



COMMUNITY PROFILE REPORT

Susan G. Komen for the Cure®
Ozark Affiliate



2009 ₁

Acknowledgements

The Ozark Affiliate would like to thank everyone involved in compiling this Community Profile. Thank you to the Community Profile Team of Alison Levin, Sara Eichmann, Sarah Faitak and Megan Starkey for evaluating each community to determine what needs are still present as well as all of their input in making this document possible.

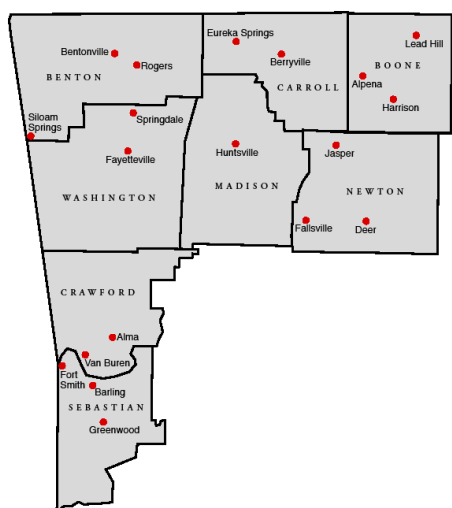
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Executive Summary

Introduction

Nancy G. Brinker promised her dying sister, Susan G. Komen, she would do everything in her power to end breast cancer forever. In 1982, that promise became Susan G. Komen for the Cure and launched the global breast cancer movement. Today, Komen for the Cure has Affiliate's all across the United States and the world and is the world's largest grassroots network of breast cancer survivors and activists.



The Ozark Affiliate is located in the Northwest and River Valley region of Arkansas. The Affiliate began in 1998 and at that time was managed by volunteers. That next spring in 1999, the Affiliate held its first Race for Cure. At this inaugural race over 4,500 people participated. The following year the first part time Executive Director was officially hired.

Since that time, the Ozark Affiliate staff has expanded to four (4), full-time employees. Those employees include an Executive Director, Director of Mission Services, Office Manager and a Director of Development.

The service area of the Ozark Affiliate includes the following counties: Benton, Boone, Carroll, Crawford, Madison, Newton, Sebastian and Washington (pictured left).

The population of the service area is 649,434; this is a population growth of 7% since the previous Community Profile in 2006. Of the current population, women comprise 326,457 of that total. Major employers of this area include the world headquarters of Wal-Mart, Sam's Club, Tyson Foods and JB Hunt. These industries thrive along side tourism and agriculture.

Median household income of all eight counties is \$42,026; this is only 83% of the U.S. median household income (U.S. median income is \$50,233). There is also an average poverty level of 9.9% in our service area which is lower than the U.S. poverty rate of 12.5%. The median uninsured rate is 19.1% for females between the ages of 18-64; this is higher than the U.S. average uninsured rate of 15.3%.

Since the inception of the Ozark Affiliate nearly \$4.7 million has been given out through the local granting process while \$1.6 million has been invested back to Komen National's Research and Awards program. This brings the Ozark Affiliate's financial contribution to end breast cancer forever to \$5.5 million.

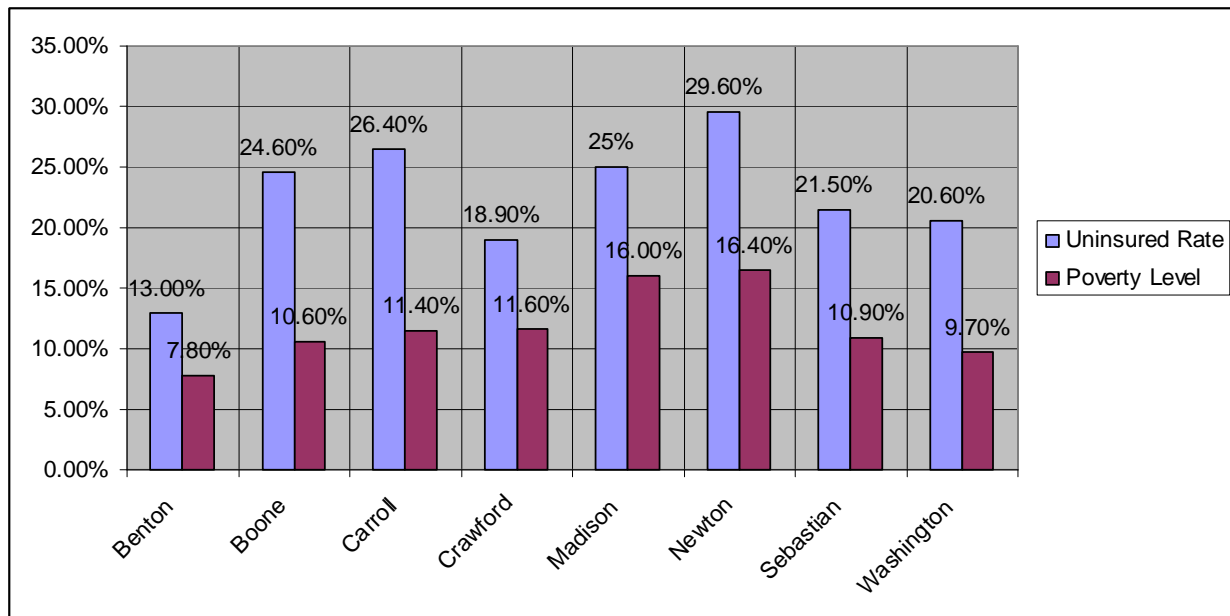
Overview Demographic and Breast Cancer Statistics: Key Findings

The service area of the Ozark Affiliate is largely rural with many people living in poverty. Nearly 20% of all of Arkansas' population is considered to be living at poverty level (compared to 17% of the US average). Of those living in poverty, 56% of those individuals live 200%+ below the poverty level; meaning there are many people living in our state with great need

The State of Arkansas consistently ranks at the bottom in regards to healthcare and specifically in regards to women's health care. Arkansas received an "F" as an overall grade when it came to evaluating women's health issues. Specific categories that contributed to this "F" grade includes the percent of women without health insurance. Nearly 22% of white women, 31% of black women, nearly 36% of Asian Pacific Islander women and 37% of Hispanic women are without insurance—nearly 28% are between the ages of 18-44. That positions Arkansas at number 45 in overall state rank. This 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 29.6% of that population lacking insurance. In Benton County (a more urban county) 13.0% of female adults 18+ years of age are living without insurance—this county has the lowest percent of uninsured individuals. It is no coincidence then that Newton County had one the lowest mammogram screening rates and consequently the highest mortality rate by county (32.7/100,000 people). Benton County had the highest screening rates and one of the lowest mortality rates in our service area (20.01/100,000 people).

Lack of insurance, poverty rates, access to services and lack of education are the four main challenges that the Ozark Affiliate faces.

Table 1: Uninsured and Poverty Rates in the Affiliate Service Area (%)



beneficial to look at the unique needs that face each county and how our grantees and future grantees can help address these issues.

Those target needs include:

Uninsured rate: The uninsured rate in each of our counties is an issue of concern that prevents men and women from seeking services. With an average uninsured rate of 19% (range: 13% to 29.6%) the lack of health coverage is an issue for each of our grantees and the people they serve. Of the 2009 grantees that are funded all of them address the uninsured issue in some fashion in each of their grants. Additionally, many of these grantees also address the working poor of our communities.

Poverty levels: The average poverty rate of our service area is 9.9%; ranging from 7.8% in Benton County to 16.4% in Newton County. This issue obviously plays a big role in what we focus on in our grants process. Providing a free screening mammogram may not be enough incentive for individuals, especially in counties that do not have screening facilities and who have to drive long distances. To help overcome some of the poverty issues facing our communities we have many grantees that provide transportation assistance in the form of gas cards to help pay for gas to and from treatment as well as to assist individuals getting their screening mammograms. Prescription assistance is also a vital asset to help individuals who cannot afford their medications. Currently there are three grantees that offer this service in Sebastian County, Washington County and Madison County. These same grantees also offer emergency financial assistance to help pay rent, mortgage, utilities, etc. for those that may be out of work due to treatment.

Access: One of the biggest barriers in all of our counties is access to services. Access issues are different however in each county. Access barriers can be lack of knowledge, transportation, fear, financial, provider hours, geographical, etc. Our Affiliate will need to examine each county and tailor outreach efforts to overcome those specific access issues.

