

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



SUSAN G. KOMEN®
NORTH MISSISSIPPI

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Executive Summary

Introduction to the Community Profile Report

Susan G. Komen® North Mississippi was incorporated in 1999 after the initial Race for the Cure in Tupelo, Mississippi, in October of 1998. Since then, the Affiliate has granted nearly \$2 million to more than 25 nonprofit organizations locally for breast cancer education and screening for the medically underserved and more than \$625,000 to Susan G. Komen for breast cancer research grants. Thousands of women and men in north Mississippi who could not afford breast health care have received screenings and education as a result of funds raised by Komen North Mississippi. In 2014, there were over 3,600 participants in the Susan G. Komen North Mississippi Race for the Cure® held in Tupelo, Mississippi. The funds raised from the 2014 Race allowed the Affiliate to grant \$170,000 to local nonprofit organizations with breast cancer programs to help provide free services in 2015. The Affiliate supports educational events such as North Mississippi Medical Center's Spirit of Women Girls' Night Out and Pink Dress Luncheon, Magnolia Regional Medical Center's Women's Health Conference, and Sisters Network's Pink Ribbon Survivorship Luncheon. The Affiliate also supports annual health fairs at Mississippi State University, The University of Mississippi, Mississippi University for Women, and community health fairs and events that raise awareness about breast cancer.

Komen North Mississippi serves 16 counties located in the northeastern part of the state covering 8,147 square miles: Alcorn, Calhoun, Chickasaw, Clay, Itawamba, Lafayette, Lee, Lowndes, Monroe, Panola, Pontotoc, Prentiss, Oktibbeha, Tishomingo, Tippah, and Union.

Susan G. Komen's promise is to save lives and end breast cancer forever by empowering people, ensuring quality care for all, and energizing science to find the cures. To carry out this promise, Susan G. Komen North Mississippi completes an assessment every four years to understand the state of the breast cancer burden and needs in the service area. This information is vital for developing grant funding and programming priorities. This assessment, the Community Profile, will allow the Affiliate to:

- Include a broad range of people and stakeholders in the Affiliate's work and become more diverse
- Fund, educate, and build awareness in the areas of greatest need
- Make data-driven decisions about how to use its resources in the best way- to make the greatest impact
- Strengthen relationships with sponsors by clearly communicating the breast health and breast cancer needs of the community
- Provide information to public policymakers to assist focusing their work
- Strategize direction to marketing and outreach programs toward areas of greatest need
- Create synergy between mission-related strategic plans and operational activities

Komen North Mississippi will make the Community Profile available to the public on its website, www.komennorthms.org. Priorities identified from the Community Profile will be included in the Affiliate's Request for Applications for community grants each year and shared in the Affiliate's Race for the Cure Sponsor Brochure.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

Komen North Mississippi Quantitative Data Report revealed that there are ten counties in the Affiliate service area that ranked in the highest priority category for not reaching the Healthy People 2020 breast cancer targets. Of those counties, a few emerged from the others in regard to death and incidence rates, unemployment, education levels, the percentage of Blacks/African-Americans residing in the community and the county's rurality. Taking these characteristics into consideration, four areas were chosen as target communities and were further studied: Chickasaw, Clay, Oktibbeha, and Prentiss Counties.

The quantitative data for Chickasaw County revealed that 23.6 percent of those ages 40 to 64 have no health insurance, and 85.3 percent of the residents reside in rural areas. The county has the highest increasing incidence rate trend of any county in the Komen North Mississippi service area at 16.6 percent, and it is the only county with a rising incidence rate trend in the area, indicating that there is a significant likelihood of an increase in the occurrence of female breast cancer among women in the area. Additionally, Chickasaw County has an increasing late-stage incidence trend of 11.6 percent per year which led the Community Profile Team to identify Chickasaw County as a target community.

The quantitative data for Clay County revealed that the population is 60.8 percent Black/African-American, the largest in the service area. The county's unemployment percentage was reported as 18.1 percent, and of individuals ages 40 to 64, 21.8 percent have no health insurance. Only 45.4 percent of women interviewed said they had a mammogram in the last two years, far less than any other county in the Komen North Mississippi service area. With an increasing late-stage incidence trend of 6.3 percent per year, Clay County is likely to continue to miss the Healthy People 2020 late-stage incidence rate target. For these reasons, Clay County was chosen by the Community Profile Team as a target community.

The quantitative data for Oktibbeha County revealed that 34.1 percent of the county's population have a yearly income less than the poverty level, the highest of all the other counties in the service area. The county's unemployment percentage was reported as 12.7 percent which is among the highest of the service area. Additionally, the county's death rate trend is increasing by 0.5 percent per year, and the number of new late-stage breast cancer cases is increasing by 14.4 percent each year. This led the Community Profile Team to identify Oktibbeha County as a target community.

The quantitative data for Prentiss County revealed that 76.1 percent of the residents reside in rural areas, and 50.3 percent of the population has a yearly income less than 250 percent below the poverty level. Prentiss County is a 100 percent medically underserved area, and 20.0 percent of the population of those between the ages 40 and 64 have no health insurance. The breast cancer late-stage incidence rate trend is increasing at 8.3 percent per year, and the breast cancer death rate trend is increasing at 2.3 percent per year. For these reasons, Prentiss County was chosen by the Community Profile Team as a target community.

Health System and Public Policy Analysis

The Community Profile Team analyzed each target community to identify what breast health care providers and services are available in those counties. This process revealed strengths and weaknesses in the continuum of care (CoC) for women in those target communities. It also identified possible future partnerships for Komen North Mississippi.

In Chickasaw County, mammography is only available in one town, at Trace Regional Hospital in Houston, Mississippi. This is a barrier for women who may not have transportation to get to Houston for an annual mammogram, and Chickasaw County does not have a mobile mammography unit to serve its rural areas. The Breast and Cervical Program (BCCP) provides mammography screening for women between 50 and 64 years of age (and ages 40 to 49 when funding is available), but Access Family Health Services in Houlka, Mississippi, is the only participating provider in the county. Access Family Health Services only refers patients for mammograms, so financial resources and access to care are limited for women in Chickasaw County.

In Clay County, North Mississippi Medical Center in West Point, Mississippi, is the only location that offers breast health services which include screening and diagnostic mammograms, ultrasounds, biopsies, patient navigation, and surgery. The only way for a patient to enter into the continuum of care (CoC) is through a mammogram at the hospital. North Mississippi Medical Center West Point is not a participating provider of BCCP, so financial resources and access to care are limited for women in Clay County.

In Oktibbeha County, OCH Regional Medical Center- Center for Breast Health & Imaging in Starkville, Mississippi, is the only location where residents can receive screening and diagnostic mammograms, ultrasounds, biopsies, and surgery. OCH is a participating partner of BCCP. Additionally, OCH provides financial assistance to those in need; however, they do not have patient navigators. With the lack of a patient navigator, the likelihood of a woman continuing through all the steps of the CoC may be unlikely.

In Prentiss County, Baptist Memorial Hospital- Booneville provides screening and diagnostic mammograms, ultrasounds, biopsies, MRIs, and patient navigation for screening, diagnostics, and treatment. Because the hospital provides screening and diagnostic services coupled with patient navigation and surgery, patients may be more likely in Prentiss County than the other target communities to stay in the CoC. The North Mississippi Medical Center's Mobile Mammography Unit stops several times per year at the Booneville Medical Clinic. Since both health care providers are located in Booneville, women from the rural parts of the county may not be able to easily access services. There are no BCCP participating providers in Prentiss County.

In Mississippi, the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) is known as the Breast and Cervical Program (BCCP) and operates through the Mississippi Department of Health. Due to the rurality of the target communities and the exceptionally low number of BCCP participating providers, Susan G. Komen North Mississippi does not foresee any future partnership with BCCP on the horizon. The Affiliate has been more effective in directing patients through the care continuum via grantees and patient assistance funds.

Since the implementation of the Patient Protection and Affordable Care Act (ACA), health care has expanded covered services, included patients with pre-existing conditions, increased access to insurance coverage through marketplaces, and expanded eligibility for Medicaid (Harrison, 2013). The Supreme Court ruled in July 2012 that states have the option to expand Medicaid in their state (Narden, Zallman, McCormick, Woolhandler, & Himmelstein, 2013). The State of Mississippi has chosen not to expand Medicaid coverage at this time (Kaiser Family Foundation, 2014) due to the expense to the state (Harrison, 2013).

One of the requirements of the ACA is that each state must have a health insurance marketplace by 2014. Mississippi has chosen to default to the Federally Facilitated Marketplace while offering a state-run SHOP exchange called One, Mississippi (National Conference of State Legislatures, 2014). Additionally, since 1991, Mississippi has had the Mississippi Comprehensive Health Insurance Risk Pool Association which offers insurance to high-risk individuals who were unable to obtain health insurance. This exchange will continue (National Conference of State Legislatures, 2014).

The four target communities of Chickasaw, Clay, Oktibbeha, and Prentiss Counties have similar gaps and barriers in the CoC. All counties have locations that offer clinical breast exams and mammograms, however, all counties, except Chickasaw County, only have services available in one town within the county. All counties except Prentiss County lack a variety of diagnostic screening options, limiting the ways breast cancer can be detected. None of the counties provide any treatment options beyond surgery (if available), so newly diagnosed patients would need to seek chemotherapy, radiation, and reconstruction services elsewhere. Few follow-up and survivorship programs beyond support groups and financial assistance are available. Additionally, not all locations had patient navigators, increasing the likelihood patients could fall out of the CoC between steps. All communities face the same barriers, including transportation, travel expenses, time off work, and lack of child care, due to the rurality of the counties and the need to travel outside the county for some diagnostic screenings and treatment beyond surgery.

Although mammography is now a required covered service under the ACA, many further diagnostic screenings and treatments may not be covered, so many women may still be unable to afford additional screenings and care that they need. Many women will also remain uninsured due to the cost of purchasing insurance, so there will still be those who seek coverage for screening through Komen community grants, patient assistance funds, and the National Breast and Cervical Cancer Early Detection Program.

Qualitative Data: Ensuring Community Input

After the quantitative data were analyzed by Komen North Mississippi, key questions arose about the target communities and the barriers preventing residents from receiving breast health care. Key variables included messaging of the importance of getting screened, access to care, and the ability to stay in the continuum of care.

Komen North Mississippi chose to conduct surveys and document reviews to answer the key questions. Surveys were chosen as a method to gather data because they allowed the Affiliate to understand the beliefs and attitudes of the residents as well as their needs and barriers to care. This method was able to be done quickly at minimal cost to the Affiliate while maintaining anonymity of the individuals participating. Document review was chosen as a supporting

method to gather data because it utilized information that is readily available and validated data already collected. It was also a cost-effective and time efficient method for the Affiliate.

Chickasaw County

The findings of the quantitative data and the health system and public policy analysis led the Community Profile Team to identify the following key questions for Chickasaw County:

- Where do women in Chickasaw County receive breast health services?
- What can be done differently to ensure breast health messages and services get to the women that need them?
- What would make it easier for women to access a provider for a clinical breast exam or a mammogram?

A survey of residents in Chickasaw County along with a document review provided answers to these questions. Sixty-four percent of survey participants indicated that they go outside Chickasaw County to receive breast health services while 18.0 percent indicated that they do not receive care at all. Additionally, 69.0 percent indicated that more breast cancer education, awareness, and reminders are needed to ensure breast health messages and services get to the women that need them. Twenty-one percent of survey participants indicated that free services, lower costs, and affordable health insurance would make it easier for them to access a provider for a clinical breast exam or mammogram.

The Affiliate utilized local newspaper archives to find articles in the Daily Journal and the Chickasaw Journal to uncover attitudes and beliefs of residents in Chickasaw County in relation to breast health. An article in the Chickasaw Journal showed that encouragement from friends tends to persuade individuals to take action. Jan Cooper was urged by her friends to make an appointment with her nurse practitioner after a lump continued to grow in her breast (Ingram, 2014). The decision to go saved her life, and again, friends were active in recommending a surgeon once she was diagnosed. An article in the Daily Journal indicated that many women living in rural areas have trouble accessing mammograms because mammography equipment is usually only offered at large, medical facilities (Brock, 2014). It also indicated that the North Mississippi Medical Center has a mobile mammography unit that allows patients to choose to be screened without a doctor's order. The unit travels to rural locations throughout North Mississippi, however, it does not currently visit Chickasaw County.

As the Community Profile Team compared the data methods, the Team identified that Chickasaw County has an increasing late-stage incidence trend, there is a need to educate women of the importance of breast cancer screening, and residents have limited access to breast health care and limited funds for the services.

Clay County

The findings of the quantitative data and the health system and public policy analysis led the Community Profile Team to identify the following key questions for Clay County:

- Where do women in Clay County receive breast health services?
- What can be done differently to ensure breast health messages and services get to the women that need them?
- What would make it easier for women to access a provider for a clinical breast exam or a mammogram?
- Why are some women not getting a mammogram?

A survey of residents in Clay County along with a document review provided answers for these questions. About a third of survey participants said that they receive breast health services inside Clay County; another third said they receive services outside the county, and fourteen percent said they do not receive breast health care at all. Additionally, 79.0 percent indicated that more breast cancer education, awareness, and reminders are needed to ensure breast health care messages and services get to the women that need them. Twenty-five percent of survey participants indicated that free or low-cost services were needed to make sure women get the breast health services they need. One document reviewed indicated that Black/African-American women in the rural South are identified as having little understanding of treatment options and perceived screening in a negative way (2009), while another document explained that Black/African-American women were more likely to have a fatalistic attitude toward breast cancer and that even if found early, it cannot be cured (2008).

As the Community Profile Team compared the data methods, the Team identified that Clay County has a large Black/African-American population, and Black/African-American women in the rural South perceive screening in a negative way. Clay County has an increasing late-stage breast cancer trend, there is a need to educate women of the importance of breast cancer screening, and residents have limited access to breast health care and limited funds for the services.

Oktibbeha County

The findings of the quantitative data and the health system and public policy analysis led the Community Profile Team to identify the following key questions for Oktibbeha County:

- Where do women in Oktibbeha County receive breast health services?
- What can be done differently to ensure breast health messages and services get to the women that need them?
- What would make it easier for women to access a provider for a clinical breast exam or a mammogram?

A survey of residents in Oktibbeha County along with a document review provided answers to these questions. Fifty-six percent of those surveyed said they receive breast health services outside Oktibbeha County while only 22.0 percent said they receive services inside the county. Seventy-eight percent indicated that more breast cancer education, awareness, and reminders are needed to ensure breast health messages and services get to the women that need them. Thirty-three percent indicated that free or low-cost services were needed to make sure women get the breast health services they need. One document reviewed indicated that Black/African-American women in the rural South are identified as having little understanding of treatment options and perceived screening in a negative way (2009), while another document explained that Black/African-American women were more likely to have a fatalistic attitude toward breast cancer and that even if found early, it cannot be cured (2008).

As the Community Profile Team compared the data methods, the Team identified that Oktibbeha County has an increasing late-stage incidence trend and death rate trend, there is a need to educate women of the importance of breast cancer screening, and residents have limited access to breast health care and limited funds for the services.

Prentiss County

The findings of the quantitative data and the health system and public policy analysis led the Community Profile Team to identify the following key questions for Prentiss County:

- Where do women in Prentiss County receive breast health services?
- What can be done differently to ensure breast health messages and services get to the women that need them?
- What would make it easier for women to access a provider for a clinical breast exam or a mammogram?

A survey of residents of Prentiss County indicated that 39.0 percent of survey participants go outside Prentiss County to receive breast health services while 11.0 percent said they do not receive care at all. Twenty-three percent of survey participants suggested that more local providers, providers who will stay open for extended hours for those who work, and having a mobile mammography unit visit the community would make it easier for them to access a provider for a mammogram or clinical breast exam. Additionally, 14.0 percent indicated that free services, lower costs, and affordable insurance would make it easier for them to access a provider for a clinical breast exam or mammogram.

The Affiliate conducted a document review to uncover attitudes and beliefs of residents of rural women in relation to breast health. The document titled “Trends in Cervical and Breast Cancer Screening Practices among Women in Rural and Urban Areas of the United States” indicates that older, low-income women are less likely to get screened than their urban counterparts (2009). An article in the Daily Journal indicated that many women living in rural areas have trouble accessing mammograms because mammography equipment is usually only offered at large, medical facilities (Brock, 2014). It also indicated that the North Mississippi Medical Center has a mobile mammography unit that allows patients to choose to be screened without a doctor’s order. The unit travels to rural locations throughout North Mississippi, however, it does not regularly visit Prentiss County.

As the Community Profile Team compared the data methods, the Team identified that Prentiss County is 76.1 percent rural and 100 medically underserved, there is a need to educate women of where to receive breast cancer services, and residents have limited access to breast health care and limited funds for the services.

Mission Action Plan

Chickasaw County

The Community Profile Team realized that Chickasaw County is very limited in not only the number of locations women can go to receive breast health care, but also in the types of services provided. Most women travel outside the county for care, so the Team decided that bringing the services to the county through a mobile mammography unit may help increase screening percentages. Additionally, more women are being diagnosed with breast cancer at a late-stage, so the Team believed that increasing education about the importance of screening and early-detection, while informing them of where they can go to receive those services, may encourage women to get screened annually.

Problem Statement: Chickasaw County has an increasing late-stage breast cancer incidence trend, and most women must go outside the county to receive breast health services.

Priority 1: Increase outreach to women in Chickasaw County to increase understanding of breast cancer and the importance of early detection which may encourage women to get screened annually.

Objective 1: From FY16 to FY19, on an annual basis the Affiliate will partner with at least one health organization or health care provider in Chickasaw County to conduct one community breast cancer outreach event.

Priority 2: Increase the availability of breast cancer screening opportunities for residents of Chickasaw County

Objective 1: By March 2016, reach out to at least one nonprofit organization in Chickasaw County to provide information about potential funding opportunities through the Affiliate's Community Grant Request for Application (RFA).

Objective 2: Beginning with the FY17 Community Grant Request for Application (RFA), evidence-based programs that will increase availability of breast cancer screening programs for residents of Chickasaw County will be a funding priority.

