and needs include the cultural barriers to not understanding the importance for preventative medicine and screenings and language barriers when trying to access healthcare. Additionally, unfortunately the affiliate does not have a way to address the barrier of helping women who are not legal citizens of the United States have access to healthcare outside of current Komen grantees. Currently, this particular group of women could receive a screening, but if breast cancer is detected the affiliate is limited to the support given to the newly diagnosed.

The Ozark Affiliate is very fortunate to have many passionate and dedicated supporters and partnerships in place. One wonderful partner is the statewide Breast and Cervical Cancer Early Detection Program called BreastCare. BreastCare is a program of the Arkansas Department of Health providing free screening, diagnostic and treatment services to those who qualify. BreastCare providers are located in each of our counties through the Departments of Health and other physicians and clinics. BreastCare first began screening in 1999, and over the past few years the number of women being served has been decreasing due to the lack of funding to support this program. In 2008, 14,733 women were served compared to 9,749 women that were served in 2010. It is estimated that 8,116 women will be able to be served based upon funding sources.

All of the grantees that are funded through the Ozark Affiliate provide target services to those in their neighborhoods and counties. These grantees provide screening, treatment, genetic testing, emergency financial assistance, counseling, prescription assistance, gas cards, navigation assistance, etc. to those who are uninsured, underinsured or in need.

In addition to the BreastCare program and grantees, the Ozark affiliate is fortunate to have two mobile mammography units that are able to provide services in all eight counties in the affiliate service area. Additionally, the mobile mammography unit through UAMS (University of Arkansas Medical Systems) has recently begun to partner with grantees in Madison and Boone to provide services in their communities. In the Ozark Affiliate service area, mobile mammography is the key to bridging the gaps in access that exist. Unfortunately, Stone and Taney counties do not have access to a mobile unit.

### **Qualitative Data Overview**

The Community Profile team utilized the qualitative method of focus groups for data collection in order to highlight and explain gaps and barriers to breast health services in the Ozark Affiliate service area. The team utilized the template from Affiliate Corner for the questions asked at each focus group and each focus group had a facilitator and a note taker. A total of ten focus groups were conducted in the fall of 2010. The focus groups conducted were located in Benton County (8 participants), Boone County (4 participants), Carroll County (5 participants), Crawford County (4 participants), Madison County (5 participants), Newton County (5 participants), Sebastian County (5 participants) and Washington County (6 participants). In addition to those eight focus groups, one focus group was conducted with survivors in a group called the Pink Divas and had 8 survivors participate and another focus group was conducted on Western Benton County and had 4 participants. The participants in the focus groups consisted of a various sampling of people that reside in the Ozark Affiliate service area.

Each focus group had a facilitator and note taker to ensure that accurate data was collected. The Community Profile team also conducted an onsite meeting with the Director of the Skaggs Cancer Center in Branson to gather more information about the counties of Stone and Taney and what the barriers and gaps in services in the two counties.

After the focus groups were conducted, the results were analyzed by the Epidemiologist on the Community Profile team to examine what themes emerged during the process. While going through the assessment of the Ozark Affiliate's service area, the Community Profile Team focused on geographic target areas. While the communities in the service area have similarities and differences in each one, we found it more beneficial to look at the unique needs that face each county and how our grantees and future grantees can help address these issues.

The themes of the focus groups included;

**Transportation:** The issue of transportation was a reoccurring theme throughout all focus groups. There are different reasons why transportation can be a barrier to women trying to access breast health services and they include; cost of gasoline, no vehicle and no public transportation.

**Education:** Education continues to be an overwhelming targeted need of the Ozark Affiliate. The different reasons why education continues to be a barrier include; lack of knowledge for preventative care, lack of knowledge on financial help available, comprehension levels in regards to a complex medical subject and lack of knowledge about breast cancer.

**Uninsured/Underinsured:** The third theme that surfaced during focus groups was the barrier that not having insurance, or not having enough insurance can be for women seeking breast health services. Women who do not have insurance oftentimes can not afford medical care completely out of pocket. To be screened is costly, but to be diagnosed with cancer and to pay for all of the services is more than a majority of women can afford.

**Undocumented Residents:** The fourth theme that continued to be discussed throughout the focus groups was the issue of residents that are undocumented. There are many poultry plants located throughout the service area and many residents have come to this area to work in these plants. Many of these residents are legal citizens, but some are not which presents problems if diagnosed with any life threatening illness.

## **Conclusions**

Four common themes became evident during the analysis of the Focus Group data. The Community Profile team identified the following barriers and gaps in the service area; focus on public transportation needs, increase educational outreach, increase information about how and where women could get help if they were uninsured or underinsured and continue to search for answers to help undocumented women.

Once the themes were outlined and all information analyzed, the counties the affiliate will target include; Carroll, Crawford, Newton and Madison counties. These target counties have the highest breast cancer incidence and mortality rates. An important priority for the affiliate is how the women in these counties access services. By examining the Continuum of Care model, the affiliate knows that treatment and follow-up care will be accessed in other counties which will be taken into consideration during the grant process. Based on the analysis of data, it is clear that availability and access to breast health care contributes to the mortality rates.

The affiliate strategically acknowledged and recognized the necessary priorities to assist and break down the barriers that women in the Ozark Affiliate service area face when seeking breast health services. The priorities set by the affiliate will be a roadmap for what programs and services should be implemented and the action plan will describe the details of who will implement and by what timeline the programs and services will occur.

## **Affiliate Priorities**

1. Increase and expand the educational efforts in the Ozark Affiliate service area.
2. Identify what unique access barriers exist in each county.
3. Address the breast health needs of the higher risk population.
4. Continue to address Public Policy Initiatives that will impact breast healthcare in the state of Arkansas.

## **Affiliate Action Plan**

### **Priority One: Increase and expand the educational efforts in the Ozark Affiliate service area.**

- Objective 1: By October 2011, attend three community health fairs and county fairs to be able to provide one-on-one education.
- Objective 2: By 2012, have at least five faith-based organizations partnering with the Ozark Affiliate to provide educational programs at their place of worship during the month of October.
- Objective 3: By 2012, monitor ongoing activities of current grantees with an emphasis on program goals and outcomes measured by site visits and quarterly reports.
- Objective 4: Continue to work with local businesses and Health Departments to conduct culturally and age appropriate education and outreach to women in the service area including reaching out and recruiting agencies to submit grants and conduct education to women with varying disabilities.
- Objective 5: By March 2012, host a bi-annual Breast Health Providers Conference focusing on cutting edge research, treatment and screening.
- Objective 6: By conducting focus groups and key informant interviews, discover who the uninsured are in each county and determine the reasons why they are not seeking services. Identify the best method to educate these populations and tailor these efforts to be county specific.
- Objective 7: By December 2011, increase the Ozark Affiliate's visibility with educational messaging in the two newly annexed counties in Missouri.

### **Priority Two: Identify what unique access barriers exist in each county.**

- Objective 1: Beginning January 2012, work with mobile units to provide after hours and weekend screenings in Carroll, Crawford, Madison and Newton counties.
- Objective 2: Work with local Primary Care Physicians (PCPs) about the importance of screening mammograms. In addition, provide them with Community Profile booklets that list each of the affiliate's grantees and the services they provide by February 2012.
- Objective 3: Continue to work with grantees to creatively obtain and distribute gas cards.
- Objective 4: Increase breast health awareness campaigns in Carroll, Crawford, Madison and Newton counties and have an educational plan in place by January 2012.

- Objective 5: By January 2012, target and educate local health units and Community Health Clinics about the services provided by affiliate grantees.
- Objective 6: By October 2011, provide county specific information regarding breast health to organizations and agencies at the Grant Workshops.