Education: Another primary area of focus for our Affiliate is education. We have one grantee located in Washington County that focuses solely on this priority. While all of our grantees do have an education component, the Washington Regional Medical Center grant strictly provides educational programs and/or services.

Narrative of Affiliate Priorities and Action Plan

After Key Informant Surveys were completed and statistics analyzed, the Community Profile team met to determine priorities that need to be addressed. Each Community Profile team

member was assigned a specific county/counties to analyze. After each county was analyzed the team then set the priorities of the problems and needs that existed in our Affiliate as a whole. From our discussions, priorities and objectives to meet these needs were determined.

Ozark Affiliate Priorities:

Priority One: Address the uninsured rates that exist in each of our counties and develop creative ways to promote breast self-awareness and the importance of screening.

Objective one: Discover who the uninsured are in each county (i.e. migrant worker, single mom, rural farmer, etc.) and determine the reasons why they are not seeking services. Identify the best method to reach these populations and tailor these efforts to be county specific.

Objective two: Educate local health units and Community Health Clinics about the services provided by our grantees which can make available additional financial resources for those clients that cannot pay.

Objective three: Partner with the local Catholic churches and mobile mammography units to bring the mobile units to a trusted community resource.

Priority Two: Address the poverty level issues that prevent individuals from being proactive in their breast health.

Objective one: Recruit at least one organization from Newton County (the county with the highest poverty level) to submit a grant to the Ozark Affiliate that addresses some of the poverty needs that prevent screening in this county.

Objective two: Identify the value systems of the rural counties and understand the barriers or fears that prevent them from receiving breast health services by working with local grantees, Health Departments and health coalitions.

Priority Three: Increase and expand the educational efforts in our Ozark Affiliate

Objective one: Participate in community health fairs and county fairs to be able to provide one-on-one education.

Objective two: By 2010 have at least three churches partnering with the Ozark Affiliate to provide educational programs at their place of worship during the month of October.

Objective three: Establish educational ambassadors in each of our eight counties and hold a total of four breast health educational and outreach programs.

Objective four: Partner with Department of Human Services and WIC organizations to provide breast health educational materials in all eight counties.

Priority Four: Identify what unique access barriers exist in each county.

Objective one: Work with mobile units to provide after hours and weekend screenings

Objective two: Work with local Primary Care Physicians (PCPs) about the importance of screening mammograms. In addition provide them with Community Profile booklets (which will be produced later this quarter) that list each of our grantees and the services they provide.

Objective three: Work with grantees to creatively obtain and distribute gas cards.

Introduction

Affiliate History

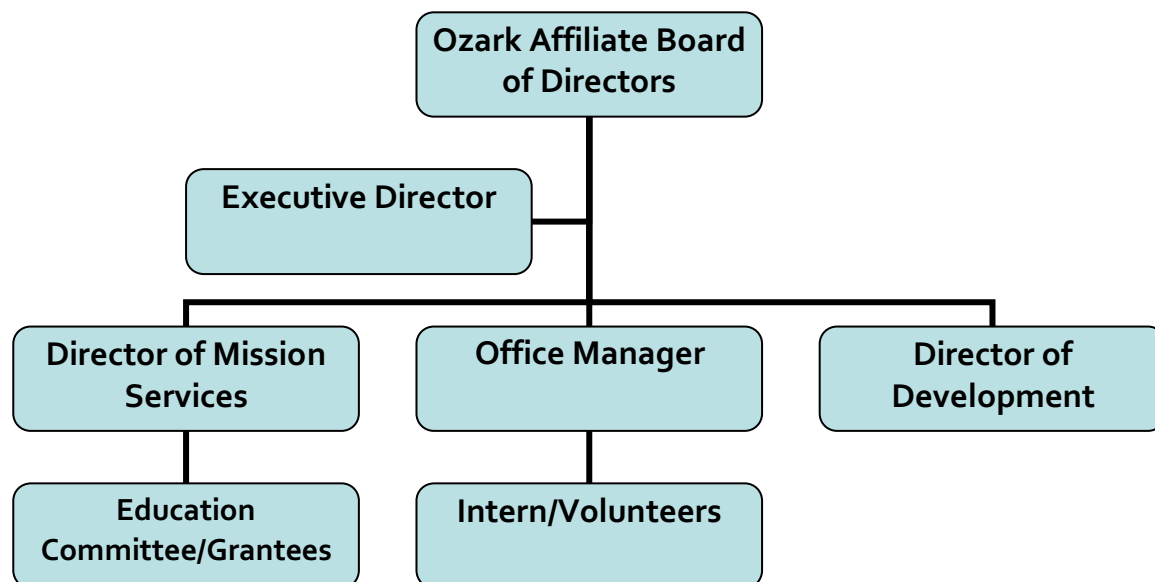
The Ozark Affiliate was officially chartered in 1998. In 1999, the Ozark Affiliate had its first Komen Ozark Race for the Cure. Over 4,500 participants attended this inaugural race. That next year the first part-time Executive Director was hired in 2000.

Since that time, the Ozark Affiliate staff has expanded to four (4), full-time employees. Those employees include an Executive Director, Director of Mission Services, Office Manager and a Director of Development.

In addition, the Ozark Affiliate has expanded its Affiliate service area to add two (2) additional counties for a total of eight (8) counties serviced by the Ozark Affiliate. These counties include Benton, Boone, Carroll, Crawford, Madison, Newton, Sebastian and Washington.

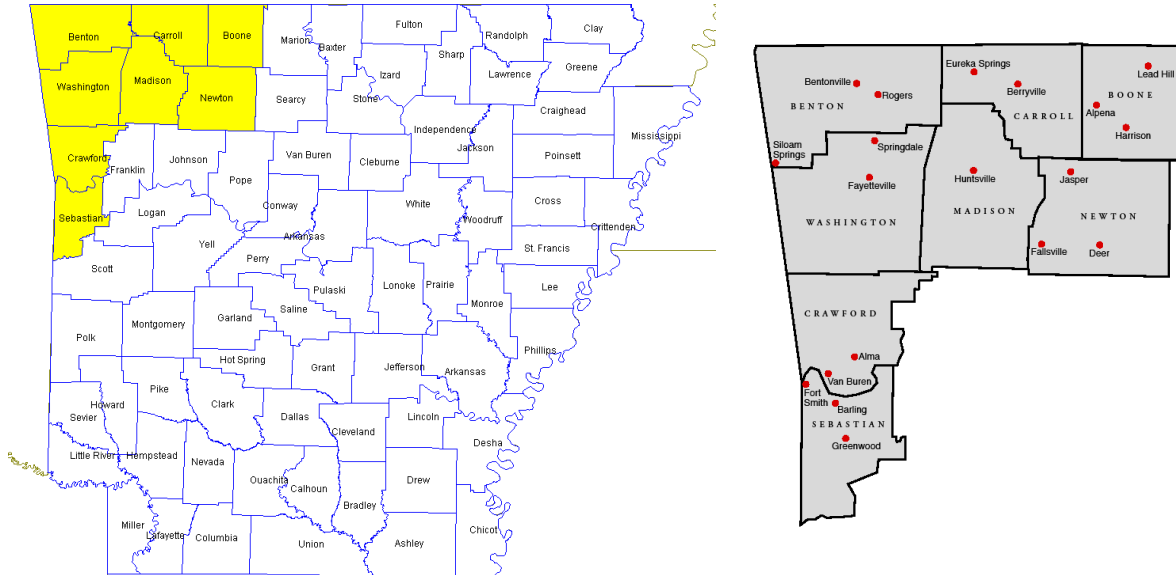
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Organizational Structure



Description of Service Area

The Ozark Affiliate encompasses eight (8) counties in the Northwest and River Valley area of the state. These counties include Benton, Boone, Carroll, Crawford, Madison, Newton, Sebastian and Washington.



Purpose of Report

The purpose of this report is to evaluate each of the eight (8) counties within the Ozark Affiliate service area and to determine the gaps in services that still exist and barriers that need to be overcome. Therefore, this Community Profile will serve as our “marketing plan” for the next two years to help meet those needs. In addition, the Ozark Affiliate is in the process of evaluating the annexation of other counties within the state. These proposed counties are currently part of the Arkansas Affiliate service area. If this should occur then we will examine the needs and issues that are present in the newly acquired counties.