Clay County

The Community Profile Team recognized that Clay County has the largest Black/African-American population of all the counties in the service area. It also has the lowest mammography rate compared to the rest of the service area. Although North Mississippi Medical Center West Point provides mammograms for individuals and the Affiliate has provided community grants to the hospital for screening services, women are still not going to get screened. Additionally, the qualitative data showed that Black/African-American women in the rural South are more likely to view screening in a negative way. The Team decided that increasing breast cancer awareness to Clay County and explaining the importance of screening along with telling women where they can access care may help increase screening percentages.

Problem Statement: Clay County's population is 60.8 percent Black/African-American, and studies show that Black/African-American women in the rural South are identified as having little understanding of treatment options, perceive screening in a negative way, and are more likely to have a fatalistic attitude about breast cancer.

Priority 1: Increase outreach to Black/African-American women in Clay County to increase understanding about early detection.

Objective 1: From FY16 to FY19, on an annual basis the Affiliate will partner with at least one community organization, faith-based organization, or health care provider that provides services to Black/African-American women in Clay County to conduct one community breast cancer outreach event.

Oktibbeha County

The Community Profile Team realized that most of the surveyed participants go outside Oktibbeha County for breast health services although there are services available within the county. The Affiliate does not currently have a community grant in Oktibbeha County, so the Team believes that adding a medical, public health, or nonprofit professional on the Board of Directors would help the Affiliate better understand the needs of the county. This would also open the door for the Affiliate to seek out future partners who may consider applying for a community grant.

Problem Statement: Fifty-six percent of surveyed participants in Oktibbeha County said they receive breast health services outside the county, and there are limited breast health services provided in Oktibbeha County.

Priority 1: Increase access to breast cancer continuum of care services for residents of Oktibbeha County.

Objective 1: By March 2016, add a medical, public health, or nonprofit professional from Oktibbeha County to the Affiliate's Board of Directors to ensure that the needs in this county are represented on the Board.

Objective 2: By March 2016, reach out to at least one nonprofit organization in Oktibbeha County to provide information about potential funding opportunities through the Affiliate's Community Grant Request for Application (RFA).

Objective 3: Beginning with the FY16 Community Grant Request for Application (RFA), programs that provide transportation for residents of Oktibbeha County to receive breast cancer services will be a funding priority.

Prentiss County

The Community Profile Team recognized that Prentiss County is the most rural county and the most medically underserved county in the service area. Although Baptist Memorial Hospital-Booneville provides breast care services, and the North Mississippi Medical Center Mobile Mammography Unit visits the county to provide screening, survey results indicated that women in Prentiss County are unaware of locations to receive breast health care. The Community Profile Team chose to make awareness and education a priority in Prentiss County to let women know the importance of getting screened and to direct them to screening facilities within Prentiss County.

Problem Statement: Prentiss County, which is 76.1 percent rural, is 100 percent in a medically underserved area. Fifty-four percent of survey participants indicated that more breast cancer education, awareness, and reminders are needed to ensure breast health messages and services get to the women that need them.

Priority 1: Increase outreach to women in Prentiss County to increase understanding of the importance of early detection and awareness about the availability of breast health services in Prentiss County.

Objective 1: From FY16 to FY19, on an annual basis the Affiliate will partner with at least one health organization or health care provider in Prentiss County to conduct one community breast cancer outreach event.

Disclaimer: Comprehensive data for the Executive Summary can be found in the 2015 Susan G. Komen® North Mississippi Community Profile Report.

Introduction

Affiliate History

Susan G. Komen® North Mississippi was founded in 1998 by a group of dedicated volunteers, many of which are involved with the organization today. Since then, the Affiliate has granted nearly \$2 million to more than 25 nonprofit organizations locally for breast cancer education and screening for the medically underserved and more than \$625,000 to Susan G. Komen for breast cancer research grants. Thousands of women and men in north Mississippi who could not afford breast health care have received screenings and education as a result of funds raised by Komen North Mississippi. In 2014, there were over 3,600 participants in the Susan G. Komen North Mississippi Race for the Cure® held in Tupelo, Mississippi. The funds raised from the 2014 Race allowed the Affiliate to grant over \$175,000 to local nonprofit organizations with breast cancer programs to help provide free services in 2015. The Affiliate supports educational events such as North Mississippi Medical Center's Spirit of Women Girls' Night Out and Pink Dress Luncheon, Magnolia Regional Medical Center's Women's Health Conference, and Sisters Network's Pink Ribbon Survivorship Luncheon. The Affiliate also supports annual health fairs at Mississippi State University, The University of Mississippi, Mississippi University for Women, and community health fairs and events that raise awareness about breast cancer.

Affiliate Organizational Structure

Susan G. Komen North Mississippi Board of Directors is composed of three officers (President, Secretary, and Treasurer), two chair positions (Grants Chair and Race Chair), and seven members (Figure 1.1). The Board officers serve as the Board Operations Committee which makes operational decisions and to which the Executive Director is directly responsible. The Race for the Cure Committee is composed of 14 dedicated volunteers, and the Fundraising Committee is composed of four members. The Grants Chair works with the Executive Director and grant reviewers to review annual grant applications and conduct workshops. There is also a Community Profile Team that completed the 2015 Community Profile. The Affiliate hired a full-time Affiliate Coordinator in 2011, and in 2014 upgraded the position to Executive Director. A part-time seasonal worker for the month of October is hired each year to assist with additional work due to the Race for the Cure.

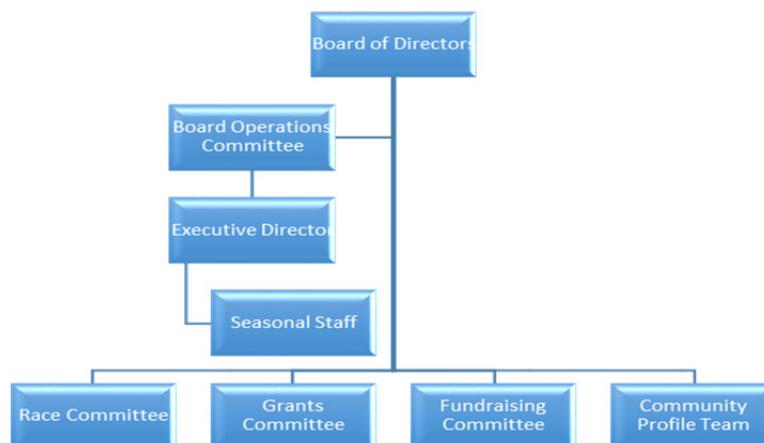


Figure 1.1. Komen North Mississippi organizational structure

Affiliate Service Area

Komen North Mississippi serves 16 counties located in the northeastern part of the state covering 8,147 square miles: Alcorn, Calhoun, Chickasaw, Clay, Itawamba, Lafayette, Lee, Lowndes, Monroe, Panola, Pontotoc, Prentiss, Oktibbeha, Tishomingo, Tippah, and Union (Figure 1.2).

Komen North Mississippi total population is 554,996 with the most populous county being Lee County (85,340) and the least populous county being Calhoun County (14,734) (US Census Bureau, 2015). The largest cities within the service area are Tupelo (Lee County), Starkville (Oktibbeha County), Columbus (Lowndes County), and Oxford (Lafayette County) (US Census Bureau, 2015). Within the service area, an average of 76.1 percent of the population is identified as White, 28.4 percent Black/African-American and 3.0 percent Hispanic/Latino (US Census Bureau, 2015).

Within the Komen North Mississippi service area, uninsured percentages range from a high of 25.0 percent in Calhoun County to a low of 17.0 percent in Lee County (RWJF, 2014). Between 13.0 percent (Lafayette County- lowest in service area) and 27.0 percent (Clay County- highest in service area) of adults indicated they could not see a doctor in the past 12 months because of cost (RWJF, 2014). On average, 26.1 percent of adults in the service area reported that they do not have social or emotional support (range: 34.0 percent in Clay County to 15.0 percent in Lafayette County) (RWJF, 2014)

Komen North Mississippi's average unemployment percentage is 10.7 percent with a high of 16.8 percent in Clay County and a low of 7.3 percent in Lafayette County (RWJF, 2014). The average median household income for the service area is \$ 37,725. Lafayette County has the highest median household income at \$43,328 and Calhoun County has the lowest at \$30,000 (US Census Bureau, 2015). In addition, an average of 24.4 percent of the population in the service area lives below poverty level (US Census Bureau, 2015). Oktibbeha County (33.7 percent) has the highest percent of the population living below poverty level and Pontotoc County (14.0 percent) has the lowest percentage (US Census Bureau, 2015).

Purpose of the Community Profile Report

Susan G. Komen's promise is to save lives and end breast cancer forever by empowering people, ensuring quality care for all, and energizing science to find the cures. To carry out this promise, Susan G. Komen North Mississippi completes an assessment every four years to understand the state of the breast cancer burden and needs in the service area. This information is vital for developing grant funding and programming priorities. This assessment, the Community Profile, will allow the Affiliate to:

- Include a broad range of people and stakeholders in the Affiliate's work and become more diverse
- Fund, educate, and build awareness in the areas of greatest need
- Make data-driven decisions about how to use its resources in the best way- to make the greatest impact
- Strengthen relationships with sponsors by clearly communicating the breast health and breast cancer needs of the community
- Provide information to public policymakers to assist focusing their work
- Strategize direction to marketing and outreach programs toward areas of greatest need
- Create synergy between mission-related strategic plans and operational activities

Komen North Mississippi will make the Community Profile available to the public on its website, www.komennorthms.org. Priorities identified from the Community Profile will be included in the Affiliate's Request for Applications for community grants each year and shared in the Affiliate's Race for the Cure Sponsor Brochure.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

Quantitative Data Report

Introduction

The purpose of the quantitative data report for the Susan G. Komen® North Mississippi is to combine evidence from many credible sources and use the data to identify the highest priority areas for evidence-based breast cancer programs.

The data provided in the report are used to identify priorities within the Affiliate's service area based on estimates of how long it would take an area to achieve Healthy People 2020 objectives for breast cancer late-stage diagnosis and death rates (<http://www.healthypeople.gov/2020/default.aspx>).

The following is a summary of the Komen North Mississippi's Quantitative Data Report. For a full report please contact the Affiliate.

Breast Cancer Statistics

Incidence rates

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

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

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

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

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

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

Death rates

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

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

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

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

Late-stage incidence rates

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

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

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

Population Group	Incidence Rates and Trends				Death Rates and Trends			Late-stage Rates and Trends		
	Female Population (Annual Average)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of Deaths (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)
US	154,540,194	182,234	122.1	-0.2%	40,736	22.6	-1.9%	64,590	43.8	-1.2%
HP2020	-	-	-	-	-	20.6*	-	-	41.0*	-
Mississippi	1,514,063	1,894	113.8	1.4%	421	24.7	-0.9%	771	46.8	-0.4%
Komen North Mississippi Service Area**	261,975	320	110.6	-0.1%	69	23.0	NA	127	45.0	0.3%
White	187,322	247	109.6	-0.1%	51	21.2	NA	91	41.4	2.1%
Black/African-American	72,002	71	110.0	2.6%	18	28.0	NA	35	54.1	-1.7%
AIAN	590	SN	SN	SN	SN	SN	SN	SN	SN	SN
API	2,061	SN	SN	SN	SN	SN	SN	SN	SN	SN
Non-Hispanic/ Latina	256,935	319	111.3	0.0%	69	23.1	NA	127	45.2	0.3%
Hispanic/ Latina	5,040	SN	SN	SN	SN	SN	SN	SN	SN	SN
Alcorn County - MS	18,825	27	116.3	-5.5%	6	27.4	-0.5%	13	55.3	-13.8%
Calhoun County - MS	7,801	9	95.6	10.4%	SN	SN	SN	4	46.5	6.7%
Chickasaw County - MS	9,226	13	125.9	16.6%	SN	SN	SN	5	53.5	11.6%
Clay County - MS	11,092	14	105.7	-3.1%	4	26.8	NA	6	45.1	6.3%
Itawamba County - MS	11,927	15	101.3	-2.4%	SN	SN	SN	6	45.2	8.1%
Lafayette County - MS	23,252	21	104.1	-9.5%	3	16.1	-2.2%	10	51.5	-20.2%
Lee County - MS	42,441	57	123.9	-2.2%	17	35.5	1.4%	23	49.6	-7.1%
Lowndes County - MS	31,343	42	123.1	-1.6%	8	20.8	-3.5%	14	42.2	3.4%
Monroe County - MS	19,554	24	99.5	10.4%	4	16.8	-2.6%	8	34.3	18.5%
Oktibbeha County - MS	23,334	24	125.8	8.4%	5	26.2	0.5%	10	54.7	14.4%
Panola County- MS	18,044	24	125.1	5.1%	SN	SN	SN	10	54.1	-5.4%
Pontotoc County - MS	15,005	21	123.2	0.0%	4	23.4	NA	9	57.6	-0.4%
Prentiss County - MS	13,008	16	100.7	-6.6%	4	28.5	2.3%	6	39.8	8.3%
Tippah County - MS	11,270	12	88.6	-10.0%	SN	SN	SN	4	30.1	7.8%
Tishomingo County - MS	10,109	11	84.4	-4.7%	SN	SN	SN	4	31.6	22.9%
Union County - MS	13,790	14	88.2	12.6%	SN	SN	SN	4	26.1	13.3%

*Target as of the writing of this report.

** Affiliate service data does not include Panola County.

NA – data not available.

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

Data are for years 2006-2010.

Rates are in cases or deaths per 100,000.

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

Source of incidence and late-stage data: NAACCR – CINA Deluxe Analytic File.

Source of death rate data: CDC – NCHS mortality data in SEER*Stat.

Source of death trend data: NCI/CDC State Cancer Profiles.

Incidence rates and trends summary

Overall, the breast cancer incidence rate in the Komen North Mississippi service area was lower than that observed in the US as a whole and the incidence trend was similar to the US as a whole. The incidence rate and trend of the Affiliate service area were not significantly different than that observed for the State of Mississippi.

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

None of the counties in the Affiliate service area had substantially different incidence rates than the Affiliate service area as a whole.

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

Death rates and trends summary

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

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

The following county had a death rate **significantly higher** than the Affiliate service area as a whole:

- Lee County

The rest of the counties had death rates and trends that were not significantly different than the Affiliate service area as a whole or did not have enough data available.

Late-stage incidence rates and trends summary

Overall, the breast cancer late-stage incidence rate in the Komen North Mississippi service area was slightly higher than that observed in the US as a whole and the late-stage incidence trend was higher than the US as a whole. The late-stage incidence rate and trend of the Affiliate service area were not significantly different than that observed for the State of Mississippi.

For the United States, late-stage incidence rates in Blacks/Africans-Americans are higher than among Whites. Hispanics/Latinas tend to be diagnosed with late-stage breast cancers more often than Whites. For the Affiliate service area as a whole, the late-stage incidence rate was higher among Blacks/African-Americans than Whites. There were not enough data available within the Affiliate service area to report on APIs and AIANs so comparisons cannot be made for these racial groups. Also, there were not enough data available within the Affiliate service area to report on Hispanics/Latinas so comparisons cannot be made for this group.

The late-stage incidence rate was significantly lower in the following county:

- Union County

The rest of the counties had late-stage incidence rates and trends that were not significantly different than the Affiliate service area as a whole or did not have enough data available.

Mammography Screening

Getting regular screening mammograms (and treatment if diagnosed) lowers the risk of dying from breast cancer. Screening mammography can find breast cancer early, when the chances of survival are highest. Table 2.2 shows some screening recommendations among major organizations for women at average risk.

Table 2.2. Breast cancer screening recommendations for women at average risk*

American Cancer Society	National Comprehensive Cancer Network	US Preventive Services Task Force
Informed decision-making with a health care provider at age 40		Informed decision-making with a health care provider ages 40-49
Mammography every year starting at age 45	Mammography every year starting at age 40	Mammography every 2 years ages 50-74
Mammography every other year beginning at age 55		

*As of October 2015

Because having regular mammograms lowers the chances of dying from breast cancer, it's important to know whether women are having mammograms when they should. This information can be used to identify groups of women who should be screened who need help in meeting the current recommendations for screening mammography. The Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factors Surveillance System (BRFSS)

collected the data on mammograms that are used in this report. The data come from interviews with women age 50 to 74 from across the United States. During the interviews, each woman was asked how long it has been since she has had a mammogram. The proportions in Table 2.3 are based on the number of women age 50 to 74 who reported in 2012 having had a mammogram in the last two years.

The data have been weighted to account for differences between the women who were interviewed and all the women in the area. For example, if 20.0 percent of the women interviewed are Latina, but only 10.0 percent of the total women in the area are Latina, weighting is used to account for this difference.

The report uses the mammography screening proportion to show whether the women in an area are getting screening mammograms when they should. Mammography screening proportion is calculated from two pieces of information:

- The number of women living in an area whom the BRFSS determines should have mammograms (i.e. women age 50 to 74).
- The number of these women who actually had a mammogram during the past two years.

The number of women who had a mammogram is divided by the number who should have had one. For example, if there are 500 women in an area who should have had mammograms and 250 of those women actually had a mammogram in the past two years, the mammography screening proportion is 50.0 percent.

Because the screening proportions come from samples of women in an area and are not exact, Table 2.3 includes confidence intervals. A confidence interval is a range of values that gives an idea of how uncertain a value may be. It's shown as two numbers—a lower value and a higher one. It is very unlikely that the true rate is less than the lower value or more than the higher value.

For example, if screening proportion was reported as 50.0 percent, with a confidence interval of 35.0 to 65.0 percent, the real rate might not be exactly 50.0 percent, but it's very unlikely that it's less than 35.0 or more than 65.0 percent.

In general, screening proportions at the county level have fairly wide confidence intervals. The confidence interval should always be considered before concluding that the screening proportion in one county is higher or lower than that in another county.

Table 2.3. Proportion of women ages 50-74 with screening mammography in the last two years, self-report.

