



## COMMUNITY PROFILE

Susan G. Komen for the Cure®  
Oregon and SW Washington Affiliate

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### Executive Summary

# 2009



## ACKNOWLEDGEMENTS

The Oregon & SW Washington Affiliate of Susan G. Komen for the Cure® sincerely appreciates all of the time and effort community agencies and key individuals dedicated to the development of this Community Profile. Komen volunteers and staff completed the Profile.

**Table 1. Members of the Community Profile Task Force**

Cynthia Grant, MBA, Chair Business Owner	Gail Brownmiller, MPA Director of Community Programs Komen Affiliate Staff
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The Affiliate also wishes to thank these individuals for their assistance in conducting key informant interviews, recruiting for or conducting focus group research and conducting the mammography site survey: Marc Smiley, Sharon Bennett, Laura Manley, Suzie Kalapus, Jessica Downs, Susan Hunsucker, Five Rivers Medical Clinic, Ed Weih, PAC; Green Mountain Medical Clinic, Warren Griffith, DO; Peggy Demagalski, Joan Books and Joshua Kermisch of Oregon Imaging Center, Valerie McCasland and Linda Bergman of the American Cancer Society Cancer Resource Center in Florence, Oregon; Judy Reece and Leona Stolde of Curves Ahead in Eugene, Oregon. For additional information, contact Gail Brownmiller at [gbrownmiller@komenoregon.org](mailto:gbrownmiller@komenoregon.org).

As part of our needs assessment, the Task Force interviewed 28 community leaders who are knowledgeable regarding breast health issues and the delivery of these services in the nine “Counties of Interest”. The insights these individuals provided were invaluable, and again, the Task Force wants to give its sincere thanks for their participation. The organizations these individuals represented are shown in Table 2.

**Table 2. Community Organizations in Oregon and SW Washington**

African-American Health Coalition	Naturopathic Private Clinic
Asian Health & Service Center	Oregon Health Sciences University (OHSU)
Bodyview Advanced Diagnostic Imaging	Oregon Primary Care Association
Choctaw Nation /Oregon Tribes contact	Parish Health Promoter Program
Chrysalis Ministries	Providence St Vincent Medical Center
Confederated Tribes of the Grande Ronde	Salud! (Tuality Healthcare Foundation)
Elders in Action	Tuality Healthcare
Epic Imaging East	SW Washington Medical Center
Every Woman’s Health	Salem Cancer Institute
First Avenue Clinic	Salud Medical Center (Woodburn)
Free Clinic of Washington	Washington State Breast & Cervical Health Program
Hacienda Community Development Corporation	Women with Disabilities Health Equity Coalition
Hillsboro Women’s Clinic	YWCA of Salem
Immigrant & Refugee Community Organization	

# Executive Summary

## *Introduction*

The Oregon and SW Washington Affiliate of Susan G. Komen for the Cure® was started in 1992 and is working to fulfill the Komen Promise to save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing sciences to find the cures. The 2009 bi-annual Community Profile identifies key breast health issues in the 39 counties served by the local Komen Affiliate in order to establish priorities for improving breast health services. We identified four major findings in regard to our target population: (1) the demand for low or no-cost mammography and related diagnostic services vastly exceeds supply and will increase greatly over the next year or two as a result of the deteriorating economy, the growth in unemployment and the projected increase in the number of people without health insurance; (2) 72% of women who did not have an annual mammogram in 2008 in the Affiliate service area, had some type of insurance (private, Medicare or Medicaid) (2008 Thomson Reuters®); (3) obtaining culturally competent care is an issue for many women; and (4) Hispanic women have a statistically higher rate of late stage diagnosis for breast cancer than White women (OSCaR 1996-2006). Two issues on providing services were emphasized: (1) women living in rural areas must travel long distances for services, and (2) many women reported receiving a cursory clinical breast exam.

This report's recommendations include: maintaining the existing screening budget; developing programs to improve mammography screening rates; changing the messaging in the Education and Outreach program to explain the benefits of early detection; expanding the transportation program, and developing a Speaker's Bureau for providers; and creating a provider packet of information encouraging mammograms, clinical breast exam training and billing options based on the 2005 insurance law revisions.

Oregon and Washington continue to be among the top five states in national state rankings for incidence of breast cancer. The 2004-2005 average age-adjusted rate per 100,000 women for incidence of invasive breast cancer was 129.41 in Oregon and 130.96 in Washington vs. a U.S. rate of 119.09. The mortality rate for 2005 was 21.9 in Oregon and 23.1 in Washington vs. a U.S. rate of 24.4. (OSCaR 2002, 2005 and WSCR 2002, 2005) There were a total of 1,021,730 women over the age of 40 in the service area. (Thomson Reuters® 2007)

In terms of race and ethnicity, the majority of women 40+ in our service area are White. Hispanics account for about 4%, Asians account for less than 3%, African-Americans represent just over 1%, American Indians are about 0.63% and the remaining 1.41% are in the All Other category. (Thomson Reuters® 2007)

In FY08, the Oregon Breast and Cervical Cancer Program (OBCCP) and the Affiliate provided screening and diagnostic services to 9,039 women, representing about 20% of the estimated 44,000 eligible women. Unfortunately demand for free mammograms among the uninsured, low-income population significantly outnumbers the supply. Of the 9,039 women, 83% were White, 1% were African American, 3.5% were Asian and Pacific Islander, 1.7% were Native American, and 10.6% were unknown. Hispanic women represented 32% of the women served.