**Priority Three: To Address the Breast Health Needs of the Higher Risk Population.**

- Objective 1: By March 2012, begin working with the Washington County Health Department in order to reach the Marshallese population.
- Objective 2: Continue to reach out to the Hispanic population by working with NWA Esperanza y Vida and other Hispanic organizations.
- Objective 3: Reach out to the Witness Project that concentrates on African American women and collaborate together on education and assessing the community by October 2011.

**Priority Four: Continue Public Policy Initiatives**

- Objective 1: Participate and help plan Komen Lobby Day at the State Capitol in both Arkansas and Missouri as well as National Komen Lobby Day by April 2012.
- Objective 2: Educate key legislators on breast healthcare needs and the importance of restoring BreastCare and Show Me Healthy Women funding by July 2012.
- Objective 3: Identify key alliances with other organizations to strengthen the strategies and agenda of the Breast Health Initiative Committee.
- Objective 4: Invite key legislators to join the Director of Mission Services on site visits by November 2011.

## **Introduction**

### **Affiliate History**

The Ozark Affiliate is located in the Northwest and River Valley region of Arkansas. The Affiliate began in 1998 and was formed by a group of dedicated community volunteers. In April 1999, the Affiliate held its first Susan G. Komen Race for Cure ©. Since its inception, the Ozark Affiliate of Susan G. Komen for the Cure has invested \$8 million in breast health programs that support education, screening, treatment and research.

Komen Ozark is part of an Affiliate Network of Susan G. Komen for the Cure that has affiliates in 125 Cities as well as three international Affiliates in Italy, Germany and Puerto Rico. Globally, Komen for the Cure has partnered or funded programs in more than 50 countries as part of nearly \$1.9 billion investment in breast cancer research, education and community programs since 1982.

The Ozark Affiliate continues to grow and expand services due to dedicated volunteers. The Ozark Affiliate is currently governed by a 15 member volunteer Board of Directors with representation from each of the counties in the affiliate service area. Additionally, hundreds of volunteers give of their time and talent and serve as ambassadors to the Komen mission. This past year the Ozark Affiliate formed a Men's Giving Circle. The "Special Task Force" team consists of 8 men from the community that have pledged to assist the affiliate in sharing the message and to raising awareness and funds to support the growing community needs. The Ozark Affiliate has numerous passionate and dedicated volunteers, breast cancer survivors and advocates who have invested their time, knowledge, energy and money to support the Komen mission.

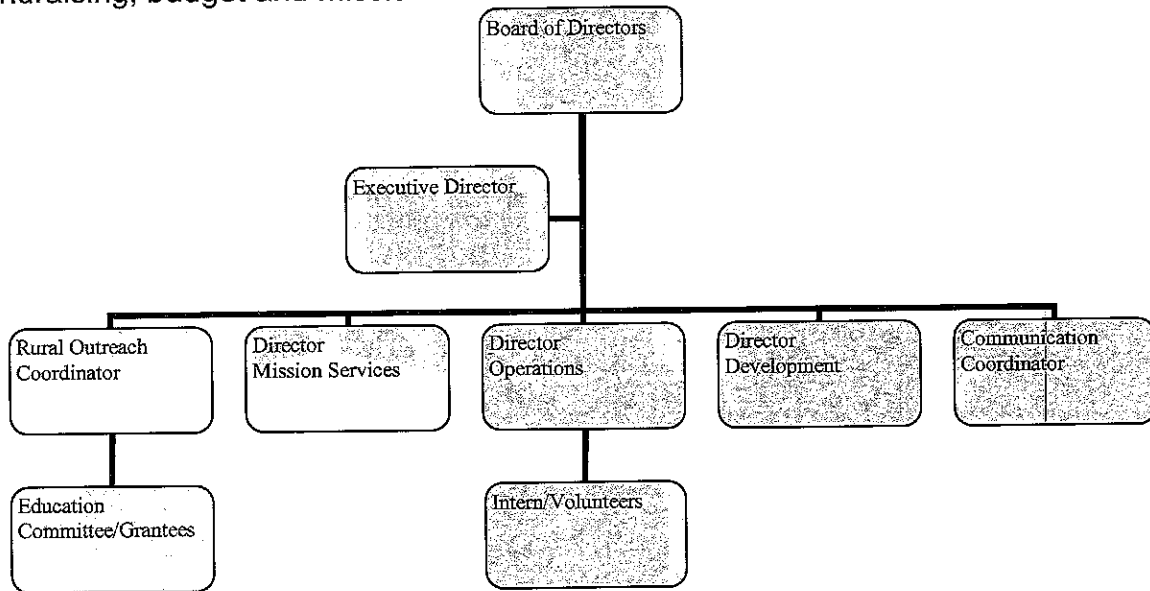
Through the hard work of volunteers and staff, the Ozark Affiliate continues to look for ways to grow and support more communities. The first expansion came in 2009. In 2009, the Ozark Affiliate expanded its Affiliate service area to add two additional counties Boone and Newton for a total of eight counties. The second expansion was in 2011, when the affiliate annexed Stone and Taney Counties which are located in Missouri into the Ozark affiliate's service area. As of July 2011, the Ozark Affiliate service area includes; Benton, Boone, Carroll, Crawford, Madison, Newton, Sebastian and Washington counties in Arkansas and Stone and Taney counties in Missouri.

The Ozark Affiliate has grown tremendously since its beginning over 13 years ago. Since the inception of the Ozark Affiliate, nearly \$6.1 million has been given out through the local granting process while \$1.9 million has been given back to Komen National's Research and Awards program. This brings the Ozark Affiliate's financial promise to end breast cancer forever to \$8 million.

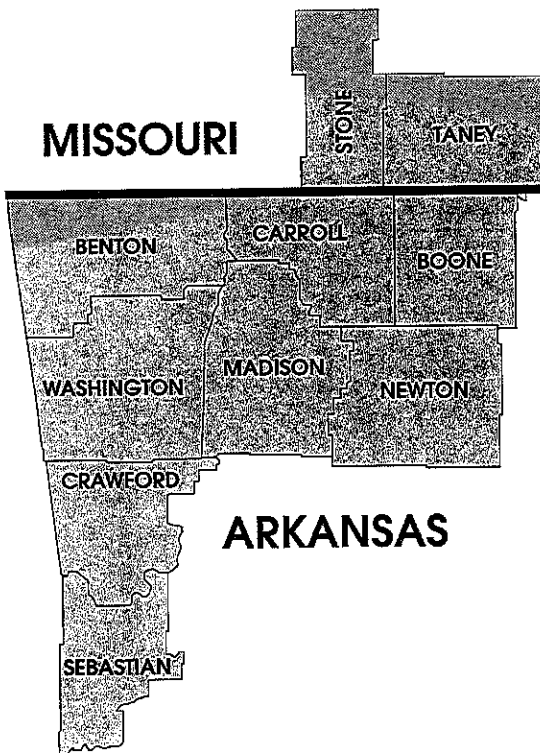
### **Organizational Structure**

The Ozark Affiliate staff consists of five, full-time employees and one part-time employee. Those employees include an Executive Director, Director of Mission Services, Director of Operations, Director of Development and a Rural Outreach

Coordinator for Crawford and Sebastian Counties. The part time position is a Communications Coordinator. The affiliate's Board of Directors Oversees the fundraising, budget and mission of the affiliate.



**Description of Service Area**



The Ozark Affiliate encompasses eight counties in the Northwest and River Valley area of the state. These counties include Benton, Boone, Carroll, Crawford, Madison, Newton, Sebastian and Washington, as well as two new counties, Stone and Taney in Missouri. The statistics on population increase, demographics, women's health ranking and insurance rates are all important in understanding and describing the affiliate service area.

