



COMMUNITY PROFILE REPORT

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2011

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Sources of Qualitative/Quantitative Data:

National Cancer Institute
US Bureau of the Census
Mississippi Department of Health
Tennessee Department of Health
Centers for Disease Control and Prevention
Tennessee Cancer Registry
Mississippi Cancer Registry
The Behavioral Risk Factor Surveillance System
American Cancer Society
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Executive Summary

Introduction

Nancy G. Brinker promised her dying sister, Susan G. Komen, she would do everything in her power to end breast cancer forever. In 1982, that promise became Susan G. Komen for the Cure® and launched the global breast cancer movement. Today, Komen for the Cure is the world's largest grassroots network of breast cancer survivors and activists fighting to save lives, empower people, ensure quality care for all and energize science to find the cures. Thanks to events like the Komen Race for the Cure®, we have invested more than \$1.3 billion to fulfill our promise becoming the largest source of nonprofit funds dedicated to the fight against breast cancer in the world. For more information about Komen for the Cure, breast health or breast cancer visit www.komen.org or call 1-877-GO KOMEN.

The Memphis-MidSouth Affiliate of Susan G. Komen for the Cure has a mission to eradicate breast cancer through education, screening, and treatment. We serve five counties in two states: Fayette, Shelby and Tipton in Tennessee, and DeSoto and Tunica in Mississippi. Cities include Arlington, Bartlett, Lakeland, Memphis, Germantown, Collierville, Covington, Brighton, Atoka, Oakland, Somerville, Millington and Munford in Tennessee, and Southaven, Olive Branch, and Tunica in Mississippi.

Since our inception in 1992, Komen Memphis-MidSouth has granted over \$6,500,000 in our mission to eradicate breast cancer through education, screening and treatment in the MidSouth in addition to the greater than \$1,000,000 we have invested in research via Susan G. Komen for the Cure. Our Affiliate has collaborated with major hospitals/hospital systems in our area including Baptist Memorial Healthcare, Methodist LeBonheur Healthcare, Regional Medical Center at Memphis (The Med), and St. Francis Hospital-Memphis as well as community providers including Christ Community Health Center, The Church Health Center, and the YWCA. In fiscal year 2010-11, we provided grants totaling over \$850,000 dedicated for breast health care in our five-county service area.

Our Community Profile will be used to ensure that our Affiliate makes strong and sound decisions so that our resources can deliver the greatest impact. We gathered statistics and demographics, interviewed health care providers, and listened to survivors and other women in the community about their breast health needs. We then compiled this information into a useful guide for breast health care in the MidSouth. We will use our Community Profile continue to make strides in our mission to eradicate breast cancer with the best use of our local resources.

Statistics and Demographic Review

The Centers for Disease Control and Prevention (CDC) states that not counting some different kinds of skin cancer, breast cancer in the United States is the most common cancer in women, the most common cause of death from cancer among Hispanic

women and the second most common cause of death from cancer among white, black, Asian/Pacific Islander, and American Indian/Alaska Native women. In 2007, 200,964 women were diagnosed with breast cancer and 40,598 women died from breast cancer across the country (CDC, September 2010).

Between 2004 and 2007, in Tennessee, there were 20,124 women diagnosed with breast cancer and 7,145 in Mississippi with approximately 15 percent and 5 percent occurring in our service area, respectively. (Tennessee Cancer Registry, 2010; Mississippi Cancer Registry, 2011)

The demographics of the Memphis-MidSouth Affiliate service area vary significantly. We serve both urban and rural areas and cities and towns with either a predominantly African-American or a predominantly Caucasian population. We also represent an area with significant variation in education and income and insurance.

The total population in our five-county area, according to the US Census Bureau (2009), is approximately 1,187,665. Shelby County, Tennessee, population 920,230, represents the majority of our Affiliate. The city of Memphis, population 670,902, comprises more than 56 percent of our Affiliate population. Since breast cancer is a high cause of death in African-American women, a demographic that is important to know is 'who lives where' so that we might have race specific programs targeted to the community (see Figures 1 and 2).

Population by Race in our 5 Counties, Percentage of Population by Race*

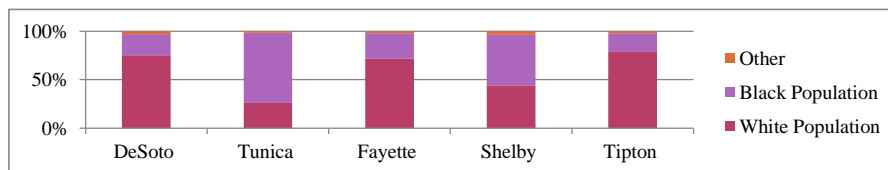


Figure 1. Percentage of population by race for the Memphis-MidSouth area.

2009 US Census Bureau

Female Breast Cancer Incidence and Death Rates by Race and Ethnicity in U.S.

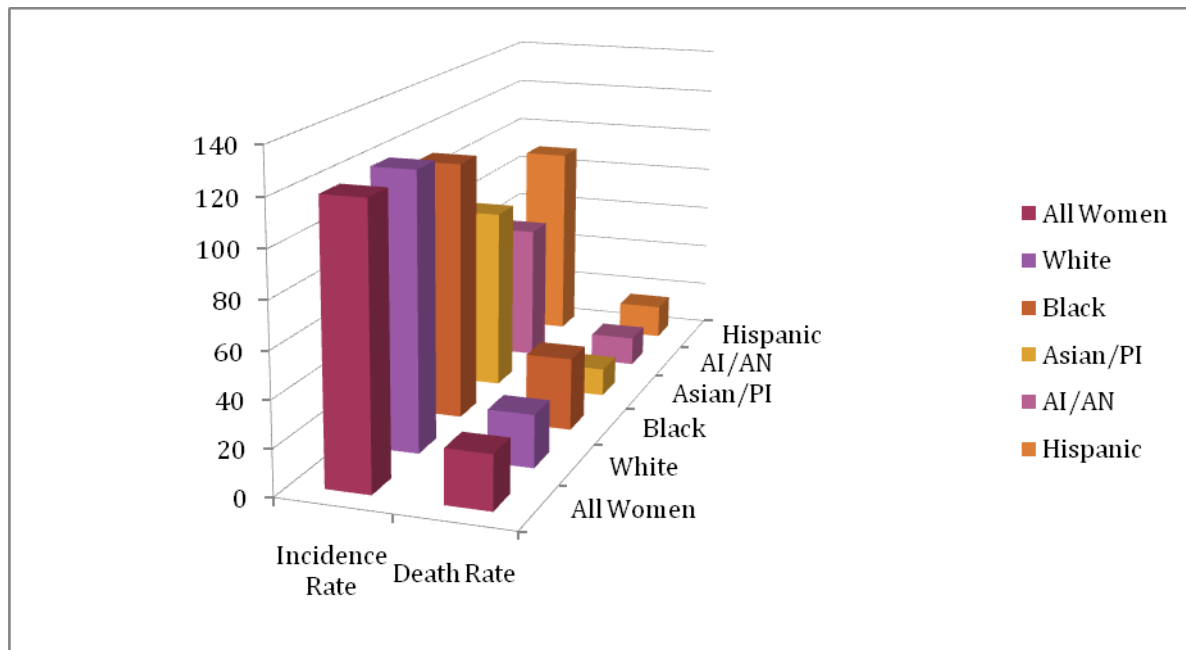


Figure 2. Female breast cancer incidence and death rates by race and ethnicity in U.S. Centers for Disease Control

It is indicated that race plays a role in breast cancer survival. White women develop breast cancer at a slightly higher rate than African-American women do; however, African-American women are more likely to die from breast cancer and it is more prevalent in younger African-American women (American Cancer Society 2010, ACS). A recent November 2010 study concluded that there are progressively increasing frequency of estrogen receptor-negative and triple negative tumors among breast cancer patients with white American, African-American, and Ghanaian/African backgrounds (ACS 2010).

