



COMMUNITY PROFILE REPORT

Susan G. Komen for the Cure®
NC Triangle Affiliate
Executive Summary



2011

Disclaimer

The information in this Community Profile Report is based on the work of the NC Triangle Affiliate of Susan G. Komen for the Cure® in conjunction with key community partners. The findings of the report are based on a needs assessment public health model but are not necessarily scientific and are provided “as is” for general information only and without warranties of any kind. Susan G. Komen for the Cure and its Affiliates do not recommend, endorse or make any warranties or representations of any kind with regard to the accuracy, completeness, timeliness, quality, efficacy or non-infringement of any of the programs, projects, materials, products or other information included or the companies or organizations referred to in the report.

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I. Executive Summary

A. Introduction

This report is the fifth edition of the Susan G. Komen for the Cure, NC Triangle Affiliate's bi-annual community assessment. Each edition of this report has built upon prior quantitative and qualitative data and has expanded both the topics covered and the level of data analysis.

The NC Triangle Affiliate of Susan G. Komen for the Cure was founded in 1997 and incorporated in 2000 when the first board of directors identified a service area encompassing 13 counties around the Research Triangle region of North Carolina. In 15 years, the Komen NC Triangle Affiliate ("Affiliate") has raised more than \$12 million dollars through events like the Komen NC Triangle Race for the Cure®, individual donations and corporate philanthropy. Beginning in 2009, the Affiliate embarked on a multi-year expansion effort; six counties were added prior to the 2011-2012 Community Health Grants Cycle, and a seventh was added early in calendar year 2011. This Community Profile includes data from 20 counties.

For the 2011 grant cycle the Affiliate has invested in 18 community projects totaling \$1 million, providing financial assistance for breast health services to underserved women and men and funding everything from mammograms to mastectomies, patient navigation and outreach. Additionally, the Affiliate invests heavily in community mobilizing and provider capacity-building activities, including networking events, workshops and site visits that focus on several key principles: program development, program evaluation, evidence-based strategies, continuum of care, cultural competency and collaboration among organizations.

The Affiliate hosts the largest 5K Race in the Carolinas and is managing two national Komen grants: The "Edgecombe County & 'Area L' Breast Cancer Initiative" is a multi-year effort focused on reducing breast health disparities in a 5-county region, and the "Latino/Hispanic Community Advisory Group: A Plan for NC Triangle and Beyond" project is funded by a grant from the Yoplait Fondo Para la Mujer and focuses on building a targeted community action plan.

The purpose of the 2011 Community Profile is to provide current and comprehensive information on the status of breast health, breast cancer and delivery of related services within the Affiliate's 20 counties and in adjacent regions that interact with these counties. This assessment establishes a framework for further assessment that will be taking place on an ongoing basis through the Affiliate. By continuing to learn about the regions, counties, towns and individuals in our service area, we remain focused on outcomes and impact that support our vision of a world without breast cancer.

B. Statistics and Demographic Review

The Komen NC Triangle Affiliate's 20-county service area is diverse demographically and geographically, comprised of metropolitan areas, suburbs, small towns and rural communities. The Affiliate area currently covers roughly 1,304 square miles and has total population of just

under 2.5 million, with great variation across counties from the smallest, Warren County with a population of approximately 19,000 people, to Wake County with about 890,000 people. The quantitative data in this report come from federal, state and local sources, and the qualitative findings represent diverse perspectives from within the Affiliate service area. This study includes:

- breast health program and service inventories and mapping,
- key informant interviews to explore community, provider, survivor and patient experiences,
- socio-economic, geographic and racial/ethnic demographics,
- the epidemiology of breast cancer at the Affiliate, state and national levels,
- summary of needs related to breast health services,
- identification of gaps between needs and resources,
- focused study of communities with unique challenges.

1. Key Demographics

Key demographic characteristics of the service area include:

- The median income is \$42,579 compared to the state at \$46,574 and national average which is \$52,029; however, median household income ranges from \$28,351 in Warren County to \$64,527 in Wake.
- Educational attainment is similar to state and national figures; however this varies widely by region. In Northampton, Halifax, and Vance Counties a high percentage of the population didn't graduate from high school, where as Wake, Durham and Orange have particularly high percentages of PhDs.
- The Hispanic /Latino population in NC has grown 300% in 10 years.
- Minority populations range from a low of 25% in Moore County to a over 60% in Edgecombe County.
- While the service area has several regions that are classified as metropolitan, it also has many "micropolitan" and rural areas with unique public health challenges.

2. Key Statistics

Key breast cancer statistics include:

- The female breast cancer incidence rates for counties in the Affiliate service area are higher than both the North Carolina and national rates.
- Three rural counties, Edgecombe, Halifax and Northampton, have the highest breast cancer mortality rates within the service area.
- White women experience higher incidence rates of breast cancer, but minority women have higher mortality rates from the disease in every county except Lee and Moore.
- Almost 40% of women age 40 and older in the service area had not received a mammogram in the last 12 months—regardless of insurance status.
- The presence, or lack thereof, of Breast and Cervical Cancer Control Program (BCCCP) funded services in a community appears to have no correlation to mammography rates.

C. Health Systems Analysis

This community profile takes an in-depth look into the status of breast health programs in one specific cluster of communities in the southwestern region of the service area: Lee, Moore,

Chatham, Scotland and Harnett Counties. This region is home to some of the poorest citizens in the state and one of the wealthiest golf/retirement destination communities (Pinehurst). County hospitals and local healthcare providers compete with the massive University of North Carolina Hospitals and Duke Medicine systems located just an hour away. Each of these counties has at least one public transportation system, hospitals and clinics offer transportation services, yet key informant discussions pointed to a lack of awareness about these and other important support services for patients both pre- and post-diagnosis.

D. Qualitative Data Overview

Qualitative data collection involved interviews with providers and focus groups with county residents, including several survivors and current breast cancer patients. Primary themes that emerged included:

- access, cost and distance of transportation to treatment,
- challenges for non-English speakers,
- screening and treatment resources,
- financial burden of treatment and prescription for all residents,
- importance of having a breast health navigator.

E. Conclusions

The Komen NC Triangle Affiliate has annual set goals that focus on maximizing the impact and outcomes of our mission program. The data gathered and reported here will add a new layer of focus to our mission investment strategies. As we learn more about our service area, and as we continue to expand our service area over the next few years, the complexity of issues demands almost continual study. This community assessment has also introduced new questions that we must address in order to continue building excellence in mission delivery.

The Affiliate's action plan based on this 2011 Community Profile will be a multi-faceted investment in the mission activities that we do best: community assessment, community health grant funding, community mobilizing activities and provider education and support. The plan will focus on target areas identified by this community assessment, including access issues, financial and social support for patients and language barriers. The plan will also create processes and infrastructure that will support ongoing community assessment and responsive, community-based activity to address challenges in a targeted way, and not with generic solutions.

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