Based upon the 2010 US Census, the population of the Ozark Affiliate service area is 700,465; a population growth of 14 percent since the previous Community Profile in 2009. Fifty five percent of the State's total growth occurred in four of the eight counties; Benton, Crawford, Sebastian and Washington Counties. Benton County has had a 44 percent growth over the last decade and was the largest increase in the state of Arkansas. Washington County had a 29 percent growth in the past decade which ranked third in the state. The updated Census figures will effect many services, access to services and programs as well as have an implication for impending congressional and legislative redistricting.

Of particular interest was the growth in both the Marshallese and Hispanic populations. According to the 2010 US Census, the Hispanic and Latino population the State of Arkansas grew by 114.2 percent since 2000. Northwest Arkansas is home to 65,734 residents who are of Hispanic or Latino descent; which now comprise 15.5 percent of Washington and Benton Counties total population. The "Native Hawaiian and Other Pacific Islander" population grew by 150.8 percent in the State of Arkansas since the 2000 Census. Nearly 82 percent of all "Other Pacific Islanders" in the State of Arkansas reside in Benton and Washington Counties. This is contributed to the large number of Marshallese living in the Northwest region of the state.

The service area of the Ozark Affiliate is largely rural with many people living in poverty. According to the 2010 US Census data, the average household income in the Ozark Affiliate's eight county service area is \$56,147 compared to the average United States household income at \$69,376. Households in Arkansas making \$15,000 a year and less is 14.3 percent compared to 12.4 percent of households in the United States that make \$15,000 a year and less. The percent of households making an income in the range of \$15,000-\$25,000 is 12.8 percent compared to the United States rate of 10.4 percent. The statistics regarding poverty rates are very important to the Ozark Affiliate to consider because of how it affects access to services, healthcare, health insurance, preventative medicine, prescription drugs and even basic survival needs like food and shelter.

The National Women's Law Center Report Card reports that the State of Arkansas consistently ranks at the bottom in regards to healthcare and specifically in regards to women's health care. The good news is Arkansas has truly struggled with health care over the past several years but has moved from 45<sup>th</sup> in overall state ranking to number 43rd in the nation. This is the highest ranking Arkansas has had in the past 15 years. It is estimated that nearly 18 percent of the entire population lack health insurance. One of the biggest health issues facing Arkansas is the incidence of obesity which is one of the highest in the nation. Nearly 30 percent of Arkansas residents are obese. Obesity—often defined as a body mass index (BMI) of 30 or higher—increases the risk of serious health problems such as heart disease, high blood pressure, stroke, type 2 diabetes, and cancer, including postmenopausal breast cancer. The obesity rate is important for the affiliate's assessment because research shows that after menopause, being overweight increases the risk by 30 to 60 percent.

Additionally, the lack of insurance will correlate with lower screening rates and then possible higher mortality rates from breast cancer. In the Ozark Affiliate service area the county with the largest percentage of uninsured residents is Newton County (a very rural county) with 27.3 percent of females 18-64 years of age lacking insurance. In Benton County (a more urban county) 12.6 percent of female adults 18-64 years of age are living without insurance—this county has the lowest percent of uninsured individuals. It is no coincidence that Newton County had one the lowest mammogram screening rates and consequently the highest mortality rate by county (34.14/100,000 people). Benton County had the highest screening rates and one of the lowest mortality rates in our service area (19.90/100,000 people)

### **Purpose of the Report**

The primary intent of the 2011 Community Profile is to gain better insight to the communities the Ozark Affiliate serves in each of the eight counties in Arkansas and two new additional counties in Missouri. Additionally, the Community Profile will allow the Affiliate to:

- Establish priorities for Community Based Grants
- Serve as a marketing plan for education and outreach
- Strengthen fundraising effort
- Guide Public Policy initiatives
- Align with the affiliate's strategic plan

## **Breast Cancer Impact in Affiliate Service Area**

### **Methodology**

The Community Profile team used demographic and breast cancer data made available by Thomson Reuters © 2010. Additional statistical information was obtained from “National Women’s Law Center Report Card—State Report Card, Arkansas Department of Health’s BreastCare’s 2008 Final Report, Arkansas Community Health Center, 2010 U.S. Census Bureau State and County Quick Facts and BRFSS Prevalence and Trends Data.

Demographic and breast cancer data was analyzed with the intent of identifying and targeting communities of interest by examining incidence rates, mortality rates and screening rates. Also, information like access to healthcare and demographic variables were taken into consideration. The data represented the eight counties located in Arkansas, but because of the timing of the newly annexed counties, the Community Profile team had very limited data on Stone and Taney counties. The data pack provided to the affiliate is where much of the statistical data was obtained and the two newly annexed counties were not included in the data pack.

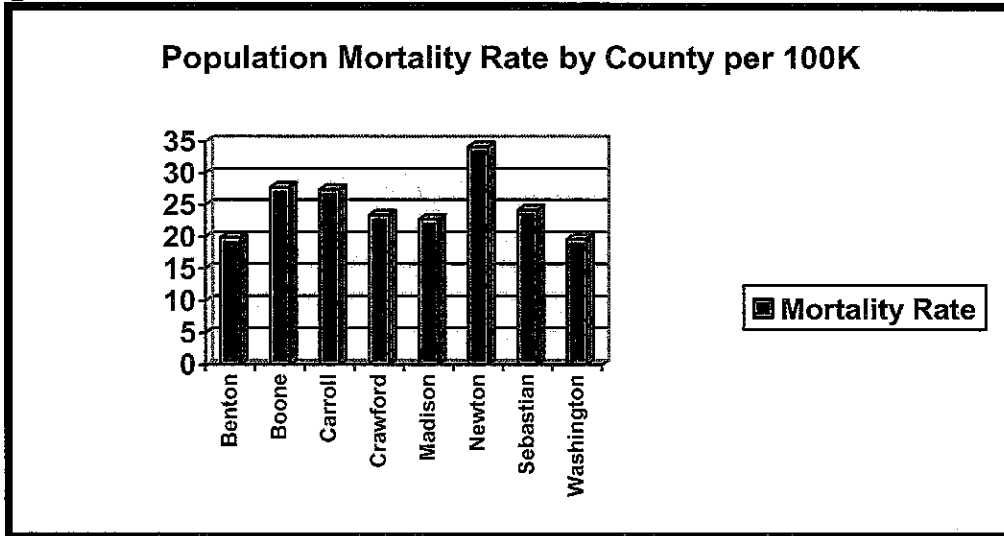
### **Overview of the Affiliate Service Area**

While completing the data analysis for the Community Profile, three areas were assessed throughout the eight county service area. These three areas include mortality rates, late stage diagnosis rates and screening rates are key when working towards the promise of the Susan G. Komen for the Cure which is to save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to find the cures.

### **Mortality**

The state of Arkansas has a mortality rate of 25.61 per 100,000 females. Within the eight county service area, the total rate for mortality is 21.88 per 100,000 females. Within the service area three counties have a higher mortality than the state mortality rate. Newton County has a significantly higher mortality rate at 34.14 per 100,000 females. The second highest is Boone county at 27.75 per 100,000 females and the third highest is Carroll County at 27.39 per 100,000 females (see Figure 1).

