

# Assessing the Burden of Breast Cancer Among Women in Oregon

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*Identifying Priority Populations for Action*

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# BCCCP Community Scan

Assess

Screening behaviors

Burden of breast and cervical cancer

Identify

High risk high populations

Community resources

Barriers

Recommend

Priority populations

Partnership Opportunities

Community-based organizations

Do

Leverage existing resources

Targeted Outreach

Program and Policy changes

Qualitative follow-up

# Komen and BCCP Partnership

1995

**\$7 Million** in grants to help the program reach thousands of Oregon's medically underserved women.

- ✓ Screening
- ✓ Outreach
- ✓ Education
- ✓ Provider training

2015

# Komen Community Profile

Qualitative & Quantitative assessment



Describe breast health and cancer needs

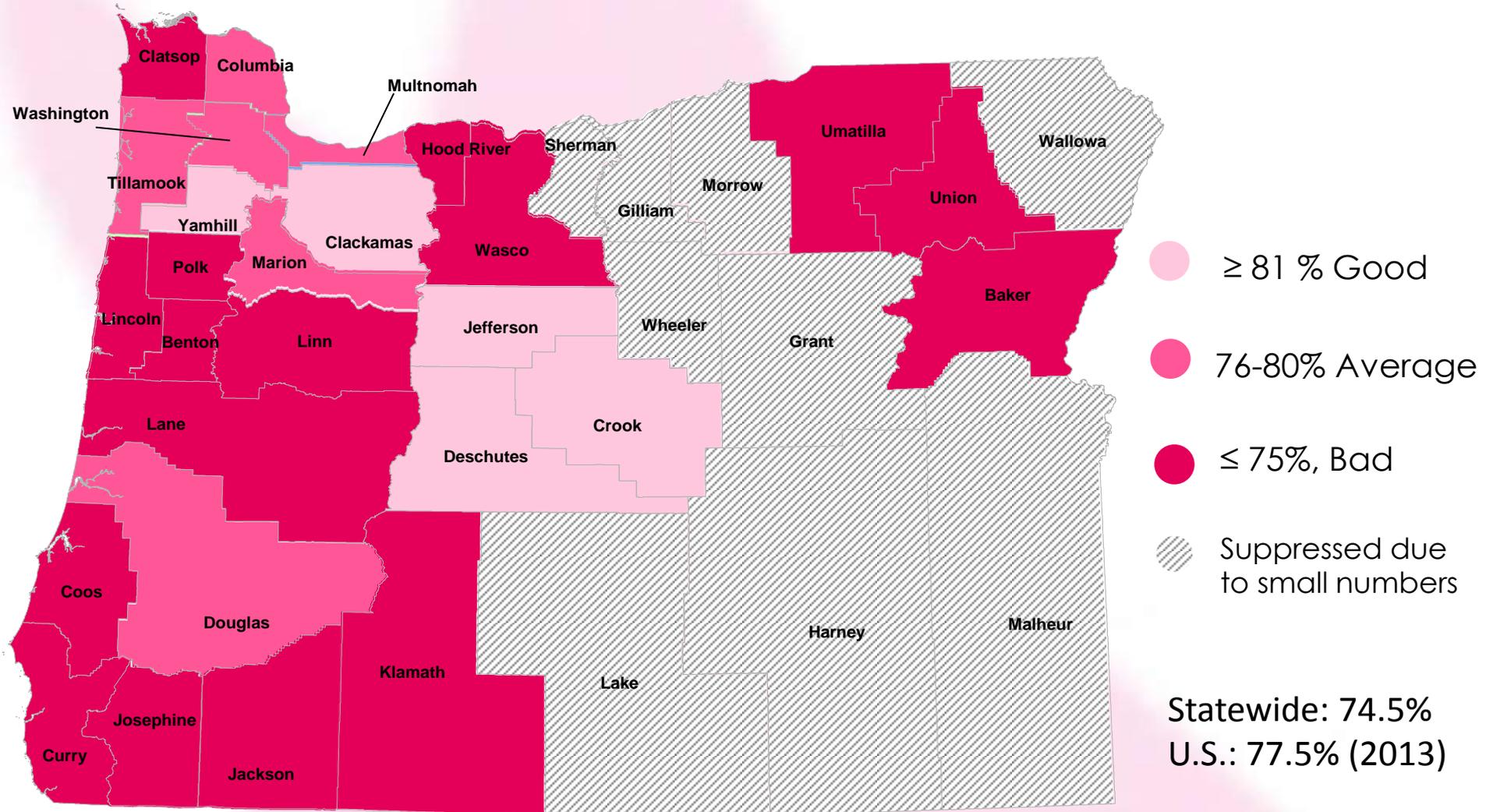


Identify existing resources

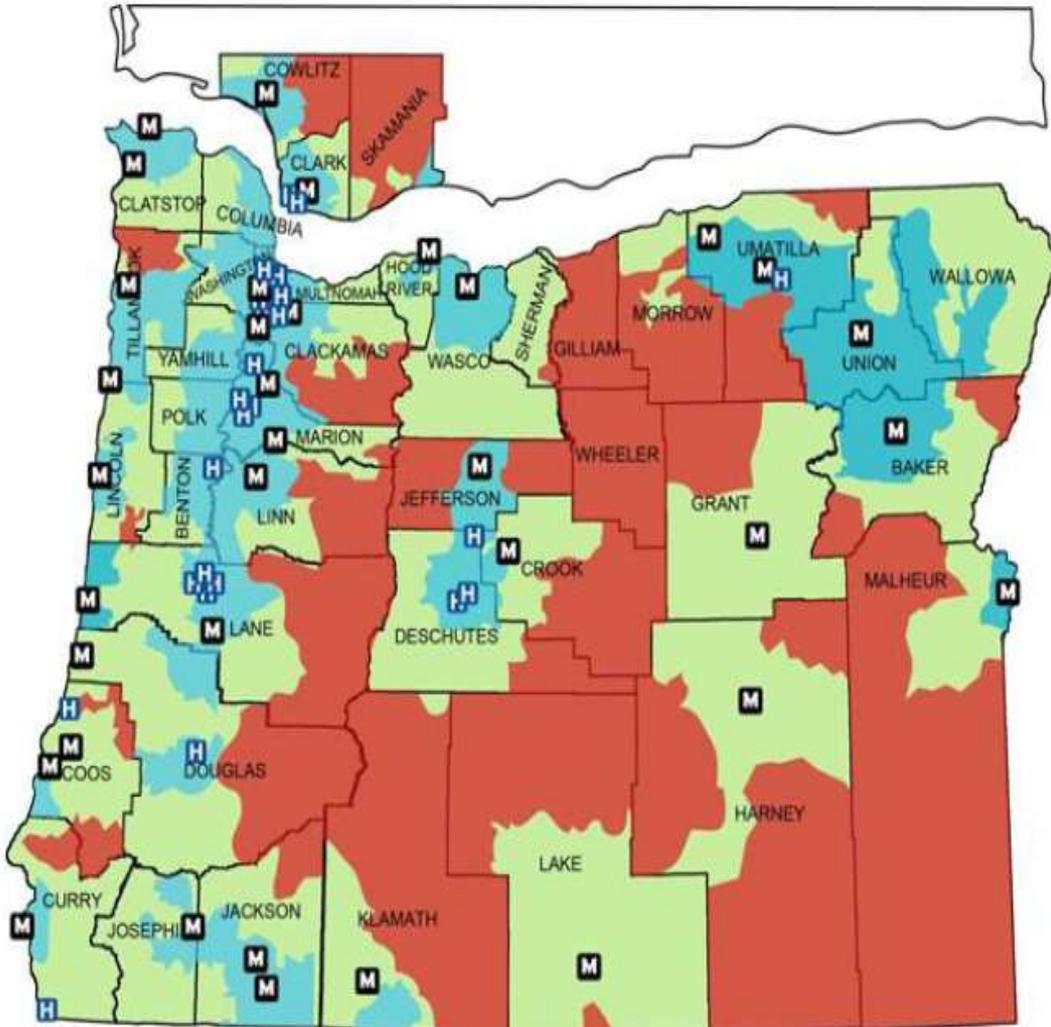