Population Group	# of Women Interviewed (Sample Size)	# w/ Self-Reported Mammogram	Proportion Screened (Weighted Average)	Confidence Interval of Proportion Screened
US	174,796	133,399	77.5%	77.2%-77.7%
Mississippi	3,417	2,396	71.1%	69.0%-73.2%
Komen North Mississippi Service Area*	613	444	69.4%	64.2%-74.2%
White	459	331	69.8%	63.9%-75.1%
Black/African-Americans	151	111	69.1%	57.2%-78.9%
AIAN	SN	SN	SN	SN
API	SN	SN	SN	SN
Hispanic/ Latina	SN	SN	SN	SN
Non-Hispanic/ Latina	603	437	69.8%	64.5%-74.6%
Alcorn County - MS	56	37	64.2%	46.4%-78.8%
Calhoun County - MS	24	14	52.4%	29.7%-74.2%
Chickasaw County - MS	30	20	62.3%	38.6%-81.2%
Clay County - MS	30	18	45.4%	24.0%-68.5%
Itawamba County - MS	32	26	79.4%	60.4%-90.7%
Lafayette County - MS	41	29	64.2%	43.5%-80.7%
Lee County - MS	83	68	85.8%	72.2%-93.3%
Lowndes County - MS	80	63	76.6%	61.4%-87.1%
Monroe County - MS	53	34	49.9%	33.7%-66.1%
Oktibbeha County - MS	51	39	73.7%	53.4%-87.2%
Panola County- MS	46	27	63.6%	42.3%-80.6%
Pontotoc County - MS	34	25	68.3%	41.8%-86.6%
Prentiss County - MS	26	18	72.1%	46.2%-88.6%
Tippah County - MS	31	20	61.0%	37.0%-80.7%
Tishomingo County - MS	24	19	78.0%	52.4%-91.9%
Union County - MS	18	14	67.3%	34.8%-88.8%

* Affiliate service data does not include Panola County.

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

Data are for 2012.

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

Breast cancer screening proportions summary

The breast cancer screening proportion in the Komen North Mississippi service area was **significantly lower** than that observed in the US as a whole. The screening proportion of the Affiliate service area was not significantly different than the State of Mississippi.

For the United States, breast cancer screening proportions among Blacks/African-Americans are similar to those among Whites overall. APIs have somewhat lower screening proportions than Whites and Blacks/African-Americans. Although data are limited, screening proportions among AIANs are similar to those among Whites. Screening proportions among Hispanics/Latinas are similar to those among Non-Hispanic Whites and Blacks/African-Americans. For the Affiliate service area as a whole, the screening proportion was not significantly different among Blacks/African-Americans than Whites. There were not enough data available within the Affiliate service area to report on APIs and AIANs so comparisons cannot be made for these racial groups. Also, there were not enough data available within the Affiliate service area to report on Hispanics/Latinas so comparisons cannot be made for this group.

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

Population Characteristics

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

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

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

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

Table 2.4. Population characteristics – demographics.

Population Group	White	Black/ African- American	AIAN	API	Non- Hispanic /Latina	Hispanic /Latina	Female Age 40 Plus	Female Age 50 Plus	Female Age 65 Plus
US	78.8 %	14.1 %	1.4 %	5.8 %	83.8 %	16.2 %	48.3 %	34.5 %	14.8 %
Mississippi	59.5 %	38.8 %	0.6 %	1.1 %	97.7 %	2.3 %	47.0 %	34.0 %	14.6 %
Komen North Mississippi Service Area*	70.9 %	28.0 %	0.3 %	0.9 %	97.8 %	2.2 %	46.8 %	34.1 %	15.6 %
Alcorn County - MS	86.7 %	12.6 %	0.3 %	0.5 %	97.8 %	2.2 %	51.4 %	38.4 %	18.1 %
Calhoun County - MS	69.5 %	30.1 %	0.2 %	0.2 %	95.6 %	4.4 %	52.0 %	38.2 %	18.5 %
Chickasaw County - MS	55.2 %	44.1 %	0.2 %	0.5 %	96.8 %	3.2 %	49.6 %	36.0 %	16.4 %
Clay County - MS	38.8 %	60.8 %	0.2 %	0.2 %	99.1 %	0.9 %	49.4 %	36.8 %	15.7 %
Itawamba County - MS	92.3 %	7.1 %	0.2 %	0.4 %	98.8 %	1.2 %	50.0 %	37.0 %	18.1 %
Lafayette County - MS	71.6 %	25.7 %	0.4 %	2.3 %	97.8 %	2.2 %	37.2 %	27.1 %	11.8 %
Lee County - MS	69.7 %	29.4 %	0.2 %	0.8 %	97.9 %	2.1 %	47.0 %	33.4 %	14.8 %
Lowndes County - MS	53.0 %	45.7 %	0.3 %	0.9 %	98.6 %	1.4 %	47.6 %	34.4 %	15.0 %
Monroe County - MS	67.7 %	31.8 %	0.2 %	0.3 %	99.2 %	0.8 %	52.1 %	38.8 %	18.3 %
Oktibbeha County - MS	57.0 %	40.0 %	0.3 %	2.7 %	98.3 %	1.7 %	34.2 %	24.9 %	10.4 %
Panola County- MS	48.5 %	50.8 %	0.3 %	0.4 %	98.6 %	1.4 %	47.3 %	33.6 %	15.1 %
Pontotoc County - MS	83.8 %	15.3 %	0.5 %	0.4 %	95.2 %	4.8 %	47.3 %	33.3 %	14.8 %
Prentiss County - MS	84.6 %	14.9 %	0.2 %	0.3 %	99.1 %	0.9 %	51.1 %	37.6 %	18.6 %
Tippah County - MS	82.2 %	17.2 %	0.4 %	0.2 %	95.9 %	4.1 %	49.2 %	36.2 %	17.0 %
Tishomingo County - MS	96.0 %	3.5 %	0.3 %	0.3 %	97.5 %	2.5 %	54.4 %	40.5 %	20.3 %
Union County - MS	83.7 %	15.7 %	0.3 %	0.4 %	96.3 %	3.7 %	48.7 %	35.3 %	16.3 %

* Affiliate service data does not include Panola County.

Data are for 2011.

Data are in the percentage of women in the population.

Source: US Census Bureau – Population Estimates

Table 2.5. Population characteristics – socioeconomics.

Population Group	Less than HS Education	Income Below 100% Poverty	Income Below 250% Poverty (Age: 40-64)	Un-employed	Foreign Born	Linguistic-ally Isolated	In Rural Areas	In Medically Under-served Areas	No Health Insurance (Age: 40-64)
US	14.6 %	14.3 %	33.3 %	8.7 %	12.8 %	4.7 %	19.3 %	23.3 %	16.6 %
Mississippi	19.7 %	21.6 %	45.8 %	10.0 %	2.2 %	0.9 %	50.7 %	80.7 %	20.3 %
Komen North Mississippi Service Area*	21.2 %	22.0 %	47.4 %	10.2 %	2.0 %	0.9 %	61.9 %	98.5 %	20.2 %
Alcorn County - MS	22.3 %	20.2 %	50.0 %	10.1 %	1.6 %	0.1 %	66.4 %	100.0 %	20.0 %
Calhoun County - MS	31.6 %	21.7 %	57.2 %	9.7 %	3.1 %	1.3 %	100.0 %	100.0 %	24.6 %
Chickasaw County - MS	28.2 %	24.9 %	56.9 %	12.8 %	1.3 %	0.6 %	85.3 %	100.0 %	23.6 %
Clay County - MS	20.1 %	24.2 %	52.7 %	18.1 %	0.2 %	0.0 %	55.5 %	100.0 %	21.8 %
Itawamba County - MS	26.0 %	12.9 %	46.1 %	8.9 %	0.2 %	0.3 %	86.3 %	100.0 %	20.0 %
Lafayette County - MS	12.7 %	23.8 %	37.8 %	8.5 %	3.7 %	0.9 %	45.6 %	100.0 %	19.0 %
Lee County - MS	17.5 %	18.2 %	44.1 %	6.5 %	1.7 %	0.6 %	45.4 %	100.0 %	17.4 %
Lowndes County - MS	19.2 %	23.8 %	44.7 %	13.2 %	1.8 %	0.8 %	42.6 %	100.0 %	19.2 %
Monroe County - MS	23.6 %	19.8 %	47.3 %	10.7 %	0.5 %	0.3 %	69.6 %	100.0 %	20.9 %
Oktibbeha County - MS	14.1 %	34.1 %	43.4 %	12.7 %	3.0 %	1.4 %	36.4 %	100.0 %	16.9 %
Panola County- MS	27.2 %	28.1 %	54.0 %	12.8 %	0.7 %	0.8 %	78.9 %	100.0 %	20.5 %
Pontotoc County - MS	25.9 %	16.4 %	48.1 %	7.4 %	3.3 %	2.8 %	84.0 %	100.0 %	23.4 %
Prentiss County - MS	26.2 %	22.6 %	50.3 %	9.2 %	1.3 %	0.4 %	76.1 %	100.0 %	20.0 %
Tippah County - MS	25.7 %	22.8 %	54.9 %	12.9 %	1.9 %	1.3 %	83.8 %	100.0 %	22.9 %
Tishomingo County - MS	23.5 %	20.2 %	50.7 %	10.9 %	2.1 %	1.3 %	100.0 %	61.3 %	21.0 %
Union County - MS	23.9 %	22.5 %	49.9 %	8.5 %	2.6 %	1.7 %	75.6 %	100.0 %	23.1 %

* Affiliate service data does not include Panola County.

Data are in the percentage of people (men and women) in the population.

Source of health insurance data: US Census Bureau – Small Area Health Insurance Estimates (SAHIE) for 2011.

Source of rural population data: US Census Bureau – Census 2010.

Source of medically underserved data: Health Resources and Services Administration (HRSA) for 2013.

Source of other data: US Census Bureau – American Community Survey (ACS) for 2007-2011.

Population characteristics summary

Proportionately, the Komen North Mississippi service area has a substantially smaller White female population than the US as a whole, a substantially larger Black/African-American female population, a substantially smaller Asian and Pacific Islander (API) female population, a slightly smaller American Indian and Alaska Native (AIAN) female population, and a substantially smaller Hispanic/Latina female population. The Affiliate's female population is about the same age as that of the US as a whole. The Affiliate's education level is substantially lower than and income level is substantially lower than those of the US as a whole. There are a slightly larger percentage of people who are unemployed in the Affiliate service area. The Affiliate service area has a substantially smaller percentage of people who are foreign born and a substantially smaller percentage of people who are linguistically isolated. There are a substantially larger percentage of people living in rural areas, a slightly larger percentage of people without health insurance, and a substantially larger percentage of people living in medically underserved areas.

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

- Chickasaw County
- Clay County
- Lowndes County
- Oktibbeha County
- Panola County

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

- Calhoun County
- Chickasaw County
- Panola County
- Prentiss County

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

- Clay County

Priority Areas

Healthy People 2020 forecasts

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

HP2020 has several cancer-related objectives, including:

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

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

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

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

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

Identification of priority areas

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

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

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

Counties are classified as follows (Table 2.6):

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

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

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

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

Affiliate Service Area Healthy People 2020 Forecasts and Priority Areas

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

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

Trends can change for a number of reasons, including:

- Improved screening programs could lead to breast cancers being diagnosed earlier, resulting in a decrease in both late-stage incidence rates and death rates.
- Improved socioeconomic conditions, such as reductions in poverty and linguistic isolation could lead to more timely treatment of breast cancer, causing a decrease in death rates.

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

Table 2.7. Intervention priorities for Komen North Mississippi service area with predicted time to achieve the HP2020 breast cancer targets and key population characteristics.

County	Priority	Predicted Time to Achieve Death Rate Target	Predicted Time to Achieve Late-stage Incidence Target	Key Population Characteristics
Calhoun County - MS	Highest	SN	13 years or longer	Education, rural
Chickasaw County - MS	Highest	SN	13 years or longer	%Black/African-American, education, rural
Clay County - MS	Highest	NA	13 years or longer	%Black/African-American, employment
Itawamba County - MS	Highest	SN	13 years or longer	Rural
Oktibbeha County - MS	Highest	13 years or longer	13 years or longer	%Black/African-American
Pontotoc County - MS	Highest	NA	13 years or longer	Rural
Prentiss County - MS	Highest	13 years or longer	13 years or longer	Education, rural
Tippah County - MS	Highest	SN	13 years or longer	Rural
Tishomingo County - MS	Highest	SN	13 years or longer	Rural
Union County - MS	Highest	SN	13 years or longer	Rural
Alcorn County - MS	Medium High	13 years or longer	2 years	
Lee County - MS	Medium High	13 years or longer	3 years	
Lowndes County - MS	Medium High	1 year	13 years or longer	%Black/African-American
Monroe County - MS	Medium	Currently meets target	13 years or longer	Rural
Panola County - MS	Medium Low	SN	5 years	%Black/African-American, education, poverty, rural, medically underserved
Lafayette County - MS	Low	Currently meets target	1 year	

NA – data not available.

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

Map of Intervention Priority Areas

Figure 1.1 shows a map of the intervention priorities for the counties in the Affiliate service area. When both of the indicators used to establish a priority for a county are not available, the priority is shown as “undetermined” on the map.

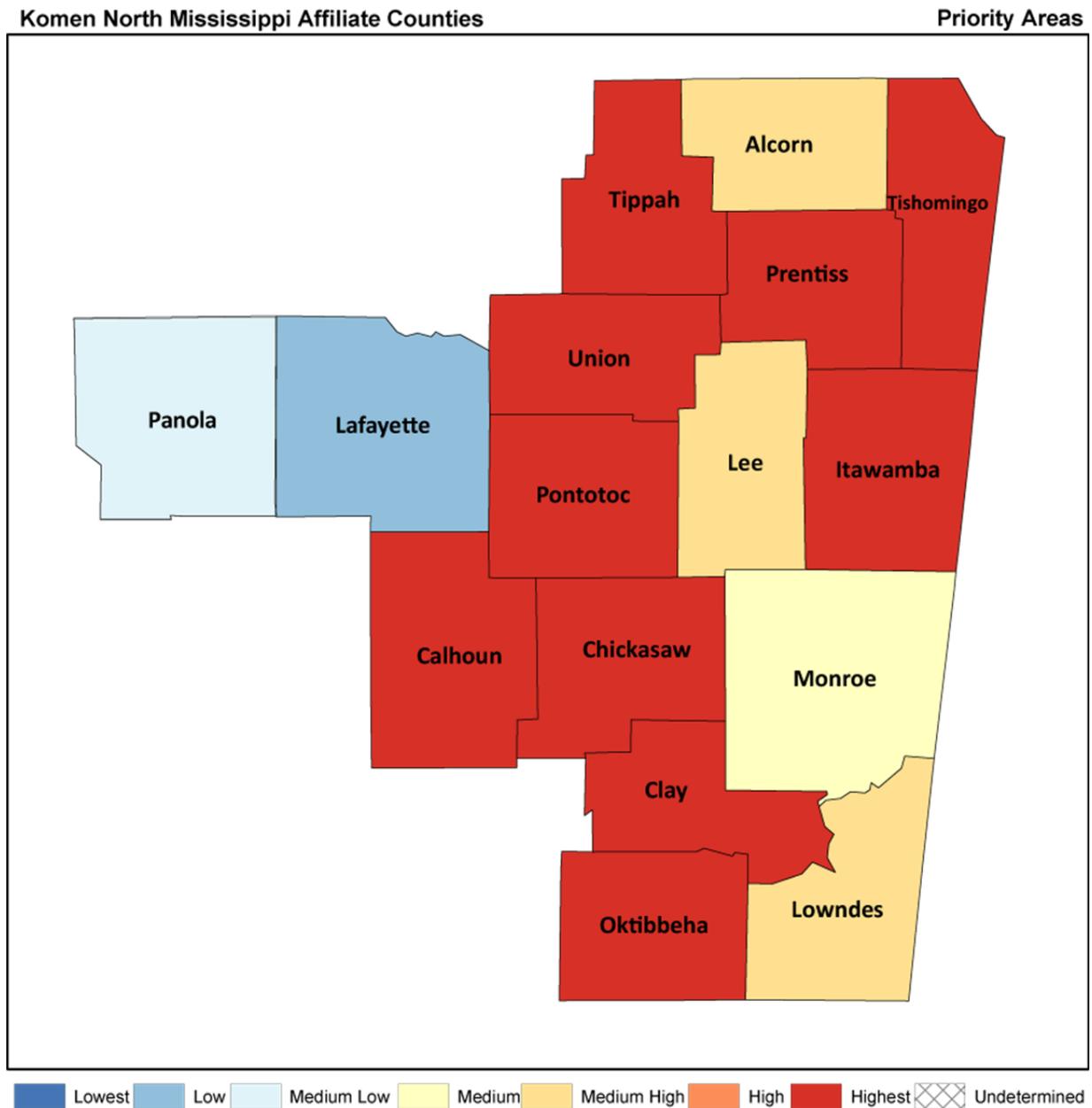


Figure 1.1. Intervention priorities.

Data Limitations

The following data limitations need to be considered when utilizing the data of the Quantitative Data Report:

- The most recent data available were used but, for cancer incidence and deaths, these data are still several years behind.
- For some areas, data might not be available or might be of varying quality.
- Areas with small populations might not have enough breast cancer cases or breast cancer deaths each year to support the generation of reliable statistics.
- There are often several sources of cancer statistics for a given population and geographic area; therefore, other sources of cancer data may result in minor differences in the values even in the same time period.
- Data on cancer rates for specific racial and ethnic subgroups such as Somali, Hmong, or Ethiopian are not generally available.
- The various types of breast cancer data in this report are inter-dependent.
- There are many factors that impact breast cancer risk and survival for which quantitative data are not available. Some examples include family history, genetic markers like HER2 and BRCA, other medical conditions that can complicate treatment, and the level of family and community support available to the patient.
- The calculation of the years needed to meet the HP2020 objectives assume that the current trends will continue until 2020. However, the trends can change for a number of reasons.
- Not all breast cancer cases have a stage indication.

Quantitative Data Report Conclusions

Highest priority areas

Ten counties in the Komen North Mississippi service area are in the highest priority category. Two of the ten, Oktibbeha County and Prentiss County, are not likely to meet either the death rate or late-stage incidence rate HP2020 targets. Eight of the ten, Calhoun County, Chickasaw County, Clay County, Itawamba County, Pontotoc County, Tippah County, Tishomingo County and Union County, are not likely to meet the late-stage incidence rate HP2020 target.