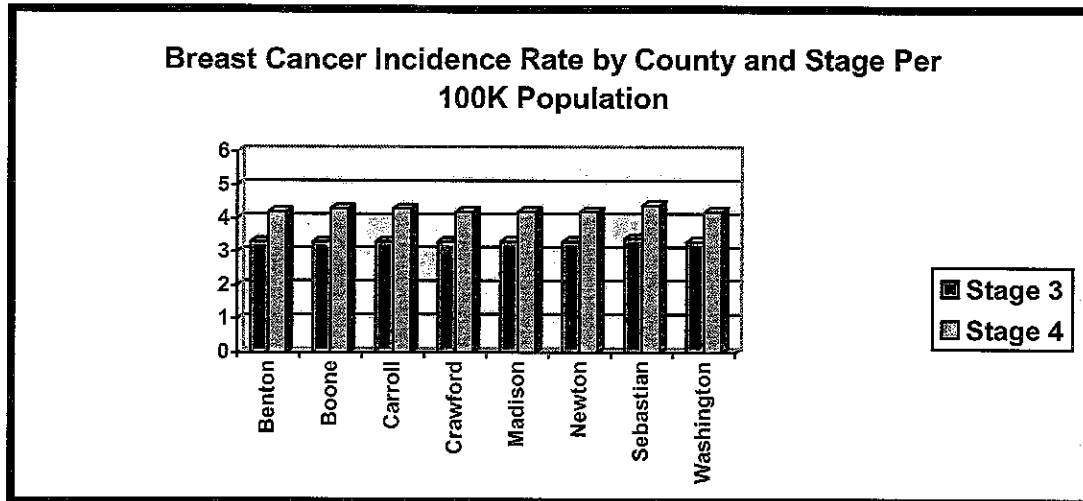
Figure 1



### Late Stage Diagnosis

The state of Arkansas has a breast cancer incidence rate of 112.00 per 100,000 females. Within the eight county service area, the total incidence rate is 105.77 per 100,000 females. Within the service area, five counties have a higher incidence rate than the state. The highest incidence rate is 124.98 per 100,000 females in Madison County. Following Madison County is Carroll county at 117.23 per 100,000 females, Newton county at 116.99 per 100,000 females, Sebastian county at 113.56 per 100,000 females and Crawford county at 112.32 per 100,000 females (see Figure 2).

Figure 2

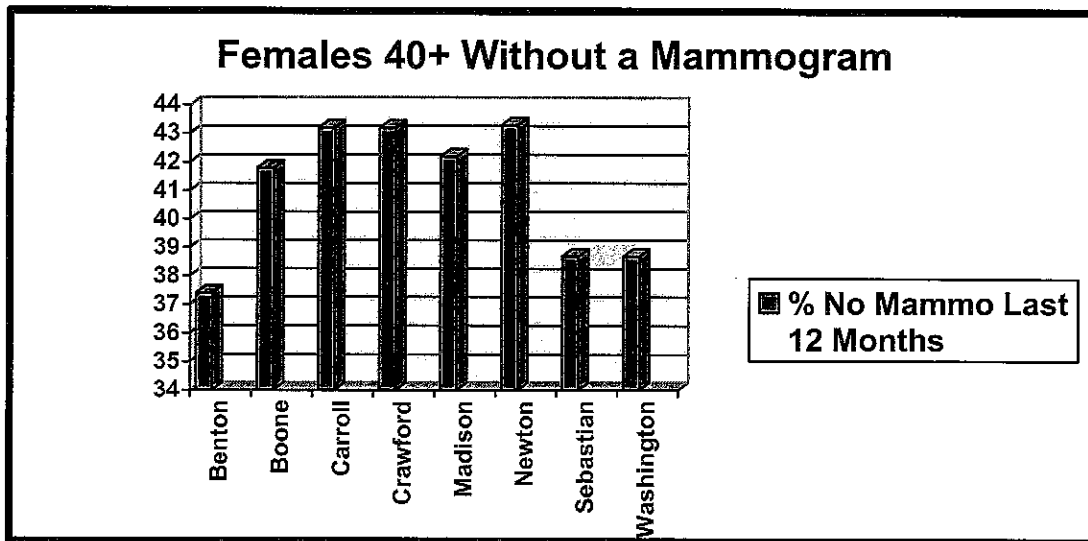


An important statistical discovery was the percent of African American women that presented with breast cancer in a later stage. In the service area, white women were diagnosed with breast cancer in Stage 1 (65.2 percent), Stage 2 (27.3 percent), Stage 3 (3.3 percent) and Stage IV (4.2 percent). In African American women diagnosed with breast cancer, 53.7 percent presented in Stage 1, 32.4 percent presented in Stage 2, 6.0 percent presented in Stage 3, and 7.9 percent presented in Stage 4. In the Ozark Affiliate service area, African American women are oftentimes getting diagnosed in a later stage of breast cancer.

### Screening Percentages

In the 8 county service area, the total percent of women that did not have a mammogram in the past 12 months is 39.3 percent. The counties with the highest percent of women not receiving a mammogram are Newton County at 43.3 percent, Crawford County at 43.2 percent, Carroll County at 43.2 percent and Madison county at 42.2 percent (see Figure 3).

**Figure 3**



## Communities of Interest

### Newton County

Newton County is the smallest and poorest county in the affiliate's service area. It has the highest percent of families living below the poverty level at 16.3 percent and the highest uninsured percentage of females 18-64 at 27.3 percent. The screening rates are the lowest in the service area. The percent of women that did not have a mammogram in the past 12 months was 43.3 percent. Due to the size of the county and where it is located in the rural Ozark Mountains, access to services is the biggest issue for breast health services. There is not a mammography facility in the county and the closest facility is in Harrison (located in Boone County) which is only 20 miles from Newton County, but the mountainous terrain and many unpaved roads make traveling difficult. Due to the size of the county and the lack of an organization that has the capacity to house a Komen grant, the affiliate has granted money to an organization in Boone County to provide services in Newton County. The grant focuses on bringing a mobile mammography unit to Newton County and without the mobile unit, the rate of women not receiving a mammogram could be even higher. Along with having the highest rate of women not receiving a mammogram, Newton County has the third highest incidence rate in the service area at 116.99 per 100,000 females. (Higher than the state average.) It also has the highest mortality rate in the service area at 34.14 per 100,000 females. (Higher than the state average.) From information gleaned in focus groups, this county also has a need for education and outreach. Education about prevention, breast health and the availability of monetary help through a Komen grant is extremely important for the women and men in the county.

### Carroll County

Carroll County is also a rural county in the Ozark Affiliate's service area. In Carroll County, 23.2 percent of females between the ages of 18-64 years of age do not have insurance. The poultry industry is the biggest employer here, so providing care to the migrant worker population, as well as serving the working poor is important when

providing health care services. The Breast Cancer incidence rate in Carroll County per 100,000 women is 117.23. (Higher than the state average). Carroll County is serviced by two hospitals, St. John's in Berryville and Eureka Springs Hospital in Eureka Springs; however, due to the lack of treatment options women and men will drive to Benton and/or Washington County for their treatment or follow-up care.

### **Madison County**

Madison County is another rural county in the affiliate's service area. Madison County has the second highest poverty level in the service area at 15.9 percent. Currently, the Ozark Affiliate funds money for a mobile mammography unit, but without the unit women and men needing a mammogram have to drive to Carroll County or Washington County. This explanation attributes to the percentage of women in Madison County who haven't received a mammogram in 12 months being 42.2 percent. If the mobile mammography unit did not provide services in Madison County the rate of women not receiving a mammogram would be even higher. Madison County also has the highest incidence rate in the service area. The breast cancer incidence rate per 100,000 females is 124.98, significantly higher than the stage average. In addition to incidence rates, the mortality rate is 22.75 per 100,000 females. Like Carroll County, Madison County does not have treatment options available in the county, so women seeking treatment for breast cancer will have to drive to Benton and/or Washington County for their treatment and follow-up care.