Demographic and Breast Cancer Statistics

Overview

Source of Statistics:

The statistics used on this report were provided by Thomason Healthcare. Additional statistical information was obtained from “Families USA”, “National Women’s Law Center Report Card—State Report Card, Arkansas Department of Health’s BreastCare’s 2008 Final Report, Arkansas Community Health Center, U.S. Census Bureau State and County Quick Facts and BRFSS Prevalence and Trends Data.

Review Process:

Each member of the Community Profile team was assigned a particular county(s) and/or service area. Each member evaluated the statistics for that particular area as well as the Key Informant Survey responses to help set priorities, identify needs and refocus our funding priorities.

Analysis Process & Methods to Determine Target Areas:

The Community Profile Team examined each of their assigned areas. Once review of demographics was complete and review of Key Informant Surveys was discussed it was determined what our areas of focus would be. With the State of Arkansas receiving an “F” in women’s health care and with breast cancer being one of the top four key causes of death (www.hrc.nwlc.org) we know that our efforts for education and providing resources for screening must be focused.

Overview of Key Demographic & Breast Cancer Statistics at State and County Level

The service area of the Ozark Affiliate is largely rural with many people living in poverty. Nearly 20% of all of Arkansas’ population is considered to be living at poverty level (compared to 17% of the US average). Of those living in poverty, 56% of those individuals live 200%+ below the poverty level; meaning there are many people living in our state with great need

The State of Arkansas consistently ranks at the bottom in regards to healthcare and specifically in regards to women’s health care. As mentioned above the State of Arkansas received an “F” as an overall grade when it came to evaluating women’s health issues. Specific categories that contributed to this “F” grade include the percent of women without health insurance. Nearly 22% of white women, 31% of black women, nearly 36% of Asian Pacific Islander women and 37% of Hispanic women are without insurance in Arkansas. Nearly 28% of all of these women are between the ages of 18-44. That positions Arkansas at number 45 in overall state rank. This 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 29.6% of females 18-64 years of age lacking insurance. In Benton County (a more urban county) 13.0% of female adults 18+ years of age are living without insurance—this county has the lowest percent of uninsured individuals. It is no coincidence then that Newton County had one the lowest mammogram screening rates and consequently the highest mortality rate by county (32.7/100,000 people) while Benton County had the highest screening rates and one of the lowest mortality rates in our service area (20.01/100,000 people)

County/Counties of Interest: What the Data Shows

The Ozark Affiliate's Service area consists of eight (8) counties that are largely rural. Due to this fact there are several issues that prevent women getting the breast health services that they need. Competing issues in these communities include food, shelter, employment....breast cancer is not on their radar. Lack of insurance, poverty rates, access and lack of education being an agent of change in breast health are the four main challenges that the Ozark Affiliate faces.

Washington/Benton County

Washington and Benton counties are more of the "urban" areas of the Affiliate service area. Washington and Benton counties rank number 4 and 5 respectively in regards to poultry production compared to all other counties of the U.S. Home to the world headquarters of Tyson Foods, Inc. poultry farming is a way of life for many in these counties. There are many chicken and turkey houses all throughout our service area. This type of work brings in a lot migrant workers; many who do not have insurance, do not understand preventative medicine and fear the medical community because many may be undocumented workers and fears being deported.

In addition, Washington County is the home of the University of Arkansas in Fayetteville. Currently there are over 15,000 students at this University. With Fayetteville being a university town the population in this county is very young.

Areas of concern at this time regarding Washington county includes the high percentage of uninsured women. Over 20% of all women ages 18-64 do not have insurance even though the income here is higher than in many of our other counties. This lack of insurance many times translates into lack of breast services. In Washington County 38.7% of women 40+ have not had their mammograms in the previous 12 months. However, this is the highest screening rate in all of the service area. This is concerning since the average age for a woman to be diagnosed in Washington County is 57.9 years old; the national average is 59.1 years of age.

Stage 1 cancers are diagnosed less frequently here than in any other county of the service area. Twenty-eight percent of breast cancers are diagnosed in stage 2 which is the highest percent of stage 2 diagnoses in the service area. However, the mortality rate is only 19.34/100,000 population rate. While these two thoughts may seem opposing Washington County probably has more access to services than many of our other counties which would translate to more treatment options.

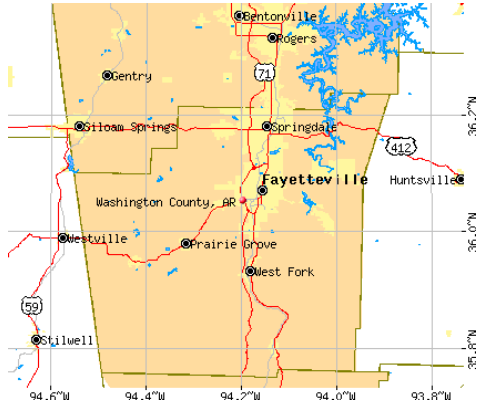


Figure 2: Washington County

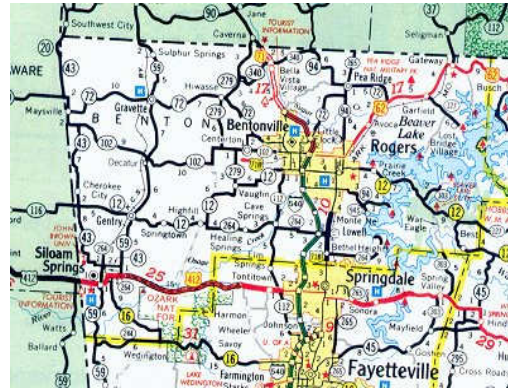


Figure 3: Benton County

Benton County is the home of the world headquarters of JB Hunt Transport, Wal-Mart and Sam’s Club. With these big businesses in our back yard we draw in people across from the U.S. to work in these home offices or vend to these companies.

Benton County has the lowest percent of families living below the poverty level (7.8%) and the highest median household income (\$49,583) in all of the service area. One of the cities within Benton County is Bella Vista. Known primarily as a retirement community this city has the largest percentage of persons living in one area that is 65+ years of age. It is no surprise that the incidence rate for breast cancer is 207.76/100,000 people in Benton County. Likewise, Bella Vista had the highest mortality rate of all cities in the service area at a rate of 46.5/100,000 people.

Carroll and Madison County

Carroll and Madison counties are two of the smaller counties in the Affiliate service area. Both of these counties are very rural with limited access to services. Carroll County is home to the world’s two largest Tyson processing plants. With these plants in this county, it brings in a lot of migrant workers; many of these workers are Hispanic (the Hispanic population in this county is 14.7%). It is fair to say that many of these Hispanic workers are undocumented and uninsured.

Carroll County is also one of the poorest counties in our service area. With a median household income of \$27,924, this income is only 55% of the national average. There are many needs that exist in this community; some that are perceived as being more important than breast health.

Uninsured rates affect not just the Hispanic population but the entire county as well. Over 26% of all females 18-64 are uninsured. It is no surprise then that 43.4% of women 40+ years old

have not had a mammogram in the past 12 months. Most women listed “other reasons” or didn’t have time for getting their mammograms. Possible explanations for “other reasons” include the lack of insurance. With nearly 11.4% of families living below the poverty level, insurance may be perceived as an unaffordable luxury. Also, in this farming community it is fair to say that women’s health care is not top priority when other issues such as diabetes, substance abuse and obesity seem to trump breast health. These other health issues may be of primary focus when there are no obvious problems with a woman’s breasts. Transportation is also another issue. Many people do not own a vehicle and have to carpool to work. Seeking out preventative medical care will not be a priority if this is the case. Another possible reason for the lack of screening could be accessibility. With this being a very rural county and with only two hospitals available in the county, there is a perception of inconvenience to get a screening mammogram. It should be noted only one of the local hospitals can provide diagnostic or ultrasound procedures. Neither provides care after diagnosis.

Average age of prevalence in this county is 60.3 years of age. This is slightly older than the national average. Incidence rate is highest in Eureka Springs at 161.03/100,000. This incidence rate is the second highest rate in the service area, second only to Bella Vista. Mortality rate is the third highest at of rate of 26.15/100,000 people behind Newton County and Boone County respectively. Conjecture for these higher rates could be that this is a very holistic type of community. It is known for its hippie, laid back type of atmosphere.