We serve three counties that are predominantly white, and these three had significant population growth in the past decade. The remaining two counties had a more modest growth and also have the highest number of citizens who are predominantly black, unemployed, un/underinsured, and living at or below poverty level.

We elected to choose two target communities, one in Mississippi and one in Tennessee, one predominantly white and predominantly black respectively. We selected DeSoto County, which has had significant growth since the 2000 census, is predominantly white, mixture of rural and urban communities, and has a poverty level of less than 10 percent. DeSoto County is also the wealthiest county in the state of Mississippi. The city of Memphis, while in the northern neighboring county to Desoto, is urban, predominantly black, and has a poverty level of at least 20 percent. Memphis is

in Shelby County, which has the highest number deaths from breast cancer in Tennessee.

We were also curious to detect any differences in previous breast cancer data as both of the areas have had a population shift according to recent US Census Bureau data. DeSoto County had an increase because of Hurricane Katrina. The city of Memphis also had a growth spurt as many New Orleans residents came up the river to Memphis, but as the restaurants and clubs reopened, many of the citizens returned home. In a new census development, (US Census 2010), African-Americans have been leaving the northern, traditionally black cities of Detroit and Chicago and moving South.

Health System Analysis

We used several different methods for Health Systems Analysis. We conducted primary interviews with 40 key informants, who represented all facets of our community. We talked with women and men, black and white, health care providers, including doctors and nurses, and leaders and volunteers at non-profit organizations. We conducted several focus groups in two counties. We obtained input from some of our grantees, as we wanted the full spectrum of the continuum of care in the MidSouth area. We used several sources for asset mapping including Google, Yellow Pages, present and past Grantees and Key Informants.

In our area, many women have insurance but do not get mammograms, and we have a large number of women who are un/underinsured. These two groups have become our focus. We found our service area also has a growing group of women who are un/underinsured but who are above the allowable poverty levels to qualify for treatment. We have excellent health care facilities in our area but they also have poverty level restrictions (250 percent at or below Federal Poverty Level FPL). The continuum of care from screening to diagnosis to treatment is crucial. Often providers do not screen patients that they cannot treat if there is a breast cancer diagnosis. Several of our counties have poverty levels well above the state average (*see Tables 1, 2 and 3*).

Table 1.

Health Insurance Status (uninsured only) for Mississippi and Tennessee: Age(40-64), Income (at or below 250% of poverty), Race (White), and Sex (Female Health Insurance Status

State	Number uninsured	Number in demographic group for all income levels	Number in the demographic group at or below 250% of poverty	Percent of uninsured in demographic group at or below 250% of poverty
Mississippi	26,611	292,833	94,347	28.2
Tennessee	65,320	859,348	252,934	25.8

SAHIE//State and County by Demographic and Income Characteristics/2007

Table 2.

Health Insurance Coverage Status (uninsured only) for Mississippi and Tennessee: Age (40-64), Income (at or below 250% of poverty), Race (Black) and sex (female)

State	Number uninsured	Number in demographic group for all income levels	Number in the demographic group at or below 250% of poverty	Percent of uninsured in demographic group at or below 250% of poverty
Mississippi	32,810	167,843	102,793	31.9
Tennessee	21,776	167,532	85,871	25.4

SAHIE//State and County by Demographic and Income Characteristics/2007

Table 3.

Health Insurance Coverage Status (uninsured only) for our 5 counties in Mississippi and Tennessee Age: (40-64), Income (at or below 250% of poverty) and sex (female)

County	Number uninsured	Number in demographic group for all income levels	MOE for percent uninsured in demographic group for all income levels	Number in the demographic group at or below 250% of poverty	Percent of uninsured in demographic group at or below 250% of poverty
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DeSoto (MS)	2,646	23,999	4.4	5,338	49.6
Tunica (MS)	133	1,593	4.7	936	14.2
Fayette (TN)	850	6,048	5.7	2,061	41.2
Shelby (TN)	13,147	162,175	3.1	54,062	24.3
Tipton (TN)	1,096	9,956	5.1	3,224	34.0

SAHIE//State and County by Demographic and Income Characteristics/2007

Qualitative Data Overview

We conducted four focus groups to learn what the members of our community believe about breast health care. Two of the groups were conducted with Survivor Support Groups in Shelby County, one with Community Leaders in Shelby County, and one in DeSoto County.

We also issued individual surveys, within same target communities. Two hundred surveys were issued to randomly selected members of another community non-profit organization. Forty-nine surveys were returned.

Extensive research was gathered from the U.S. Census Bureau, National Cancer Institute, Mississippi and Tennessee Department of Health and Centers for Disease Control for demographic and breast cancer data.

Through the focus groups and surveys, we learned that the churches are an excellent resource for communication and education for our African-American community members. We learned that funding continues to be the greatest inhibitor to breast health care. In addition, through the information gathered from state and national agencies, we learned there is a serious gap in the care and coverage for women who are uninsured and underinsured and especially for those who have incomes above adjusted poverty levels.

Conclusions

We determined we had to expand our horizons and offer more to meet the vast needs of our community. We are going to pursue greater funds for mammography in Memphis, form partnerships with our service area churches to expand our African-American outreach, and tailor our educational programming. We will focus programming on informing women who are un/underinsured on the available breast health resources, the importance of breast self-awareness for our African-American women who have not

reached screening age and to encourage women of screening age to participate in annual mammography.

Priorities for Action Plan:

Priority 1 - Increase grant applications and funding

Priority 2 - Expand breast health education by working with faith communities/places of worship and schools to increase Breast Health Education in Memphis, Tennessee

Priority 3 – Increase advocacy activities

Introduction

Affiliate History

The Memphis-MidSouth Affiliate of Susan G. Komen for the Cure® was founded in 1992. Our first race had 1,763 participants; last year we had over 19,000 participate and rose over \$1,200,000. This, our largest race in our history, provided over \$850,000 granted to the Memphis-MidSouth community.

The Affiliate provides the service area education about breast health, luncheon to honor survivors and provide important survivorship education, and screening and diagnostic services through grant funding. In addition, our Affiliate partners with the other three Komen for the Cure Affiliates in Tennessee to support our cause at the state legislative level.

While we have no research programs in our service area funded through our Affiliate, we do continue to support breast cancer research through funds distributed through our national headquarters and remain a leader locally by improving breast health through education, screening, treatment and follow up care.

Organizational Structure

Our Board of Directors leads the Affiliate and our staffs manage the daily activities. The board of 13 community leaders represents survivors, co-survivors, and medical professionals as well as a variety of professional backgrounds, including law, accounting, sales, medicine, and public relations. Our Executive Director and Affiliate Coordinator manage the daily activities of the Affiliate. Several committees are vital to our success, including our education, grants, race, and survivorship committees. The Memphis-MidSouth Affiliate of Susan G. Komen for the Cure is proud of our grass roots beginning and we continue in that tradition today.

Description of Service Area

Our Affiliate service area encompasses five counties in two states, Fayette, Shelby and Tipton in Tennessee and DeSoto and Tunica in Mississippi, with a combined population of 1,187,665. The areas are quite distinct. Two counties, Shelby in Tennessee and Tunica in Mississippi, are predominantly black. Fayette and Tipton in Tennessee, and DeSoto in Mississippi, are predominantly white. While we do have a growing Hispanic population as well as other non-black minorities, they represent less than 4 and 6 percent of Mississippi's and Tennessee's population respectively. However, we do have state level data suggesting that there is a larger percentage of Hispanic women who do not have a high school education, are uninsured and are living in poverty. (National Women's Law Center, 2010). There is also significant variation in education and income levels. We have included graphs and maps, which depict the social demographics for our population (see Figures 5, 6, 7 and 8.)