Calhoun County has low education levels. Chickasaw County has a relatively large Black/African-American population and low education levels. Clay County has a relatively large Black/African-American population and high unemployment. Oktibbeha County has a relatively large Black/African-American population. Prentiss County has low education levels.

Medium high priority areas

Three counties in the Komen North Mississippi service area are in the medium high priority category. Two of the three, Alcorn County and Lee County, are not likely to meet the death rate HP2020 target. One of the three, Lowndes County is not likely to meet the late-stage incidence rate HP2020 target.

The death rates in Lee County (35.5 per 100,000) are significantly higher than the Affiliate service area as a whole (23.0 per 100,000).

Lowndes County has a relatively large Black/African-American population.

Selection of Target Communities

The Komen North Mississippi Quantitative Data Report revealed that there are ten counties in the Affiliate's service area that ranked in the highest priority category for not reaching the Healthy People 2020 breast cancer targets. Of those counties, a few emerged from the others in regard to death and incidence rates, unemployment, education levels, the size of the Black/African-American community, and the county's rurality. Taking these characteristics into consideration, four areas were chosen as target communities: Chickasaw, Clay, Oktibbeha, and Prentiss Counties.

Chickasaw County

Chickasaw County is located in the southern portion of Komen North Mississippi's service area. The county has a larger Black/African-American female population percentage (44.1 percent) than the State of Mississippi (38.8 percent) and the United States (14.1 percent). Within the county, 85.3 percent of the residents reside in rural areas as compared to only 50.7 percent of residents in the State of Mississippi and 61.9 percent of the residents in the Komen North Mississippi service area that reside in rural areas. Table 2.5 indicates that 28.2 percent of the county's population has less than a high school education, ranking it among the highest of the counties listed and well above the State of Mississippi (19.7 percent). The county's unemployment percentage was reported as 12.8 percent, and 24.9 percent of the county's population have a yearly income less than the poverty level. Additionally, 23.6 percent of those between the ages 40 to 64 have no health insurance. This is well above the State of Mississippi's (20.3 percent) uninsured percentage for the same age range.

Chickasaw County has a breast cancer incidence rate of 125.9 per 100,000 (Table 2.1). The county has the highest increasing incidence rate trend of any county in the Komen North Mississippi service area at 16.6 percent. This incidence rate trend is larger in comparison to the State of Mississippi's trend of 1.4 percent. Chickasaw County is the only county with a rising incidence rate trend in the area indicating that there is a significant likelihood of an increase in the occurrence of female breast cancer among women in the area, which is unfavorable (Susan G. Komen, 2014). Although not statistically significant, the proportion of women ages 50 to 74 who reported they received a mammogram in the last two years was 62.3 percent and the fourth lowest in the service area (Table 2.3). Chickasaw County's base rate of late-stage breast cancer incidence for years 2006 to 2010 is 53.5 cases per 100,000, well above the Healthy People 2020 target of 41.0 (Susan G. Komen, 2014). With an increasing late-stage incidence trend of 11.6 percent per year, Chickasaw County is likely to continue to miss the Healthy People 2020 late-stage incidence rate target (Table 2.7).

Clay County

Clay County is located in the southern part of the Komen North Mississippi service area. The county's population is 60.8 percent Black/African-American, which is substantially higher than Mississippi (38.8 percent) and the United States (14.1 percent) (Table 2.4). Clay County has the largest Black/African-American population in the service area. The county's unemployment percentage was reported as 18.1 percent, substantially higher than any other county in the Komen North Mississippi service area and higher than the State of Mississippi as a whole (10.0 percent) (Table 2.5). Of individuals ages 40 to 64 in Clay County, 21.8 percent have no health insurance, which is higher than the State of Mississippi (20.3 percent) and the United States

(16.6 percent) (Table 2.5). Additionally, 24.2 percent of the population have a yearly income less than the poverty level (Table 2.5).

Although the female breast cancer incidence rate trend is decreasing (-3.1 percent), the late-stage incidence rate trend is increasing (6.3 percent) in Clay County (Table 2.1). The proportion of women who were interviewed and said they had a mammogram in the last two years was 45.4 percent, far less than any other county in the Komen North Mississippi service area (Table 2.3). Although not statistically significant, this proportion is well below the State of Mississippi (71.1 percent) and US (77.5 percent) levels. Clay County's base rate of late-stage breast cancer incidence for years 2006 to 2010 is 45.1 cases per 100,000, which is higher than the HP2020 target of 41.0 (Table 2.1). With an increasing late-stage incidence trend of 6.3 percent per year, Clay County is likely to continue to miss the Healthy People 2020 late-stage incidence rate target (Table 2.7).

Oktober County

Oktober County is located in the southern portion of the Komen North Mississippi service area. The county's population is 40 percent Black/African-American, which is substantially higher than the service area (28.0 percent), the State of Mississippi (38.8 percent), and the United States (14.1 percent) (Table 2.4). Table 2.5 shows that 34.1 percent of the county's population have a yearly income less than the poverty level, the highest of all the other counties in the Komen North Mississippi service area. Additionally, the county's unemployment percentage was reported as 12.7 percent which is also among the highest in the service area.

Oktober County has a breast cancer incidence rate of 125.8 per 100,000 women (Table 2.1). The county has an increasing incidence rate trend of 8.4 percent annually which is larger in comparison to the State of Mississippi's trend of 1.4 percent, and it is among the highest trends in the service area (Table 2.1). Additionally, Oktober County's death rate trend is increasing by 0.5 percent per year, and the number of new late-stage breast cancer cases is increasing by 14.4 percent each year, which is also among the highest rate trends in the service area (Table 2.1). The proportion of women who were interviewed and said they had a mammogram in the last two years was 73.7 percent which is substantially lower than the United States as a whole (77.5 percent) (Table 2.3). Oktober County's base rate of late-stage breast cancer incidence for years 2006 to 2010 is 54.7 cases per 100,000, which is higher than the Healthy People 2020 target of 41.0 (Table 2.1). This is an annual percentage increase of 14.4 percent, among the highest late-stage breast cancer incidence trends of those listed (Table 2.1). Oktober County's base rate of predicted number of years needed to achieve the Healthy People 2020 target for female breast cancer death rates in years 2006 to 2010 is 26.2, above the target of 20.6 deaths per 100,000 (Susan G. Komen, 2014). With an increasing late-stage incidence trend of 0.5 percent per year, Oktober County is likely to continue to miss the Healthy People 2020 late-stage incidence rate target and breast cancer death rate target (Table 2.7).

Prentiss County

Prentiss County is located in the northern portion of the Komen North Mississippi service area. Although the county's Black/African-American population of 14.9 percent is smaller than Komen North Mississippi's service area (28.0 percent) and the State of Mississippi (38.8 percent), the county's population of women ages 40 and older is higher than the service area, state, and United States in all three age categories (Table 2.4). Prentiss County's population was reported as 51.1 percent female ages 40 and older. The county's population was 37.6 percent female

ages 50 and older and was 18.6 percent female ages 65 and older. Within the county, 76.1 percent of the residents reside in rural areas as compared to only 50.7 percent of the residents in the State of Mississippi and 61.9 percent of the residents in the Komen North Mississippi service area that reside in rural areas. Table 2.5 indicates that 26.2 percent of the county's population has less than a high school education, ranking it among the highest of the counties listed and well above the State of Mississippi (19.7 percent). Although the county's unemployment of 9.2 percent is near the State of Mississippi (10.0 percent) and US (8.7 percent) percentages, 22.6 percent of the county's population have a yearly income less than the poverty level, and 50.3 percent of the county's population have a yearly income less than 250 percent below the poverty level, which is higher than the Mississippi and US (Table 2.5). Additionally, Prentiss County is 100 percent in a medically underserved area, and 20.0 percent of the county's population of those between the ages 40 to 64 have no health insurance.

The proportion of women in Prentiss County ages 50 to 74 reported they received a mammogram in the last two years was 72.1 percent, lower than the US proportion of 77.5 percent (Table 2.3). Prentiss County's base rate of female breast cancer deaths for years 2006 to 2010 is 28.5 per 100,000, which is the second highest in the service area and is well above the Healthy People 2020 target of 20.6. The county's increasing death rate trend of 2.3 percent per year is the highest trend in the service area (Table 2.1). Prentiss County's base rate of late-stage breast cancer incidence for years 2006 to 2010 is 39.8 per 100,000 cases. Although this rate is below the Healthy People 2020 target of 41.0 and the fourth lowest in the Komen North Mississippi service area, the late-stage incidence rate trend is increasing at 8.3 percent per year. Prentiss County is likely to continue to miss the Healthy People 2020 breast cancer death rate and late-stage incident rate targets (Table 2.7).

Conclusion

The target communities of Chickasaw, Clay, Oktibbeha, and Prentiss Counties are in the highest risk category for likely missing the Healthy People 2020 breast cancer targets. The characteristics of these communities are indicators of the barriers they face to reach the Healthy People 2020 targets. Issues such as availability of screening, diagnostic and treatment services and facilities will be explored further by the Health Systems Analysis.

Health Systems and Public Policy Analysis

Health Systems Analysis Data Sources

Susan G. Komen North Mississippi conducted an assessment of health systems in the four targeted communities that provide breast health services. The Affiliate completed a spreadsheet, organized by target community, listing breast health care providers and the services they provide after investigating several online health care sources. The online sites used to identify these health systems in the targeted communities include:

- US Food and Drug Administration (FDA)
- Centers for Medicare & Medicaid Services
- National Association of County & City Health Officials (NACCHO)
- US Department of Health & Human Services Health Resources and Services Administration (HRSA)
- National Association of Free & Charitable Clinics (NAFC)

Once health systems were identified, the Affiliate called each location to inquire about the direct services they provide, and responses were recorded on the spreadsheet. Breast screening services inventoried included mobile mammography, clinical breast exams, screening mammograms, and patient navigation. Diagnostic services inventoried were diagnostic mammogram, ultrasound, biopsy, MRI and patient navigation. Treatment services inventoried were chemotherapy, radiation, surgery, reconstruction and patient navigation. Support and Survivorship services inventoried included support groups, side-effect management, individual counseling or psychotherapy, exercise or nutrition programs, complementary therapies, financial assistance, end-of-life care, and legal services.

Additionally, quality of care was analyzed for each health system identified based on certifications and accreditations earned. The Affiliate searched the following online databases to document credentials on the spreadsheet:

- American College of Surgeons Commission on Cancer
- American College of Radiology Centers of Excellence
- American College of Surgeons National Accreditation Program for Breast Centers (NAPBC)
- National Cancer Institute Designated Cancer Centers

Once all data were collected, the Affiliate reviewed the findings using the continuum of care (CoC) diagram. Each target community was analyzed on a separate CoC diagram, and by labeling which services the target community had available on the diagram, gaps in care and barriers to service were identified.

Health Systems Overview

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

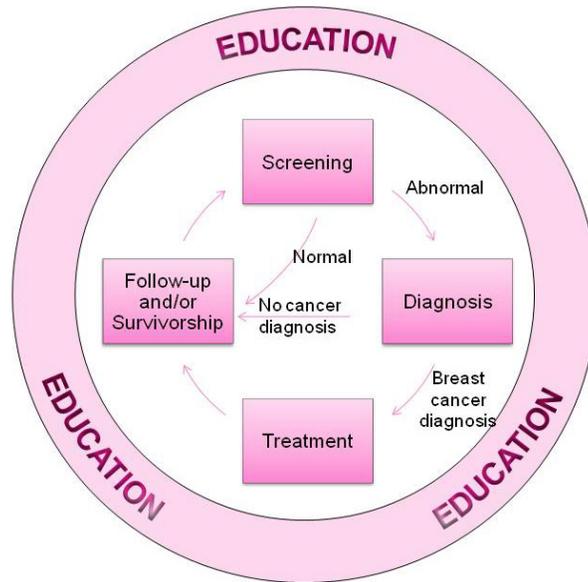


Figure 3.1. Breast Cancer Continuum of Care (CoC)

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

If a screening exam resulted in abnormal results, diagnostic tests would be needed, possibly several, to determine if the abnormal finding is in fact breast cancer. These tests might include a diagnostic mammogram, breast ultrasound or biopsy. If the tests were negative (or benign) and breast cancer was not found, she would go into the follow-up loop, and return for screening at the recommended interval. The recommended intervals may range from three to six months for some women to 12 months for most women. Education plays a role in communicating the importance of proactively getting test results, keeping follow-up appointments and understanding what it all means. Education can empower a woman and help manage anxiety and fear.

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

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

at a recommended interval after treatment ends, or for some, during treatment (such as those taking long-term hormone therapy).

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

Chickasaw County

There are two health care providers in Chickasaw County that provide breast health services: Trace Regional Hospital, located in Houston, Mississippi, and Access Family Health Services, located in Houka, Mississippi (Figure 3.2). Access Family Health Services provides clinical breast exams and refers women for mammograms, however the clinic has no other services to offer patients. Trace Regional Hospital provides clinical breast exams, screening mammograms, diagnostic mammograms, ultrasounds, and patient navigation for both screening and diagnostic services. It also has support groups and financial assistance for patients. The hospital does not provide any treatment services. Chickasaw County does not have a mobile mammography unit to serve its rural areas. The services provided by Trace Regional Hospital and Access Family Health Services are strengths of this target community, and the weaknesses include the services these providers do not offer.

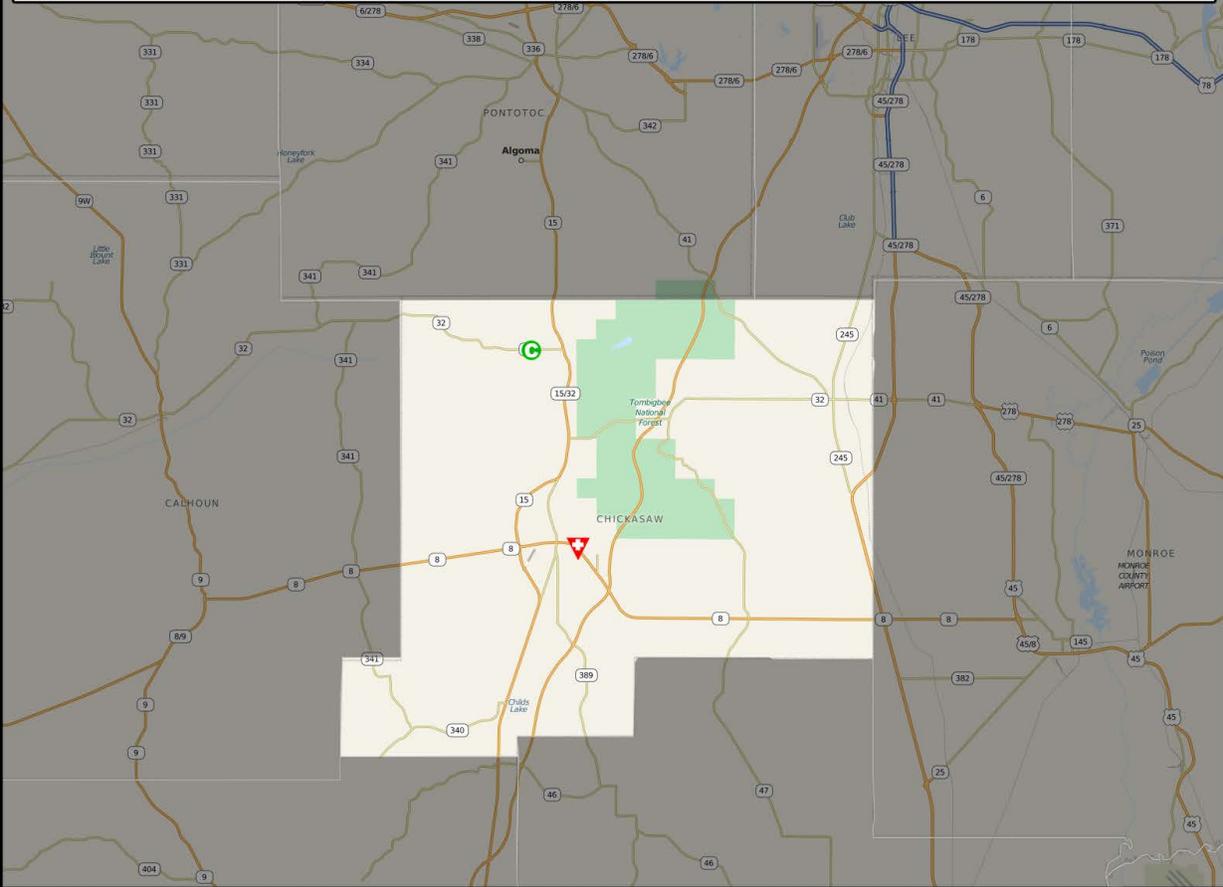
There are two entry points into the CoC for county residents, and there is screening available. However, mammography is only available in one town in the county, at Trace Regional Hospital. This is a barrier for women who may not have transportation to get to Houston for an annual mammogram. Additionally, the hospital is the only location that provides diagnostic services such as an ultrasound, but they do not provide biopsies or MRIs there. This would require a patient to seek further diagnosis and treatment elsewhere. Again, transportation can be a barrier for patients as well as other factors including time off from work, lack of childcare, and travel expenses.

Once a woman is diagnosed with breast cancer, she may reach out to a support group provided by Trace Regional Hospital, however, if she lives in another part of the county, she may be unable to travel to the meetings.

Over the years, Komen North Mississippi has supported organizations that targeted Chickasaw County residents through breast cancer programs. Some partners in the county include Access Family Health Services, Baptist Memorial Hospitals which is located outside the county in Columbus, MS, Sisters Network which is located outside the county in Tupelo, MS, Lift, Inc., located in Tupelo, North Mississippi Medical Center Breast Care Center, also located in Tupelo, and North Mississippi Medical Center West Point which is also located outside the county. These partnerships work together to increase access to and utilization of breast cancer services. Potential partnerships with which Komen North Mississippi could work to address needs include Trace Regional Hospital and Chickasaw County Health Department, which does not currently provide any breast health services.

