



COMMUNITY PROFILE REPORT

**Susan G. Komen for the Cure®
North Carolina Foothills**



2009

Acknowledgements

The Community Profile Committee of the North Carolina Foothills Affiliate would like to thank its board members for their assistance in completing this community profile. Several served as key informants and others helped us identify key informants and obtain surveys from the general public. A special thanks goes to Pat Kokoszka who helped us reach the Latino community in Caldwell County and Terry Wright who obtained general public surveys while preparing for major surgery.

Other individuals who were particularly helpful were the staff at Centro Latino, May Khang, Kelly Yang, Brenda DeLee, Malinda Primus and Brenda Putnam. Centro Latino helped translate, distribute and collect surveys from 12 Latino women. Mrs. Khang and Mrs. Yang helped us reach the Hmong community. When women refused to take the survey forms at several Hmong events, Mrs. Yang personally interviewed 21 Hmong women. Brenda DeLee assisted in contacting young women through a local community college. Malinda Primus helped us with the African-American community. Brenda Putnam served as a proofreader.

The process of obtaining and compiling the information in the community profile has been made much easier and more enjoyable thanks to a real team approach of our board and motivated volunteers. We couldn't have done it without you.

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Executive Summary

Covering Burke, Caldwell and Catawba Counties, the NC Foothills Affiliate of the Susan G. Komen Breast Cancer Foundation was incorporated as an Affiliate in April, 2000. John Mead and Ron Beane were instrumental in the initiation of the affiliate. After attending a Race for the Cure in Charlotte, Mr. Mead became interested in starting an affiliate in our area. He contacted Mr. Bean who persuaded the breast health nurse at Caldwell Memorial, Kathy Kent to start the community profile and the application process. In April, 2000 a group of nearly 20 representatives from three counties formed bonds that has raised awareness about breast cancer and helped fund local projects towards the mission of eradicating breast cancer.

The Komen NC Foothills Affiliate held its first Race for the Cure® on Saturday, October 14, 2000 at the Quest4Life Wellness Center in Lenoir, NC. Over 1,000 participants showed their support by running and walking in the event. To enhance the growth of the race and for safety reasons, the race moved to Lenoir Rhyne University in 2003. The race continued to grow slowly until the past two years when it grew by 66% from 2006 to 2008. We have granted over \$825,000 to community projects in our three county affiliate service area. Although the race is our largest fundraiser, we receive funds from cause related marketing, such as three day walk, BMW Ultimate Drive and local third party events such as The Pink Ribbon Classic Golf Tournament and Puttin' for the Cure.

Since the inception of the North Carolina Foothills Affiliate of the Susan G. Komen for a Cure ten years ago, a lot of change has occurred in our affiliate area. Latinos have become the largest minority in Catawba County, while African Americans remain the largest minority group in Burke and Caldwell counties. The Asian community also continues to grow. Immigrants from India and the Middle East have found their way to our little part of the world.

Manufacturing, our largest business section, has been on the decline for several years and the recent downturn in the economy has also hurt the retail and service industries. Unemployment in all three of our counties is higher than national and state rates. Our community members are finding themselves unemployed and unable to afford insurance coverage.

Our affiliate needs to be mindful of the cultural and economical factors that may adversely affect the health of our community. We need to continue to examine where we have been and where we need to go now. This community profile is the first step in this process.

Demographic and Breast Cancer Statistics Key Findings

Statistics for NC Foothills Affiliate were obtained from Healthcare Business of Thomson 2007 reports. All statistics are estimates. The total population of the affiliate area is estimated to be 321,223. The total female population is approximately 161,422 or 50.3% of the population. Women aged 20-39 total 41,630. Women 40 and older number approximately 80,530.

The 2007 estimates from Healthcare Business of Thomson estimates that 16.6% of the female population aged 18-64 are uninsured. However, the double-digit unemployment rate in affiliate area would indicate these numbers are probably a little low.

Our affiliate area has a higher incidence rate of breast cancer than the state. The state incidence is estimated at 116 per 100,000 while our affiliate area is 145 per 100,000. The smallest city in each county has the highest incidence rate for their county. The small number of residents may skew these numbers. Two of the three smallest cities also have the highest mortality rate for their counties. Our mortality rate is estimated at the same rate as the state at 26 per 100,000. However, it ranges from 22 to 34.

A majority of the breast cancers diagnosed in our affiliate area are in the early stages. Surprisingly, we have more Stage 4 than Stage 3 breast cancers.

- Stage 1- 65%
- Stage 2 -27.2%
- Stage 3 - 3.4%
- Stage 4 - 4.4%

African-Americans also have a higher number of stage 3 and stage 4 cancers at diagnosis. Their rate for Stage 4 is twice that of other ethnic/racial groups.

Overview of Programs and Services Key Findings

Our affiliate area is fortunate to have five hospitals that all are certified cancer centers through the American College of Surgeons. All offer mammography services. There is one mobile unit in the affiliate area as well. The hospitals and two medical oncology practices provide chemotherapy and immunotherapy treatments for cancer patients. These practices also offer some clinical trials. Radiation therapy is available in all three counties.

The Breast and Cervical Cancer Control Program (BCCCP) is offered in two of the three counties. They provide free or reduced cost mammograms for women who are uninsured or underinsured and at 250% or below the poverty level. Through grants from our Komen affiliate, they are able to provide follow-up testing for the approximately 10% of the women in the program that will have an abnormal mammogram. They also assist women to register for Medicaid if they are diagnosed. In Burke County, the Good Samaritan Clinic and Blue Ridge Healthcare provide free mammograms for women in need.

Our affiliate grants through these agencies and others to cover all three counties. Grants have been used for screening, breast cancer education and awareness, lymphedema centers, rehabilitation programs and more.

Overview of Exploratory Data Key Findings

The interviews and surveys in our exploratory data were the most interesting and informative part of this community profile. We performed both key informant interviews and general audience surveys.

We had 32 key informant interviews. Most were either breast cancer survivors (11) or health care professionals (17). We surveyed women from our four main ethnic groups – Caucasians (20), African-Americans (6), Latinos (2) and Hmong/Asians (4). The youngest key informant was 25 and the oldest was 75. The average age of the key informants was 48. Our focus was on education and screening. We asked the informants to give their best opinions based on their assessments of their communities. Community was either defined as geographical area or ethnic group. Our interviews/surveys asked:

- Do women in your community feel that they are at risk for breast cancer – why or why not
- If they know how and where to go to get a mammogram

- If low-income, uninsured women know where to receive a free mammogram
- Reasons why women aged 40 and older do not receive annual mammograms
- The best venues to reach women with breast health education

Many of our key informants felt that many women still don't realize that they are at risk for breast cancer. Lack of family history is the most frequent reason. The majority (57%) believed that women know where and how to go about receiving a mammogram. Only 38% felt that women know where uninsured, low-income women could receive free mammograms. Cost of mammograms and being uninsured tied for the biggest barrier for women receiving mammograms at 84%.

The interviews also gave us information about the ethnic groups that was new to us. We were unaware that the traditional religion of the Hmong would hinder women seeking healthcare in general and subsequently receiving mammograms and clinical breast examinations. The fluidity of the names for the Hispanic population may cause problems with healthcare and employment. Some African-Americans still see breast cancer as a "white woman's disease."

The community profile committee decided to target younger women for our general public surveys since we felt that the key informants would tend to be older. The youngest participant from the general public is 18 and the oldest is 66. The average age is 40. We received 132 surveys. Using key informants to assist with identifying ethnic women, we were able to obtain 80 surveys from minority women, which is 61% of our total surveys. The general public surveys included all the questions that the key informant survey contained, plus we asked how long it had been since they had seen a physician for a physical and if they were 40 or older, how long had it been since they had received a mammogram. Unfortunately, about 14% (11) of our survey participants received our first draft that didn't include the question about the free mammograms.