Madison County is even more rural than Carroll County in that its largest city, Huntsville, has a population of only 2,358. The community thrives on its poultry processing plants. Butterball is the single largest employer in the county. As with Carroll County, this type of work brings in a lot of migrant workers, primarily Hispanic workers. There are gaps that exist between this ethnic group and the medical community. Gaps such as language barriers, literacy, lack of trust with the medical provider and understanding of preventative medicine all make this a hard community to reach. It is also common in this community that other bilingual Hispanics will take advantage of other Hispanics that cannot speak the language or does not understand the medical system. To access this community they (Hispanic families) need to understand how they will benefit and to have an “advocate” who is trusted and integrated into the community. This advocate tends to be males most of the time and with the machismo structure of these families it can make this educational process very difficult.

Madison County is not however, a very racially diverse community. Over 93% of the total population is white and of the female population, 97.3% are white. There many opportunities to fill the gaps in services. Over 43% of all females in this county have not had a mammogram within the past 12 months. One possible reason for this could include low income. The average household income is only \$27,895; this is only 54% of the national average for income. In addition, 25% of females between the ages of 18-64 are uninsured. With a low income and lack of insurance the possibility of being able to afford a mammogram is low. Additionally those in the rural areas do not see the benefit from screening. Many come from dysfunctional homes and lifestyles so preventative screening is not a priority. While there are physicians in Madison County there are not any clinics or breast centers where women can have their mammograms.

The options at this point are to either wait for the mobile unit to come in (which comes every other month) or drive to next largest town with the facilities which is 50 miles away. If individuals do not have reliable transportation or cannot afford the gas to get to the next town, this creates another big barrier to receiving services.

It comes as no surprise then that the incidence rate in Madison County is higher at a rate of 118.12 females/100,000 population. This is higher than anywhere else in the Ozark Affiliate service area. Specifically, incidence is the highest in Pettigrew—a more secluded area of Madison County. This community chooses not to integrate into a “modern” lifestyle. For example, a far majority of children are home schooled and medical care is given by the parents and other members of this community. Prevalence is slightly above the national average with the median age of 59.7 with 35 cases diagnosed. The mortality rate for this county is 21.66 females/100,000 female population.

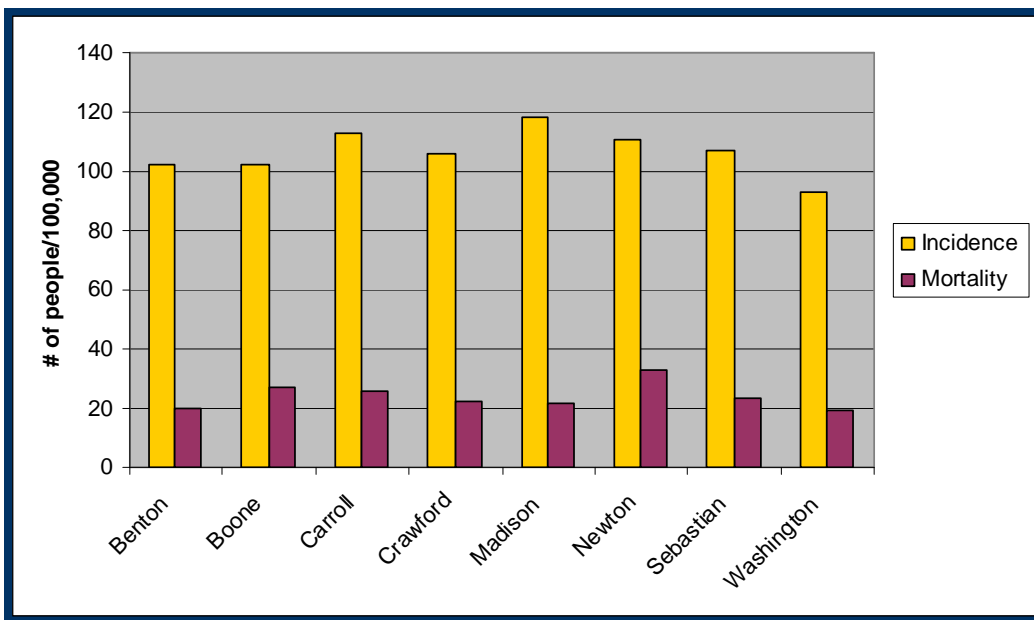


Table 2: Incidence and Mortality Rates (per 100,000 women) in each county of service area

Boone and Newton County

These two counties lie in the eastern most part of the Affiliate service area. These counties are primarily rural with the exception of Harrison being the county seat and having a population of nearly 15,000 people. The major attraction to these two counties includes the North Arkansas College in Harrison as well as the recreation provided by the Buffalo River in both counties. The Buffalo River and the surrounding Ozark Mountains create a scenic beauty which makes the Ponca area (Newton County) a destination for many canoeing enthusiasts, campers and hikers.

In Boone County nearly 11% of families live below the poverty level. The median household income is \$34,149; which is only 67% of the national average income. Combination of the poverty level, lower income and that 24.6% of females uninsured are possible reasons for the low mammogram screening rate. Within the past 12 months 41.7% of women 40+ have not had their screening mammogram done. Of the reasons listed 9.6% didn't have time while 16.9% listed "other reasons". Those "other explanations" will include the reasons listed above. Other contributors for lower mammogram rates possibly include the very rural areas of this county making access to services difficult. There are "non-friendly" physician hours that could also affect the lower screening rate. The local hospital in Harrison is the only place to get a mammogram. Mammogram appointments end at 4 p.m. making it difficult for many women who are working full time to accommodate these hours of service. Lower literacy rates and that the issue of breast health or breast self-exam is a very taboo subject in this county. Both contribute to creating myths about breast health and prevention. All of the reasons mentioned lead to a lack of education about breast health and therefore lower screening rates.

Average age of prevalence in this county is 60.6 years of age. Average incidence rate for this county is 102.33/100,000 people while the highest incidence rate is in Lead Hill at 115.87/100,000 women. Lead Hill is a very rural area of Boone County. Access to screening mammograms and/or preventative care may be more difficult for these residents. Not surprisingly, Lead Hill has the highest mortality rate in Boone County at 30.50/100,000 females.

Newton County is **the** most rural county of all of our service area. The entire county has a population of only 8,231. Jasper is the county seat and largest town in Newton County. Manufacturing, transportation and service related jobs were listed as some of the top occupations here. This county has very mountainous and rugged terrain. There are only 3 small medical clinics here; none of which provide mammography. It is not a surprise then that Newton County has the highest percentage of women not having mammograms (44%) in the last 12 months; this is the highest percentage of our service area. Of the reasons listed for not getting a mammogram, 11.2% said they "didn't have time" and 17.5% listed "other reasons". Some obvious "other reasons" would be access. The nearest mammography facility is in Harrison. While Harrison is less than 20 miles away the mountainous terrain makes it more of a barrier; both physically and mentally. Newton County also has a very high percentage of families living below poverty at 16.4% percent; this is the highest poverty rate in all eight counties of the Ozark Affiliate. In addition to the highest poverty rate, Newton County also has the highest uninsured rate. Of females 18-64 years old, 29.6% of them are without insurance.

This county also has the third highest incidence rate of the entire service area at 110.86/100,000 females. All of this translates into having higher mortality rates. The mortality rate is 32.7/100,000 women; this is the highest rate of our entire service area. Combine poverty, lack of access, education, insurance and screening, the incidence and mortality rates are bound to be higher.

Sebastian and Crawford County

Sebastian and Crawford Counties compose the largest metropolitan area in the Affiliate service area. Both of these counties contain industrial companies such as Pepsi Co, Planters Peanuts, Whirlpool and other well known industries that are large employers for these two counties. Unfortunately, some of these larger plants have had to recently lay off many of their employees. The University of Arkansas Fort Smith, located in Sebastian County, is a great asset to this community. It is a larger employer of the counties and it brings in students from all across the U.S.