Median Household Income in U.S., Average Household Income

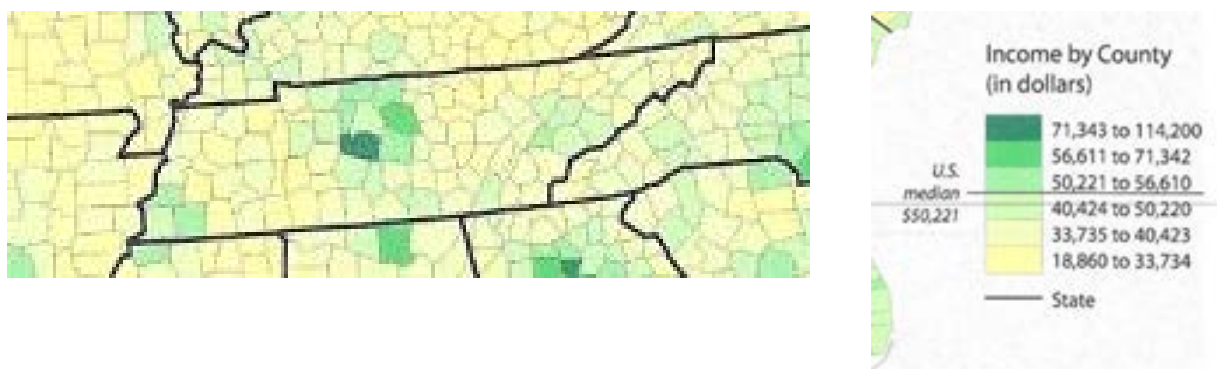


Figure 4. Median household income, 2009.
U.S. Department of Commerce Economic and Statistics Administration

Percentage of Poverty in U.S., Percent in Poverty

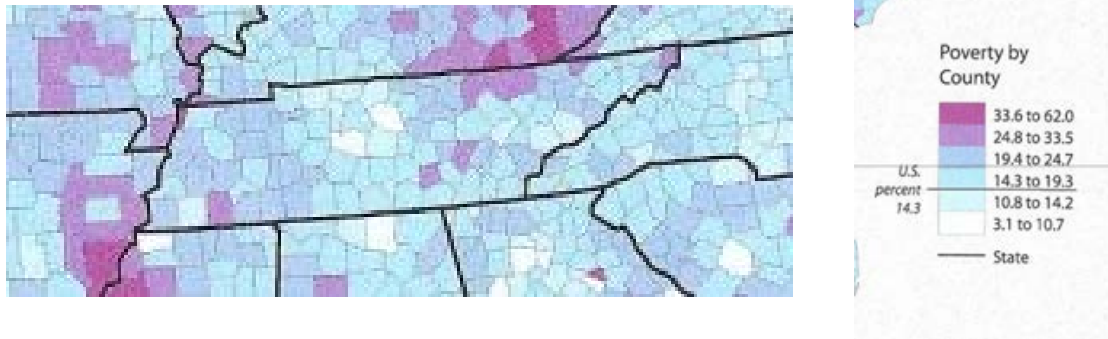


Figure 5. Percent in poverty, 2009.
 U.S. Department of Commerce Economic and Statistics Administration
Health Insurance Coverage Estimate, Percentage of Uninsured, Low Income Women

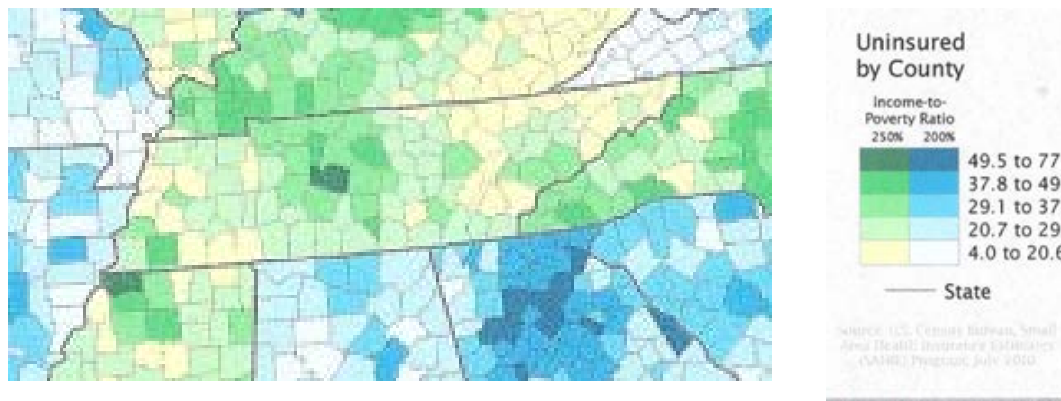


Figure 6. Health insurance coverage estimates, percent uninsured, 2007.
 U.S. Department of Commerce Economic and Statistics Administration

The MidSouth, which lies on the Mississippi River, is largely rural with vibrant farmland, several small cities like Germantown, TN, a suburb of Memphis, and Southaven, Mississippi, which is now the third largest city in Mississippi. We have one urban city, Memphis, Tennessee, population 620,902 (US Census.). The city of Memphis composes over 56 percent of our Affiliate population and it is predominantly black and has a poverty level of 20.6 percent (US Census). Because of recent economic conditions, we believe that the poverty level has risen. As one can see from the figures, the median income, level of poverty and number of uninsured varies widely in our service area. Specifically, the median household income ranges from a high in DeSoto County of \$57,810 to a low in Tunica County of \$27,520.

Purpose of Report

Komen's promise is to save lives and end breast cancer forever by empowering people, ensuring quality of care for all and energizing science to find cures. Our Community Profile highlights targets for the Affiliate to address in the coming years to help fulfill this promise. This information will be used especially for our Grants and Education committees as we focus on our mission and strive for the most effective and efficient use of our funds. We rely heavily on our key stakeholders, including grant recipients, focus groups, medical professionals, and other community members to assemble this Profile. This information collected will be used in the following activities:

- Encouragement of new grant applications to meet needs of the service area
- Revision of existing and design new educational programming
- Foundation for development of new community partnerships for outreach, education and fundraising

Other community organizations may use information from the Community Profile for the listed activities:

- Grant writing
- Education and outreach program planning

The profile was developed to not only serve the Affiliate but the entire breast health community in our service area for strategic planning, education and outreach efforts.

Measuring Breast Cancer Impact in Local Communities

Methodology

We obtained the majority of the breast cancer data from the National Cancer Institute (2009-10 update) and much of their data includes US Census Data from the 2000 Census. We also obtained information from the State of Tennessee via their Cancer Report (2003-07).

The State of Mississippi has not conducted a similar report. Breast cancer subset information was obtained directly from the States of Mississippi and Tennessee tumor registries. Therefore, all data is approximate, as we know that our service area has grown in population and that DeSoto County has become wealthier (US Census 2010). The methodology for mammogram data was obtained from Healthy People 2010 which was compiled by the National Cancer Institute from data from the 2008 Behavioral Risk Surveillance System which was sponsored by the Centers for Disease Control and Prevention. Community Profile team reviewed the data and compiled the report.

Overview of the Affiliate Service Area

Our service area encompasses five counties, two in Mississippi and three in Tennessee. Shelby County is our largest area of service including the city of Memphis, which has over 56 percent of our service population.

The Healthy People 2010 Target (National Cancer Institute) was to reach a 70 percent rate for screenings and mammograms. In the Screenings and Risk Factors Report for Mammograms for All Races, Female Ages 40+, Mississippi had a 69 percent rate and Tennessee had a 74.3 percent rate, ranking number 45 and 34 of our 50 states. However, based on the Thomas Reuters (citation?) report, the rates in our target counties were lower than the state rate. In Shelby County (including Memphis), 36.8 percent of women reported no mammogram in the prior 12 months and in DeSoto County, 36.4 percent.