Only 36% (47) felt that they were at risk for breast cancer. Negative family history was the most common cited reason for not being at risk. Most women knew how to go about (83%) and where to go (73%) to receive a mammogram. Latinos were the least likely to know. Only 16% of the survey participants (22) knew where low-income, uninsured women could receive a free mammogram. The percentage went down to 14 for minority women.

The women who have had a physical with a clinical breast exam were getting them on a fairly regular basis. The average time from the last exam was 16.8 months. Ten women had never had their breasts examined by a health care professional. Of these, nine were Asian (Hmong). Women who have had a mammogram also did so on a regular basis. The average time from the last mammogram was 15 months. Sixty of the survey participants were 39 or younger and were not factored in this evaluation. Seven women never had received a mammogram. All were Asian/Hmong.

Barriers to women receiving mammogram mirrored the results from the key informant surveys. Seventy-eight percent (103) thought the biggest barrier was a lack of insurance. Cost was second with 69% (91). Sixty one percent (81) marked that women didn't think that they needed to get a mammogram. Fear of results was checked by 48% (63). Transportation and fear of pain tied at 41% (54).

Venues for reaching these women were similar in the key informant and general audience surveys. Church and ethnic venues were the most commonly listed.

Narrative of Affiliate Priorities and Affiliate Action Plan

Priority One: Our affiliate needs to work with our grantees that provide free mammograms to help inform women of all ethnic groups about how to access free mammograms for qualified women.

Lag Measures

- Increase the number of women receiving free mammograms through our grantees by five percent per year for the next three years

Lead Measures

- Develop a NC Foothills Affiliate brochure that will list free mammograms sites by when?
- Ensure all breast health programs will include information on locations for free mammograms by August 2009
- Provide coverage of how grants are being used in our affiliate, including funds for free mammograms, at time of grant distribute every April and at least once during the year.
- Each county will implement one special project to educate women about free mammograms by March 31, 2012

Priority Two: The NC Foothills Affiliate will target the Latino community for breast health education.

Lead Measures

- Provide breast health information to 250 Latino women in our affiliate area by March 31, 2010.
- Increase number of women reached by 10% per year for the next two years (2010-2011 and 2011-2012)

Lag Measures

- Each county will implement one special project to educate Latino women by March 31, 2012
- Komen Education Committee will implement Teaching Adolescents about Breast Self Exams (TABSE) in all three counties by March 31, 2011
- Increase the number of grants to minority organizations by one per year
- Work with Centro Latino, schools, and churches to hold ten breast health classes yearly
- Provide five health fairs yearly that target Latino women

Priority Three: Our affiliate will target the Asian community for breast health education.

Lead Measures

- Provide breast health information to 150 Hmong women in our affiliate area by March 31, 2010
- Increase number of women reached by 10% per year for the next two years (2010-2011 and 2011-2012)

Lag Measures

- Each county will implement one special project to educate Hmong women by March 31, 2012
- Komen Education Committee will implement Teaching Adolescents about Breast Self Exams (TABSE) in all three counties by March 31, 2011
- Increase the number of grants to minority organizations by one per year
- Work with the Hmong Association, schools, and churches to hold five breast health classes yearly
- Provide breast health information at two Hmong events yearly

Priority Four: The NC Foothills Affiliate will target African Americans for breast health information.

Lead Measures

- Provide breast health information to 500 African-American women in our affiliate area by March 31, 2010

- Increase number of women reached by 10% per year for the next two years (2010-2011 and 2011-2012)

Lag Measures

- Each county will implement Sister to Sister Parties by March 31, 2011
- After implementation, each county will hold six Sister to Sister Parties each year
- Komen Education Committee will implement Teaching Adolescents about Breast Self Exams (TABSE) in all three counties by March 31, 2011
- Increase the number of grants to minority organizations by one per year

Priority Five: Increase our name recognition in our community, particularly in minority communities.

Lead Measures

- Increase minority volunteers by 100% by Race Day – October 2009 and 10% for the next two years
- Increase minority board members to 20% by April 1, 2011
- Increase race participants by 10% by Race Day – October 2009 and 10% for the next two years
- Monthly Website hits will increase by 25% by April 1, 2010 and 10% for the next two years

Lag Measures

- Contact four professional groups in each county by April 1, 2010 to offer presentation
- Contact 50 churches in each county by April 1, 2010 to offer presentation
- Contact four civic groups in each county by April 1, 2010 to offer presentation
- Contact ten businesses in each county by April 1, 2010 to offer presentation
- Develop brochure by October 1, 2009
- Have at least 20 press releases in local newspapers by April 1, 2010
- Develop a mentor program with at least one minority group per county (previous grant recipient to mentor with potential minority grantees)

Introduction

The NC Foothills Affiliate of the Susan G. Komen Breast Cancer Foundation was incorporated as an Affiliate in April, 2000. The Charter Board members were: Ron Beane, President; Carol Frye, Secretary; Rob Turner, Treasurer; Amy Cortner (Grants Chair); Diane Hamer, Steve Hitt, Jan Hollar, Kathy Kent, Janice Rostan, Jonathan Smith, and Beverly Veals (Race Chair). Other key volunteers included were Tiffany Cooper (Communications/PR Chair), Debbie Rummell (Race Treasurer), Alicia Stanislaw (Volunteer Chair), Laurie Faw, Cheryl Whittington, and John Mead.

How it Began.....

John Mead, key volunteer, had attended the Komen Charlotte Race for the Cure® several years before the incorporation of this Affiliate and realized then the value of the Komen Foundation. Mead's sister-in-law and his wife's Aunt had died of breast cancer which is why he had such a passion for this Foundation and its mission. While at a meeting with Ron Beane in 1999, Mead discussed with Beane the Komen Foundation and its cause. They then contacted Kathy Kent, Breast Health Nurse at the Center for Breast Health in Lenoir and the rest is history. In April, 2000 a group of nearly 20 representatives from three counties formed bonds that has raised awareness about breast cancer and helped fund local projects towards the mission of eradicating breast cancer.

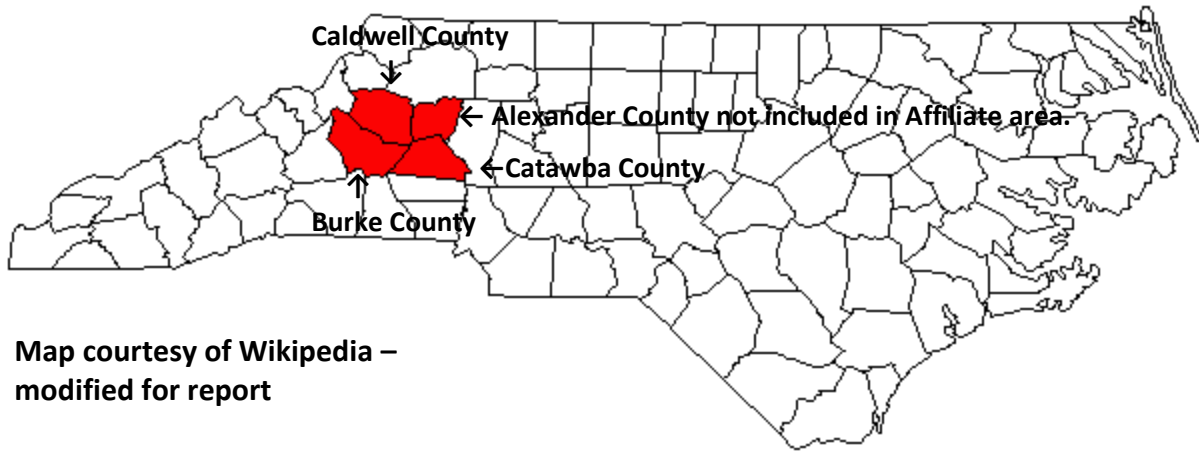
The Komen NC Foothills Affiliate held its first Race for the Cure® on Saturday, October 14, 2000 at the Quest4Life Wellness Center in Lenoir, NC. Over 1,000 participants showed their support by running and walking in the event. To enhance the growth of the race and for safety reasons, the race moved to Lenoir Rhyne University in 2003. The race continued to grow slowly until the past two years when it grew by 66% from 2006 to 2008. We have granted over \$825,000 to community projects in our three county affiliate service area. Although the race is our largest fundraiser, we receive funds from cause related marketing, such as three day walk, BMW Ultimate Drive and local third party events such as The Pink Ribbon Classic Golf Tournament and Puttin' for the Cure.