Specify areas for increased education and services

# Mammography Screening Rates by County, %

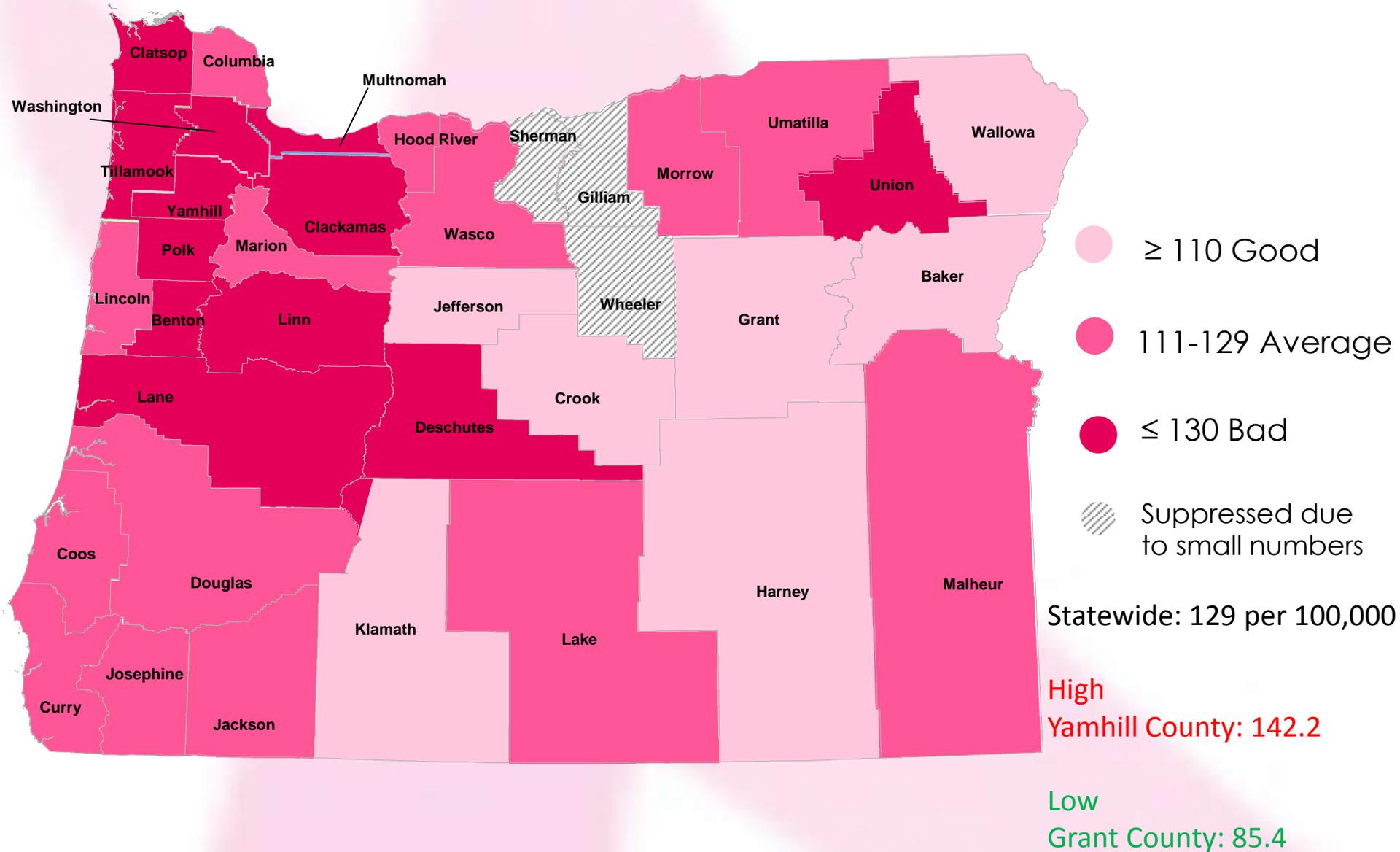


# Drive Time to Mammography

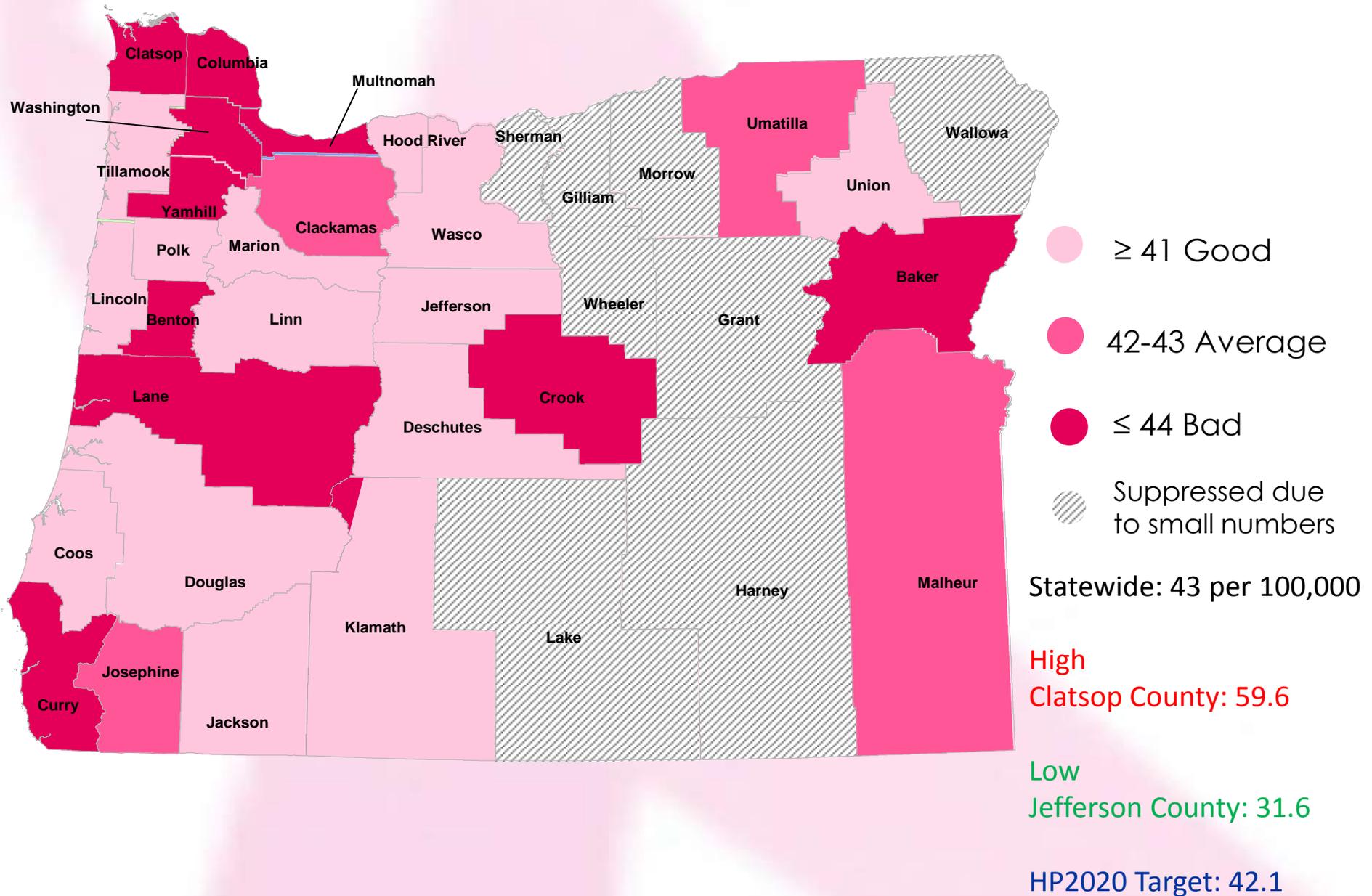


- 1-30 minutes drive time
- 31-60 minutes drive time
- over 60 minutes drive time
- H Hospital
- M Mammography Site