Given the large proportion of our service area represented by Memphis and Shelby County as well as the growth and demographic changes to Desoto County, we elected to study these further as our target communities.

Using Cancer in Tennessee: 2003-2007 as a source (Tennessee Cancer Registry, 2010) we learned that breast cancer (females only) is the second leading cancer in the state with 20,124 new cases in that time period. Breast cancer (female only) was the third leading cause of cancer deaths with 4,495 Tennesseans affected. Tennessee and Mississippi are states in the top 10 for highest breast cancer mortality rates for black women and in the top 15 for white women. (Reuters) Several of our counties have higher mortality rates than the overall state mortality rate (see Figure 9).

Breast Cancer Deaths by Race in our Counties, Number of Deaths from Breast Cancer

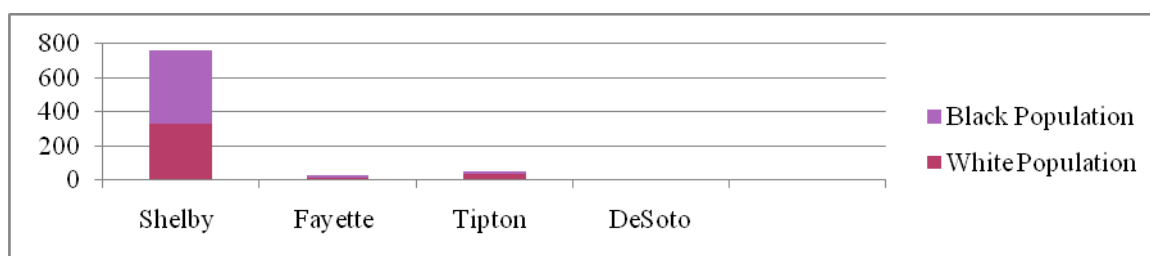


Figure 7. Number of deaths from breast cancer in Memphis-MidSouth area. Cancer in Tennessee: 2003-2007

All three Tennessee counties in our service area combined had 835 breast cancer deaths in 2003-07. Shelby County's 761 deaths represented 12.5 percent of the deaths from breast cancer in 2003-07 in Tennessee. This county's death rate is 28 percent higher for its disadvantaged population. (Rea, 2009). Data has been suppressed for

Tunica County to ensure confidentiality and stability of rate and trend estimates and to protect the identities. (NCI 2011)

Mortality rates are not the only significant statistics of interest. Certainly, mortality is linked to stage of breast cancer at presentation and in some cases, age. For all races, the five-year relative survival rate for women with localized breast cancer (cancer that has not spread to lymph nodes or other locations outside the breast) in the U.S. is 98 percent, 84 percent for regional disease and 23 percent for distant stage disease. (ACS, 2010). Mississippi has the second highest rate in the country of women presenting with distant disease, 5.4 percent. In our Mississippi counties of service, the stage at presentation is higher for black women with up to 45 percent presenting with either regional or distant disease (see Table 4). In Tennessee, race-specific stage information was not available but the rates of women presenting with regional and distant disease was around 34-38 percent (see Table 5).

Table 4.
Stage of Disease at Diagnosis, Female Breast Cancer

Tunica County, 2004-2008		
Stage of Disease	White Females	Black Females
<i>In Situ</i>	46.2%	10.0%
Local	30.8%	40.0%
Regional	15.4%	40.0%
Distant	7.7%	5.0%
Unknown	0.0%	5.0%
DeSoto County, 2008		
Stage of Disease	White Females	Black Females
<i>In Situ</i>	17.9%	16.7%
Local	48.8%	38.9%
Regional	28.6%	38.9%
Distant	3.6%	5.6%
Unknown	1.2%	0.0%

MS Tumor Registry 2011, Diedre Rogers, personal communication

Table 5.

Stage of Disease at Diagnosis, Female Breast Cancer

Tennessee Counties, 2004-2008				
Stage of Disease		Fayette	Shelby	Tipton
<i>In Situ</i>		20.8%	20.0%	18.7%
Local		41.5%	38.9%	39.9%
Regional		27.4%	34.0%	30.8%
Distant		6.6%	4.3%	4.0%
Unknown		3.8%	2.9%	6.6%

TN Tumor Registry 2011, Martin Whiteside, personal communication

In the U.S., the 5-year survival rate is slightly lower among women with breast cancer before age 40 (83 percent) compared to women diagnosed at age 40 and older (90 percent) (ACS, 2010). Between 2004 and 2008, there were 30 women under the age of 40 diagnosed with breast cancer in DeSoto County, 215 in Shelby County and less than 6 cases each in Fayette, Tipton and Tunica Counties (MS and TN Tumor Registries, 2011, Diedre Rogers and Martin Whiteside, personal communication). A study by researchers at the University of Tennessee Cancer Institute found that in their group of women diagnosed with triple negative breast cancer, there was a trend toward an increased proportion of black women diagnosed under 50 (50 percent) compared to white women (31 percent). Black women were significantly younger at diagnosis, 49.5 versus 55 years old (Sachdev 2010).

Historical Trends 1975-2007

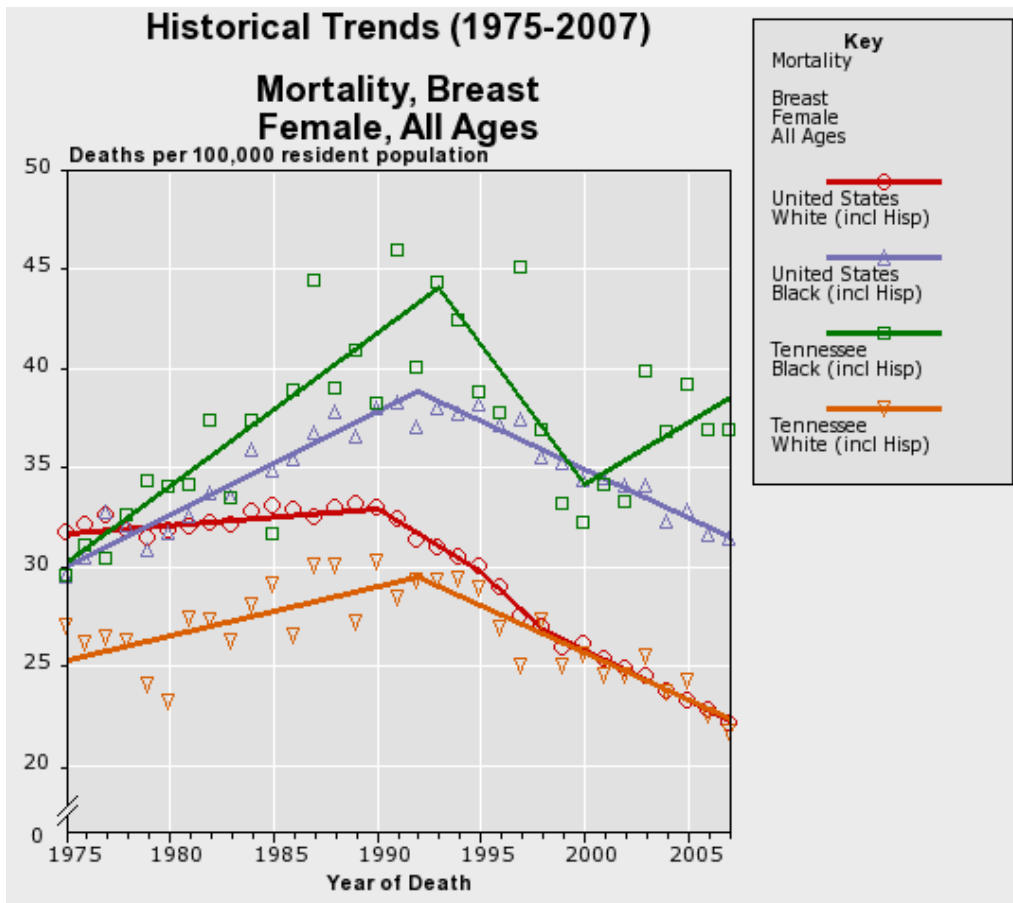


Figure 8: Historical trends for breast cancer mortality.
NCI

Communities of Interest

Our communities of interest for this profile are Memphis, Tennessee, and DeSoto County, Mississippi. We chose Memphis as one of our target areas because Memphis has our greatest population within the service area, represents a high breast cancer death rate, and has the highest total number of women diagnosed under 40 in Tennessee. We chose DeSoto County as the other given its significant growth and prosperity, in part because of hurricanes Katrina and Rita and suburban migration from Memphis. DeSoto also has a number of women who are uninsured in spite of the county's relative wealth. (NCI, US Census).