The education committee has focused on providing and supporting education through new and existing breast health education groups. The committee also developed the Pink Ribbon Book, a resource guide for newly diagnosed breast cancer patients. The book is in its second revision. The Komen NC Foothills Affiliate also has participated in Komen on the Go, Scouting for a Cure, and has partnered with local breast cancer coalitions and hospitals to provide awareness and educational events.

Our affiliate area covers Burke, Caldwell and Catawba counties. See the map on the next page. Ideally, five representatives from each county serve on the Board of Directors. These three counties are referred to as the Affiliate's "service area", therefore, any grants disbursed must be within this area. Board members serve a 3-year term and cannot remain on the board for more than six years. Besides the affiliate president, secretary and treasurer, the board consists of representatives from the volunteer, race, education and special event committees. We also have at-large members.

The community profile of the Komen NC Foothills Affiliate will highlight the great services available to breast cancer survivors as well as the gaps that we have in our services. The report will demonstrate what we are doing well and where we need to focus more attention. It will serve as a guide for our strategic planning for the next two years.

Map of North Carolina with NC Foothills Affiliate Area



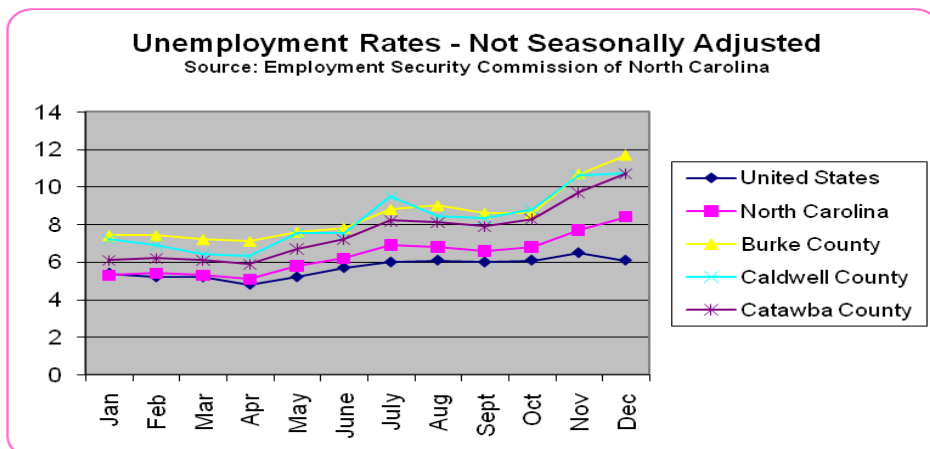
**Map courtesy of Wikipedia –
modified for report**

Statistical Data

Statistics for NC Foothills Affiliate were obtained from Healthcare Business of Thomson 2007 reports. All statistics are estimates. The total population of the affiliate area is estimated to be 321,223. The total female population is approximately 161,422 or 50.3% of the population. Women aged 20-39 total 41,630. Women 40 and older number approximately 80,530.

Female Population Estimates NC Foothills Affiliate Area Source: Healthcare Business of Thomson	Burke County	Caldwell County	Catawba County	Affiliate Totals
Females Age 20-39				
White	8,340	9,908	16,597	34,845
Hispanic	524	286	2,161	2,971
Black	510	482	1,661	2,653
Asian/Pacific Islanders	273	32	589	894
Native Americans	16	4	29	49
All Others	69	18	131	218
Totals	9,732	10,730	21,168	41,630
Females Age 40 and Older				
White Females	19,154	18,948	35,565	73,667
Hispanc Females	227	170	1,034	1,431
Black Females	1,116	771	2,470	4,357
Asian/Pacific Islanders	225	37	537	799
Native Americans	17	3	48	68
All Others	46	13	149	208
Totals	20,785	19,942	39,803	80,530

The NC Foothills Affiliate area has not been immune to the downturn in the economy. The area has been losing manufacturing jobs for several years now. The recent recession has also caused a loss in retail and service jobs. Both Burke and Catawba counties had a 4 point or greater increase in unemployment from January 2008 to December 2008. All three counties have a higher unemployment rate than either North Carolina or the United States. See graph below.



According to the 2007 Healthcare Business of Thomson estimates, the median income for the affiliate area is \$41,582. Catawba County is the highest at \$44,087, Burke County the lowest at \$38,720. Caldwell County is in the middle at \$39,994. Seven and one-half percent of the affiliate families live below the poverty level. The counties breakdown is:

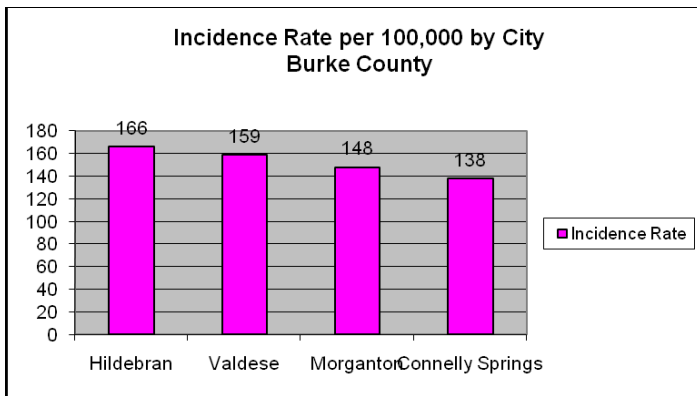
- Burke County – 8.1%
- Caldwell County – 7.9%
- Catawba County – 6.8%

Uninsured females aged 18-64 range from 4,387 in Caldwell County to 7,561 in Catawba County. The affiliate average is 16.6%.

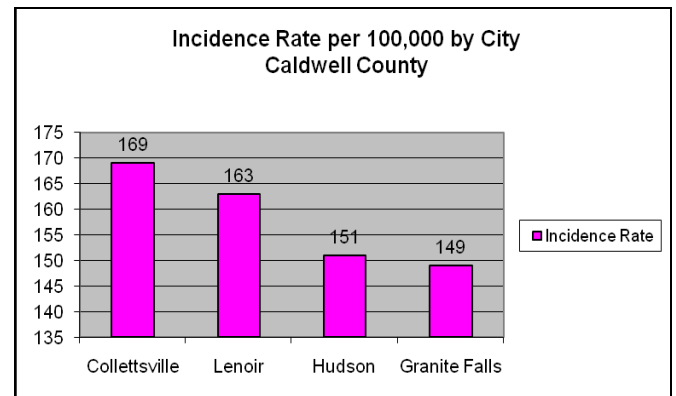
Breast Cancer Statistics

Breast cancer statistics were also obtained from Healthcare Business of Thomson and are estimates. The incidence rate for North Carolina is estimated at 116 per 100,000 of the population. The incidence rate for the NC Foothills affiliate area is 145 per 100,000 population.