Chickasaw County

 Hospital	 Community Health Center	 Other
 Free Clinic	 Department of Health	 Affiliate Office



Statistics

Total Locations in Region: 2

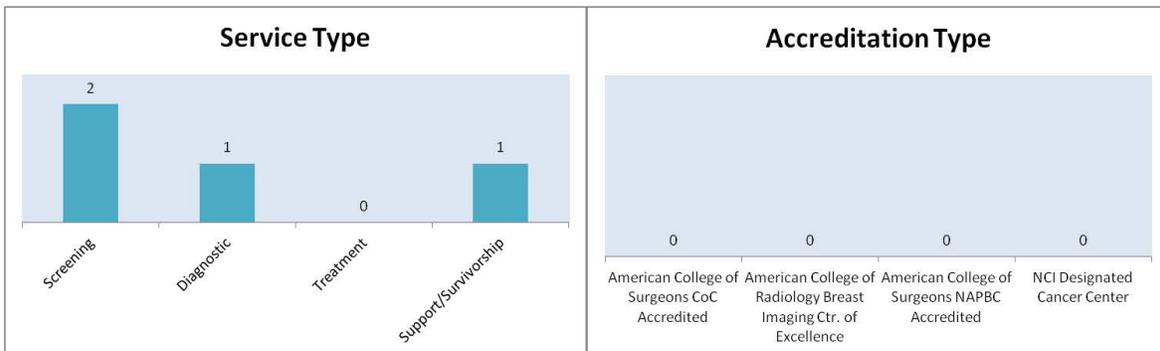


Figure 3.2. Breast cancer services available in Chickasaw County

Clay County

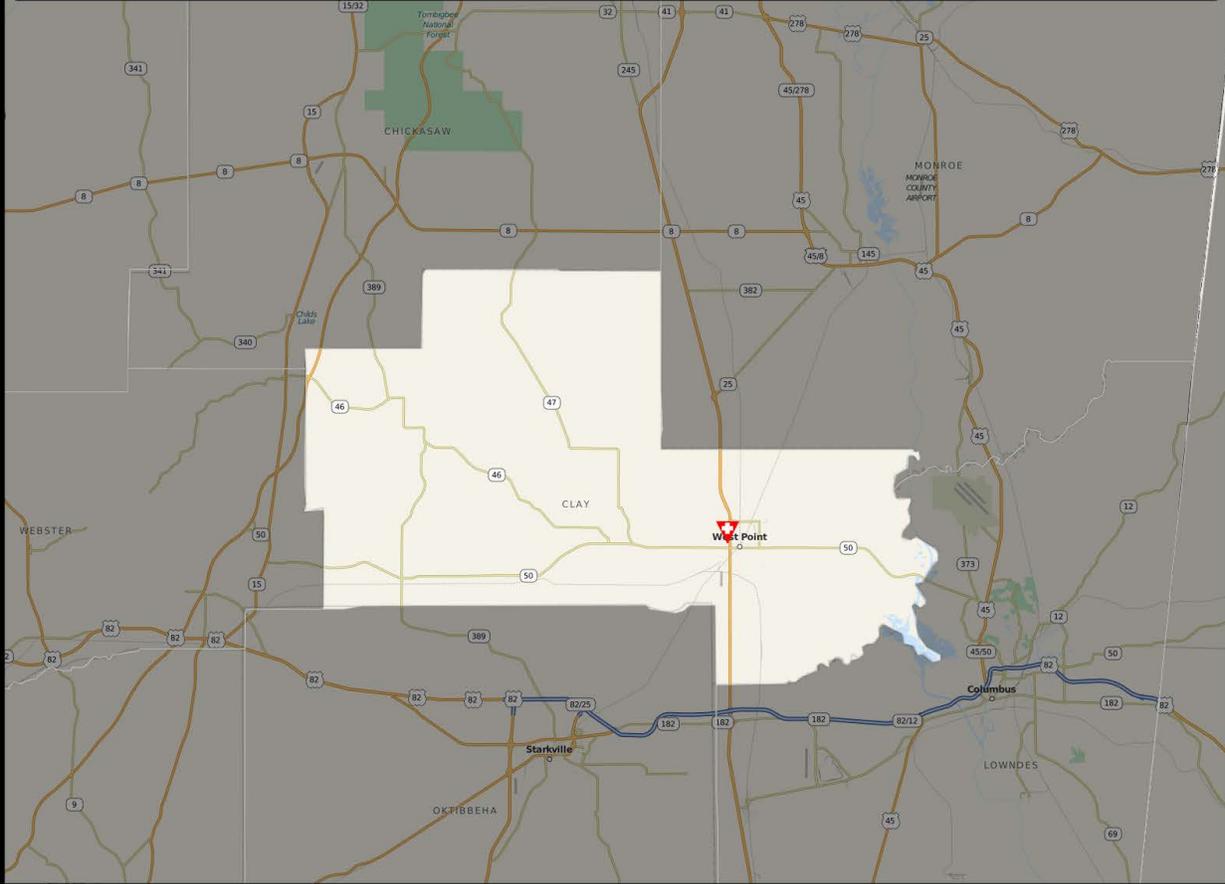
North Mississippi Medical Center in West Point, Mississippi, is the only location in Clay County that offers breast health services (Figure 3.3). This hospital provides screening and diagnostic mammograms, ultrasounds, biopsies, diagnostic patient navigation, and surgery. Additionally, it provides support groups and financial assistance to patients. These are all strengths for this target community.

There are no clinical breast exams or mobile mammography units provided in Clay County. The only way for a patient to enter into the CoC is through a mammogram at the hospital. From there, all diagnostic services are provided except for an MRI, however, surgery is the only option for treatment. A patient needing chemotherapy, radiation, or reconstruction would have to go elsewhere for those services. The hospital does provide support groups that would be of help to a newly diagnosed patient. These are weaknesses for this target community. Barriers for county residents include accessibility and transportation since this is the only location in the county. Time off from work, lack of childcare, and travel expenses could also be a barrier, especially when seeking treatment outside the county.

Over the years, Komen North Mississippi has supported organizations that targeted Clay County residents through breast cancer programs. Some partners in the county include Baptist Memorial Hospital located outside the county in Columbus, MS, North Mississippi Medical Center Breast Care Center, located outside the county in Tupelo, MS, and North Mississippi Medical Center West Point. These partnerships work together to increase access to and utilization of breast cancer services. Clay County Health Department is a potential partner with which Komen North Mississippi could work to address needs. The health department does not currently provide any breast health services.

Clay County

 Hospital	 Community Health Center	 Other
 Free Clinic	 Department of Health	 Affiliate Office



Statistics

Total Locations in Region: 1

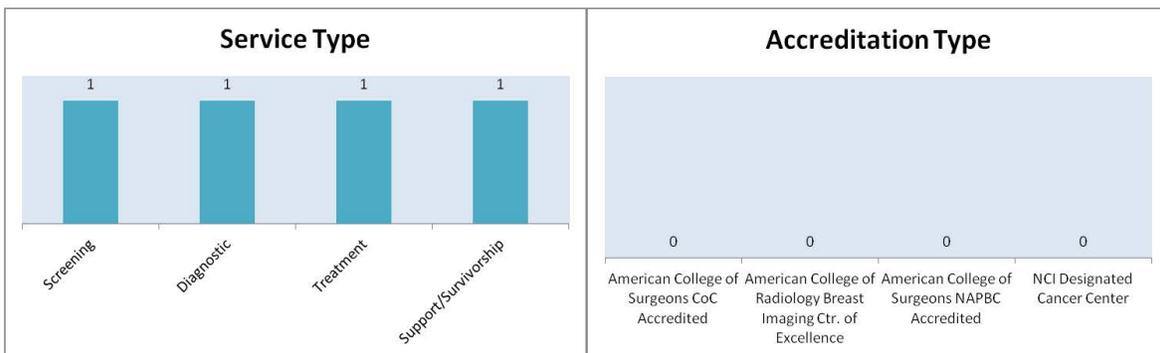


Figure 3.3. Breast cancer services available in Clay County

Oktibbeha County

There are three health care providers that provide breast health services in Oktibbeha County, all of which are located in Starkville, Mississippi: OCH Regional Medical Center- Center for Breast Health & Imaging, Oktibbeha County Health Department, and Oktibbeha Family Medical Center (Figure 3.4). The health department and the medical clinic only provide clinical breast exams. The Center for Breast Health & Imaging provides clinical breast exams, screening and diagnostic mammograms, ultrasounds, biopsies, and surgery. They do not have patient navigators and are not able to provide chemotherapy, radiation, or reconstructive surgery. They do, however, provide financial assistance to those in need. There is not a mobile mammography unit in Oktibbeha County. The services provided by these providers are strengths of this target community, and the weaknesses include the services these providers do not offer.

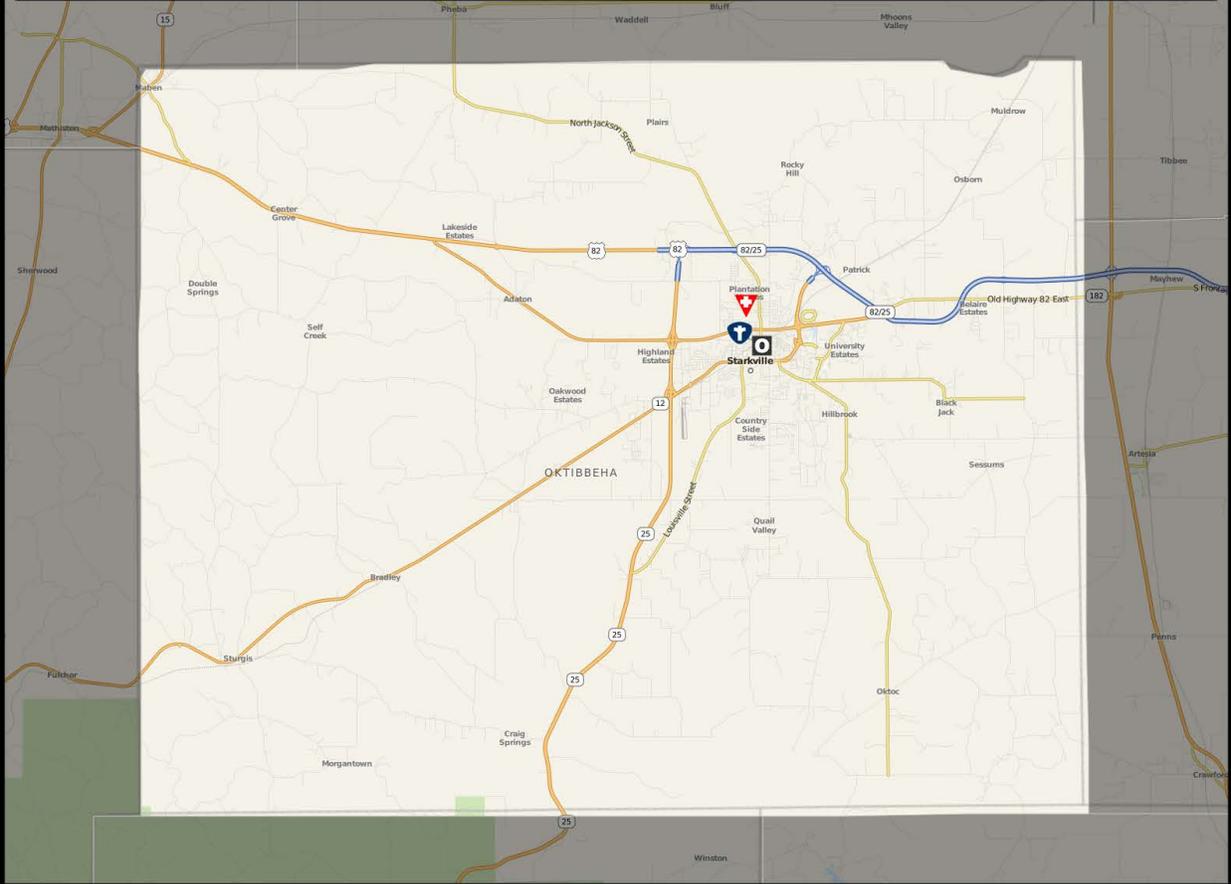
There are three locations for women to enter the CoC, however, with the lack of patient navigators, the likelihood of a woman continuing through all the steps of the CoC are unlikely. Although services are available for women to receive their annual mammograms, and diagnostic services are also available, with the exception of MRI, the only treatment option is surgery. A patient would need to seek chemotherapy, radiation, and reconstructive services elsewhere. No survivor support services such as support groups, counseling, therapy, side-effect management, legal services, or end-of-life care are available.

Since all providers are in Starkville, many women outside Starkville may have difficulty getting to the facilities. Additionally, if a patient needs chemotherapy, radiation, or reconstruction, she would need to travel outside the county to seek those services. This creates the burdens of travel expenses, transportation, lack of child care, and time off from work.

Baptist Memorial Hospital, located outside the county in Columbus, MS, and North Mississippi Medical Center Breast Care Center, located outside the county in Tupelo, MS, are current Komen North Mississippi partners that target Oktibbeha County residents through their breast cancer programs. These are key Mission related partnerships in place for Oktibbeha County where work can be enhanced to further meet the needs of residents. Potential partnerships with which Komen North Mississippi could work to address needs include OCH Regional Medical Center- Center for Breast Health & Imaging, Oktibbeha County Health Department, Oktibbeha Family Medical Clinic, and Mississippi State University.

OkTibbeha County

 Hospital	 Community Health Center	 Other
 Free Clinic	 Department of Health	 Affiliate Office



Statistics

Total Locations in Region: 3

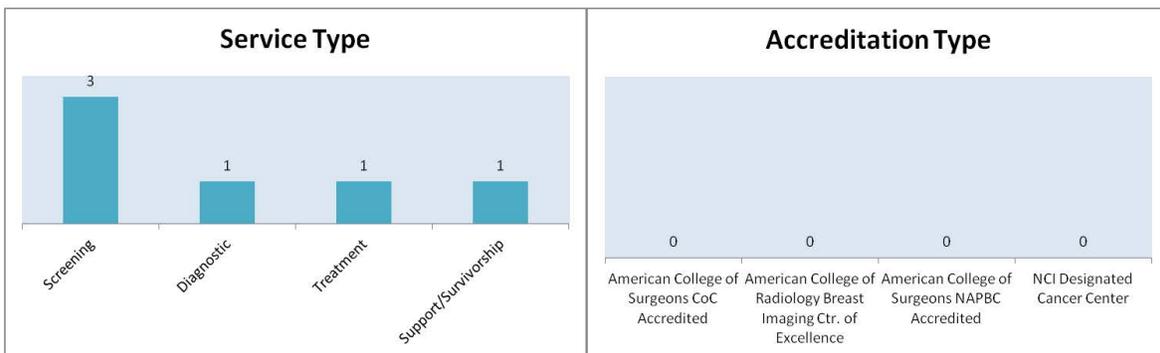


Figure 3.4. Breast cancer services available in OkTibbeha County

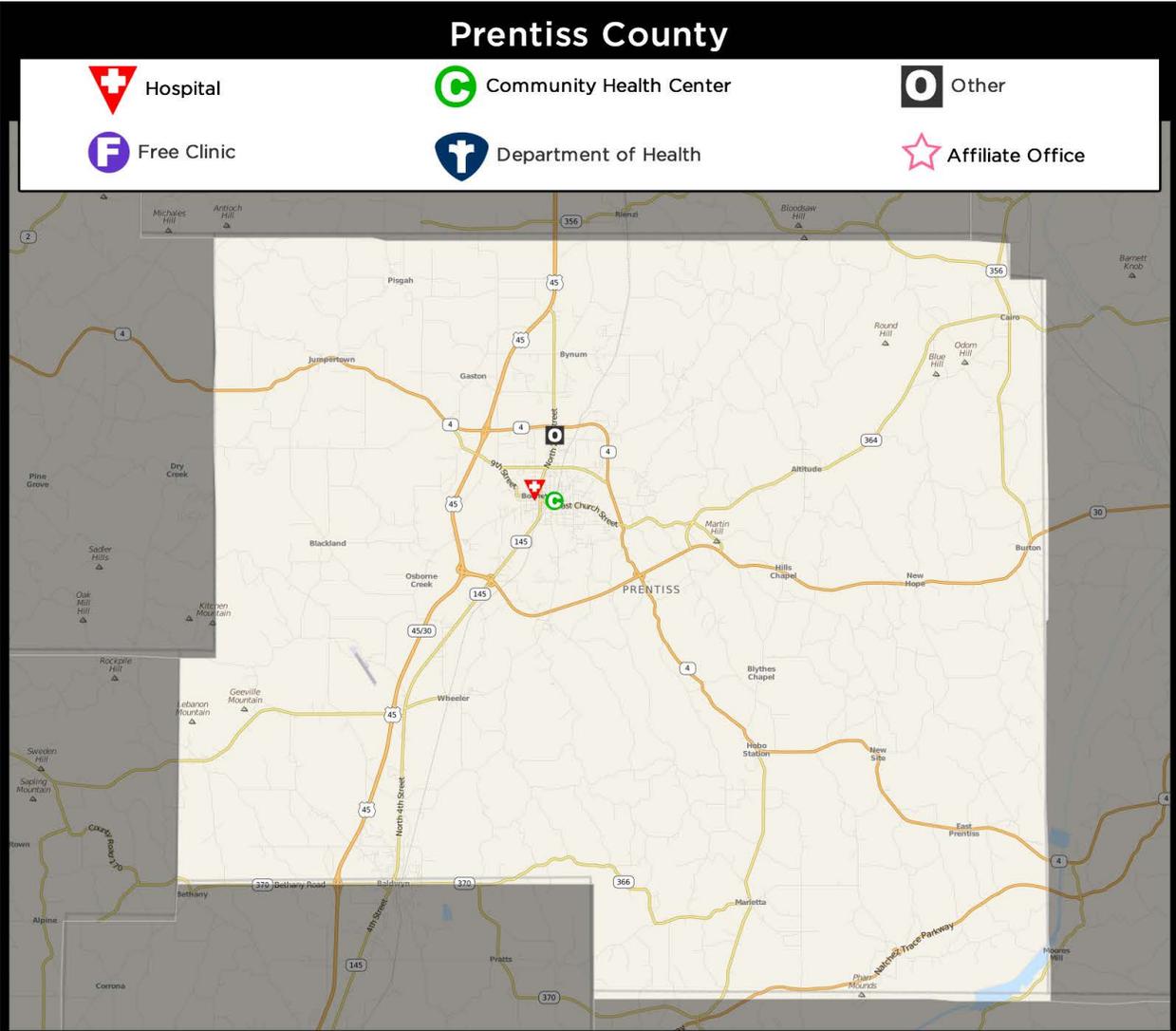
Prentiss County

There are three health care providers that provide breast health services in Prentiss County, all located in Booneville, Mississippi: Baptist Memorial Hospital-Booneville, Booneville Community Health Center, and the North Mississippi Medical Center's Mobile Mammography Unit that stops several times per year at the Booneville Medical Clinic (Figure 3.5). The health center only provides clinical breast exams. The hospital provides clinical breast exams, screening and diagnostic mammograms, ultrasounds, biopsies, MRIs, and patient navigation for screening, diagnostics, and treatment. The hospital also offers financial assistance, including support from Komen North Mississippi for breast cancer education and screening, and end-of-life care. The services provided by these providers are strengths of this target community, and the weaknesses include the services these providers do not offer.