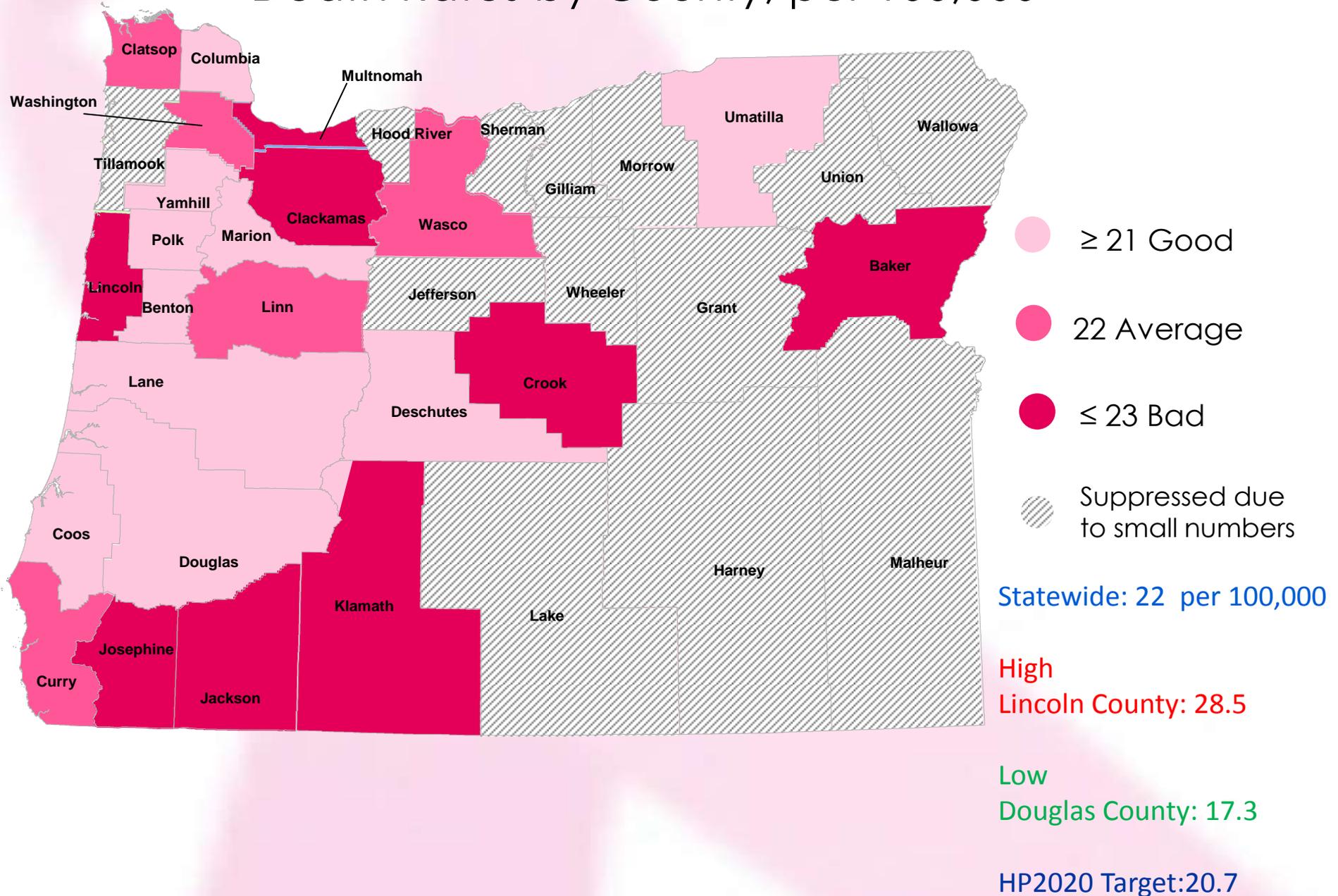
# Incidence Rates by County, per 100,000