### **Crawford County**

Crawford County is located in the south of the Ozark Affiliate service area in an area known as the River Valley. There is one hospital in the area, Summit Medical Center located in Van Buren. Currently, the hospital doesn't provide mobile mammography services and the only mammograms the hospital provides are film mammograms. The lack of services in Crawford County attributes to the high percentage of women that have not had a recent mammogram. In the past 12 months, 43.2 percent of women have not had a mammogram in Crawford County. Due to the lack of services in Crawford County, women and men travel to Sebastian County or even Washington County for their treatment and follow-up care.

### **Conclusion**

Priority communities for the Ozark Affiliate include Newton, Carroll, Madison, and Crawford counties. These counties have the highest rates of women not being screened for breast cancer, as well as higher breast cancer incidence rates and mortality rates. An important priority for the affiliate is how the women in these counties access services. By examining the Continuum of Care model, the affiliate knows that the treatment and follow-up care will be accessed in other counties and that will need to be taken into consideration during the grant process. Based on the analysis of data, it is clear that availability and access to breast health care contributes to the mortality rates.

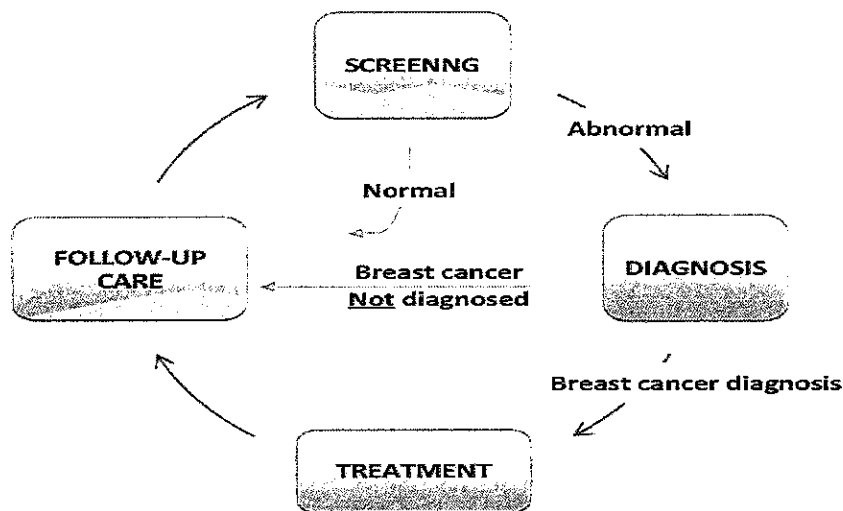
In addition to the communities of interest, the Ozark Affiliate will focus on education and outreach in the two new counties in Missouri that were recently annexed into the affiliate

service area. The affiliate will educate the community and work with the providers about the mission of Susan G. Komen. A strong educational marketing plan will be part of the Ozark Affiliate's strategic plan in 2011-2012.

## **Health Systems Analysis of Target Communities**

### **Overview of the Continuum of Care**

The Continuum of Care is an important strategic tool when assessing and understanding the gaps, barriers and issues women and men are faced with when receiving breast health services. The Continuum of Care gives the Ozark Affiliate a structure and plan to continually evaluate and ensure that patients do not fall out of the patient care system. The Continuum of Care starts with a call to action regarding the importance of early detection. If screening comes out normal, the patient will move to follow-up care and back to screening where the cycle continues. If the screening is abnormal, the patient moves to the next step of diagnosis. Once in the diagnosis stage, if breast cancer is not diagnosed the patient moves to follow-up care, which then will move to the screening step again. If there is a breast cancer diagnosis, the patient will move on to treatment. Once treatment is completed the patient will move on to follow-up care, then to screening.



If there is a break in the Continuum of Care cycle, patients will not receive the quality of care they deserve and mortality rates may increase. The Ozark Affiliate examines and assesses the Continuum of Care cycle for women and men in the service area to identify gaps and barriers. Many factors may impact the Continuum of Care; factors such as language barriers, insurance, childcare and transportation. The Ozark Affiliate currently funds three Navigator programs that help to keep those affected by the previously mentioned barriers move more efficiently through the Continuum of Care.

### Methodology

The Community Profile team, which has been previously described in earlier sections, reviewed the programs and services within the Ozark Affiliate's service area. Each member of the Community Profile team evaluated the statistics and analyzed the asset map for particular areas that lacked services. The team reviewed the asset map to see where grantees, hospitals, clinics and agencies that offered breast cancer services were mapped out on the service map.

Along with reviewing data and the asset map, the Focus Group data helped the Community Profile team set priorities, identify needs and refocus funding priorities. A total of 10 focus groups were conducted in the fall of 2010. The focus groups conducted were for Benton, Boone, Carroll, Crawford, Madison, Newton, Sebastian and Washington Counties as well as a survivor group called the Pink Divas. The Community Profile team also conducted an onsite meeting with the Director of the Skaggs Cancer Center in Branson, Missouri to gather more information about the counties of Stone and Taney and what the barriers and gaps in services were in the two counties. In order to collect quality data, one facilitator and one person dedicated entirely to note taking attended each focus group. After the focus groups were conducted, the results were analyzed by the Epidemiologist on the Community Profile team to examine what themes emerged during the process.

Program and services that were reviewed are those that are partner with Ozark Affiliate in reaching target populations. Information used was retrieved from the Arkansas Department of Health—BreastCare program ([www.arbreastcare.com](http://www.arbreastcare.com)), Arkansas Community Health Centers ([www.chc-ar.org](http://www.chc-ar.org)) and Ozark Affiliate grantee information.

## **Overview of Community Assets**

### **Hospitals**

Northwest Arkansas and the River Valley are home to several hospitals and physicians clinics; many of these were built within the past five years. However, in the more rural counties there are a limited number of physicians, clinics or hospitals.

Hospitals in Benton County include Northwest Health Systems, Mercy Health Systems, Ozark Community Hospital and Siloam Springs Memorial Hospital. Boone County has only one hospital and it is the North Arkansas Regional Medical Center. Carroll County is home to two hospitals: St. John's Medical Center in Berryville and Eureka Springs Hospital in Eureka Springs. Crawford County has only one hospital, Summit Medical Center while Madison and Newton Counties have no hospitals in their counties. There are two large hospitals in Sebastian County, Sparks Medical Center and St. Edwards Mercy Medical Center. Washington Regional Medical Center, Willow Creek and another Northwest Health location comprise the three hospitals that service the Washington County residents.

The service area is fortunate to have two dedicated breast centers that are capable of providing streamlined diagnostic services. The Breast Center is privately owned by a group of radiologists and is located in Fayetteville in Washington County. The other breast center is part of Northwest Health Systems and is also located in Washington County. Since there is a radiologist on staff, if a suspicious mammogram occurs, the patient can quickly move through the Continuum of Care.

A clinic that focuses on cancer treatment is Highlands Oncology Group (HOG), which recently opened the first comprehensive cancer campus in Northwest Arkansas. This campus will combine cancer services that will cover any potential needs patients may have and create a continuity of treatment. Highlands has clinics located in Benton and Washington County. In addition to Highlands Oncology Group, Cooper Clinic and Fort Smith Radiation Oncology are located in Sebastian County and The Claude Parish Radiation Therapy Institute (PARTI) is located in Boone County.

In Stone and Taney Counties medical services are more limited. Skaggs Hospital is located in Branson and has a comprehensive cancer center as part of the hospital system. In Springfield Missouri are two large hospital systems Cox Health Systems and St John's Hospital both offer clinics in the Branson area throughout the month.