We have included significant demographic variables, as we know that understanding our community enables us to better assess its needs. These two areas have significantly different income levels as well as racial makeup (See Tables 6).

Table 6.**Demographic Information In Our Target Areas**

	Memphis, TN	DeSoto County, MS
Population, 2006 estimate	670,902	158,719
Female persons, percent, 2000	52.7%	75.3%
White persons, percent, 2000	34.4%	75.3%
Black persons, percent, 2000	61.4%	21.8%
Persons of Hispanic or Latino origin, percent, 2000	3.0%	4.6%
High school diploma or higher, percent of persons age 25+, 2000	76.4%	81.6%
Bachelor's degree or higher, percent of persons age 25+, 2000	20.9%	14.3%
Housing Units, 2000	271,552	60,750
Homeownership rate, 2000	55.8%	79.2%
Households, 2000	250,721	38,792
Median household income, 1999	\$32,285	\$60,117
Per capita money income, 1999	\$17,838	\$20,468
Persons below poverty, percent, 1999	20.6%	9.4%
Land area, 2000 (square miles)	279	477.86
Persons per square mile, 2000	2,327.4	224.3

U.S. Census Bureau

Another important statistic is the average level of education per capita in a community. "The percentages of mammography screening vary by education level. Women with the most years of schooling are most likely to have had a mammogram in the last two years. The graph below shows the percentage of women aged 40 years and older who had a mammogram in the last two years, grouped by their highest level of education." (CDC, 2010) (see *Figure 9*). Memphis has 23.6 percent of the population over the age of 25 with less than a high school education, and only 20.9 percent with a 4-year college degree or higher. In DeSoto County, 18.4 percent have less than a HS education and 14.3 percent with at least a 4-year college degree. This combined with insurance coverage and income affects our screening rate in our service area.

Mammography Percentages by Education Level

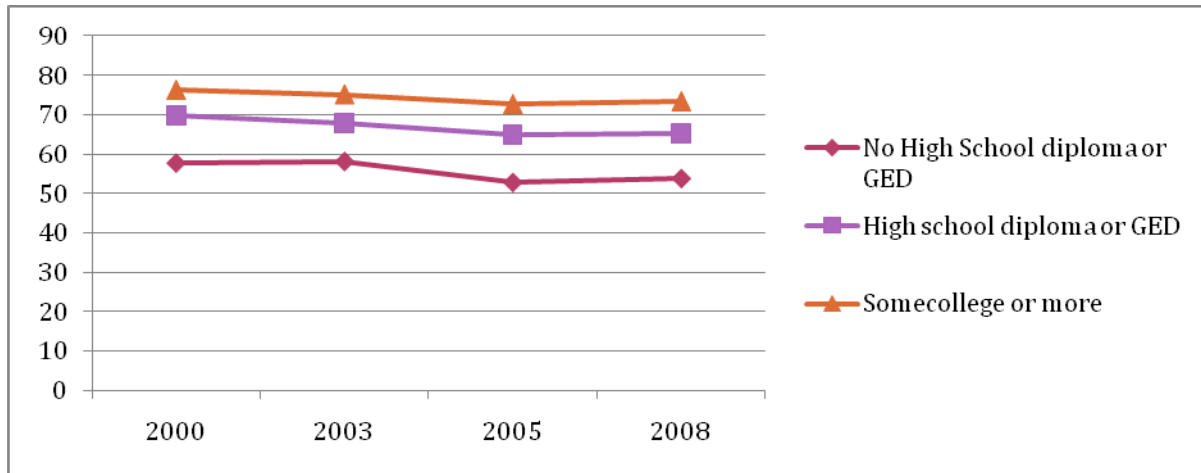


Figure 9. Percentage of women aged 40 years and older who have had a mammogram in the last 2 years by education level. CDC 2010

Conclusion

Memphis and DeSoto County are demographically different. Both have areas of need but the focus requires two different approaches. Memphis is a predominantly black community with a high level of uninsured, unemployed, and undereducated. DeSoto County is a predominantly Caucasian community with a high number of females which has an average per household income of almost twice that of Memphis.

Memphis needs far more funding for the greater than 14,000 women between the ages of 40-64 who are uninsured and have an income at or below 250 percent of the Federal Poverty Level.

DeSoto County needs an extensive education program to get the large number of white women, who have insurance, to get a mammogram.

Education in both areas needs to be geared toward the average level of education, which is less than a high school degree in at least 18 percent of these citizens.

Health Systems Analysis

Overview of Continuum of Care

The Memphis-MidSouth Affiliate of Susan G. Komen for the Cure® assessed the continuum of care, which encompasses screening, diagnostic services, treatment and survivorship. The Health Systems Analysis (HAS) was used to identify the gaps, needs and barriers in breast health care. Assessing our community assets for education, screening, treatment and follow up care enables us to see how and where breast health care is performed and where there are needs and issues that we need to address.

Methodology

Komen Memphis-MidSouth created a list of breast health care providers, clinics, hospitals, churches and our grantees to identify where the un/underinsured would gather, seek health advice, screening, treatment and follow up care. We then identified these locations on a map to determine proximity of service as well as total service offerings. Because of the high prevalence of churches in our area, not all are depicted so that the sites of the health care facilities are viewable.

The asset maps were created using data from several search engines including Google and Bing. We also used collective data from our 18-year history of grant applicants. We created the maps via Google Maps (www.batchgeocode.com). We included places of worship, hospitals, clinics, mammography centers, Breast and Cervical Cancer Control Early Detection Program (BCCEDDP) sites, and health departments (see *Figures 10 and 11*).