Lack of health insurance is a key barrier to mammograms for low income women and underserved women. However, many women who have insurance still do not seek annual mammograms. In order to analyze this particular group, 12-month Thomson Reuter®

mammography usage data was used. The next chart estimates that about 72% of the women in Oregon and SW Washington, who did not have an annual mammogram in 2008, have some type of insurance (Private, Medicare or Medicaid).

**Table 3. Women 40+ No Mammogram, with Health Insurance (Private, Medicare, or Medicaid)**

<b>Women 40+ in Affiliate Service Area Who:</b>	
Did not have a mammogram in the last 12 months	387,687
Do not have health insurance	- 107,705
Did not have a mammogram, but have health insurance	= 279,982
% of Women 40+ that did not have a mammogram, but have health insurance	<b>72.2%</b>

Source: Thomson Reuters<sup>®</sup>, 2008

Clearly there are significant non-financial barriers that prevent women over 40 years of age from getting mammograms. One conclusion is that a core component of the Affiliate Strategic Plan must include activities to increase the number of insured women getting annual mammograms.

### ***Exploratory Research Key Findings***

The Community Profile includes more in-depth exploratory research on selected “Counties of Interest”. Nine counties were selected based on their location and population density. They include Multnomah, Washington, Clackamas, Marion, Polk, Lane, Clark, Cowlitz and Skamania Counties. The research also included Key Informant interviews with 26 agencies, three focus groups in Lane County and a phone survey of mammography sites in all nine counties.

A key finding is that breast health issues and needs vary more by insured vs. uninsured women, race, ethnic group or the number of providers that may be available for mammography services, rather than by geography. There are largely no substantive differences in the nature of each of these issues across the various counties that suggest a need for tailored, county-specific programs. There are two programs serving the entire service area, the screening program and the transportation program. Other services will continue to be targeted to specific groups in specific areas, with the possibility of developing into statewide programs in some cases.

The Key Informant interviews and the focus groups identified several barriers to mammography. “Financial reasons” was ranked first in more than fifty percent of the interviews. “Cultural barriers” was ranked high among racial and ethnic groups. “Fear” of pain and cancer detection was ranked high across all groups. Access to mammography sites with extended evening and weekend hours would encourage working women to obtain mammograms. Most women were not aware of the Breast and Cervical Cancer Screening program for low income women.

A key finding from these interviews was that women did not understand the message that mammograms save lives. Many women across all demographics did not understand that breast cancer can be successfully treated if detected early. These women fear mammograms because it may reveal breast cancer and to them, breast cancer means a likelihood of death. Educational efforts need to focus on the importance of how early detection is related to successful treatment outcomes.

Final comments suggested that many women still receive cursory clinical breast exams and that providers could be more pro-active about encouraging their female patients to get annual mammograms.

## ***Prioritized Problem Statements and Action Plan Highlights***

The following statements are listed in rank order of their need to be addressed.

- # 1: Demand for free mammograms among underserved, uninsured and low-income populations significantly outstrips supply.
- Maintain the existing screening budget even if other areas of the Affiliate budget must be reduced during this difficult economic period
  - Prioritize screening resources for Women 50+ years of age
  - Continue with health reforms by advocating for SB891 and SB892 in the 2009 legislature
  - Participate on Oregon Breast and Cervical Cancer Program Allocation Committee
- # 2: A majority of Women 40 years of age and older that did not have a mammogram in the last twelve months have some form of health insurance (private, Medicare or Medicaid).
- Publicize the breast health “Bill of Rights” for services
  - Revise and create educational materials to increase understanding of the importance of early detection
  - Develop a corporate outreach program with clear messaging
  - Create an email mammogram reminder program that enrolls Komen volunteers, race participants, etc. to annually contact close friends and family members near the time they should receive their annual screening mammogram
  - Select and conduct one or more of the potential testing programs to identify “best practices” in order to increase mammography compliance through insurance companies, mammography sites or physician’s offices
- # 3: Many low income and underserved women do not seek services because they are not delivered in a culturally competent manner; therefore, many women feel uncomfortable.
- Increase OBCCP screening and treatment for women who are Hispanic, African American or have disabilities
  - Increase culturally competent messaging through Affiliate outreach programs
  - Develop outreach programs in partnership with African American churches
  - Create several research projects for interns to answer questions raised in this report
  - Partner with local programs throughout the service area to find resources for women not served by the state screening programs
  - Increase the number of culturally competent providers through increased education and training
- # 4: Transportation for mammograms and cancer treatment is a significant issue.
- Implement the new service area-wide transportation program
  - Evaluate the effectiveness of transportation to cancer treatment vs. screening services
- # 5: A significant number of Key Informants stated that many providers are not pro-active in encouraging women over 40 years of age to obtain annual mammograms and women often receive a cursory clinical breast exam.
- Create a medical speakers bureau and a provider packet of information with training and insurance law information related to clinical breast exams and strategies to encourage women to obtain annual mammograms.