Women may enter the CoC through the hospital, health center, or the mobile mammography unit. Because the hospital provides screening and diagnostic services coupled with patient navigation and surgery, patients are more likely in Prentiss County than the other target communities to stay in the CoC. If, however, a patient needs chemotherapy, radiation, or reconstruction, they will have to seek those services elsewhere. Additionally, there are no support groups, or other survivor services available such as side-effect management, counseling, therapy, or legal services.

Since both health care providers are located in Booneville, women from the rural parts of the county may be unable to receive services. Additionally, if a woman who is diagnosed with breast cancer needs chemotherapy, radiation, or reconstructive surgery, she will need to travel outside the county to do so. This creates other barriers such as time off from work, possibly lack of child care, transportation, and travel expenses.

Current Komen North Mississippi partners that target Prentiss County residents through breast cancer programs include Access Family Health Services, located outside the county in Smithville, MS, Baptist Memorial Hospitals, Magnolia Regional Health Center, located outside the county in Corinth, MS, and North Mississippi Medical Center Breast Care Center, located outside the county in Tupelo, MS. These are key Mission related partnerships in place for Prentiss County where work can be enhanced to further meet the needs of residents. Prentiss County Health Department and Booneville Medical Clinic, which do not currently provide any breast health services, are potential partners with which Komen North Mississippi could work to address needs.



Statistics

Total Locations in Region: 3

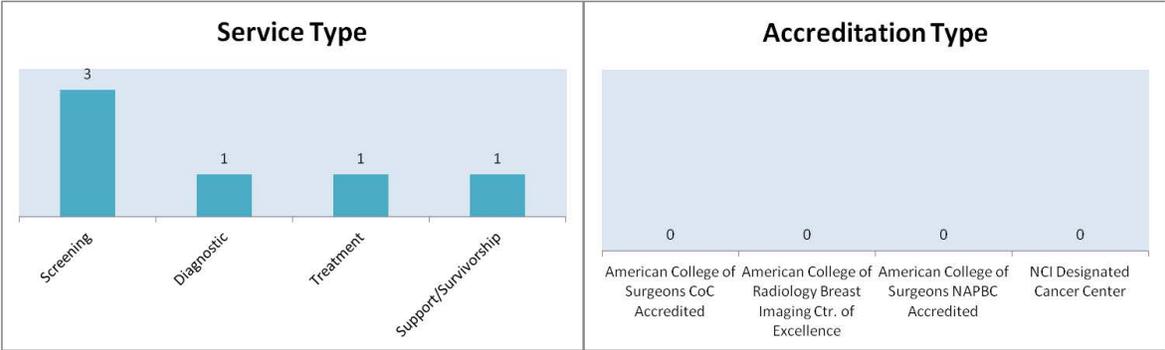


Figure 3.5. Breast cancer services available in Prentiss County

Public Policy Overview

National Breast and Cervical Cancer Early Detection Program

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) was created by Congress in 1990 to reduce deaths from breast and cervical cancer among underserved women. It is administered by the Center for Disease Control and Prevention (CDC) and brings screening, information, and follow-up services to women in 50 states, the District of Columbia, five US territories, and eleven American Indian/Alaska Native organizations. In 2000, Congress passed the Breast and Cervical Prevention and Treatment Act, which gives states the option to offer women who are diagnosed with cancer through NBCCEDP access to treatment through Medicaid. All 50 states and the District of Columbia have approved this option (Centers for Disease Control and Prevention [CDC], 2014a).

In Mississippi, this program is known as the Breast and Cervical Program (BCCP) and operates through the Mississippi Department of Health. It is funded with federal funds from the CDC and matching funds. The program provides breast and cervical cancer screening to eligible women and diagnostic follow-up tests for those with suspicious results (Mississippi Department of Health [MSDH], 2014a). Women who are diagnosed with breast or cervical cancer are enrolled for treatment in Mississippi Medicaid.

To be eligible for BCCP, a woman must be between 40 and 64, uninsured or underinsured, and have income at or below 250 percent of the Federal Poverty Level. Mammography screening is available through contracted providers to women between 50 and 64 years of age. Women 40 to 49 are eligible for screening mammograms when special funding is available. Special exceptions are available for women between the ages of 18 and 39. (MSDH, 2014a) Women must enroll in the program through their county health departments. Between 2008 and 2012, there were 21,124 mammograms provided by the program in Mississippi and 335 breast cancers were detected (CDC, 2014b).

Due to the rurality of the target communities and the exceptionally low number of BCCP participating providers, Susan G. Komen North Mississippi does not foresee any future partnership on the horizon. The Affiliate has been more effective in directing patients through the care continuum via grantees and patient assistance funds.

Mississippi Comprehensive Cancer Control Coalition

Since 1998, the CDC National Comprehensive Cancer Control (CCC) Program has worked to reduce the burden of cancer in the United States. This program works in every state to promote healthy lifestyles and cancer screenings, provide education, increase access to quality care, and enhance cancer survivors' quality of life (CDC, 2013). Mississippi's program was established in 2002 when the Mississippi State Department of Health received funding from the CDC (MSDH, 2014b).

The Mississippi Partnership for Comprehensive Cancer Control (MP3C) addresses the continuum of cancer control with an integrated and coordinated approach. It works to improve care along the continuum, from prevention and detection to treatment, survivorship, and end-of-life care (MSDH, 2014b). There are over 100 members of MP3C, spread over five regions in Mississippi. There are regional meetings and an annual statewide meeting to collaborate on cancer control efforts.

Breast cancer objectives of the MP3C include passing meaningful legislation that helps prevent cancer, educating the public on early detection, ensuring that adequate patient support services are available and accessible for cancer patients and their families, and instituting more effective health education policies in Mississippi's schools (MSDH, 2014b).

Susan G. Komen North Mississippi's board president is a member of MP3C along with several grantees. The Affiliate's executive director will join the MP3C, and the Affiliate will continue to explore opportunities to work to strengthen a relationship with this coalition.

Affordable Care Act

Since the implementation of the Patient Protection and Affordable Care Act (ACA), health care has changed to include expansion of covered services, inclusion of patients with pre-existing conditions, increased access to insurance coverage through Insurance Marketplaces, expanding eligibility for Medicaid to people with incomes up to 138 percent of the federal poverty level (Harrison, 2013), and other provisions for those with limited or no prior access to medical care.

The Supreme Court ruled in July 2012 that states have the option to expand Medicaid in their state (Narden, Zallman, McCormick, Woolhandler, & Himmelstein, 2013). The State of Mississippi has chosen not to expand Medicaid coverage at this time (Kaiser Family Foundation, 2014) due to the expense to the state (Harrison, 2013). This decision could change in the future if state legislators revisit the issue in future sessions. Prior to the ACA, an estimated 476,000 people in the State of Mississippi were uninsured. Now that the ACA is in place, it is estimated that it has dropped to 395,000 (Narden, Zallman, McCormick, Woolhandler, & Himmelstein, 2013).

One of the requirements of the ACA is that each state must have a health insurance marketplace by 2014. Options include exchanges for individuals, a Small Business Health Options Program (SHOP), or both (One, Mississippi). Mississippi has chosen to default to the Federally Facilitated Marketplace while offering a state-run SHOP exchange called One, Mississippi (National Conference of State Legislatures, 2014). Additionally, since 1991, Mississippi has had the Mississippi Comprehensive Health Insurance Risk Pool Association which offers insurance to high-risk individuals who were unable to obtain health insurance. This exchange will continue (National Conference of State Legislatures, 2014).

The ACA identifies breast cancer mammography screenings as free preventive services every one to two years for women over age 40 (HealthCare.gov). The Mississippi Breast and Cervical Cancer Early Detection Program (MSDH/BCCP) provides mammography to uninsured women ages 50 and older. When funding is available, women ages 40 to 49 may be eligible for mammograms (Mississippi State Department of Health). With the implementation of the ACA, more women ages 40 to 49 who were likely not covered by MSDH/BCCP will be eligible to receive mammography screenings. Although the ACA opens the door for those not previously insured to be insured, this does not guarantee individuals will benefit from it. Women will still have barriers such as access to services, limited health literacy, and distance to service locations. Many women who have never received mammogram services may not be aware of the importance to regularly be screened. To overcome these barriers, the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) is working to promote health education, providing quality assurance and improvement, and providing patient navigation and case

management for the newly insured (National Center for Chronic Disease Prevention and Health Promotion).

The ACA will lead to changes for health care providers. The new law emphasizes the importance of quality of care for patients in contrast to the amount of services provided (Hammerstrom, 2012). According to the ACA, the government can withhold Medicare and Medicaid payments from hospitals if many patients regularly need to be re-treated for ongoing illnesses. In order to remain in compliance, hospitals may require staff to follow up with patients to make sure prescriptions are filled and being taken according to instructions, and to schedule a checkup visit with the doctor (O'Brien, 2013). This will be advantageous for patients because it will reduce the likelihood of someone falling through the cracks in the continuum of care. It will also speed up the recovery process. These new processes will require physicians and other staff to spend more time keeping more accurate records, and possibly requiring additional staff to be hired.

Additionally, the law is requiring hospitals and doctors' offices to move to an electronic filing system to make record keeping more efficient and accessible throughout health systems. The cost of converting is a large expense and may lead smaller physician offices to close and hospitals to merge (O'Brien, 2013), limiting access to health care in some areas.

The expansion of Medicaid will mean that more people will be willing to visit the doctor when they are sick because they have coverage. Also, the addition of covered wellness visits under the ACA will mean more people will visit the doctor (O'Brien, 2013). These additional patient visits mean more illnesses and diseases, such as breast cancer, will likely be caught in earlier stages, be more easily treated, and lives will be saved.

Increased patient visits will require more physicians on staff to see them, but fewer people entering into that career (O'Brien, 2013). This shortage could increase wait times for patients to see doctors, surgeons and specialists, meaning delayed surgeries and treatments. This means that although a patient has entered into the continuum of care, it may take longer to move the patient from stage to stage.

Medicaid reimbursements are less than private insurance for doctors. These lower rates for more patients will wear on the health care landscape. Medical professionals may no longer desire or be able to pursue research to find cures, and the medical field may decrease due to legal expectations (Troy, 2012). All of these things limit access for patients and possibly stifle the progression of research for cures.

The implementation of the ACA will create more needs within Susan G. Komen North Mississippi's grant program. Merging of hospitals and retirement of physicians will cause a decrease in access to care. Since the service area is widely rural, this will create a need for services to be brought to the patient. Although newly covered individuals will now be able to receive mammography screening at no cost to them, they still may be unable to take advantage of this benefit due to distance to a facility, lack of transportation, or simply a lack of time in their schedule to keep an appointment, especially if the wait time is lengthy. Funding programs that incorporate mobile mammography units, transportation programs, and extended hours will likely allow the newly insured access to care. Additionally, programs that reach out to educate the newly insured on the need for breast cancer screening should become a priority.

Although the ACA mandates that mammography screening be a free wellness service covered by insurance and Medicaid, additional diagnostic services and treatments are not necessarily covered. The Affiliate can fill the gap by shifting the grant priorities to these services which ensures patients remain in the continuum of care.

Although newly insured individuals will now have coverage and access to care, there will still be those who will not. Many who earn too much to qualify for Medicaid but don't earn enough to afford insurance through the marketplace will opt to pay the penalty for carrying no insurance. These individuals will still need access to screening and will rely on breast cancer programs that provide mammography to uninsured individuals.

Susan G. Komen North Mississippi's Public Policy Activities

Susan G. Komen North Mississippi works closely with Susan G. Komen Headquarters to stay informed of the passing of legislation that affects the organization and its programs and services. Although the Affiliate does not have a staff person or board member designated as a public policy advocate, the executive director and board president keep board members informed of policies and opportunities to reach out to state and national legislators. The Affiliate also has a designated place on its website, www.komennorthms.org, where supporters of Susan G. Komen may register to become advocates of the cause.

Health Systems and Public Policy Analysis Findings

The four target communities of Chickasaw, Clay, Oktibbeha, and Prentiss Counties have similar gaps and barriers in the CoC. All counties have locations that offer clinical breast exams and mammograms, however, all counties, except Chickasaw County, only have services available in one town within the county. All counties except Prentiss County lack a variety of diagnostic screening options, limiting the ways breast cancer can be detected. None of the counties provide any treatment options beyond surgery (if available), so newly diagnosed patients would need to seek chemotherapy, radiation, and reconstruction services elsewhere. Few follow-up and survivorship programs beyond support groups and financial assistance are available. Additionally, not all locations had patient navigators, increasing the likelihood patients could fall out of the CoC between steps. All communities face the same barriers, including transportation, travel expenses, time off work, and lack of child care, due to the rurality of the counties and the need to travel outside the county for some diagnostic screenings and treatment beyond surgery.

Key partners identified in the target communities include Access Family Health Services, Baptist Memorial Hospitals, Lift, Inc., Magnolia Regional Health Center, North Mississippi Medical Center Breast Care Center, North Mississippi Medical Center West Point, and Sisters Network. Potential partners the Affiliate may consider collaborating with to meet needs in the communities include Trace Regional Hospital, Chickasaw County Health Department, Clay County Health Department, OCH Regional Medical Center- Center for Breast Health & Imaging, Oktibbeha County Health Department, Oktibbeha Family Medical Clinic, Mississippi State University, Prentiss County Health Department, and Booneville Medical Clinic. Collaborating with both key partners and potential partners will allow Komen North Mississippi to come closer to closing the gaps in the CoC in the future.

Although mammography is now a required covered service under the Affordable Care Act, many further diagnostic screenings and treatments may not be covered, so many women may

still be unable to afford additional screenings and care that they need. Many women will also remain uninsured due to the cost of purchasing insurance, so there will still be those who seek coverage for screening through Komen community grants, patient assistance funds, and the National Breast and Cervical Cancer Early Detection Program.

Susan G. Komen North Mississippi works with Susan G. Komen Headquarters to stay informed about breast cancer legislation so that the Affiliate can take the right measures to encourage lawmakers to make wise decisions for the cause. The Affiliate executive director will join the Mississippi Comprehensive Cancer Control Coalition to connect and build relationships with similar organizations in the state. These relationships will lay the groundwork for future collaborations to further identify and bridge gaps in Mississippi's CoC.

Qualitative Data: Ensuring Community Input

Qualitative Data Sources and Methodology Overview

Methodology

After the quantitative data were analyzed by Komen North Mississippi, key questions arose about the target communities and the barriers preventing residents from receiving breast health care. Key variables included messaging of the importance of getting screened, access to care, and the ability to stay in the continuum of care.

Komen North Mississippi chose to conduct surveys and document reviews to answer the key questions. Surveys were chosen as a method to gather data because they allowed the Affiliate to understand the beliefs and attitudes of the residents as well as their needs and barriers to care. This method was able to be done quickly at minimal cost to the Affiliate while maintaining anonymity of the individuals participating. Document review was chosen as a supporting method to gather data because it utilized information that is readily available and validated data already collected. It was also a cost-effective and time efficient method for the Affiliate.

Komen North Mississippi worked with several organizations to conduct the surveys including the Mississippi State Department of Health and Komen North Mississippi Grantees located in the target communities.

The Mississippi State Department of Health in districts two and four were contacted for permission to place the surveys in the county health departments of the target communities. Once the surveys were approved, the Komen North Mississippi provided a survey kit to the district nurses to place in the county health departments. The kit included print surveys, a sign with information about the Komen North Mississippi and the purpose of the survey, pens, and a box for collection of the completed surveys. Once the survey period had ended, the Komen North Mississippi collected the kits from the district nurses and from some of the county health departments directly.

Komen North Mississippi grantees that conducted surveys included Access Family Health Services in Houka, Mississippi, North Mississippi Medical Center West Point in West Point, Mississippi, and Baptist Memorial Hospital in Booneville, Mississippi. Komen North Mississippi contacted the grantees to ask for their assistance in conducting the surveys at their locations in the target communities. Once approved, surveys were electronically sent to the locations, and hard copies were created at the facilities for use. Once the survey period had ended, the completed surveys were returned to the Affiliate electronically, by mail, and by hand.

Komen North Mississippi also placed the survey online through Survey Monkey. A link to the survey was emailed out to residents of the target communities using email data bases from the Affiliate and the North Mississippi Medical Center Spirit of Women. The link was also shared on the Affiliate's Facebook page.

Once the surveys were collected, results were sorted by target community and analyzed by the Komen North Mississippi. Answers for each question were coded and categorized by theme to

help the Affiliate understand the needs and barriers the residents of each target community have.

Komen North Mississippi conducted a document review to further discover attitudes and beliefs of the residents of the target communities. The Affiliate searched the online archives of local newspapers of the target communities, and articles were found in the Daily Journal and The Chickasaw Journal that provided insight to the attitudes of breast cancer survivors in the target communities and services offered. Additionally, the Affiliate used the search engine Google Scholar to locate studies conducted using focus groups and qualitative data reports of Black/African-American women, specifically in the rural South. Once the documents were reviewed, Komen North Mississippi completed a review form for each document to analyze the important information pulled from each one. Themes emerged that supported additional information in the surveys and tied in with the quantitative data.