Asset Map of the City of Memphis, Asset Map for the Memphis, TN

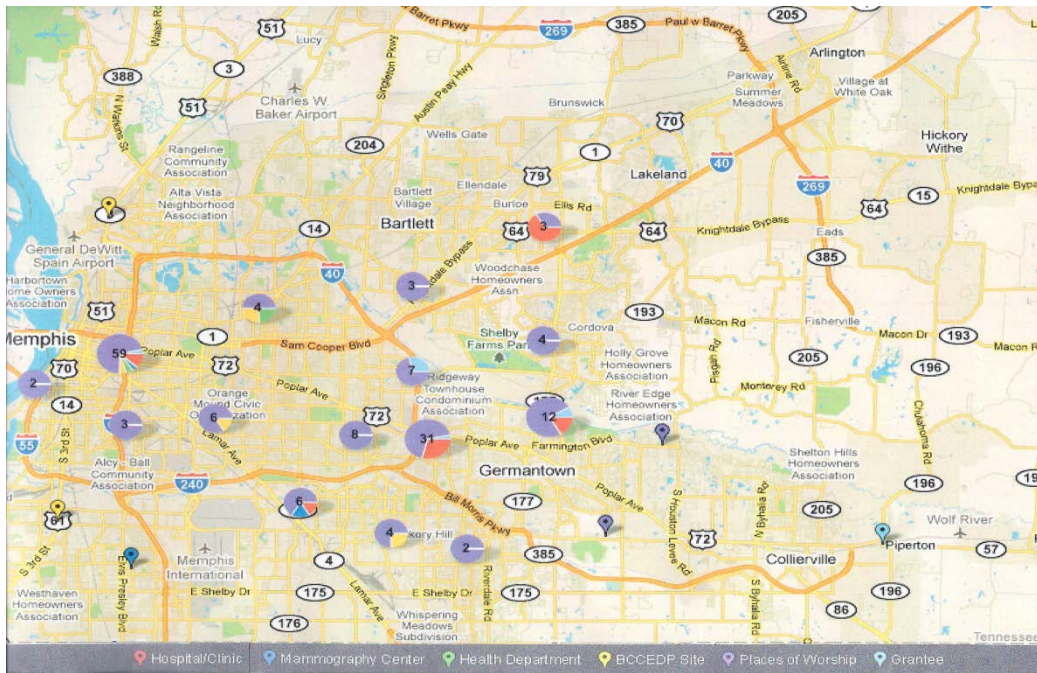


Figure 10. Asset map of Memphis, TN showing places of worship, hospitals, clinics, mammography centers, BCCEDP sites, and health departments. *In dense areas, the representation of individual facilities was condensed into a pie chart representing all appropriate facilities in that location. Google Maps, www.batchgeocode.com

Asset Map of DeSoto County, Mississippi, Asset Map for DeSoto County, Mississippi

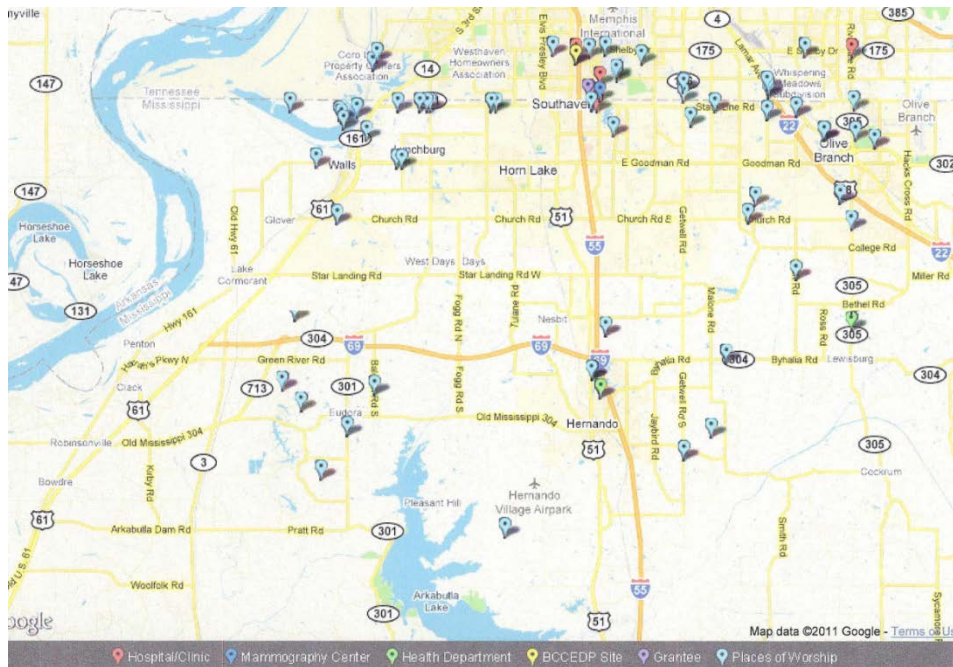


Figure 11. Asset map of DeSoto County, MS showing places of worship, hospitals, clinics, mammography centers, BCCEDP sites, and health departments. Google Maps, www.batchgeocode.com

Overview of Community Assets

The Affiliate solicited input from past and present grantees, the States of Mississippi and Tennessee Health Departments and key informants from our community. Our 28 key informants are leaders in the health care field and community non-profits. The interviews with the key informants were conducted on the phone and in person. We used the same questions we used for our focus groups and then added questions for the health professional about their specific programs.

The data represented here is not all-inclusive of all health providers in Memphis, Tennessee, and DeSoto County, Mississippi but are highly and largely representative of the most known entities in their perspective fields.

One positive aspect of our communities is the commitment to faith, regardless of the denomination. The high number of churches and synagogues in both the city of Memphis and DeSoto County are indicative of that culture here in the MidSouth. There are even several faith-based clinics for indigent care. Memphis has a large Jewish community who is supported by Hadassah, a women's Zionist group, who promotes

health awareness including breast cancer awareness through its activities such as Bralalalooza, a bra-designing competition. These faith communities are excellent partners for our Affiliate for Health Fairs where we offer Komen Breast Health Literature, Komen Self Awareness Shower Card, and lists of our local Grantees and their programs. Many in the African-American community also like to have breast cancer literature at the funerals of those who have died from breast cancer. We offer the Komen Shower Cards and Komen Logo Ribbons for the funeral attendees.

We are fortunate in our Affiliate area to have a wide variety of providers for education, screening, diagnosis, treatment, and follow up care. Given some of service area is rural, there is a willingness to travel to Memphis. While it is the only large urban city and the community is comfortable traveling there for health care, shopping trips, and other typical urban cultural offerings, there is a definite transportation issue for many patients. One improvement in transportation for cancer patients is the Hope House. This is a facility sponsored by the American Cancer Society, which provides free lodging and a shuttle to doctor and treatment appointments. This has improved the access to treatments such as chemotherapy and radiation, which potentially require frequent travel by patients who live far from treatment facilities in Memphis.

In our area, there are several support groups including those provided by Baptist Women's Health Center, Wings Cancer Foundation, Jones Clinic, and Carin' and Sharin'. There is no current support group focused on women diagnosed at a younger age. In spite of quality medical providers, support groups and other local organizations, there is no formalized survivorship clinic available in our service area. Our Affiliate currently supports one survivorship retreat through Wings Cancer Foundation. Baptist Memorial Healthcare is planning a multimillion-dollar cancer center, which will enhance our current resources for patients in treatment as well as survivors.

The most serious gap in our area for breast health care is funding. We have many in our community, especially for undocumented immigrants and the un/under insured who have incomes above the poverty level, who cannot afford the cost of mammograms, not to mention the high cost of treatment. The cost of screening, diagnosis and treatment can easily exceed the median income of one family. According to data from one of our grantees, a screening mammogram costs \$315, diagnostic mammogram with ultrasound \$815, \$2,500, and \$3,700 for biopsies with ultrasound and stereotactic guidance respectively. This does not include the pathology charge for the biopsy. If a woman needs surgery for her breast cancer, the hospital charges alone may be anywhere from \$8,000 to greater than \$30,000. (Margaret Williams, personal communication 6/8/2011; Baptist Expense Navigator 2011)

Our Affiliate did not have any grant applications requesting funds for treatment.

There are several hospital systems in the Memphis-MidSouth that offer quality programs and we partner with them to provide mammograms. The hospitals apply the Federal Poverty Level Rules as they are united with Susan G. Komen for the Cure in our belief of the continuum of care and therefore they only accept patients without

insurance who will qualify for Medicaid or TennCare. One of the hospital systems has a Mobile Mammography Unit that travels to the counties in our Affiliate area.

The Breast and Cervical Cancer Early Detection Programs (BCCP) are different for our two target groups, given that our Affiliate serves two states. The BCCP is an optional Medicaid category that covers women who have been screened through a Center for Disease Control approved BCCP program.