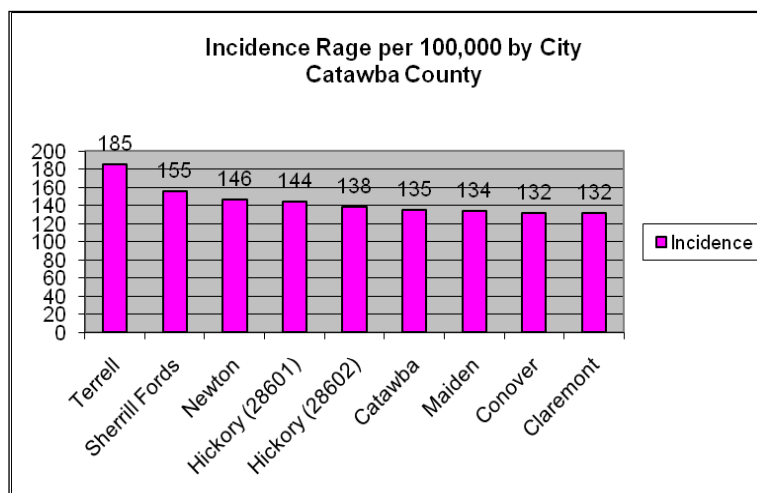
Burke County



Caldwell County



Catawba County

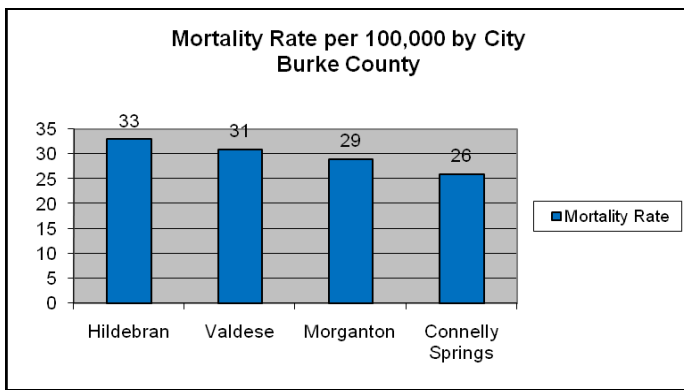


In all three counties, the incidence rate is highest in the smallest city. Estimated population of Hildebran is 642 compared to Morganton at 28,085. Collettsville has only 624 citizens compared to 23,548 in Lenoir. Terrell's population is 457 compared with Hickory (28601) 26,423. Their mortality rates were also higher despite stage levels comparable to other cities. The small sample number in each of the three cities may skew the the incidence and mortality rates.

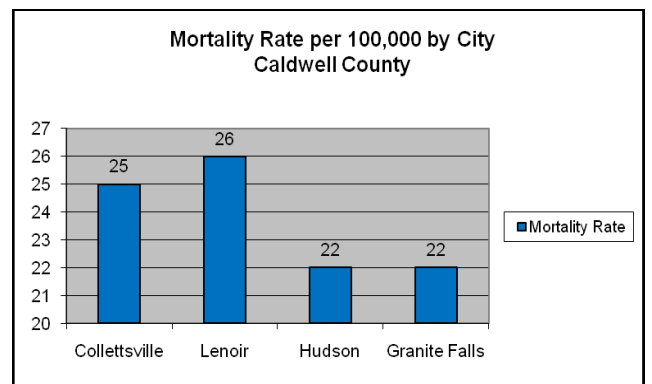
Mortality Rates

The breast cancer mortality rate for North Carolina is estimated at 26 per 100,000. The mortality rate in the affiliate area ranges from 22 to 34. The affiliate average is 26 per 100,000 – same as the state average.

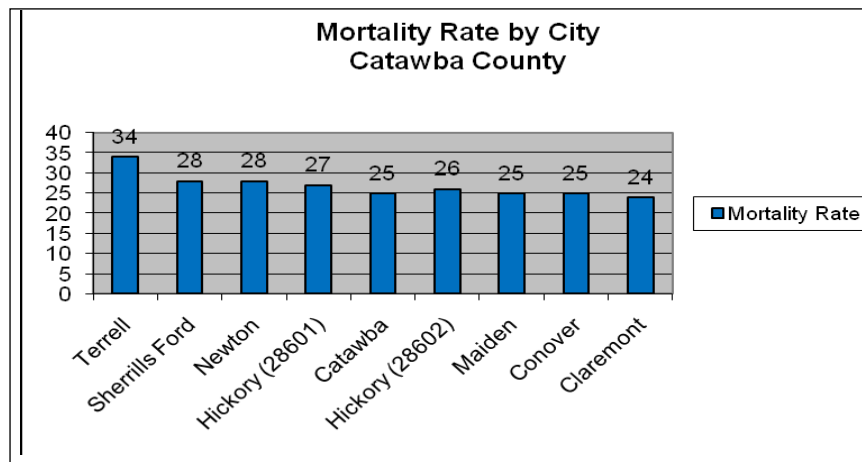
Burke County



Caldwell County



Catawba County



Mortality rates in the affiliate are different based on race with:

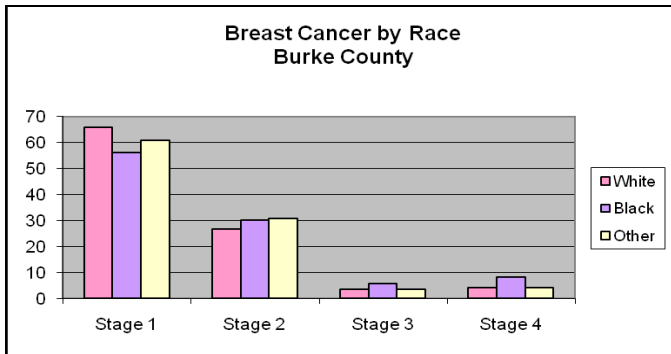
- White – 27.29 per 100,000
- Black – 30.25 per 100,000
- Other – 6.74 per 100,000

A majority of the breast cancers diagnosed in our affiliate area are in the early stages.

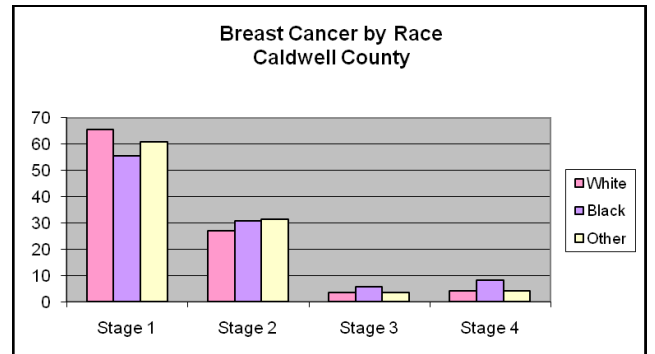
- Stage 1 - 65%
- Stage 2 - 27.2%
- Stage 3 - 3.4%
- Stage 4 - 4.4%

African-Americans also have a higher number of stage 3 and stage 4 cancers at diagnosis. See graphs below.