Sampling

Komen North Mississippi chose to use convenience sampling by choosing individuals that were easy to reach in a short period of time. When evaluating available resources and established relationships, this technique was the most feasible for the Affiliate to use. Medical professionals associated with the cooperating organizations understood the importance of the data collection and were willing to help facilitate the surveys and return them to the Affiliate. Additionally, snowball sampling was used due to the online survey being shared with individuals' family and friends on social media and by forwarding emails. This gave the Affiliate the ability to reach out to individuals with which it did not have a relationship.

The populations of interest that Komen North Mississippi was targeting with the surveys were residents of Chickasaw, Clay, Oktibbeha and Prentiss Counties. The individuals who completed paper surveys were women who frequented county health departments and rural health facilities. Those who completed online surveys were women who have a relationship with the Affiliate either as a Race for the Cure participant, volunteer, donor, or who follow the Affiliate on Facebook. Online survey participants could also have been women who have a relationship with the North Mississippi Medical Center Spirit of Women who have been the recipients of breast cancer awareness messages through that program. One of the questions on the survey was for the participant to indicate in which target community they live. Surveys that did not have an answer or had an answer that was not one of the target communities listed was discarded from the analysis.

Because women of all ages have a variety of breast health needs, Komen North Mississippi included a variety of questions for different phases of breast health continuum of care on the survey. Participants were asked questions about breast cancer awareness messaging and education, where they go for breast health care, what types of services they have or have not received, what they would need to receive further treatment and care if needed, along with survivor needs after diagnosis. This allowed the Affiliate to see what barriers, beliefs, and needs women in the target communities have no matter their age.

Ethics

Komen North Mississippi took several measures to protect the sources of the surveys by handling consent, anonymity, and confidentiality issues.

Survey kits for print surveys included a sign for display that supplied information about the Affiliate’s need to assess its service area and asked for participants in the survey. Surveys were not required to be completed by any patients or employees of the health departments or rural health care facilities. Individuals consented to participating in the survey when they submitted their completed survey. Residents of the target communities who received the survey link via email and through social media received information in the email and on the post requesting their help to complete the Affiliate’s service area assessment. Individuals consented to participating in the survey when they submitted their survey online.

The surveys did not require any personal information that would divulge the identity of any individual participating in the survey, and the online surveys received were not tracked from individual email addresses or social media accounts. Because identifying information was not included in the surveys, and the surveys were handled by organizations under HIPAA regulations, all surveys were kept confidential. Additionally, electronic surveys were transmitted through secure sites. Komen North Mississippi securely stored all submitted surveys whether or not they were used for the assessment.

Qualitative Data Overview

The data collection format Komen North Mississippi used for each target community was both a print survey and an online survey. Print surveys were available to residents at strategic locations within each of the target communities (Table 4.1). Online surveys were emailed to residents of each target community that were in Komen North Mississippi and the North Mississippi Medical Center Spirit of Women databases. Additionally, the online survey was available to target community residents who followed Komen North Mississippi on Facebook. The surveys consisted of seven open-ended questions and three closed-ended questions. The print surveys allowed the Affiliate to reach out to residents who may not have access to the internet and those residents who were not in the databases. The Affiliate chose to use Survey Monkey to manage the online survey because it was easy to use at no cost to the Affiliate. Additionally, it allowed the survey to be shared not only with individuals the Affiliate had access to, but also to friends and acquaintances of the Affiliate’s contacts due to social media sharing and forwarding of emails. A total of 133 surveys were completed (Table 4.3).

Table 4.1. Location of print surveys in target communities

Target Community	Locations	
Chickasaw County	Chickasaw County Health Department (Houston, MS)	Access Family Health Services (Houlka, MS)
Clay County	Clay County Health Department (West Point, MS)	North Mississippi Medical Center West Point (West Point, MS)
Oktibbeha County	Oktibbeha County Health Department (Starkville, MS)	
Prentiss County	Prentiss County Health Department (Booneville, MS)	Baptist Memorial Hospital (Booneville, MS)

Another data collection format the Affiliate used for each target community was document review. The Affiliate utilized local newspaper archives and Google Scholar to find publications discussing attitudes and beliefs about breast health (Table 4.2). Additionally, some of the

documents identified community programs available that help fill the gaps in the continuum of care. These documents were easily accessible, both online and in print, and cost-effective for the assessment. A total of six documents were reviewed (Table 4.3).

Table 4.2. Document review resources used for each target community

Chickasaw County	Clay County	Oktibbeha County	Prentiss County
Daily Journal articles	Family and Community Health article	Family and Community Health article	Daily Journal article
Chickasaw Journal article	Journal of Health Care for the Poor and Underserved article	Journal of Health Care for the Poor and Underserved article	Journal of Public Health Management & Practice article

Table 4.3. Number of surveys and document reviews completed by target community

Target Community	Number of Completed Surveys	Number of Documents Reviewed
Chickasaw County	39	3
Clay County	28	2
Oktibbeha County	9	2
Prentiss County	57	2

Chickasaw County

When the Affiliate analyzed the survey results, similar issues and topics were mentioned in the survey responses. These issues were highlighted and categorized into themes that helped the Affiliate gain an understanding of the issues in Chickasaw County including limited access to care, financial needs, and the importance of educating women about breast cancer.

Forty-one percent of the survey participants identified breast cancer as an important health problem in the community. Additionally, 69.0 percent indicated that more breast cancer education, awareness, and reminders are needed to ensure breast health messages and services get to the women that need them. Suggestions included “I think community awareness type meetings talking about these type of things would help people be aware of their options” and “hospitals and clinics could hold gatherings in town for women to come together and talk about the importance of breast exams and regular checkups.” Other suggestions to keep the community reminded of the importance of breast health were to have health fairs, send reminder letters, and place flyers throughout the community. Moreover, 10.0 percent of survey participants indicated that they would need a reminder, more information about screening, or someone explaining to them the importance of getting screened to continue to have their clinical breast exam or mammogram annually.

Sixty-four percent of survey participants indicated that they go outside Chickasaw County to receive breast health services while 18.0 percent indicated that they do not receive care. When asked for suggestions that would make it easier for them to access a provider for a clinical breast exam or mammogram, over a third responded with suggestions for local providers, having a mobile mammography unit visit the community, and getting screened without the requirement of a doctor visit or getting a doctor’s order for the screening. The Quantitative Data Report showed that Chickasaw County is 85.3 percent rural, and there are limited locations for

care. Those locations are also limited in the services they provide; therefore, unless residents can travel outside the county for care, they likely don't receive breast health care.

Twenty-one percent of survey participants indicated that free services, lower costs, and affordable insurance would make it easier for them to access a provider for a clinical breast exam or mammogram. Additionally, these were the same responses for 36.0 percent of participants when asked what would need to happen for them to continue to be screened annually. Eighteen percent of participants said that lack of funds and insurance would prevent them from receiving follow-up care if they had an abnormal mammogram. The Quantitative Data Report indicated that 24.9 percent of the people in Chickasaw County live below the poverty level, and 23.6 percent of those ages 40 to 64 have no insurance. Although the Affordable Care Act now requires screening mammograms to be covered under insurance policies, many residents cannot afford health insurance. Those who do have insurance still may not be able to receive follow-up care if they have an abnormal mammogram because their insurance may not cover diagnostic services and treatments.

The Affiliate utilized local newspaper archives to find articles in the Daily Journal and the Chickasaw Journal to uncover attitudes and beliefs of residents in Chickasaw County in relation to breast health. An article in the Chickasaw Journal showed that encouragement from friends tends to persuade individuals to take action. Jan Cooper was urged by her friends to make an appointment with her nurse practitioner after a lump continued to grow in her breast (Ingram, 2014). The decision to go saved her life, and again, friends were active in recommending a surgeon once she was diagnosed. An article in the Daily Journal indicated that many women living in rural areas have trouble accessing mammograms because mammography equipment is usually only offered at large, medical facilities (Brock, 2014). It also indicated that the North Mississippi Medical Center has a mobile mammography unit that allows patients to choose to be screened without a doctor's order. The unit travels to rural locations throughout North Mississippi, however, it does not currently visit Chickasaw County. An article in the Daily Journal indicated that an organization called Sisters Network can help fill the gaps in the continuum of care by paying for mammograms for those who don't have insurance (Morris, 2014). Additionally, they provide monthly support meetings which is a comfort to those who have been diagnosed.

Common findings for Chickasaw County between the surveys and the document reviews included limited access to care for residents and the need to educate women of the importance of breast cancer screening.

Clay County

When the Affiliate analyzed the survey results, similar issues and topics were mentioned in the survey responses. These issues were highlighted and categorized into themes that helped the Affiliate gain an understanding of the issues in Clay County including limited access to care, financial needs, and the importance of educating women about breast cancer.

Sixty-one percent of the survey participants identified breast cancer as an important health problem in the community. Additionally, 79.0 percent indicated that more breast cancer education, awareness, and reminders are needed to ensure breast health messages and services get to the women that need them. Suggestions included, "mail out notices each year of times and places they can have examinations," and "put more funds in local news on awareness

and opportunities to get coverage for those services.” Other suggestions to keep the community reminded of the importance of breast health was to have health fairs, send reminder letters, and place flyers throughout the community.

About a third of survey participants said that they receive breast health services inside Clay County, and another third said they receive services outside the county. Fourteen percent said they do not receive breast health care at all. Eighteen percent of survey participants indicated that access to care would make it easier for them to receive a clinical breast exam or mammogram. Suggestions included better hours for working women, clinics opening once a month on a Saturday for those who cannot take off work, and ensure hospitals and health departments can provide the services needed. Komen North Mississippi concluded that access to care is a challenge for residents of Clay County. The only facility in Clay County that provides breast health care is at North Mississippi Medical Center West Point, however, the only treatment they offer is surgery, so patients would need to seek services beyond surgery outside of Clay County. One breast cancer survivor said, “I wish we had a facility that had a breast specialist, chemotherapy and radiation under one roof.”

Of individuals ages 40 to 64 in Clay County, 21.8 percent have no health insurance, and Clay County’s unemployment percentage is at 18.1 percent, substantially higher than any other county in Komen North Mississippi. Twenty-five percent of survey participants indicated that free or low-cost services were needed to make sure women get the breast health services they need. Twenty-one percent gave financial reasons such as needing to keep their insurance, having money to pay for services, and affordable costs as what would need to happen for them to continue to have their annual screenings.

The Affiliate utilized Google Scholar to find studies and qualitative data reports to uncover attitudes and beliefs of residents of Black/African-American women in the rural South in relation to breast health. Clay County is 60.8 percent Black/African-American and has the largest Black population in Komen North Mississippi. In the document “Knowledge, Attitudes, and Practices of Underserved Women in the Rural South toward Breast Cancer Prevention and Detection,” Black/African-American women in the rural South are identified as having little understanding of treatment options and perceived screening in a negative way (2009). Additionally, in the document “Breast Cancer Fatalism: The Role of Women’s Perceptions of the Health Care System,” Black/African-American women were more likely to have a fatalistic attitude toward breast cancer. They are more likely to think that even if found early, breast cancer cannot be cured and that enduring treatments for breast cancer is worse than living with the disease untreated (2008).

Common findings for Clay County between the surveys and the document reviews were the need to educate women of the importance of breast cancer screening and of places they can access quality care.

Oktibbeha County

When the Affiliate analyzed the survey results, similar issues and topics were mentioned in the survey responses. These issues were highlighted and categorized into themes that helped the Affiliate gain an understanding of the issues in Oktibbeha County including limited access to care, financial needs, and the importance of educating women about breast cancer.

Seventy-eight percent of the survey participants identified breast cancer as an important health problem in the community. Additionally, 78.0 percent indicated that more breast cancer education, awareness, and reminders are needed to ensure breast health messages and services get to the women that need them. Suggestions included, “offer more community (free) meetings,” and “share through organizations and clinics.”

Twenty-two percent of survey participants said that they receive breast health services inside Oktibbeha County, and 56.0 percent said they receive services outside the county. Answers provided as to where surveyors go to receive breast health services included Baptist Memorial Hospital- Golden Triangle in Columbus, Mississippi, North Mississippi Medical Center West Point, and The Imaging Center in Tupelo, Mississippi.

Thirty-four percent of Oktibbeha County residents live in poverty, the largest of all the other counties in Komen North Mississippi. Additionally, the county’s unemployment percentage is at 12.7 percent which is also among the highest in the service area. Thirty-three percent of survey participants indicated that free or low-cost services were needed to make sure women get the breast health services they need. Thirty-three percent gave financial reasons such as lower costs of services, lower insurance deductibles, and the continuation of wellness screenings under insurance as what would need to happen for them to continue to have their annual screenings.

The Affiliate utilized Google Scholar to find studies and qualitative data reports to uncover attitudes and beliefs of residents of Black/African-American women in the rural South in relation to breast health. Oktibbeha County is 40.0 percent Black/African-American. In the document “Knowledge, Attitudes, and Practices of Underserved Women in the Rural South toward Breast Cancer Prevention and Detection,” Black/African-American women in the rural South are identified as having little understanding of treatment options and perceived screening in a negative way (2009). One survey participant’s comments supported this viewpoint by saying that “a lot of women are afraid mammograms are painful.” Additionally, in the document “Breast Cancer Fatalism: The Role of Women’s Perceptions of the Health Care System,” Black/African-American women were more likely to have a fatalistic attitude toward breast cancer. They are more likely to think that even if found early, breast cancer cannot be cured and that enduring treatments for breast cancer is worse than living with the disease untreated (2008).

Common findings for Oktibbeha County between the surveys and the document reviews included limited access to care for residents and the need to educate women of the importance of breast cancer screening.

Prentiss County

When the Affiliate analyzed the survey results, similar issues and topics were mentioned in the survey responses. These issues were highlighted and categorized into themes that helped the Affiliate gain an understanding of the issues in Prentiss County including limited access to care, financial needs, and the importance of educating women about breast cancer.

Fifty-three percent of the survey participants identified breast cancer as an important health problem in the community. Additionally, 54.0 percent indicated that more breast cancer education, awareness, and reminders are needed to ensure breast health messages and services get to the women that need them. Suggestions included “publicly announce when and

where breast exams can be done at no cost to those who need them,” and “continue with community events.” Other suggestions to keep the community reminded of the importance of breast health was to educate in the places that women visit most (salons, church, nail care area, mall), advertise on television due to the high rate of stay-at-home moms, and post flyers locally. Moreover, 19.0 percent of survey participants indicated that they would need a reminder, more information about screening, or someone explaining to them the importance of getting screened to continue to have their clinical breast exam or mammogram annually.

Thirty-nine percent of survey participants indicated that they go outside Prentiss County to receive breast health services while 11.0 percent indicated that they do not receive care. When asked for suggestions that would make it easier for them to access a provider for a clinical breast exam or mammogram, 23.0 percent responded with suggestions for more local providers, providers who will stay open for extended hours for those who work, and having a mobile mammography unit visit the community. The Quantitative Data Report showed that Prentiss County is 76.1 percent rural, and there are limited locations for care. Those locations are also limited in the services they provide, therefore unless residents can travel outside the county for care, they likely don't receive breast health care.

Fourteen percent of survey participants indicated that free services, lower costs, and affordable insurance would make it easier for them to access a provider for a clinical breast exam or mammogram. Additionally, these were the same responses for 16.0 percent of participants when asked what would need to happen for them to continue to be screened annually. Twelve percent of participants said that lack of funds and insurance would prevent them from receiving follow-up care if they had an abnormal mammogram. The Quantitative Data Report indicated that 22.6 percent of the people in Prentiss County live below the poverty level, and 20.0 percent of those ages 40 to 64 have no insurance. Additionally, Prentiss County is 100 percent in a medically underserved area. Although the Affordable Care Act now requires screening mammograms to be covered under insurance policies, many residents cannot afford health insurance. Those who do have insurance still may not be able to receive follow-up care if they have an abnormal mammogram because their insurance may not cover diagnostic services and treatments.

The Affiliate utilized Google Scholar to find a qualitative data report to uncover attitudes and beliefs of residents of rural women in relation to breast health. The Affiliate utilized a local newspaper archive to find an article in the Daily Journal to identify community programs available that help fill the gaps in the continuum of care. The document titled “Trends in Cervical and Breast Cancer Screening Practices among Women in Rural and Urban Areas of the United States” indicates that older, low-income women are less likely to get screened than their urban counterparts (2009). An article in the Daily Journal indicated that many women living in rural areas have trouble accessing mammograms because mammography equipment is usually only offered at large, medical facilities (Brock, 2014). It also indicated that the North Mississippi Medical Center has a mobile mammography unit that allows patients to choose to be screened without a doctor's order. The unit travels to rural locations throughout North Mississippi, however, it does not regularly visit Prentiss County.

Common findings for Prentiss County between the surveys and the document reviews included limited access to care for residents and the need to educate women of the importance of breast cancer screening.

Qualitative Data Findings

Limitations of the Qualitative Data

Although the process of gathering qualitative data can be enlightening, it is limited as to how it can be relied upon as a true reflection of the target community. Komen North Mississippi chose surveys and document reviews as methods to collect qualitative data. Surveys can reach a large number of people over a short period of time, and they tend to create a way for participants to comfortably respond with anonymity. They are limited in that there is no chance to clarify questions and answers, which leads to difficulty identifying themes from responses. Additionally, response rates can be below expectations. Document reviews are inexpensive and readily available for analysis, however, it may be difficult to find articles that specifically address the target communities. Information can also be inaccurate and biased.

The sampling techniques used by the Affiliate were convenience sampling and snowball sampling. Convenience sampling is inexpensive and easy to access, however, it can be biased causing an inaccurate picture of the population. Snowball sampling potentially reaches individuals and groups of people that are unable to be reached or are not associated with the party conducting the survey, although knowing if the sample is a true reflection of the population is not possible.

The data sources themselves are limited. Survey participants may have trouble understanding the questions, expressing their points of view clearly and thoroughly, and answering questions in the appropriate way. Additionally, not all participants answer all questions on the survey, and sometimes their responses are not legible for reviewers. Participants may also provide answers that they think the reviewers want to see instead of providing their personal points of view.