### **Community Health Centers**

There are ten Community Health Centers in the Ozark Affiliate Service Area. The Huntsville Clinic (Madison County) , Community Clinic at Springdale (Washington

County), Community Clinic at Rogers (Benton County), Community Clinic at Siloam Springs (Benton County), RVPCS Northside Clinic (Sebastian), Northside Behavioral Health/Specialty CHC (Sebastian County), Mountainburg Family Clinic (Crawford County), Mulberry Family Clinic (Crawford County), Deer Clinic (Newton County), and Green Forest Clinic (Carroll County). All of these Community Health Centers provide much needed medical care in the affiliate service area.

The central locations for women and men to receive breast cancer treatment and follow-up are Benton, Washington, Sebastian and Boone counties. In Benton and Washington counties Washington Regional Medical Center has two cancer support homes that assist women throughout their breast cancer journey. Located in Washington County is HOPE Cancer Resources that provides psychosocial support as well as financial support for those receiving treatment for breast cancer. The Donald W. Reynolds Cancer Support Home resides in Sebastian County and assists women and men in both Crawford and Sebastian County with psychosocial needs and financial support. Washington Regional Cancer Support Home and the Donald W. Reynolds Cancer Support Home are both current grant recipients of the Ozark Affiliate.

For women and men in these counties that have limited access to services, a commute is necessary to receive treatment. Women and men from Newton County will need to travel to Boone or Washington counties for services. Women and men in Crawford County will need to travel to Sebastian or Washington County for services. Women and men in Madison and Carroll will travel to Benton or Washington counties for treatment. Women and men receive excellent care in these counties, but face the burden of travel and costs related to travel to access this care.

Gratefully, mobile mammography units are able to provide services in all eight counties in the affiliate service areas. In Newton and Madison counties, mobile units are the only access to screening women and men receive without traveling to another county.

### **Overview of Community Needs & Gaps**

Besides the needs and gaps mentioned previously, other gaps in services for the affiliate service area that surfaced include access issues for women and men in high risk populations. Northwest Arkansas has limited public transportation. Ozark Regional Transit provides needed services within Benton and Washington County, but public transportation in outlying counties in the service area is non-existent.

The second largest population in the affiliate's service area is the Hispanic population. The area has seen continual increases in this population and the affiliate continues to expand to meet the needs of this population. The affiliate supports diverse programs like *Esperanza y Vida*, a breast health education class; bilingual social workers and literature in Spanish. The affiliate partners with different organizations and agencies to make sure that this population is not overlooked.

Another growing population is the Marshallese. The Marshallese population in Northwest Arkansas, specifically Washington County, is the second highest population

of Marshall Islanders outside the Marshall Islands. The affiliate belongs to a Marshallese Task Force that focuses on gaps of health care services for this population. Marshallese women and men do not place a high priority on any preventative medicine because of cultural issues. On the Marshall Islands there is a lack of access to medical services, so residents aren't accustomed to going to a hospital or clinic for medical care as well as diverse cultural rituals in regards to medical care.

Both of these populations have gaps and needs in access to healthcare. Some of these gaps and needs include the cultural barriers to not understanding the importance for preventative medicine and screenings and language barriers when trying to access healthcare. Unfortunately, the affiliate does not have a way to help women that are not legal US citizens have access to healthcare outside of current Komen grantees.

### **Legislative Issues in and Key Findings in Target Communities**

BreastCare is a program of the Arkansas Department of Health providing free screening, diagnostic and treatments services to those who qualify. In 1997 the Arkansas General Assembly passed legislation that established the Breast Cancer Control Program. Arkansas is an option three state so women who do not have health insurance may qualify for services through the Arkansas State BCCP program.

BreastCare providers are located in each of our eight counties providing access to treatment that compliments the Komen funded grant programs. BreastCare helps our Affiliate fill the demand for services that the affiliate is not financially capable of meeting. In 2009, 13,872 women were served and 14,542 mammograms were performed and 252 women were diagnosed with either breast or cervical cancer. Even spending \$2.5 million spent on screening and diagnostic services there were still an additional 48,140 that were eligible for services that did receive them. This is due to the nursing shortage that limits the number of patients that are able to be seen by BreastCare nurses. In the 3<sup>rd</sup> Congressional District \$331,225 was spent on breast services. There were 13,676 men and women that were eligible for services in our Affiliate area but only 3,502 were served. Of those that were served, 70 were diagnosed with breast or cervical cancer. Since BreastCare first began screening in 1999, 129,065 mammograms have been performed and 2,241 breast or cervical cancers have been treated.

BreastCare program is diagnosing breast cancer at earlier stages. In 2009, 78 percent of the women who received a diagnosis of cancer while in the BreastCare program had an earlier stage breast cancer compared to the 62 percent diagnoses outside of BreastCare.

Currently, BreastCare is going through some changes in administering the funds and is moving from a phone system to a computer-based system. Women seeking to sign-up for BreastCare will have to sign-up through a certified BreastCare provider. This change may create a barrier for those that many not have access to transportation to a registered provider. Other aspects of BreastCare are changing and the affiliate will continue to analyze the functionality of the program to see if gaps and needs present themselves. One barrier to BreastCare is that undocumented women in the Ozark

Affiliate service area can receive services through local Komen grantees, but if diagnosed with breast cancer would not be eligible for BCCP funds.

In addition to BreastCare, Stone and Taney counties are located in Missouri, so the affiliate will work with the Show Me Healthy Women (SMHW) which is the BCCP program. The Affiliate has already made contact with all of the Affiliates located in Missouri and will continue to foster a working relationship to help with the SMHW program.

### **Conclusions**

As a note of interest, one of the outstanding assets for breast health in Northwest Arkansas is a weekly breast conference hosted by Washington Regional Medical Center. At the conference, a patient's treatment plan is discussed with a radiologist, oncologist, surgeon, pathologist and breast health navigator. This is a very progressive modality of medical teamwork ensuring patients' successful transition through the Continuum of Care model.

Due to the many rural communities of the Ozark Affiliate the mobile mammography unit has been the only access to breast screening services that some women have available to them. There are currently two mobile units physically located within the service area—one in the Northwest Arkansas area and the other in the River Valley. The Ozark Affiliate continues to partner with these two units by working with our grantees to provide a certain number of mammograms from their current grant to help provide financial assistance to those who cannot afford to pay. In addition to the two units, grantees have been able to access and utilize a mobile unit through UAMS (University of Arkansas Medical Systems). UAMS recently received funding to purchase a state of the art mobile unit which is housed in Little Rock, Arkansas. This unit initially was funded to serve communities with little access to mammography. Recently, the Ozark Affiliate's grantees in Madison and Boone counties have been able to partner with UAMS to provide services in their communities. In the Ozark Affiliate service area mobile mammography is the key to bridging the gaps in access that exist.

Providing services to the culturally diverse population has been a challenge to the affiliate. One of the reasons this has been a challenge is the lack of trust in the medical community. With barriers such as language translation, legal status, and lack of preventative medicine as a priority, it is the affiliate's goal to tailor outreach to places different populations consider important. It is the Ozark Affiliate's goal to begin working with local faith-based organizations to bring the mobile unit to the particular organizations to provide services. If this service can be promoted through their place of worship as well as be physically located there, the affiliate could better reach this segment of the population.

Feedback from the rural communities that do not have mammography facilities in their counties (i.e. Madison and Newton) have benefited the most from this mobile mammography service. Other feedback from our Focus Groups suggested increasing efforts to bring services TO women and again the mobile unit is the best solution for that. The rural counties would benefit having these mobile units out more in the

secluded parts of our service area to, not only bring awareness but also provide services that these women might not otherwise get.