Sebastian County has Fort Smith as its county seat. Fort Smith is the second largest city in the state of Arkansas second only to Little Rock, the state capitol. The poverty rate in this county is 10.9%, while the median household income is \$38,836; this is 77% of the national average income. The uninsured rate is also high in this county with 18.9% of females between the ages of 18-64 lacking this resource. All of these factors can contribute to women not getting mammograms. In this county 39% of women did not get their mammogram in the previous 12 months. The far majority of these women listed "other reasons" for not getting this done. Some of these reasons (based on Key Informant Surveys) could be the lack of access. While Fort Smith is a city of over 83,000 a large portion of this county is rural and poor so access to these services makes it difficult. This county also sits on the Oklahoma border. Many from Oklahoma come to the Sebastian County communities to access services. In addition, literacy, cost, lack of health care and a doctor shortage are also factors that could contribute to lack of services.

Sebastian County is the most racially diverse county of the service area. While the majority of residents are white (75.4%) it does have a mix of other ethnic groups (Table 3). With these racial mixes of other cultures, specific barriers are more apparent. For example, the Asian culture tends to be much more modest than a white, American woman and with the language barriers that exist (many do not speak English) it makes this process much for frightening for these women. There is also a lack of understanding about preventative medicine and the importance of women receiving these services.

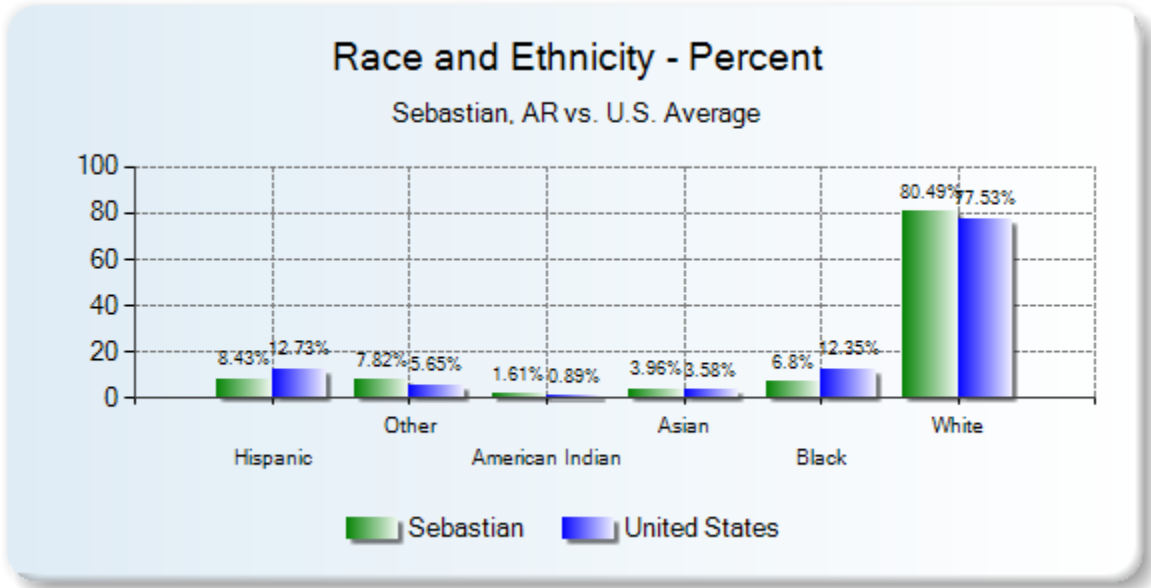


Table 3: Sebastian County and U.S. population comparisons

Incidence rate is 106.96/100,000 females with the average age of prevalence being 59.5 years of age. The mortality rate is 23.64/100,000 women with 13 of the 14 cases in 2007 being white women.

Crawford County is the neighbor of Sebastian County. Van Buren serves as the county seat here. The main economic bases of this county include farming/agricultural, industry/manufacturing as well as tourism to the lakes and parks.

The poverty rate is 11.6% in this county, meaning that 1,972 families are living below the poverty level. Median household income is \$38,836 which is 77% of the national average. The uninsured rates of females 18-64 years of age is 18.9% in this area. It is not surprising then that the percent of women 40+ years old that did not get a mammogram in the last 12 months is 42.5%. Over 17% of women listed “other reasons” for not getting a mammogram. Those other reasons are very similar to those in Sebastian and other counties. The lack of access, education and cost are some of the contributing factors.

Average age of prevalence is somewhat younger than it is in the rest of the nation with an average age of 58.8. The incidence rate is 105.89/100,000 women in this county with it being the highest in Mulberry (123.41/100,000 women). The mortality rate in this county is 22.45/100,000 females with Mulberry having the highest rate at 23.64/100,000 women.

Demographic and Breast Cancer Findings

Based on the recurrent themes that occurred throughout review of statistics and Key Informant surveys the top priorities of our affiliate will be to serve those who are **uninsured**. The average uninsured rate for our entire service area is nearly 20%. Of major concern are those living in Newton County with an uninsured rate of almost 30%. There will also be a need to focus on those who are living below the **poverty** level. Of those living in our service area 9.9% of families are living below the poverty level. With unique barriers existing in each of our counties, overcoming **access** issues will be a priority. To assist in overcoming the previous two priorities, **education** will be a focus of this Affiliate. By providing accurate knowledge about breast health, prevention, financial assistance as well as to bring services to those in need, we can reduce the mortality rates of all of our communities. By focusing on all four of these priorities we can help benefit the men, women and families in each of our counties.

Programs and Services



Data Source and Methodology Overview

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

Maps and pie charts were used to demonstrate the number of uninsured females service providers care for (Table 4) as well staging of breast cancer when using state programs (Figure 4).

Programs and Services Overview

Hospitals

Northwest Arkansas and the River Valley are home to several hospitals and physicians clinics. 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.

Clinics focused on cancer treatment alone include Highlands Oncology Group (HOG) and North Arkansas Radiation Therapy Institute (NARTI). HOG, in conjunction with NARTI is currently constructing a comprehensive cancer campus. This campus will combine cancer services that will cover any potential needs patients may have and create a continuity of treatment. These clinics are located in Benton and Washington County. Cooper Clinic and Fort Smith Radiation Oncology are located in Sebastian County. The Claude Parish Radiation Therapy Institute (PARTI) is located in Boone County.

Community Health Centers

There are five Community Health Centers in the Ozark Affiliate Service Area. The Community Clinic at St. Francis House (two locations), Boston Mountain Rural Health Center and the River Valley Primary Care Services (two locations) all provide much needed medical care in our counties. Based on 2005 data, a large percentage of patients that each of these clinics saw were people that were uninsured and women between the ages of 19-64 (Table 4).

Table 1: Uninsured Female Patients Utilizing Community Health Centers

Clinic Location	Uninsured Patients (%)	Female Patients 19-64 y/o (%)
Boston Mountain Rural Health Center	30.81%	34.76%
Community Clinic at St. Francis House	51.42%	31.96%
River Valley Primary Care Services	40.09%	45.13%

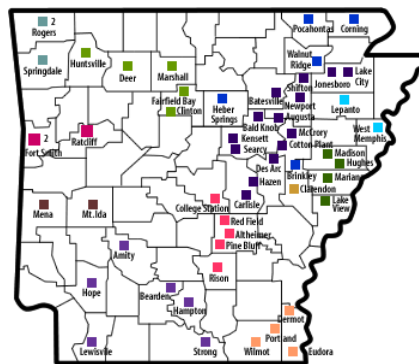


Figure 1: Location of CHC's in the Ozark Affiliate Area

BreastCare—Breast and Cervical Cancer Early Detection Program

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.

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 we are not financially capable of meeting. In 2008, 14,962 women were enrolled, 14,464 mammograms were performed and 289 women were diagnosed with either breast or cervical cancer. With even \$4.5 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 3rd Congressional District \$387,849 was spent on breast services. There were 13,676 men and women that were eligible for services in our Affiliate area but only 394 were served. Of those that were served 255 were diagnosed with breast or cervical cancer and 61 of those cases occurred in the Ozark Affiliate Service area. Since this BreastCare first began screening in 1999 108,056 mammograms have been performed and 1,918 breast or cervical cancers have been treated.