Chickasaw County

The qualitative data highlighted themes that tied in with the Quantitative Data Reports and the Health Systems and Public Policy Analysis including access to care, financial needs, the importance of educating women about breast cancer, and filling the gaps in the continuum of care. Common findings for Chickasaw County between surveys and the document reviews included limited access to care for residents and the need to educate women of the importance of breast cancer screening. The surveys and document reviews provided Komen North Mississippi potential ways to increase screening percentages and lower death rates in Chickasaw County by: increasing breast cancer awareness education through community events and discussions; collaborating and potentially funding a mobile mammography unit several times a year; and by funding programs that will offer free screenings, diagnostic testing, and access to follow-up care. Additionally the Quantitative Data Report showed that 28.2 percent of the population of Chickasaw County has less than a high school education. This led the Affiliate to conclude that the need for verbal breast cancer awareness opportunities, publicity, and community events would be effective in encouraging women to openly discuss breast cancer with others and get screened regularly.

Clay County

The qualitative data highlighted themes that tied in with the Quantitative Data Reports and the Health Systems and Public Policy Analysis including access to care, financial needs, and the

importance of educating women about breast cancer. Common findings for Clay County between the surveys and the document reviews were the need to educate women of the importance of breast cancer screening and of places they can access quality care. The surveys and document reviews provided Komen North Mississippi potential ways to increase screening percentages and lower death rates in Clay County by: increasing breast cancer awareness through community education and health fairs; funding programs that provide screenings during extended hours for working residents; and by funding programs that will offer free screenings, diagnostic testing, and access to follow-up care. Additionally, 79.0 percent of survey participants indicated that more breast cancer education and awareness are needed to ensure breast health messages and services get to the women who need them. This led the Affiliate to conclude that correct messaging to women, especially the Black/African-American population in Clay County, is vital to helping them understand the importance of early detection and where to go to get screened.

Oktibbeha County

The qualitative data highlighted themes that tied in with the Quantitative Data Reports and the Health Systems and Public Policy Analysis including access to care, financial needs, and the importance of educating women about breast cancer. Common findings for Oktibbeha County between the surveys and the document reviews included limited access to care for residents and the need to educate women of the importance of breast cancer screening. The surveys and document reviews provided Komen North Mississippi potential ways to increase screening percentages and lower death rates in Oktibbeha County by: increasing breast cancer awareness through community educational events, and funding programs that will offer free screenings, diagnostic testing, and access to follow-up care. Additionally, 78.0 percent of survey participants indicated that more breast cancer education and awareness are needed to ensure breast health messages and services get to the women who need them. This led the Affiliate to conclude that frequent, correct messaging to women, especially the Black/African-American population in Oktibbeha County, is vital to helping them understand the importance of early detection and where to go to get screened.

Prentiss County

The qualitative data highlighted themes that tied in with the Quantitative Data Reports and the Health Systems and Public Policy Analysis including access to care, financial needs, the importance of educating women about breast cancer, and filling the gaps in the continuum of care. Common findings for Prentiss County between the surveys and the document reviews included limited access to care for residents and the need to educate women of the importance of breast cancer screening. The surveys and document reviews provided Komen North Mississippi potential ways to increase screening percentages and lower death rates in Prentiss County by: increasing breast cancer awareness education through community events and publicity; collaborating and potentially funding a mobile mammography unit several times a year, and by funding programs that will offer free screenings, diagnostic testing, and access to follow-up care. Additionally, 54.0 percent of survey participants indicated that more breast cancer education, awareness, and reminders are needed to ensure breast health messages and services get to the women that need them. This led the Affiliate to conclude that the need for publicity and community events would be effective in encouraging and reminding women to get screened regularly.

Mission Action Plan

Breast Health and Breast Cancer Findings of the Target Communities

Chickasaw County

The quantitative data for Chickasaw County revealed that 23.6 percent of those ages 40 to 64 have no health insurance, and 85.3 percent of the residents reside in rural areas. The county has the highest increasing incidence rate trend of any county in the Komen North Mississippi service area at 16.6 percent, and it is the only county with a rising incidence rate trend in the area, indicating that there is a significant likelihood of an increase in the occurrence of female breast cancer among women in the area. Additionally, Chickasaw County has an increasing late-stage incidence trend of 11.6 percent per year. For these reasons, Chickasaw County was chosen by the Community Profile Team as a target community.

Mammography is only available in one town in the county, at Trace Regional Hospital in Houston, Mississippi. This is a barrier for women who may not have transportation to get to Houston for an annual mammogram, and Chickasaw County does not have a mobile mammography unit to serve its rural areas. The Breast and Cervical Program (BCCP) provides mammography screening for women between 50 and 64 years of age (and ages 40 to 49 when funding is available), but Access Family Health Services in Houlka, Mississippi, is the only participating provider in the county. Access only refers patients for mammograms, so financial resources and access to care are limited for women in Chickasaw County. This led the Community Profile Team to identify the following key questions for Chickasaw County:

- Where do women in Chickasaw County receive breast health services?
- What can be done differently to ensure breast health messages and services get to the women that need them?
- What would make it easier for women to access a provider for a clinical breast exam or a mammogram?

A survey of residents in Chickasaw County along with a document review provided answers to these questions. Sixty-four percent of survey participants indicated that they go outside Chickasaw County to receive breast health services while 18.0 percent indicated that they do not receive care at all. Additionally, 69.0 percent indicated that more breast cancer education, awareness, and reminders are needed to ensure breast health messages and services get to the women that need them. Twenty-one percent of survey participants indicated that free services, lower costs, and affordable health insurance would make it easier for them to access a provider for a clinical breast exam or mammogram.

The Affiliate utilized local newspaper archives to find articles in the Daily Journal and the Chickasaw Journal to uncover attitudes and beliefs of residents in Chickasaw County in relation to breast health. An article in the Chickasaw Journal showed that encouragement from friends tends to persuade individuals to take action. Jan Cooper was urged by her friends to make an appointment with her nurse practitioner after a lump continued to grow in her breast (Ingram, 2014). The decision to go saved her life, and again, friends were active in recommending a surgeon once she was diagnosed. An article in the Daily Journal indicated that many women living in rural areas have trouble accessing mammograms because mammography equipment is usually only offered at large, medical facilities (Brock, 2014). It also indicated that the North

Mississippi Medical Center has a mobile mammography unit that allows patients to choose to be screened without a doctor's order. The unit travels to rural locations throughout North Mississippi; however, it does not currently visit Chickasaw County.

As the Community Profile Team compared the data methods, the Team identified that Chickasaw County has an increasing late-stage breast cancer trend, there is a need to educate women of the importance of breast cancer screening, and residents have limited access to breast health care and limited funds for the services.

Clay County

The quantitative data for Clay County revealed that the population is 60.8 percent Black/African-American, the largest in the service area. The county's unemployment percentage was reported as 18.1 percent, and of individuals ages 40 to 64, 21.8 percent have no health insurance. Only 45.4 percent of women interviewed said they had a mammogram in the last two years, far less than any other county in the Komen North Mississippi service area. With an increasing late-stage incidence trend of 6.3 percent per year, Clay County is likely to continue to miss the Healthy People 2020 late-stage incidence rate target. For these reasons, Clay County was chosen by the Community Profile Team as a target community.

North Mississippi Medical Center in West Point, Mississippi, is the only location in Clay County that offers breast health services which include screening and diagnostic mammograms, ultrasounds, biopsies, patient navigation, and surgery. The only way for a patient to enter into the continuum of care (CoC) is through a mammogram at the hospital. North Mississippi Medical Center West Point is not a participating provider of BCCP, so financial resources and access to care are limited for women in Clay County. This led the Community Profile Team to identify the following key questions for Clay County:

- Where do women in Clay County receive breast health services?
- What can be done differently to ensure breast health messages and services get to the women that need them?
- What would make it easier for women to access a provider for a clinical breast exam or a mammogram?
- Why are some women not getting a mammogram?

A survey of residents in Clay County along with a document review provided answers for these questions. About a third of survey participants said that they receive breast health services inside Clay County; another third said they receive services outside the county, and fourteen percent said they do not receive breast health care at all. Additionally, 79.0 percent indicated that more breast cancer education, awareness, and reminders are needed to ensure breast health care messages and services get to the women that need them. Twenty-five percent of survey participants indicated that free or low-cost services were needed to make sure women get the breast health services they need. One document reviewed indicated that Black/African-American women in the rural South are identified as having little understanding of treatment options and perceived screening in a negative way (2009), while another document explained that Black/African-American women were more likely to have a fatalistic attitude toward breast cancer and that even if found early, it cannot be cured (2008).

As the Community Profile Team compared the data methods, the Team identified that Clay County has a large Black/African-American population, and Black/African-American women in the rural South perceive screening in a negative way. Clay County has an increasing late-stage breast cancer trend, there is a need to educate women of the importance of breast cancer screening, and residents have limited access to breast health care and limited funds for the services.

Oktibbeha County

The quantitative data for Oktibbeha County revealed that 34.1 percent of the county's population have a yearly income less than the poverty level, the highest of all the other counties in the service area. The county's unemployment percentage was reported as 12.7 percent which is among the highest of the service area. Additionally, the county's death rate trend is increasing by 0.5 percent per year, and the number of new late-stage breast cancer cases is increasing by 14.4 percent each year. For these reasons, Oktibbeha County was chosen by the Community Profile Team as a target community.

OCH Regional Medical Center- Center for Breast Health & Imaging in Starkville, Mississippi, is the only location in Oktibbeha County where residents can receive screening and diagnostic mammograms, ultrasounds, biopsies, and surgery. OCH is a participating partner of BCCP. Additionally, OCH provides financial assistance to those in need, however, they do not have patient navigators. With the lack of a patient navigator, the likelihood of a woman continuing through all the steps of the CoC is unlikely. This led the Community Profile Team to identify the following key questions for Oktibbeha County:

- Where do women in Oktibbeha County receive breast health services?
- What can be done differently to ensure breast health messages and services get to the women that need them?
- What would make it easier for women to access a provider for a clinical breast exam or a mammogram?

A survey of residents in Oktibbeha County along with a document review provided answers to these questions. Fifty-six percent of those surveyed said they receive breast health services outside Oktibbeha County while only 22.0 percent said they receive services inside the county. Seventy-eight percent indicated that more breast cancer education, awareness, and reminders are needed to ensure breast health messages and services get to the women that need them. Thirty-three percent indicated that free or low-cost services were needed to make sure women get the breast health services they need. One document reviewed indicated that Black/African-American women in the rural South are identified as having little understanding of treatment options and perceived screening in a negative way (2009), while another document explained that Black/African-American women were more likely to have a fatalistic attitude toward breast cancer and that even if found early, it cannot be cured (2008).

As the Community Profile Team compared the data methods, the Team identified that Oktibbeha County has an increasing late-stage breast cancer incidence trend and death rate trend, there is a need to educate women of the importance of breast cancer screening, and residents have limited access to breast health care and limited funds for the services.

Prentiss County

The quantitative data for Prentiss County revealed that 76.1 percent of the residents reside in rural areas, and 50.3 percent of the population has a yearly income less than 250 percent below the poverty level. Prentiss County is a 100 percent medically underserved area, and 20.0 percent of the population of those between the ages 40 and 64 have no health insurance. The breast cancer late-stage incidence rate trend is increasing at 8.3 percent per year, and the breast cancer death rate trend is increasing at 2.3 percent per year. For these reasons, Prentiss County was chosen by the Community Profile Team as a target community.

Baptist Memorial Hospital- Booneville provides screening and diagnostic mammograms, ultrasounds, biopsies, MRIs, and patient navigation for screening, diagnostics, and treatment. Because the hospital provides screening and diagnostic services coupled with patient navigation and surgery, patients are more likely in Prentiss County than the other target communities to stay in the CoC. The North Mississippi Medical Center's Mobile Mammography Unit stops several times per year at the Booneville Medical Clinic. Since both health care providers are located in Booneville, women from the rural parts of the county may not be able to access services. There are no BCCP participating providers in Prentiss County. This led the Community Profile Team to identify the following key questions for Prentiss County:

- Where do women in Prentiss County receive breast health services?
- What can be done differently to ensure breast health messages and services get to the women that need them?
- What would make it easier for women to access a provider for a clinical breast exam or a mammogram?

A survey of residents of Prentiss County indicated that 39.0 percent of survey participants go outside Prentiss County to receive breast health services while 11.0 percent said they do not receive care at all. Twenty-three percent of survey participants suggested that more local providers, providers who will stay open for extended hours for those who work, and having a mobile mammography unit visit the community would make it easier for them to access a provider for a mammogram or clinical breast exam. Additionally, 14.0 percent indicated that free services, lower costs, and affordable insurance would make it easier for them to access a provider for a clinical breast exam or mammogram.

The Affiliate conducted a document review to uncover attitudes and beliefs of residents of rural women in relation to breast health. The document titled "Trends in Cervical and Breast Cancer Screening Practices among Women in Rural and Urban Areas of the United States" indicates that older, low-income women are less likely to get screened than their urban counterparts (2009). An article in the Daily Journal indicated that many women living in rural areas have trouble accessing mammograms because mammography equipment is usually only offered at large, medical facilities (Brock, 2014). It also indicated that the North Mississippi Medical Center has a mobile mammography unit that allows patients to choose to be screened without a doctor's order. The unit travels to rural locations throughout North Mississippi, however, it does not regularly visit Prentiss County.

As the Community Profile Team compared the data methods, the Team identified that Prentiss County is 76.1 percent rural and 100 medically underserved, there is a need to educate women

of where to receive breast cancer services, and residents have limited access to breast health care and limited funds for the services.

Mission Action Plan

The Community Profile Team reviewed information from the quantitative data, health systems and public policy analysis, and the qualitative data for each target community. The Team then identified the problems for each target community. Upon discussion, the Team identified the priorities for those communities that addressed the problems that were unique to each community. Ultimately, the Team created objectives to meet the needs of those communities. The Community Profile Team presented the following Mission Action Plan to the Board of Directors, and all board members approved it in order to address the needs in the target communities.

Chickasaw County

The Community Profile Team realized that Chickasaw County is very limited in not only the number of locations women can go to receive breast health care, but also in the types of services provided. Most women travel outside the county for care, so the Team decided that bringing the services to the county through a mobile mammography unit may help increase screening percentages. Additionally, more women are being diagnosed with breast cancer at a late-stage, so the Team believed that increasing education about the importance of screening and early-detection, while informing them of where they can go to receive those services, may encourage women to get screened annually.

Problem Statement: Chickasaw County has an increasing late-stage breast cancer incidence trend, and most women must go outside the county to receive breast health services.

Priority 1: Increase outreach to women in Chickasaw County to increase understanding of breast cancer and the importance of early detection which may encourage women to get screened annually.

Objective 1: From FY16 to FY19, on an annual basis the Affiliate will partner with at least one health organization or health care provider in Chickasaw County to conduct one community breast cancer outreach event.

Priority 2: Increase the availability of breast cancer screening opportunities for residents of Chickasaw County

Objective 1: By March 2016, reach out to at least one nonprofit organization in Chickasaw County to provide information about potential funding opportunities through the Affiliate's Community Grant Request for Application (RFA).

Objective 2: Beginning with the FY17 Community Grant Request for Application (RFA), evidence-based programs that will increase availability of breast cancer screening programs for residents of Chickasaw County will be a funding priority.

Clay County

The Community Profile Team recognized that Clay County has the largest Black/African-American population of all the counties in the service area. It also has the lowest mammography rate compared to the rest of the service area. Although North Mississippi Medical Center West Point provides mammograms for individuals and the Affiliate has provided community grants to the hospital for screening services, women are still not going to get screened. Additionally, the qualitative data showed that Black/African-American women in the rural South are more likely to view screening in a negative way. The Team decided that increasing breast cancer awareness to Clay County and explaining the importance of screening along with telling women where they can access care may help increase screening percentages.

Problem Statement: Clay County's population is 60.8 percent Black/African-American, and studies show that Black/African-American women in the rural South are identified as having little understanding of treatment options, perceive screening in a negative way, and are more likely to have a fatalistic attitude about breast cancer.

Priority 1: Increase outreach to Black/African-American women in Clay County to increase understanding about early detection.

Objective 1: From FY16 to FY19, on an annual basis the Affiliate will partner with at least one community organization, faith-based organization, or health care provider that provides services to Black/African-American women in Clay County to conduct one community breast cancer outreach event.

Oktibbeha County

The Community Profile Team realized that most of the surveyed participants go outside Oktibbeha County for breast health services although there are services available within the county. The Affiliate does not currently have a community grant in Oktibbeha County, so the Team believes that adding a medical, public health, or nonprofit professional on the Board of Directors would help the Affiliate better understand the needs of the county. This would also open the door for the Affiliate to seek out future partners who may consider applying for a community grant.

Problem Statement: Fifty-six percent of surveyed participants in Oktibbeha County said they receive breast health services outside the county, and there are limited breast health services provided in Oktibbeha County.

Priority 1: Increase access to breast cancer continuum of care services for residents of Oktibbeha County.

Objective 1: By March 2016, add a medical, public health, or nonprofit professional from Oktibbeha County to the Affiliate's Board of Directors to ensure that the needs in this county are represented on the Board.

Objective 2: By March 2016, reach out to at least one nonprofit organization in Oktibbeha County to provide information about potential funding opportunities through the Affiliate's Community Grant Request for Application (RFA).

Objective 3: Beginning with the FY16 Community Grant Request for Application (RFA), programs that provide transportation for residents of Oktibbeha County to receive breast cancer services will be a funding priority.

Prentiss County

The Community Profile Team recognized that Prentiss County is the most rural county and the most medically underserved county in the service area. Although Baptist Memorial Hospital-Booneville provides breast care services, and the North Mississippi Medical Center Mobile Mammography Unit visits the county to provide screening, survey results indicated that women in Prentiss County are unaware of locations to receive breast health care. The Community Profile Team chose to make awareness and education a priority in Prentiss County to let women know the importance of getting screened and to direct them to screening facilities within Prentiss County.

Problem Statement: Prentiss County, which is 76.1 percent rural, is 100 percent in a medically underserved area. Fifty-four percent of survey participants indicated that more breast cancer education, awareness, and reminders are needed to ensure breast health messages and services get to the women that need them.

Priority 1: Increase outreach to women in Prentiss County to increase understanding of the importance of early detection and awareness about the availability of breast health services in Prentiss County.

Objective 1: From FY16 to FY19, on an annual basis the Affiliate will partner with at least one health organization or health care provider in Prentiss County to conduct one community breast cancer outreach event.

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