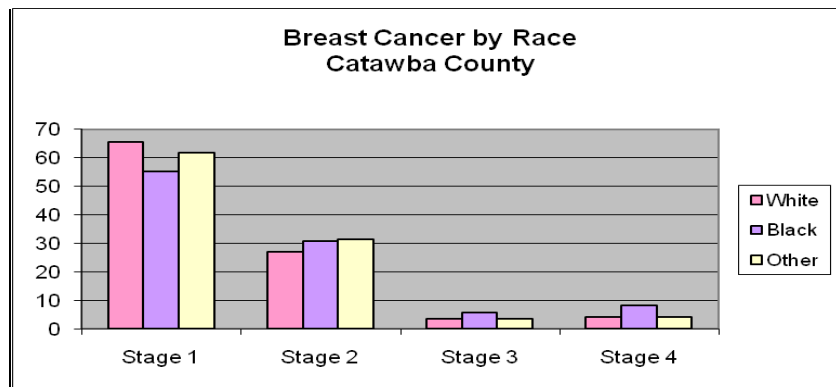
Burke County



Caldwell County



Catawba County



Programs and Services

Hospitals/Medical Centers Information

Burke County	
<p>Grace Hospital (Blue Ridge HealthCare) 2201 South Sterling Street Morganton, NC 28655 Phone: (828) 580-5000 Type of Organization:</p> <ul style="list-style-type: none"> • 204-Bed Medical Facility • Mammography Facility • Low-cost detection and/or treatment for women who qualify • American College of Surgeons Certified Cancer Program <p>Komen Grantee: Yes See following table for services provided</p>	<p>Valdese Hospital (Blue Ridge Health Care) PO Box 700 Valdese, NC 28690 Phone: (828) 874-2251 Type of Organization:</p> <ul style="list-style-type: none"> • 172-Bed Medical Facility • Mammography Facility • Low-cost detection and/or treatment for women who qualify • American College of Surgeons Certified Cancer Program <p>Komen Grantee: Yes See following table for services provided</p>
Caldwell County	
<p>Caldwell Memorial Hospital 321 Mulberry Street SW Lenoir, NC 28645 Type of Organization:</p> <ul style="list-style-type: none"> • 110=Bed Medical Facility • Mammography Facility • Low-cost detection and/or treatment for women who qualify • American College of Surgeons Certified Cancer Program <p>Komen Grantee: Yes See following table for services provided</p>	
Catawba County	
<p>Catawba Valley Medical Center 810 Fairgrove Church Road Hickory, NC 28602 Phone: 828-326-3000 Type of Organization:</p> <ul style="list-style-type: none"> • 258-Bed Medical Facility • Mammography Facility • Low-cost detection and/or treatment for women who qualify • American College of Surgeons Certified Cancer Program <p>Komen Grantee: Yes See following table for services provided</p>	<p>Frye Regional Medical Center 420 North Center Street Hickory, NC 28658 Phone: (828) 315-5000 Type of Organization:</p> <ul style="list-style-type: none"> • 355-Bed Medical Facility • Mammography Facility • Low-cost detection and/or treatment for women who qualify • American College of Surgeons Certified Cancer Program <p>Komen Grantee: Yes See following table for services provided</p>

Hospital Services

Services Provided	Caldwell Memorial	Catawba Valley	Frye Regional	Grace Hospital	Valdese General
Mammography/Clinical Breast Examination					
Screening Mammography	X	X	X	X	X
Diagnostic Mammography	X	X	X	X	X
Free Mammography	X	X	X	X	X
Clinical Breast Exams	X				
Breast Cancer Nurse Navigator(s)	X	X	X	X	X
Genetic Testing	R	R	R	R	R
Clinical Trials	X	X	X	X	X
Other Diagnostics:					
CT Scan (Computerized Tomography)	X	X	X	X	X
MRI (Magnetic Resonance Imaging)	X	X	X	X	X
Surgical Biopsy	X	X	X	X	X
Image Guided Breast Biopsy (stereotactic, ultrasound)	X	X	X	X	X
Sentinel Node Biopsy	X	X	X	X	X
Ultrasound	X	X	X	X	X
Nuclear Medicine	X	X	X	X	X
Breast Mapping	X	X	X	X	X
Scintigraphy	X	X	X	X	X
Treatment – General:					
Medical Oncology	X	X	X	X	X
Radiation Oncology	X	X	R	R	X
High Dose Rate (Mammosite)	R	X	R	R	R
Surgery	X	X	X	X	X
Plastic Surgery (Breast Reconstruction)	X	X	X	X	X
Tumor Board	X	X	X	X	X
Treatment – Specialized:					
Lymphedema Specialty Services	X	X	X	X	X
Pain Management	X	X	X	X	X
Physical Rehabilitation/Therapy	X	X	X	X	X
Nutritional Services	X	X	X	X	X
Prosthesis/Wardrobe/Grooming:					
Breast Prosthesis/Mastectomy Bras		X	X		
Wigs, Hats and Turbans	X	X	X	X	X
Appearance/Make-up (Look Good, Feel Better)	X	X	X	X	X
Breast and/or General Cancer Support Groups	X	X	X	X	
Reach to Recovery	X	X	X	X	X

R = Referred

Institutions Offering Breast and Cervical Cancer Control Program (BCCCP)

Caldwell County
<p>Caldwell County Public Health 1966 B Wilkesboro Blvd. Lenoir, NC 28645 Phone: 828-426-8415 Health Department State and Federal Funding, Komen Grant Komen Grantee: Yes</p>
Catawba County
<p>Catawba County Public Health 3070 11th Avenue Drive SE Hickory, NC 28602 Phone: 828- 695-5821 Type of Organization: Health Department State and Federal Funding, Komen Grant Komen Grantee: Yes</p>
<p>No BCCCP exists in Burke County. Free mammograms are provided by Blue Ridge HealthCare (Grace and Valdese General Hospitals) and Good Samaritan Clinic, both are Komen Grant recipients.</p>

Burke County has a Breast Cancer Action Team, which consists of breast cancer survivors, and health professionals who provide education in their community through classes, health fairs, and awareness events. Catawba County has a similar type of organization called Catawba County Breast Cancer Coalition. The coalition also provides supportive services for breast cancer patients. Caldwell County has a Breast Cancer Nurse who provides community education. She is in the process of developing a coalition. All three have a representative on the Komen Education Committee. They use Komen literature and have written grants to promote breast cancer awareness and breast health education. The grantees are providing numerous breast health classes and information through health fairs. Minorities are still difficult to reach especially the African-American and Hmong communities. Caldwell County is beginning to make some inroads into the African American community. The Catawba County Breast Cancer Coalition recently began engaging the Hmong community through a Hmong survivor. Free screening mammograms are reaching some minorities, particularly Hispanics. Nearly 1/3 of all mammograms done in 2008 at Catawba County's BCCCP were Latinos.

The first year of Volley for the Cure was successful. This educational endeavor reached the mothers and grandmothers of middle school and high school volleyball players in two of the three counties of the Komen NC Foothills. Educational literature was provided at the games and also during the week prior to the games at the schools. Scouting for the Cure was also very successful reaching mothers and daughters in all three counties. Both of these programs, while now affiliate programs, could be converted to grant programs.

The BCCCP programs in Caldwell and Catawba counties provide free yearly mammograms for women 50-64 and every 2 years for women 40-49 who qualify financially. Women must be at or below 250% of

the poverty level. BCCCP pays for follow-up testing (diagnostic mammograms, ultrasound, biopsy) for women who are diagnosed with cancer. However, only approximately 10% of women who have abnormal screening mammograms are diagnosed with cancer. Both BCCCP programs use Komen grants to provide follow-up testing. Women who are diagnosed with cancer through the BCCCP qualify for a special Medicaid that covers treatment in North Carolina. There is still a knowledge deficit regarding the BCCCP in our affiliate even among health care professionals.

Linda Roscoe is the director of the State BCCCP and is working closely with the North Carolina Komen Public Policy Forum of which the NC Foothills Affiliate is a member. This Council includes representatives from the other three North Carolina Susan G. Komen for the Cure Affiliates which are Charlotte, the North Carolina Triangle, and the NC Triad. This group holds monthly meetings with members of the SGK Advocacy Alliance. Members of this group have collaborated in writing letters to new Senators and Congressmen and worked alongside the American Cancer Society to get the first state funding of BCCCP in 2007. Members have also joined together to attend Lobby Day in Washington, DC.