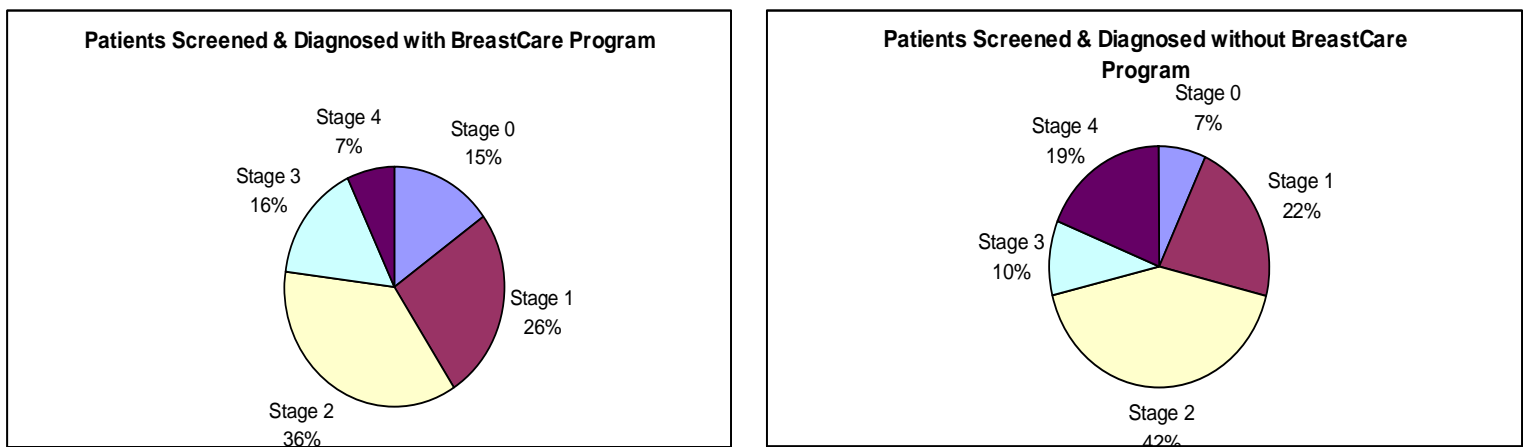


Figure 4: Breast Cancer Staging for Those Utilizing and Not Utilizing the BreastCare Program

Komen Grantees

The Ozark Affiliate has 13 grantees funded in the 2009 grant cycle. These grantees pay for services such as screening, treatment, genetic testing, counseling, financial emergency assistance, support groups, wigs, mastectomy supplies and other much needed services. Those current

grantees include: AHEC-NW at Harrison, Arkansas Department of Health—BreastCare, Community Clinic at St. Francis House, Donald W. Reynolds Cancer Support House, HOPE Inc., Madison County Health Coalition, The Merlin Foundation, Northwest Arkansas Radiation Therapy Institute (NARTI), St. Edward Mercy Foundation, St. Francis Clinic of Siloam Springs, The Women’s Center at Sparks and Washington Regional Medical Center. All counties (besides Newton) have a grantee(s) physically located in their county.

Since our inception in 1998 the Ozark Affiliate has given back nearly \$4.7 million just to services like these listed above. We are proud to say that a majority of our funding has gone to treatment services (Figure 5). While we know that each of these grantees serve their communities well, there are still men and women in our area not getting the services they need.

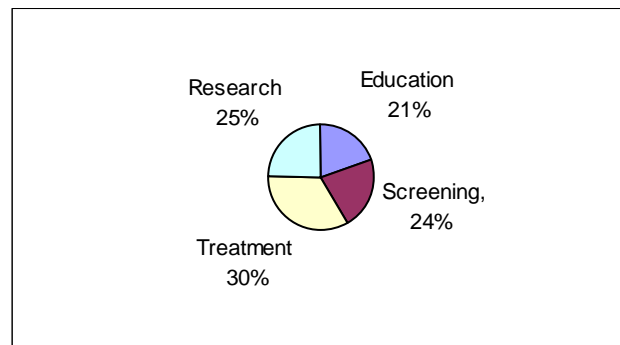


Figure 5: Ozark Affiliate expenditure of grantee funds

Key Priorities

Analysis of the breast health services and treatment centers in our Affiliate service area demonstrated what the aforementioned conclusions were: education has to be a top priority to prevent people from being diagnosed at a later stage (Figure 4) and that uninsured clients frequent the Community Health Centers as well as grantees (Table 4). Assets and gaps in services in each county will be discussed.

Benton County

Benton County is considered the more “wealthy” county of our service area. It has the highest median household income of our service area (\$49,583) and the lowest poverty level (7.8%). Having the world headquarters of Wal-Mart and Sam’s Club located here is a great boost for this county and provides many opportunities for those living in this area. Other strengths include the numerous non-profit organizations, the Department of Health (BreastCare provider) and the Northwest Arkansas Community College. However, as mentioned earlier, Benton County contains the city of Bella Vista which has the highest incidence and mortality rate in the Ozark Affiliate service area. Areas of concern include the more rural areas of this county.

Transportation was listed as a barrier in this county. While breast health services are provided, the majority of them are located in the cities of this county. **Cost** and **awareness** were also considered to be additional barriers in this county

Boone County

One of Boone County's greatest strength is the Boone County Hometown Health Improvement. This community group composed of local non-profits representatives, government officials, medical providers and county citizens is focused on improving quality of life in Boone County. Another valuable resource is the Community Health Resource Center (CHRC). The CHRC provides education, programs and life improvement skills to help people improve and achieve healthier lifestyles. The county grantee, AHEC-NW at Harrison is housed in the CHRC and provides many much needed services. Boone County is very much a faith based area with a strong desire to help their fellow neighbors. Gaps that exist in this area however include **educating** about breast health prevention. This is a county where discussion about one's breast health is a very **taboo subject**. **Rural towns** make accessing services difficult as well.

Carroll County

Carroll County is one of the more rural counties of the service area. The poultry industry is the biggest employer here. It is also serviced by two hospitals; St. John's in Berryville and Eureka Springs Hospital in Eureka Springs. This community is also a faith based community. However, with poverty rates over 11% and over 26% of women without any type of insurance there are many in this community who need preventative services but will not be able to receive them. The Merlin Foundation has been a long-time Komen grantee and provides services to these men in women. This grantee is vital in reaching these people as acquiring people's trust in this county takes much time. While this county is being served there are issues that need to be addressed such as **providing care to the migrant worker** population, serving the **rural poor** as well as realizing the **value system** of this very rural community is different than other parts of our service area.

Crawford

Crawford County is located in the River Valley area of the Affiliate. The Summit Medical Center is located in the county seat of Van Buren. Another asset is the Crawford County Health Department which is a BreastCare provider. This is a relatively "untapped" market in Affiliate service area regarding grant recipients. Fort Smith, which is next to this county, provide services to people in this county. More **education** needs to be done in this

county and encourage appropriate non-profit organizations that provide breast health services to apply to the Ozark Affiliate.

Madison

Madison County has the second highest poverty level in all of our service area (16.0%). From Table 4 it can be noted that Boston Mountain Rural Health Center sees nearly 31% of uninsured patients and nearly 35% of clients are women between the ages of 18-64. The needs of this community are great. The Madison County Health Coalition is a strong group in this county. It is composed of tobacco prevention groups, alcohol and drug prevention representatives as well as local physicians and school employees. However, if someone is in need of a **mammogram** the nearest **facility** is in Washington or Carroll counties. While the mobile unit does come to this county, it only comes every other month providing **inadequate access** to services. There is a local grantee in this county as well as the Department of Health that is a BreastCare provider. Both of these organizations can financially assist women who are uninsured. An additional strength of this community is the nine churches in a very small, faith based county.

Newton

Newton County lies in the rugged terrain of the Ozark Mountains. A very small county with a population of 8,339, this county is extraordinarily **rural**. It has the highest percent of families living below the **poverty level at 16.4%** and the highest **uninsured percentage of females 18-64 (29.6%)**. A potential strength of this community is their Newton County Health Coalition; however this coalition is not established yet and is not meeting on a regular basis. They also have the Newton County Department of Health which is a BreastCare provider. One of the biggest barriers in this county is **access**. Since there is **not a mammogram facility** in this county the closest facility is in Harrison (located in Boone County) which is not a great distance from Newton County but in the **mountainous terrain** of this area, traveling to get services can be difficult.