An invaluable and emerging program that has grown over the past four years is the effectiveness of our rural patient navigators. These rural navigators live and work in these small communities and garner trust that we, as an Affiliate, could not generate on our own. There is a general distrust in these rural communities especially if you are an “outsider”. Affiliate staff has learned through focus groups that if you don't live in this community you will not be as effective in your messaging as if you would have lived there your whole life. These navigators are with each of their patients from the very beginning; such as providing a gas card so women can afford to fill up their vehicle with gas to drive to get a mammogram. Navigators will attend biopsy appointments, diagnosis, treatments, follow-up doctor visits, etc. with their patient to the “big city”. The navigators many times provide the difference between life and death. We have seen the importance of this program especially in Madison County and would like to have it modeled in other, more rural areas of the Ozark Affiliate. The Affiliate is also going to encourage agencies and organizations in Stone and Taney County to look into writing a grant to the Affiliate.

## **Breast Cancer Perspectives in the Target Communities**

### **Methodology**

The Community Profile team agreed that in order to better understand what was going on throughout the entire service area, in regards to breast health, focus groups would need to be conducted in each county.

The Focus Groups participants ranged from doctors, survivors, community volunteers to social workers, business owners and local dignitaries. To ensure that information gathered would be helpful in compiling service area information; county specific data was examined and discussed in the focus groups. The Community Profile team met to determine what questions needed to be addressed in the various focus groups. Additional questions were generated from the Thomson Reuters © 2010 data pack, which was used to obtain richer data in the focus group.

The Community Profile team used qualitative data to enrich the quantitative data gathered from various data sources. Members of the Community Profile team were then assigned a particular county(s) and/or service area. Each member evaluated the statistics for that particular area as well as the Focus Group data to help set priorities, identify needs and refocus our funding priorities.

A total of 10 focus groups were conducted in the fall of 2010. The focus groups conducted were located in Benton County (8 participants), Boone County (4 participants), Carroll County (5 participants), Crawford County (4 participants), Madison County (5 participants), Newton County (5 participants), Sebastian County (5 participants) and Washington County (6 participants). In addition to those 8 focus groups, one focus group was conducted with survivors in a group called the Pink Divas and had 8 survivors participate and another focus group was conducted in Western Benton County and had 4 participants. The Community Profile team also conducted an onsite meeting with the Director of the Skaggs Cancer Center in Branson to gather more information about the counties of Stone and Taney and what the barriers and gaps in services were in the two counties.

Each focus group had a facilitator and note taker to ensure that accurate data was collected. After the focus groups were conducted, the results were analyzed by the Epidemiologist on the Community Profile team to examine what themes emerged during the process.

There were limitations to the Ozark Affiliate's qualitative data. The affiliate had a focus group scheduled for the Latina/Latino population that would be conducted entirely in Spanish, but the facilitator had to cancel at the last minute. Also, the affiliate was unable to conduct a focus group with the Marshallese population. Even though the affiliate was unable to conduct focus groups with the Hispanic and Marshallese population, focus groups will be conducted in these two populations for the next 2013 Community Profile.

## **Review of Qualitative Findings**

### **Common Themes**

The findings of the focus groups reinforced findings from previous Community Profiles. Through the focus groups, the areas of need that surfaced included; transportation, education, uninsured/underinsured and undocumented residents.

#### ***Transportation.***

The issue of transportation was a reoccurring theme throughout all focus groups. There are a number of different reasons why transportation can be a barrier to women and men trying to access breast health services. These reasons that were discussed in the focus groups included;

- Cost of Gasoline
- No Vehicle
- No Public Transportation

One participant explained that, “while Komen offers these wonderful free services like mammograms and money for treatment, if a woman can’t get to the appointment, that’s a huge problem.”

Women need services like mobile mammography units and gas cards to help ensure that more women have access to screening, treatment and follow-up care.

#### ***Education.***

The second reoccurring theme was education. There were also many different reasons that education serves as a barrier to services. These reasons that were discussed in the focus groups included;

- Lack of Knowledge for Preventative Care
- Lack of Knowledge on Financial Help
- Comprehension Levels in Regards to a Complex Medical Subject
- Lack of Knowledge about Breast Cancer

The affiliate’s service area has a need for education on preventative care. One participant explained that the “Hispanic and Marshallese population will not go to the doctor until there is something wrong.” Not getting screened means that breast cancer will not be diagnosed early.

Another participant explained that “she didn’t know what all Komen funded and the services it offers.” Women that can’t afford a mammogram do not realize that they can get one funded through a Komen grant.

#### ***Uninsured/Underinsured.***

The third theme that surfaced during focus groups was the barrier that not having insurance, or not having enough insurance can be for women seeking breast health services. Women who do not have insurance oftentimes can not afford medical care

completely out of pocket. To be screened is costly, but to be diagnosed with cancer and to pay for all of the services is more than a majority of women can afford.

One participant commented that, "most of the times the issue of no insurance comes up, but it is important to remember that just because a person has insurance doesn't mean that they can still afford medical services." Due to some of the high deductible plans, some women can not afford out of pocket medical services before a deductible is met.

Women without insurance, or are underinsured, need to be educated on the opportunities they have to receive breast health services. If not through the state's BreastCare program, then through a Komen grantee.

### ***Undocumented Residents.***

The fourth theme that continued to be discussed throughout the focus groups was the issue of residents that are undocumented. There are many poultry plants located throughout the service area and many residents have come to this area to work in these plants. A lot of these residents are legal citizens, but some are not.

One participant explained the barrier of one's legal status and how it relates to healthcare by saying that, "the fear of deportation has resulted in some workers working under false names and social security information. The issue of undocumented workers affects breast healthcare because there is a fear that women will have to give out their personal information and get themselves and possible family members in trouble."

### **Conclusions**

The focus groups proved to be very informative to the Community Profile team and affiliate. The main themes that came from the focus groups were; transportation, education, uninsured/underinsured and residents who were undocumented. The qualitative data received brought to light specific instances and areas that are barriers to breast health. Also, the qualitative findings supported the quantitative data and mapping and reiterated barriers that were outlined in previous Community Profile reports.

The participants in the focus groups were very helpful in pointing out the needs and barriers to the Continuum of Care for a patient. The affiliate also received praise for going to every county and listening to the needs and concerns for breast health. The affiliate understands the importance of not assuming what a woman in a certain area is going through in terms of barriers to accessing services.

It is important to the Ozark Affiliate to continue to assess and work through what barriers and needs exist in the service area. By continuing to work with already existing partnerships and creating new relationships, the affiliate will be able to continue the work of education, outreach, and advocacy.

## **Conclusions: What We Learned, What We Will Do**

### **Review of the Findings**

The Community Profile team reviewed the statistical data and demographics from the data received from Thomson Reuters © 2010 data pack and the responses from the ten focus groups. Once the themes were outlined and all information was analyzed, the counties the affiliate will target include; Carroll, Crawford, Newton and Madison counties. These target counties have the highest rates of women not being screened for breast cancer, as well as higher breast cancer incidence and mortality rates. An important priority for the affiliate is how the women in these counties access services. By examining the Continuum of Care model, the affiliate knows that treatment and follow-up care will be accessed in other counties which will need to be taken into consideration during the grant process. Based on the analysis of data, it is clear that availability and access to breast health care contributes to the mortality rates.

In addition to the target counties, the Ozark Affiliate will focus on education and outreach in the two new counties in Missouri, Stone and Taney, that were recently annexed into the affiliate service area.

In the fall of 2010, a Community Profile team was assembled and ten focus groups were conducted throughout the affiliate's service area. Once all of the data was collected, the Community Profile team met to review data, discuss themes and review the asset map.

Once all of the data was reviewed four common themes became evident. The team identified the following barriers and gaps in the service area; focus on public transportation needs, increase educational outreach, increase information about how and where women could get help if they were uninsured or underinsured and continue to search for answers to help undocumented women.