North Carolina General Assembly members in the NC Foothills Affiliate include:

House Members: Hugh Blackwell and Mitch Gillespie Burke, Phillip Frye and Edgar Starnes (Caldwell), and Ray Warren, Mitchell Setzer, and Mark Hilton (Catawba)

Senate members: Austin Allran (Catawba) and Jim Jacumin (Burke and Caldwell). North Carolina

Members of the United States Congress include:

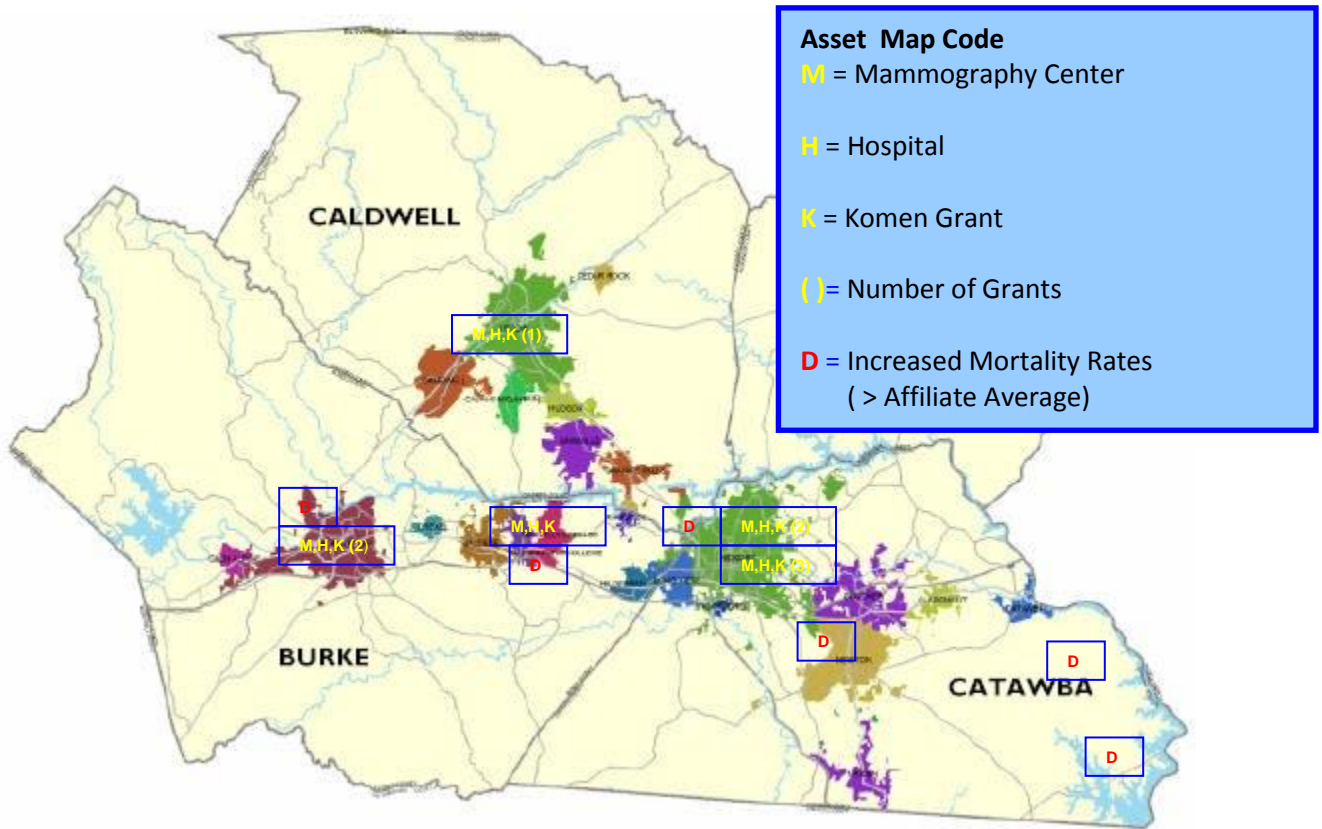
Senators Richard Burr and Kay Hagan and Representative Patrick McHenry.

While, some members of the General Assembly and Congress welcome input, relationships need to be strengthened with others. The affiliate will continue to work with the Public Policy Council.

Information for this section was obtained from board members, hospital representatives, BCCCP coordinators and hospital websites. The affiliate board has representatives from each of the hospital systems except Caldwell Memorial Hospital. Board and education committee members were asked to verify the accuracy of the information.

Asset Map on the next page.

NC Foothills Affiliate Asset Map



Map courtesy of Western Piedmont Council of Government -adapted for report

Exploratory Data

Our exploratory data consists of interviews and surveys with key informants and surveys with the general public. We surveyed 32 key informants. Our board and education committee helped us identify key informants in our community. Most were either breast cancer survivors (11) or health care professionals (17). We surveyed women from our four main ethnic groups – Caucasians (20), African-Americans (6), Latinos (2) and Hmong/Asians (4). The youngest key informant was 25 and the oldest was 75. The average age of the key informants was 48.

Our focus was on education and screening. We asked the informants to give their best opinions based on their assessments of their communities. Community was either defined as geographical area or ethnic group. Our interviews/surveys asked:

- Do women in your community feel that they are at risk for breast cancer – why or why not
- If they know how and where to go to get a mammogram
- If low-income, uninsured women know where to receive a free mammogram
- Reasons why women aged 40 and older do not receive annual mammograms
- The best venues to reach women with breast health education

We also asked them if there were other questions that we should be asking.

Fifty percent of the key informants felt that women did not realize their risks for breast cancer. Some minority interviewees felt that their ethnic group still felt that it is a “white woman’s” disease. Many of them believed that minority women do not focus on health because so many other issues are more pressing, like taking care of their families, their jobs, etc. Some stated that a lot of women felt that if it ain’t broke, don’t fix it. “I feel fine, so I couldn’t have cancer.” A lack of family history of breast cancer as a negative risk factor was listed among all groups. The other 50 percent thought we are doing a good job informing women about their risks for breast cancer. The media, their organizations and our Komen affiliate are informing most women about their risks for breast cancer. Many felt that a lot of progress has been made in the past 10 years.

Nearly 57% of the key informants thought that women know how and where to get a mammogram. Only 38% felt that women know where to access free mammograms in their county. Lack of education and language difficulties were listed as reasons.

Our community profile committee came up with seven reasons why women do not receive mammograms. We asked the key informants to rate or mark these reasons as well as come up with reasons that we had missed. The seven reasons that the committee listed were:

- Lack of transportation
- Uninsured
- Cost of mammogram
- Fear of results
- Fear of pain from mammogram
- Don’t think that they need one

Not surprisingly, the cost of mammograms and lack of insurance tied for the number one reason with 84% of the key informants believed this to be a major factor in women not receiving mammograms. Many referenced our high-unemployed rates. The percentage remained the same between the 12

minority key informants and the 22 Caucasian key informants. In other words, unemployment with the resulting loss of insurance is affecting women of all groups.

Fear of results is the third most common reason listed. Seventy-eight percent of the key informants listed this. It was listed more often in the Caucasian responders than the minority responders. Finances play a part into the equation. Women can't afford treatments or they can't afford to miss work. And some women simply don't want to know if they have cancer.

Sixty-nine percent believed that women didn't get their mammograms because they didn't think that they needed one. The reasons are the same as why women did not feel that they are not at risk for breast cancer. The percentage went up to 75% for minority women who were interviewed.

Fear of pain was listed as a barrier in 56% of the interviews. Caucasians key informants were more likely to mention this than minority informants. Only 1/3 of the minority informants felt that pain was a barrier.