Sebastian

Sebastian County is a thriving area having Fort Smith as its county seat. Fort Smith is the second largest city in the state next to the state capitol of Little Rock. Sebastian County has a lot of strengths with two large hospitals, (St. Edward's Mercy Medical Center and Sparks Medical Center), the River Valley Primary Care Services (a CHC), various non-profits providing all types of services as well as the Department of Health being a BreastCare provider. Despite all of this, it can quickly be forgotten that nearly 11% of all families fall below the poverty line and 21.5% of women are without health insurance. The biggest needs in this county at this time include **access to services** (creating more convenience, i.e. mobile unit, Saturday clinics, etc.) and **awareness** (of preventative services).

Washington

Washington County is one of the more "urban" counties of the service area. It has numerous services that are available to each of its communities. Washington Regional Medical Center,

Willow Creek Hospital as well as Northwest Health Systems are the three hospitals that are located in this county. Other strengths in this county are the numerous non-profit organizations providing a wide variety of charity services, Hometown Health Improvement, the University of Arkansas, many churches and grantees. The world headquarters of Tyson Foods, Inc. is also located here which provides support to the Ozark Affiliate. Some of the biggest obstacles that are present at this time include **finding a Primary Care Physician (PCP)**. Finding a PCP especially for someone 65 years of age or older and on Medicare is very challenging. **Affordable health insurance** is a problem as well which probably contributes to 20.6% of women (between the ages of 18-64) not having insurance in this county.

Partnerships and Grant Opportunities

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 within the service area—one in the Northwest Arkansas area and the other in the River Valley. The Ozark Affiliate has partnered with these two units before 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. As stated earlier in this report, providing services to the migrant workers (primarily Hispanic) and other ethnic populations has been a challenge. The biggest reason this has been a challenge is the fear of deportation; essentially lack of trust in the medical community. Even Hispanics who are legal and/or documented citizens still do not typically have an understanding of preventative medicine. Many Latinos/Hispanics are of a Catholic faith and there are Catholic Churches in our service area that focus primarily on Hispanics. It is the Ozark Affiliate's goal to begin working with local Catholic churches (places/people Hispanics trust) as well as the mobile units to bring the mobile unit to the churches to provide services. If this service can be promoted through their place of worship as well as be physically located there, we feel as if we could begin reaching this segment of our 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 Key Informant Survey suggested increasing efforts to bring services TO women; 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 provide services that these women might not otherwise get.

Promising Practices and Evidence-Based Programs

An invaluable and emerging program that has grown over the past two 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”. 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.

Public Policy Perspectives

In Arkansas our BCCCP program is referred to as BreastCare, which is administered by the Arkansas Department of Health and Human Services under the supervision of the Arkansas Breast Cancer Control Advisory Board which is appointed by the Governor. The Breast Cancer Control Act was passed in 1997 which resulted in BreastCare, a program providing services to uninsured and underinsured women throughout Arkansas. As an affiliate we have worked closely with BreastCare over the past 10 years. This past year we have been actively supporting the recently passed legislation that increased the price of cigarettes by 56 cents/pack. Funding from this tax increase will help fund a trauma center as well as numerous agencies; one of those being BreastCare.

In addition, BreastCare has been a grant recipient of our local Komen funds for three grant cycles. We have partnered with their Director Barbara Hager as well as their Field Personnel on numerous screenings and educational programs. We do require that all our grant recipient’s screen for BreastCare before utilizing any Komen funds for services.

In 2004 the Ozark Affiliate formed our Breast Health Initiative Committee (BHI) to focus on local public policy. Our mission at that time was to assure that all women of Arkansas had access to and were encouraged to receive necessary breast health care. In 2006, our BHI committee testified in front of the Arkansas Insurance and Commerce Committee on the need for insurance companies to provide coverage for digital mammography. Until this time insurance companies in the State of Arkansas would not reimburse for a digital mammogram only for film. We were successful in getting this overturned and since that time digital mammograms have become a standard of treatment.

BHI has also been extremely proactive in educating our state legislators on our mission. Our strategic plan called for us to execute a mailing with Dove Chocolates that contained a note from a breast cancer survivor as well as a short letter to all the newly elected House and Senate leaders. The message was short and sweet; “Congratulations on surviving the election, all survivors have something in common”. We will continue this campaign quarterly with a note or personal phone call or visit to remind these folks that we are the breast cancer “go to” agency.

Finally, annually two people from our affiliate participate in National Lobby Day in Washington, DC. This is a wonderful opportunity for us to spread our wings and our passion at a national level.

Programs and Service Findings

Review of programs and services in the Affiliate service area revealed many valuable findings. Assets to our service area include the five Community Health Clinics that are located in four of our eight counties. One of those CHC's is located in one of our poorest county's—Madison County. The Boston Mountain Rural Health Clinic provides many valuable services to our target audience. That target audience is the 16% of families in that county that live below the poverty level and the 25% of females that are uninsured. Along with Newton and Carroll County it was further demonstrated that all of these counties are isolated and with great need. The challenges to meeting the needs of all of these counties include gaining trust of the citizens in that area and understanding the value system. In very rural communities those values and ideals may be different from the rest of the Affiliate service area. Another great asset that partners with the Ozark Affiliate is the Arkansas' Department of Health's BreastCare program. There is a Department of Health in each county that is a BreastCare provider. These locations can provide financial assistance to those needing screening and diagnostic services and have no means to pay. The River Valley which is composed of Crawford and Sebastian Counties is a relatively uncultivated area. There needs to be a concerted effort in reaching out to non-profits in Crawford County that may be eligible to apply to our Affiliate for funding. While Fort Smith has several organizations that have been funded through our Affiliate, the financial investment back into our Affiliate by sponsorships and donations by the Fort Smith community has been minimal. A local event was started in Fort Smith in 2007 and since then the investment from that community has increased with still much potential to be cultivated even further. The common theme which is an asset in all of these counties is that all are faith based communities. Cultivating relationships with local churches could help educate even more men and women about breast health, prevention and breast cancer.

Exploratory Data



Data Sources and Methodology Overview

The portion of the Community Profile process that probably provided one of most valuable pieces of information was the Key Informant Surveys. Five group interviews for the Key Informant Interviews were conducted. These five interviews were completed in five different counties that covered all eight counties of our service area. Those who participated in these surveys included grantees, nurses, clinic managers, physicians, survivors and others. Each person was contacted prior to the group interviews and given the list of 17 questions in advance. These questions ranged from the key health issues in their areas, the best ways to target the people in their community to what still needs to be addressed in these communities. Group interviews ranged in size from five to nine individuals and lasted approximately 60-90 minutes. Lunch or breakfast was provided to each person who attended. A note taker was present at each Key Informant Survey. Upon the conclusion of the interviews all participants contact information was collected. After completion of the five Interviews the information was compiled and sent to the Community Profile team for review.

Exploratory Data Findings

Instead of looking at “target areas” we looked at “target needs”. While our communities 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.

Those target needs include:

Uninsured rate: The uninsured rate in each of our counties is an issue of concern that prevents men and women from seeking services. With an average uninsured rate of 19% (range: 13% to 29.6%) the lack of health coverage is an issue for each of our grantees and the people they serve. Of the 2009 grantees that are funded all of them address the uninsured issue in some fashion in each of their grants. Many of these grantees also address the working poor of our communities.

Poverty levels: The average poverty rate of our service area is 9.9% ranging from 7.8% in Benton County to 16.4% in Newton County. This issue obviously plays a big role in what we focus on in our grants process. To help overcome some of poverty issues facing our communities we have many grantees that provide transportation assistance in the form of gas cards to help pay for gas to and from treatment as well as to assist individuals to get their screening mammograms. Providing a free screening mammogram may not be enough incentive for individuals, especially in counties that do not have screening facilities and who have to drive long distances. Prescription assistance is also a vital asset to help individuals. Currently there are three grantees that offer this service in Sebastian County, Washington County and Madison County. These same grantees also offer emergency financial assistance to help pay rent, mortgage, utilities, etc. for those that may be out of work due to treatment.

Access: Identifying the unique barriers that exist in each county and how to remove them is a goal of the Affiliate. Each county is different and learning how to overcome each of these access issues is crucial to reaching our target audiences that we have not been able to reach.

Education: Another primary area of focus for our Affiliate is education. We have one grantee located in Washington County that focuses solely on this priority. While all of our grantees do have an educational piece the Washington Regional Medical Center grant provides educational programs and/or services.