The affiliate strategically acknowledged and recognized the necessary priorities to assist and break down the barriers that women in the Ozark Affiliate service area face when seeking breast health services. The priorities set by the affiliate will be a roadmap for what programs and services should be implemented and the action plan will describe the details of who will implement and by what timeline the programs and services will occur.

The Ozark Affiliate has begun to address the need for outreach and educational programs in these areas. A full-time staff person is now devoted only to education and outreach programs in Crawford and Sebastian counties. Also, in July 2011, an Advisory Board was set-up to set and reach educational and outreach goals in Boone and Newton counties.

### **Review of the Findings**

Even though the counties in the Ozark Affiliate service area share similar gaps and needs, the Affiliate understands that a different approach to meet these gaps and needs will be required. The Affiliate outlined gaps and needs of the entire service area, along

with different target areas. The four key priorities that were determined were based upon statistical analysis that supports what those needs and where those target areas exist.

The top barriers to Continuum of Care:

### 1. Uninsured

We understand that the ability to pay for medical services through medical insurance can mean the difference between life or death. It is a focus of the Affiliate to provide as many services as possible to encourage those who are uninsured or underinsured to obtain their mammograms. Two counties specifically demonstrate this need.

*Newton County:* Newton County is one of the poorest and most in need counties in the service area. Almost 30 percent of the female population between the ages of 18-64 years old is uninsured. Nearly 44 percent did not have a screening mammogram in the last 12 months and the mortality rate of breast cancer is 34.14/100,000 females, which is the highest mortality rate in the Affiliate service area.

*Carroll County:* Carroll County also has a high poverty level with a high number of women in need of services. An estimated 23.2 percent of females between the ages of 18-64 years of age do not have insurance and 43.2 percent of that population has not had a mammogram in the last 12 months. This translated to a mortality rate of 27.39/100,000 females—one of the highest mortality rates in the affiliate service area.

By addressing the uninsured rates in the affiliate service area, the mammogram rates could drastically improve, which in turn could improve mortality rates.

### 2. Poverty Levels

The percent of individuals living in poverty is a concern of the Ozark Affiliate because that affects access to care and services. On average nearly 10 percent of the affiliate's population lives below the poverty line. Based on Focus Groups, families living in poverty are less likely to be proactive in obtaining preventative services than those who are not below the poverty level. This is shown particularly in Newton and Madison Counties.

*Newton County:* 16.3 percent of this population is living below the poverty level (county of greatest poverty). This county is very rural and very difficult to access. Their incidence rate of breast cancer is 116.99/100,000—this is the 3<sup>rd</sup> highest incidence rate in the service area.

*Madison County:* With almost 16 percent of families living below the poverty level, educating them about the importance of breast health preventative services can be challenging when there are so many basic needs that are unmet. This area is also very rural with no local radio or TV stations to help perpetuate the message of early detection. The incidence rate is 124.98/100,000—the highest incidence rate of the service area.

Focusing on meeting the needs of those families living below the poverty level through education about financial aid for breast health services and the importance of screening mammograms will be a priority.

### 3. Access

Access needs are individualized for each county. Each county will have to be studied to determine what those access issues are and then a plan to help overcome those barriers. The Ozark Affiliate places a high importance on mobile mammography units because of the four counties that have the highest incidence and mortality rates are the counties that have no access to mammograms in the county. It is important to bring units to the women who need mammography services, whether it be where they work, where they live, where they shop or where they go to church.

### 4. Education

Now more than ever in today's challenging economic times, it is important to educate all of our communities about breast health breast cancer and the availability of financial help for breast health services. The average percent of those in the service area that did not get a screening mammogram in the past 12 months is 39.3 percent. This is nearly 10 percent higher than the state average. The lack of mammogram screening is highest among those living in Crawford, Madison, Newton and Carroll counties. The affiliate will focus on providing educational information that takes into consideration reading levels and different languages. The affiliate will continue to market and emphasize the programs offered through Komen funds.

## **Selecting Affiliate Priorities**

After Focus Groups were completed and statistics analyzed, the Community Profile team determined the priorities that need to be addressed. The Community Profile team established the priorities based on the needs that were highlighted by quantitative and qualitative data. Four Affiliate priorities are identified below.

## **Conclusions**

The Ozark Affiliate is confident in the priorities and action plan set forth in this report. Barriers and gaps in breast health services were examined, common themes were highlighted, and priorities were set based on statistical data and focus group responses. The affiliate will continue to assess the service area through focus groups and key informant interviews to ensure that ALL women are being served. This information gathered will also aid in the 2013 Community Profile report.

## **Affiliate Priorities**

1. Increase and expand the educational efforts in the Ozark Affiliate service area.
2. Identify what unique access barriers exist in each county.
3. Address the breast health needs of the higher risk population.
4. Continue to address Public Policy Initiatives that will impact breast healthcare in the state of Arkansas.

## **Affiliate Action Plan**

### **Priority One: Increase and expand the educational efforts in the Ozark Affiliate service area.**

- Objective 1: By October 2011, attend three community health fairs and county fairs to be able to provide one-on-one education.
- Objective 2: By 2012, have at least five faith-based organizations partnering with the Ozark Affiliate to provide educational programs at their place of worship during the month of October.
- Objective 3: By 2012, monitor ongoing activities of current grantees with an emphasis on program goals and outcomes measured by site visits and quarterly reports.
- Objective 4: Continue to work with local businesses and Health Departments to conduct culturally and age appropriate education and outreach to women in the service area including reaching out and recruiting agencies to submit grants and conduct education to women with varying disabilities.
- Objective 5: By March 2012, host a bi-annual Breast Health Providers Conference focusing on cutting edge research, treatment and screening.
- Objective 6: By conducting focus groups and key informant interviews, discover who the uninsured are in each county and determine the reasons why they are not seeking services. Identify the best method to educate these populations and tailor these efforts to be county specific.
- Objective 7: By December 2011, increase the Ozark Affiliate's visibility with educational messaging in the two newly annexed counties in Missouri.

### **Priority Two: Identify what unique access barriers exist in each county.**

- Objective 1: Beginning January 2012, work with mobile units to provide after hours and weekend screenings in Carroll, Crawford, Madison and Newton counties.
- Objective 2: Work with local Primary Care Physicians (PCPs) about the importance of screening mammograms. In addition, provide them with Community Profile booklets that list each of the affiliate's grantees and the services they provide by February 2012.
- Objective 3: Continue to work with grantees to creatively obtain and distribute gas cards.
- Objective 4: Increase breast health awareness campaigns in Carroll, Crawford, Madison and Newton counties and have an educational plan in place by January 2012.
- Objective 5: By January 2012, target and educate local health units and Community Health Clinics about the services provided by affiliate grantees.
- Objective 6: By October 2011, provide county specific information regarding breast health to organizations and agencies at the Grant Workshops.

### **Priority Three: To Address the Breast Health Needs of the Higher Risk Population.**

- Objective 1: By March 2012, begin working with the Washington County Health Department in order to reach the Marshallese population.
- Objective 2: Continue to reach out to the Hispanic population by working with NWA Esperanza y Vida and other Hispanic organizations.
- Objective 3: Reach out to the Witness Project that concentrates on African American women and collaborate together on education and assessing the community by October 2011.

**Priority Four: Continue Public Policy Initiatives**

- Objective 1: Participate and help plan Komen Lobby Day at the State Capitol in both Arkansas and Missouri as well as National Komen Lobby Day by April 2012.
- Objective 2: Educate key legislators on breast healthcare needs and the importance of restoring BreastCare and Show Me Healthy Women funding by July 2012.
- Objective 3: Identify key alliances with other organizations to strengthen the strategies and agenda of the Breast Health Initiative Committee.
- Objective 4: Invite key legislators to join the Director of Mission Services on site visits by November 2011.

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