The last of the seven factors was transportation. We do not have good public transportation systems in any of our three counties. The overall percentage was 47%. Another surprise was that the minority informants felt it to be less of a barrier with only 33% listing it. A Hmong key informant stated that the oldest son and daughter-in-law is responsible for getting the mother anywhere that she needs to go. Several minority informants stated that people can get where they want to go. Family and church members are often willing to drive someone to a doctor or other medical appointments. Strong family and community ties in the minority communities decrease the problem with transportation.

Below is a table of the barriers for getting a mammogram.

Barriers identified by the Community Profile Committee	All Key Informants	All Minorities	African-Americans	Asians	Latinos
Total of participants	32 (100%)	12 (100%)	6 (100%)	4 (100%)	2 (100%)
Transportation	15 (47%)	4 (33%)	2 (33%)	1 (25%)	1 (50%)
Uninsured	27 (84%)	10 (83%)	5 (83%)	4 (100%)	1 (50%)
Cost of mammograms	27 (84%)	11 (92%)	5 (83%)	4 (100%)	2 (100%)
Fear of results	25 (78%)	8 (67%)	4 (67%)	3 (75%)	1 (50%)
Fear of pain	18 (56%)	4 (33%)	3 (50%)	1 (25%)	0 (0%)
Don't think they need one	22 (69%)	9 (75%)	5 (83%)	2 (50%)	2 (100%)

The key informants gave other barriers. One barrier not among our original seven was embarrassment. This theme came up mainly in the Asian community. Asian women tend to be very modest. They are not comfortable with someone looking at or touching their bodies. Our education committee discovered while doing breast health classes that some Asian women are also uncomfortable at looking at their own breasts in a mirror as one would do in a breast self examination. One Asian key informant stated that Asian women have poor body concepts.

Language is also a barrier that was mentioned for Asian women, especially for older Hmong women. Language is a bigger problem for Hispanic women. While the majority of the Hmong population has been in our country for 20-30 years, many Latinos have only been in the United States for a short time. Mammograms forms are in English and mammogram technicians often do not speak Spanish.

Educational classes have been offered in Spanish. The health departments who offer the BCCCP programs have Spanish interpreters, but the mammogram itself is usually performed outside the health department.

A unique problem for the Latino population when dealing with healthcare is the fluidity of their names. Some Latinos will register with their employer with one name and another name with the healthcare provider. The problem arises when they need excuses for work from their healthcare provider. Their names may not match so they may not be able to take time off from work to see a physician or to get a mammogram.

One Latino key informant who was from Mexico explained another barrier. She told that in Mexico if you are poor and have no insurance, you will not be treated. Latino women may not realize that a program exists to help women who are low income and uninsured in the United States since no program like this may exist in their country. She said that they are afraid that they will not be treated like human beings in the healthcare system because of their financial situation.

Another barrier from one of our ethnic groups is a religious one. One Hmong key informant stated that many of the older women are not Christians and still practice the traditional Hmong religion. She said that in this religion if your body is cut or if you have anything removed that your soul would not be happy in the afterlife. According to the Hmong Association website, 65% of Hmong in the area still practice the traditional religion.

The community profile committee also helped the interviewees with some venues for reaching women with breast health education. We encouraged them to list other ideas. The four listed on the survey were church bulletins (75%), radio (53%), newspaper (47%), and classes (48%).

African Americans informants felt that church bulletins are the best venue, while Latino informants thought Spanish radio station is best. For the Asian informants, church bulletins and classes tied at 50%. The table below breaks down these four venues by minority groups.

Venues for Breast Health Classes	All Key Informants	All Minorities	African-Americans	Asians	Latinos
Total of participants	32 (100%)	12 (100%)	6 (100%)	4 (100%)	2 (100%)
Church Bulletins	24 (75%)	7 (58%)	5 (83%)	2 (50%)	0 (0%)
Radio	17 (53%)	3 (25%)	1 (17%)	0 (0%)	2 (100%)
Classes	15 (48%)	7 (58%)	5 (83%)	2 (50%)	0 (0%)
Newspapers	14 (47%)	2 (17%)	1 (17%)	0 (0%)	1 (50%)

Other venues mentioned by five percent of the participants:

- Libraries (2)
- Health department (2)
- Free clinics (2)
- Health fairs (2)
- Schools (2)
- Word of mouth (3)
- Recreational centers (2)

One Latino breast cancer survivor who was interviewed suggested Spanish TV because she said that a lot of Latino women watch Spanish TV. A nurse who is Hmong suggested their Hmong festivals and soccer games. She recommended sending someone who is Hmong to these events.

The community profile committee decided to target younger women for our general public surveys since we felt that the key informants would tend to be older. The youngest participant from the general public is 18 and the oldest is 66. The average age is 40. We received 132 surveys. The general public surveys included all the questions that the key informant survey contained, plus we asked how long it had been since they had seen a physician for a physical and if they were 40 or older, how long had it been since they had received a mammogram. Unfortunately, about 14% (11) of our survey participants received our first draft that didn't include the question about the free mammograms.

After the key informant interviews, we were very interested in obtaining more information from minorities, especially Asian women. Using key informants to assist with identifying ethnic women, we were able to obtain 80 surveys from minority women, which is 61% of our total surveys. The ethnic breakdown was 35 % Asian (46), 12% African-American (16), 13% Latino (17), 39% Caucasian (51) and less than 1% other (1). Three of the returned surveys were from breast cancer survivors. Only 36% (47) felt that they were at risk for breast cancer. Negative family history was the most common cited reason for not being at risk. Other reasons included too young, good health habits, and receiving regular physicals and mammograms. Women who identified themselves as being at risk listed positive family history, age, being a woman, hormone replacement therapy and having no children. Asians and Latinos were most likely to feel that they were not at risk. Only 24% of both groups answered yes to this question. Caucasians scored 43%. Surprisingly, 63% of the African-Americans felt that they were at risk. Several of the interviewees had a family member with a history of breast cancer.

Most women knew how to go about (83%) and where to go (73%) to receive a mammogram. Latinos were the least likely to know. Only 35% knew how and 30% knew where. Their general lack of knowledge of our area and our healthcare system played a large part in the equation. Caucasians were most likely to know, followed by African-Americans. See table below.

Only 16% of the survey participants (22) knew where low-income, uninsured women could receive a free mammograms. Caucasians were most likely to know (24%). Asians scored 15%, but all but one of the seven who knew attend a Hmong church where a breast health class was taught within the past year. Unfortunately, half of the surveys taken by African-American women had the free mammogram question omitted. Of the 8 completed, only 1 woman knew where to get a free mammogram (12%). Latinos also scored 12%.

Survey Questions	All women	Minorities*	African-Americans	Asians	Latinos
Total of participants	132 (100%)	79 (100%)	16 (100%)	46 (100%)	17 (100%)
At Risk	47 (36%)	25 (32%)	10 (63%)	11 (24%)	4 (24%)
How to get a mam.	109 (83%)	61 (77%)	15 (94%)	39 (85%)	6 (35%)
Where to get a mam.	97 (73%)	5 (67%)	13 (81%)	33 (72%)	5 (30%)
Free mammography	22 (16%)	10 (14%)	1 of 8 (12%)	7 (15%)	2 (12%)

The women who have had a physical with a clinical breast exam were getting them on a fairly regular basis. The average time from the last exam was 16.8 months. Ten women had never had their breasts

examined by a health care professional. Of these, nine were Asian (Hmong). They ranged in age from 18 to 61. Five were aged 40 or older. Eighty percent of Asian women had received a physical including a clinical breast examination at least once compared to 98% for Caucasian women and 100% for both African American and Latino women surveyed.