In Tennessee, the state program is operated by the Tennessee Department of Health through the county health departments and called the TN Breast and Cervical Screening Program. The screened eligible must be below 250 percent of the federal poverty level for TennCare, the state Medicaid Program. Tennessee women who are uninsured or whose insurance does not cover treatment for breast or cervical cancer, who are under age 65, and who have been determined by the county health department to need treatment are eligible to enroll in TennCare Medicaid. Generally, women must be 40 and no more than 64, have no or limited health insurance, meet the FPL 250 percent requirement (see *Table 7*). Women 18-39 may be eligible under certain circumstances.

Table 7.

2011 Federal Poverty Level

Family Size	% Gross Yearly Income									
	25%	50%	75%	81%	100%	133%	175%	200%	250%	300%
1	\$2,723	\$5,445	\$8,168	\$8,821	\$10,890	\$14,484	\$19,058	\$21,780	\$27,225	\$32,670
2	\$3,678	\$7,355	\$11,033	\$11,915	\$14,710	\$19,564	\$25,743	\$29,420	\$36,775	\$44,130
3	\$4,633	\$9,265	\$13,898	\$15,009	\$18,530	\$24,645	\$32,428	\$37,060	\$46,325	\$55,590
4	\$5,588	\$11,175	\$16,763	\$18,104	\$22,350	\$29,726	\$39,113	\$44,700	\$55,875	\$67,050
5	\$6,543	\$13,085	\$19,628	\$21,198	\$26,170	\$34,806	\$45,798	\$52,340	\$65,425	\$78,510
6	\$7,498	\$14,995	\$22,493	\$24,292	\$29,990	\$39,887	\$52,483	\$59,980	\$74,975	\$89,970
7	\$8,453	\$16,905	\$25,358	\$27,386	\$33,810	\$44,967	\$59,168	\$67,620	\$84,525	\$101,430
8	\$9,408	\$18,815	\$28,223	\$30,480	\$37,630	\$50,048	\$65,853	\$75,260	\$94,075	\$112,890

US Census Small Health Insurance Estimates 2007

In Tennessee, there are an estimated 14,321 women in Shelby County alone and an additional 1,547 women in Fayette and Tipton counties eligible for screening via the Tennessee Breast and Cervical Screening Program (US Census Small Health Insurance Estimates 2007). The number of women served last year by this program in the entire state of Tennessee was 14,019.

How to Apply in Tennessee: presumptive eligibility is an established time period (45 days) during which women who meet the financial qualifications and need treatment for breast or cervical cancer must complete an application for Medicaid to stay in the program. All applicants must complete a written application and interview with the county office of Department of Human Services (DHS). The treating physician must provide documentation of the treatment plan and updates to the plan when requested in order to maintain the woman's coverage.

Mississippi's Breast and Cervical Cancer Program (BCCP) is similar as it serves the uninsured and the medically underserved. Mammography screening is available through contracted providers to uninsured women between 50-64 years of age and

older. Women 40-49 are eligible for screening mammograms when special funding is available. Special exceptions are available for women between the ages of 18-39.

DeSoto County has an estimated 2,646 women ages 40-64 who qualify for the BCCP. Tunica County has 133 meeting the same guidelines (US Census Small Health Insurance Estimates 2007).

How to Apply in Mississippi: Submit application to county office of DHS. For more information call 1-800-721-7222.

The Julie B. Baier Foundation via The Mroz Baier Clinic accepts all Tennessee Breast and Cervical Cancer Program (BCCP) qualified patients recommended by The Church Health Center and Christ Community Health Center. They provide mammograms, diagnosis, surgery, and follow-up care. They served more than 400 women in 2010.

Baptist Memorial Hospital for Women and Baptist Memorial DeSoto County both provide mammograms and diagnosis for women who qualify for the BCCP programs. Baptist Women's Health Center also provides the only digital mammography mobile in our service area. This enables them to reach out to our adjoining counties as well as those who live in the inner city, who might find transportation an issue, and provide a broader band of service. Baptist also has a Digital Mammogram Screening program at Macy's Oak Court Mall, Memphis, which is centrally located in our five county service area. The Women's Health Center also has a Breast Risk Management Center. They offer educational classes about breast health and cancer risk twice monthly and offer individual appointments as well. The Center averages approximately 136 patients per year for either breast cancer risk assessment, genetic counseling or both. Within the past 12 months, approximately 70 percent of the patients visiting the Center have chosen both risk assessment and genetic counseling (Pam Winter, personal communication, 6/7/2011).

Methodist LeBonheur Healthcare (MLH) and their Congregational Health Network (CHN) partner to offer education and distribute vouchers for screening through the churches in our community. They focus on our demographic areas with greatest need, those areas with the highest number of African-American women over 40. MLH is the largest TennCare provider in our area. All qualified women who are diagnosed will be treated as part of the Tennessee BCCP.

Saint Francis has a Women's Center, and they do participate in the BCCP program. With regard to breast services, they have full field digital mammography, screening mammography, diagnostic mammography, stereotactic biopsy, breast ultrasound, galactography, and needle wire localization.

Legislative Issues in Target Communities

“A new policy research brief released by the Geiger Gibson/RCHN Community Health Foundation Research Collaborative at The George Washington University School of Public Health and Health Services examines the characteristics of patients whose access to health center services is at risk because of a potential \$1.3 billion in direct spending cuts for Community Health Centers.” Authors project 10 million patients with income less than 200 percent of the federal poverty level are at risk. They go on to suggest that many families will spend less on food and other basic needs to provide medical care for their families, (National Association of Community Health Centers, 2011).

Tennessee is considering a cut of \$300,000,000 in TennCare spending by limiting doctor and hospital visits. There is a projected \$1,700,000,000 (\$1.7 billion) shortfall in the program’s budget for 2012 (Nashville Business Journal, 2011).

Mississippi’s Governor Haley Barbour is looking at cutting funding in Medicaid to help balance the state’s budget. His proposal includes an eight percent cut to hospitals and other healthcare providers (McKnights,2011).

Support through funding for screening and diagnostic imaging and procedures will continue to be a high priority for the Memphis-MidSouth Affiliate of Susan G. Komen for the Cure.

Key Informant Findings

The programs that exist for the insured are adequate and multi-leveled. There are many facilities and hospitals that all offer full care and treatment. Several imaging groups serve all socio-economic groups including digital screening mammography at Macy’s department store. The mobile unit in our service area is also available to employers, churches and other community groups by appointment for convenient screening opportunities.

The health community leaders in our area believe that education is the first line of defense. We must collectively continue to promote breast self-awareness, clinical exams, and mammograms according to the guidelines for individual women’s risk factors. We have good programs available for the uninsured and underinsured who meet the poverty level requirements, and with greater funding, more can be served. The Komen Affiliates in Tennessee work together to inform our legislature of the consistent need for breast health care.

The health community leaders agreed that there is a severe lack of services and funding for the uninsured and underinsured that surpass the poverty levels. There are very few options for these women other than payment plans. Women will choose to put the needs of their families first, pay the rent or car note or not take from their child’s

college fund before they will pay out of pocket for a mammogram, especially if there are no symptoms. Even more disturbing is that many women, after recognizing there is a possible symptom, will not seek medical treatment because they know there are not funds in the family budget for tests, much less treatment. They live in fear and hope that the lump will disappear.

The undocumented immigrant has very limited options in our area. Most providers will accept a payment plan; however, this means they must have a documented source of income.