Common Themes

Throughout the Community Profile process we found recurrent/common themes in all of our counties. Those recurrent themes included:

1. **Transportation:** This issue is really two fold. While financial assistance for mammograms may be available to those who need it, those individuals may not be able to afford the cost of gasoline to get to mammogram appointments; especially those in very rural areas that have to travel long distances. The second part to this is that while both of these pieces may be

available (assistance for screening costs and gasoline expenses) there are still circumstances that will prevent people from going (i.e. may not have a vehicle or one that can travel long distances). This justifies the need to bring the mobile units to these areas.

2. Substance abuse: This issue of substance abuse seemed to be more of a problem in our rural counties than in our urbanized areas. Reasons for substance abuse included boredom, poverty (lack of opportunity) and lack of education.

3. Women with small children who lack transportation: Another challenge to our service area is to reach single moms with small children. Many of these women that were discussed were unemployed, on welfare, had no access to transportation and were not informed.

4. Value of rural communities different: While there is much evidence and data to prove that early detection saves lives, the value systems of our rural communities are different. Some of the sentiment is that breast cancer is not as “important” as heart disease; that one can live without a breast but not without a heart. There is also more mistrust with the medical community; they do not want to have a debt to their local hospital due to a fear that the local hospital could potentially take away their farm which is the only thing they have of value.

5. Providers providing more flexible hours for screening: This was a constant theme throughout our Key Informant Surveys. There are some providers who stop seeing patients for screening mammograms at 4 p.m. Many times for the individual who works an hourly job, this is not acceptable. In today’s economic climate people are more sensitive about not leaving work for any reason. Extended hours or Saturday clinics need to be provided to meet the needs of the working woman.

6. Underinsured: The uninsured issue has been address several times in this document already. However, another issue that is just as important and many times overlooked is the problem of being underinsured. While individuals may have insurance their form of coverage may only apply to catastrophic or emergency type situations. Another definition of being underinsured is having a very high deductible. While some insurance plans may cover the cost of mammograms, there may be such a high deductible with that policy that many will forego that service because they are unable to pay that deductible.

7. Literacy/Reading comprehension: Literacy issues or having educational information in lower reading levels was another common theme. This is especially true in the Latino community.

8. Undocumented residents: With the hundreds of poultry plants located throughout our service area there are many foreign residents that will come to this area to work in these plants. Many of these people are not documented. They have such a fear of being deported that many times their work name is not their actual name. They also fear that any assets they have (land, home, etc.) will be taken away if they have to give any personal information, such as a social security number or address to have a mammogram.

9. Bringing services TO women: As stated earlier there are many who live in rural areas which makes traveling to mammogram facilities very difficult. While the use of the mobile unit is not a perfect system it does allow women to take advantage of these services that might not have otherwise. The need for convenience was key.

10. Education—providing it in “common places”. The need for education is great in all of our communities for various reasons. One common solution to this issue was to provide educational messaging in common places such as the grocery store, banks, or other “everyday” places that women tend to go.

11. Taboo subject: In the more rural locations of the Affiliate it was commonly heard in these Surveys that this was a very taboo subject and should not be talked about publicly. Our Affiliate will need to learn how to educate these populations in a way that is appropriate and respectful to those communities.

Conclusions

Putting the Data Together

The statistics, demographics and responses from the Key Informant Surveys were those pieces of information that the Ozark Affiliate used to determine key priorities. Specific statistics that were analyzed included the comparisons of mortality rate to mammogram frequency. Once those numbers were analyzed they were compared to poverty level and the uninsured rates to determine if any correlations could be made between these particular statistics. What we found was that there were direct correlations between these key factors of mammogram frequency, poverty level and uninsured rates to mortality rates; especially in our rural communities. The lack of access (including transportation, provider hours, and finances) we feel contributed to these higher mortality rates.

Target Area Findings

After examining all of the data and coupling that with the present knowledge about our service area and the Key Informant Surveys we approached our Target Area Findings differently. The advantage that we have is that in many ways our counties are all very similar; they will just require different approaches to meet the gaps in services that are present in each one. Due to that, instead of different target areas we targeted the different needs that were present. The three key priorities that were determined were based upon statistical analysis that supports what those needs are. The top priorities are:

1. Uninsured

We understand that the ability to pay for medical services via medical insurance can many times 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 to obtain their mammograms. There were two counties that we focused upon to demonstrate this priority.

Newton County: Clearly Newton County is one of our poorest and most in need counties. Almost 30% of that female population is uninsured. Nearly 44% did not have a screening mammogram in the last 12 months. Their mortality rate of breast cancer is 32.7/100,000 females which is the highest mortality rate in our Affiliate service area.

Carroll County: Carroll County is one of our poorest counties and this is demonstrated with 26.4% of females not having insurance and 43.4% of that population not having a mammogram in the last 12 months. This translated to a mortality rate of 26.15/100,000 females—one of the highest mortality rates in our service area.

Obviously by addressing the uninsured rates in our counties, the mammogram rates could drastically improve as well as the mortality rates.

2. Poverty Levels

The percent of individuals living in poverty is a concern of the Ozark Affiliate. On average nearly 10% of our population lives below the poverty line. Based on Key Informant Surveys, 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: 16.4% of this population is living below the poverty level (county of greatest poverty). This county in particular is very rural and very difficult to access. Their incidence rate of breast cancer is 110.86/100,000—this is the 3rd highest incidence rate in the service area.

Madison County: With 16% 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. Many bike to work because that is their only means of transportation. This area is again very rural with no local radio or TV stations to help perpetuate the message of early detection. The incidence rate is 118.12/100,000—the highest incidence rate of the service area.

Focusing on meeting the needs of those families living below the poverty level and educating them about the importance of screening mammograms will need to 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.

4. Education

Now more than ever in today's challenging economic times, it is important to educate all of our communities about breast health and breast cancer. The average percent of those in our service area that did not get a screening mammogram in the past 12 months is 39.3%. This is nearly 10% higher than the state average (statewide 70% of women 40+ have had a mammogram in the last 12 months while 30% did not). The lack of mammogram screening is highest among those living in Madison, Newton and Carroll counties. We need to focus on providing educational information that is appropriate to the reading levels to those we are trying to reach. An emphasis of the services provided via our grantees is a vital piece of our mission that is not emphasized enough.

Selecting Affiliate Priorities

After Key Informant Surveys were completed and statistics analyzed, the Community Profile team met to determine those priorities that need to be addressed. Each Community Profile team member was assigned specific county/counties to analyze. After each county was analyzed the

Community Profile team set the priorities of the problems and needs that existed in our Affiliate as a whole. Four Affiliate priorities were then set. Those priorities are:

Ozark Affiliate Priorities:

Priority One: Address the uninsured rates that exist in each of our counties and develop creative ways to promote breast self-awareness and the importance of screening.

Objective one: Identify who the uninsured are in each county (i.e. migrant worker, single mom, rural farmer, etc.) and determine the best method to reach these populations. Taylor these efforts to be county specific.

Objective two: Educate local health units and Community Health Clinics about the services that our grantees offer that can provide additional financial resources for those clients that cannot pay.

Objective three: Partner with the local Catholic churches and mobile mammography units to bring the mobile units to a trusted community resource.

Priority Two: Address the poverty level issues that prevent individuals from being proactive in their breast health.

Objective one: Recruit at least one organization from Newton County (the county with the highest poverty level) to submit a grant to the Ozark Affiliate that addresses some of the poverty needs that prevent screening in this county.

Objective two: Identify the value systems of the rural counties and understand the barriers or fears they have to receiving breast health services by working with local grantees, Health Departments and health coalitions.

Priority Three: Increase and expand the educational efforts in the Ozark Affiliate

Objective one: Participate in community health fairs and provide one-on-one education.

Objective two: By 2010 have at least three churches partnering with the Ozark Affiliate to provide educational programs at their place of worship during the month of October.

Objective three: Establish educational ambassadors in each of our eight counties and hold a total of four breast health educational and outreach programs.

Objective four: Partner with the Department of Human Services and WIC organizations to provide breast health educational materials in all eight counties.

Priority Four: Identify what unique access barriers exist in each county.

Objective one: Work with mobile units to provide after hours and weekend screenings

Objective two: Work with local Primary Care Physicians (PCPs) about the importance of screening mammograms. In addition provide them with Community Profile booklets (which will be produced this quarter) that list each of our grantees and the services they provide.

Objective three: Work with grantees to creatively obtain and distribute gas cards.

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