Women who have had a mammogram also did so on a regular basis. The average time from the last mammogram was 15 months. Sixty of the survey participants were 39 or younger and were not factored in this evaluation. Seven women never had received a mammogram. All were Asian/Hmong. They ranged in age from 41 to 61. Only 67% of the Asian women aged 41 and older had ever had a mammogram compared to 93% for Caucasian women and 100% for both African American and Latino women surveyed.

Barriers to women receiving a mammogram mirrored the results from the key informant surveys. Seventy-eight percent (103) thought the biggest barrier was a lack of insurance. Cost was second with 69% (91). Sixty one percent (81) marked that women didn't think that they needed to get a mammogram. Fear of results was checked by 48% (63). Transportation and fear of pain tied at 41% (54). See table for minority information.

Barriers to Receiving Mammograms	All Key Informants	All Minorities	African-Americans	Asians	Latinos
Total of participants	132 (100%)	79 (100%)	16 (100%)	46 (100%)	17 (100%)
Transportation	54 (41%)	28 (39%)	4 (25%)	21 (46%)	3 (17%)
Uninsured	103 (78%)	52 (66%)	13 (81%)	30 (65%)	9 (53%)
Cost of mammograms	91 (69%)	50 (63%)	9 (56%)	34 (74%)	7 (41%)
Fear of results	63 (48%)	37 (47%)	8 (50%)	24 (52%)	5 (29%)
Fear of pain	54 (41%)	32 (41%)	5 (31%)	24 (52%)	3 (18%)
Don't think they need one	81 (61%)	48 (61%)	10 (63%)	32 (70%)	6 (35%)

Venues for reaching women about breast health were similar to the key informant surveys. Asians listed churches (37%), classes (35%), newspapers (17%), cultural events (15%), soccer tournaments (15%), radio (13%), and Asian markets (11%) as the best venues. Nine percent (4) thought the information should be printed in both Hmong and English. African American choices were church (94%), classes (81%), newspapers (81%), radio (50%), workplace (25%), public schools (13%), and television (13%). Latinos marked classes (59%), churches (29%), radio (24%), and newspapers (12%). Places for classes included churches and Centro Latino.

One venue only listed by one survey participant but very intriguing, was the use of the Internet to reach women. Our affiliate website could list not only breast health information, but local resources including the BCCCP program. The information could also be sent to local hospital and ethnic websites. Even if women did not have access to the Internet, it would put the information at the fingertips of the agencies most likely to assist them with medical, financial and other needs.

Conclusions

The statistic data showed that the NC Foothills Affiliate area has a higher than state and national unemployment rate. The unemployment rate will lead to higher number of women who are uninsured. Many of these women will be uninsured for the first time in their lives and not knowledgeable of community resources and programs. Only 16% of the participants in the general survey knew where low-income, uninsured women can go to receive free mammograms and minority women were even less likely to know (14%).

Priority One: Our affiliate needs to work with our grantees that provide free mammograms to help inform women of all ethnic groups about how to access free mammograms for qualified women.

Lag Measures

- Increase the number of women receiving free mammograms through our grantees by five percent per year for the next three years

Lead Measures

- Develop a NC Foothills Affiliate brochure that will list free mammograms sites by October 2009
- Ensure all breast health programs will include information on locations for free mammograms by August 2009
- Provide media coverage of how grants are being used in our affiliate, including funds for free mammograms, at time of grant distribution every April and at least once during the year.
- Each county will implement one special project to educate women about free mammograms by March 31, 2012

Latinos were the least knowledgeable of all ethnic groups about how to access and where to go to receive a mammogram. Latinos are still a fairly new population to our area. They are also more mobile and tend not to stay in one area as long as other ethnic groups. Language is also a problem for them. The problem with their names and their general distrust of the healthcare system as described by key informants illustrate other problems with serving this population.

Priority Two: The NC Foothills Affiliate will target the Latino community for breast health education.

Lead Measures

- Provide breast health information to 250 Latino women in our affiliate area by March 31, 2010.
- Increase number of women reached by 10% per year for the next two years (2010-2011 and 2011-2012)

Lag Measures

- Each county will implement one special project to educate Latino women by March 31, 2012
- Komen Education Committee will implement Teaching Adolescents about Breast Self Exams (TABSE) in all three counties by March 31, 2011
- Increase the number of grants to minority organizations by one per year
- Work with Centro Latino, schools, and churches to hold ten breast health classes yearly
- Participate in five health fairs yearly that target Latino women

Asians, most of which are Hmong, have the highest percentage of women aged 40 and older who have never had a mammogram (33%) and the number of women who have never had a clinical breast examination (20%). Due to cultural and religious barriers, special consideration and sensitivity will be

needed to reach this community. Some women in the community may never be receptive, but our affiliate needs to provide the information and let the women decide for themselves.

Priority Three: Our affiliate will target the Asian community for breast health education.

Lead Measures

- Provide breast health information to 150 Hmong women in our affiliate area by March 31, 2010
- Increase number of women reached by 10% per year for the next two years (2010-2011 and 2011-2012)

Lag Measures

- Each county will implement one special project to educate Hmong women by March 31, 2012
- Komen Education Committee will implement Teaching Adolescents about Breast Self Exams (TABSE) in all three counties by March 31, 2011
- Increase the number of grants to minority organizations by one per year
- Work with the Hmong Association, schools, and churches to hold five breast health classes yearly
- Provide breast health information at two Hmong events yearly

Like national statistics, African Americans in our affiliate area have the highest mortality rate (30.25 per 100,000 compared to 27.29 for whites) and are twice as likely to be diagnosed with Stage 4 breast cancer than other ethnic groups. Although the African Americans in our general public surveys were knowledgeable and reported good breast health practices, our sample size was low. Key informants raised several issues related to the economy and a general disinterest in health issues.

Priority Four: The NC Foothills Affiliate will target African Americans for breast health information.

Lead Measures

- Provide breast health information to 500 African-American women in our affiliate area by March 31, 2010
- Increase number of women reached by 10% per year for the next two years (2010-2011 and 2011-2012)

Lag Measures

- Each county will implement Sister to Sister Parties by March 31, 2011
- After implementation, each county will hold six Sister to Sister Parties each year
- Komen Education Committee will implement Teaching Adolescents about Breast Self Exams (TABSE) in all three counties by March 31, 2011
- Increase the number of grants to minority organizations by one per year

Considering the down turn in our economy, the number of women losing their jobs and insurance and the general lack of knowledge regarding local programs and services that we discovered in this survey, our affiliate is receiving few inquiries about assistance with screening or information in general about breast cancer. We are not being perceived in our community as the “go to” organization for information about breast health and screening. We still suffer from lack of name recognition. If we are to serve women, they need to know that we exist and what our mission is.

Priority Five: Increase our name recognition in our community, particularly in minority communities.

Lead Measures

- Increase minority volunteers by 100% by Race Day – October 2009 and 10% for the next two years
- Increase minority board members to 20% by April 2011
- Increase race participants by 10% by Race Day – October 2009 and 10% for the next two years

- Website hits will increase by 25% by April 1, 2010 and 10% yearly for the next two years

Lag Measures

- Contact four professional groups in each county by April 1, 2010 to offer presentation
- Contact 50 churches in each county by April 1, 2010 to offer presentation
- Contact four civic groups in each county by April 1, 2010 to offer presentation
- Contact ten businesses in each county by April 1, 2010 to offer presentation
- Develop brochure by October 1, 2009
- Have at least 20 press releases in local newspapers by April 1, 2010 and yearly thereafter
- Develop a grant mentor program with at least one minority group per county (previous grant recipient to mentor with potential minority grantees) by April 1, 2011