Another unique issue in our area is a distrust of the medical community. While we have areas that are predominantly black, the breast surgeons, medical oncologists and radiation oncologists in our service area are predominantly white. There has been much written about lack of trust in the medical community by blacks which has been based on medical experimentation on slaves, poor conditions for blacks in hospitals in the early to mid-1900s, the Tuskegee syphilis study, and other treatment of blacks prior to the Civil Rights Movement and integration.

Conclusion

We need to continue to raise additional funding and expand our educational programming. We have a great resource in the number of churches in our black communities. Educational outreach could be improved by working with those congregations in our service area to promote breast self-awareness. Our area is fortunate in that there are adequate sites for screening, diagnosis and treatment. However, we need to improve access to care by urging those above poverty level to obtain insurance, educating them on affordable options, and promoting existing resources for the un/underinsured.

Breast Cancer Perspectives in the Target Communities

Methodology

The Memphis-MidSouth Affiliate of Susan G. Komen for the Cure® conducted focus groups, issued surveys, and conducted key informant interviews.

Komen Memphis-MidSouth conducted four focus groups: two in inner city Memphis, Tennessee, one in the more affluent East Memphis, and one in DeSoto County, Mississippi. We selected a representation of their respective communities for each focus group.

The two inner city focus groups comprising a total of 55 women met at The Church Health Center and were composed of African-American women, all breast cancer survivors who are involved with a support group that is an Affiliate Grantee. These

women were provided lunch and each given pink plush bears and two Susan G. Komen Race for the Cure grocery bags.

The East Memphis focus group met at a private home and was composed of 14 white women, including two survivors, two daughters of survivors, and all community leaders for other organizations. They were served food and drink and declined any gifts.

The DeSoto county group of 14 white women met at a local restaurant and catering company and were given pink plush bears and two Komen Race grocery bags as favors. The group enjoyed scones and coffee while they discussed. The two hostesses were given Susan G. Komen for the Cure caps.

Educational literature with breast cancer facts was available for members of each focus group.

Review of Qualitative Findings

Each member of the focus groups was given a copy of the format with all questions that were to be discussed. Zip codes and survivor data were obtained from each participant.

The participants all recognized the name Susan G. Komen for the Cure as being associated with breast cancer support, education, awareness, grant funding, and Race for the Cure. These groups volunteered that in our area the sources for breast health information include the medical community, support groups, churches, health fairs and the Internet. Lack of insurance, cost, transportation and fear were cited as common barriers to screening mammography. Participants suggested that more free services, education regarding how to apply to programs for low-income women and encouragement/advertisement would help increase the number of women screened. The groups agreed that we need increased funding and more education. They concluded that more focus needs to be directed toward African-American women, low income uninsured women, and women in their 30's-40's.

In addition to focus groups, the Affiliate sent out 200 surveys to randomly selected members of another non-profit organization and received 49 in return. The surveys were issued to a representation of our community, our two target communities: Memphis, Tennessee, and DeSoto County, Mississippi. Most were from women ages 26-65 with only nine over the age 65. Black (19) and white (30) women were both represented. Nineteen women were breast cancer survivors.

The women surveyed reported cancer, heart disease/high blood pressure, and diabetes as the major health issues facing our community. For these women, breast health information comes from the medical community and friends. Suggested routes for distribution of breast health information included television, brochures, newspaper, public presentations, and church bulletins. Similar to the focus groups, our survey participants recommended black, young and uninsured women as the target for new educational programming. Concerning barriers to receiving screening or other care, we

asked about access, cost, fear, education and cultural issues. Lack of public transportation, limited hours of operation, and paucity of multilingual services were listed by the majority of those surveyed as growing issues with access. Financial barrier included lack of insurance, poverty, cost of childcare, services and transportation, and time needed off from work. All of which were categorized as a growing, serious or severe problem for some areas. Going to the doctor, receiving a cancer diagnosis and accessing the system (including immigration issues) were the most common fears reported. No educational or cultural barriers were listed as severe. Growing and serious barriers in these two areas included prioritizing other health issues or family needs, lack of familiarity with community programs, breast cancer risks and overall preventive health needs.

Conclusions

Our focus groups and surveys have highlighted some strengths in our community as well as some areas for growth. Fortunately, most women continue to view their physicians as a source of reliable breast health information and felt that women have adequate access to this source. However, a number of barriers related to transportation, income, insurance, and education were identified. In spite of our relatively small non-black, non-white minority population, the majority of women reported multilingual services as a growing need. Targeted groups for education included low income, young and black women. A number of viable suggestions regarding educational access were offered including church bulletins.

It remains clear that we must continue our efforts to increase funding for screening and diagnostic services and broaden our educational programs in Memphis and DeSoto counties. Targeted strategies for education are necessary to reach new groups.

Conclusions

Target Community Findings

The Memphis-MidSouth Affiliate of Susan G. Komen for the Cure® remains committed to our mission to eradicate breast cancer through research, education, screening and treatment.

In our communities, the medical community is adequate to serve our women. Women feel they have sources of support through physicians, friends and communities of faith. Our residents are concerned about funding for services for women who are un/underinsured, especially black women and women under the age of 40 who may find themselves at a higher risk of death from breast cancer. Faith-based programming is one avenue for advancing education in our region.

Putting the Data Together

From our review of our service area and more specifically the city of Memphis and its southern neighbor DeSoto County, it is clear that while the concerns facing women in these two divergent communities have similar concerns, different strategies will need to be adopted to serve their needs by expanding current educational programming and improving access through grant funding. A key element necessary for developing our strategic plan is to make the best use of available funding. In other words: Komen Memphis-MidSouth wants to reach the most women possible and make every dollar count.

Affiliate Action Plan

Based on our research and feedback from the community, we have identified the following priorities and objectives for the upcoming three years.

Goal - Increase access to/ utilization of breast-specific health care

Outcome objective: By March 2014, increase mammography in our service area by 5 percent.

Objective 1. By March 2014, our Affiliate will continue to give priority to grants addressing specific gaps in screening, diagnostics, therapeutics and supportive services noted in this Community Profile as well as emerging threats and opportunities.

- I. Increase fundraising through existing events such as Race for the Cure, develop an Honorarium and Memoriam Program, and host a new annual fundraising event by January 2013.
- II. Increase awareness of grant availability and application process/deadlines through Affiliate communication with hospitals, oncology providers and support groups encouraging grant applications focusing on access to breast health care and survivorship.
- III. By January 2013, host grant-writing workshop for potential grantees.

Objective 2. Expand breast health education by partnering with communities of faith/places of worship and schools to increase Breast Health Education in Memphis, Tennessee.

- I. Create a database of volunteers interested in assisting with educational programming.
- II. By January 2012, increase selection of Susan G. Komen for the Cure race/ethnicity specific and low literacy educational materials available.
- III. By July 1, 2012, develop a resource-guide for our service area focused on programs and providers of care for un/underinsured women. This guide will be distributed to our local community health centers, hospitals, place of worship, and support groups.

IV. Educate providers on availability of specific programs providing breast health opportunities for women meeting criteria.

V. Create a committee to determine if we should reinstate Pink Sunday, a previous educational program for African-American Churches. The committee will be charged with interviewing and surveying a sampling of the churches in Memphis, creating a budget and determining best use of funds and specific churches. Committee will also investigate if this program could be expanded to Hispanic churches. Report due by July 2012.

VI. By January 2013, develop an educational program promoting breast health awareness in young women, including teenagers. Identify several high schools to serve as the pilot.

Objective 3. By 2014, increase our advocacy activities to help positively influence local, state and national legislation and activities related to access to care for screening, diagnosis and treatment for breast cancer, increase funding for research and reducing barriers to help provide earlier translation of research into patient care.

I. By March 2014, recruit and train public policy advocates.

II. By March 2014, continue to advocate and support national and state legislation through our partnership with other Tennessee Affiliates.

III. By March 2014, develop relationships with legislators who can support Komen's mission.

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