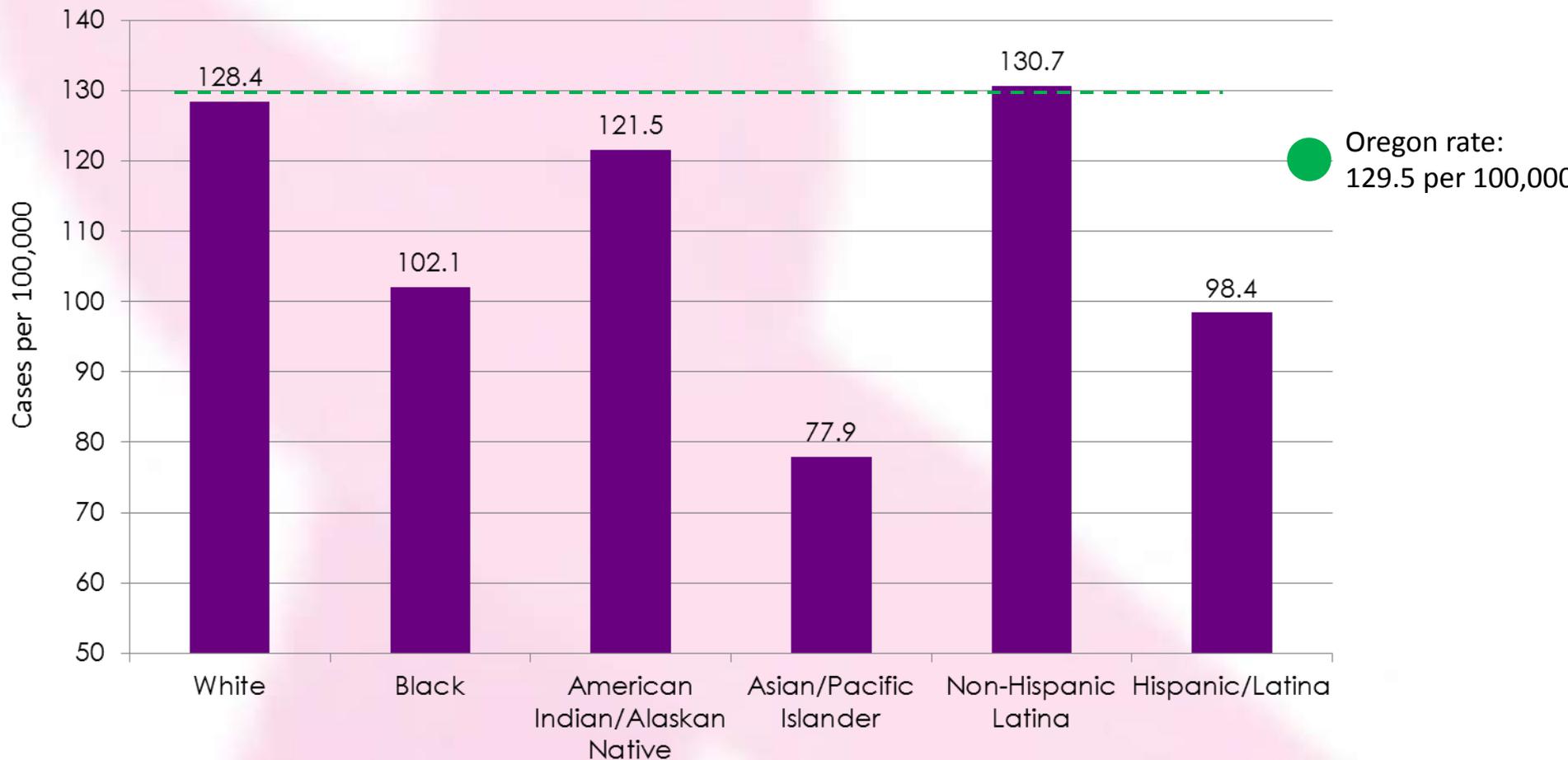
# Late Stage Disease Diagnosis by County, per 100,000



# Death Rates by County, per 100,000

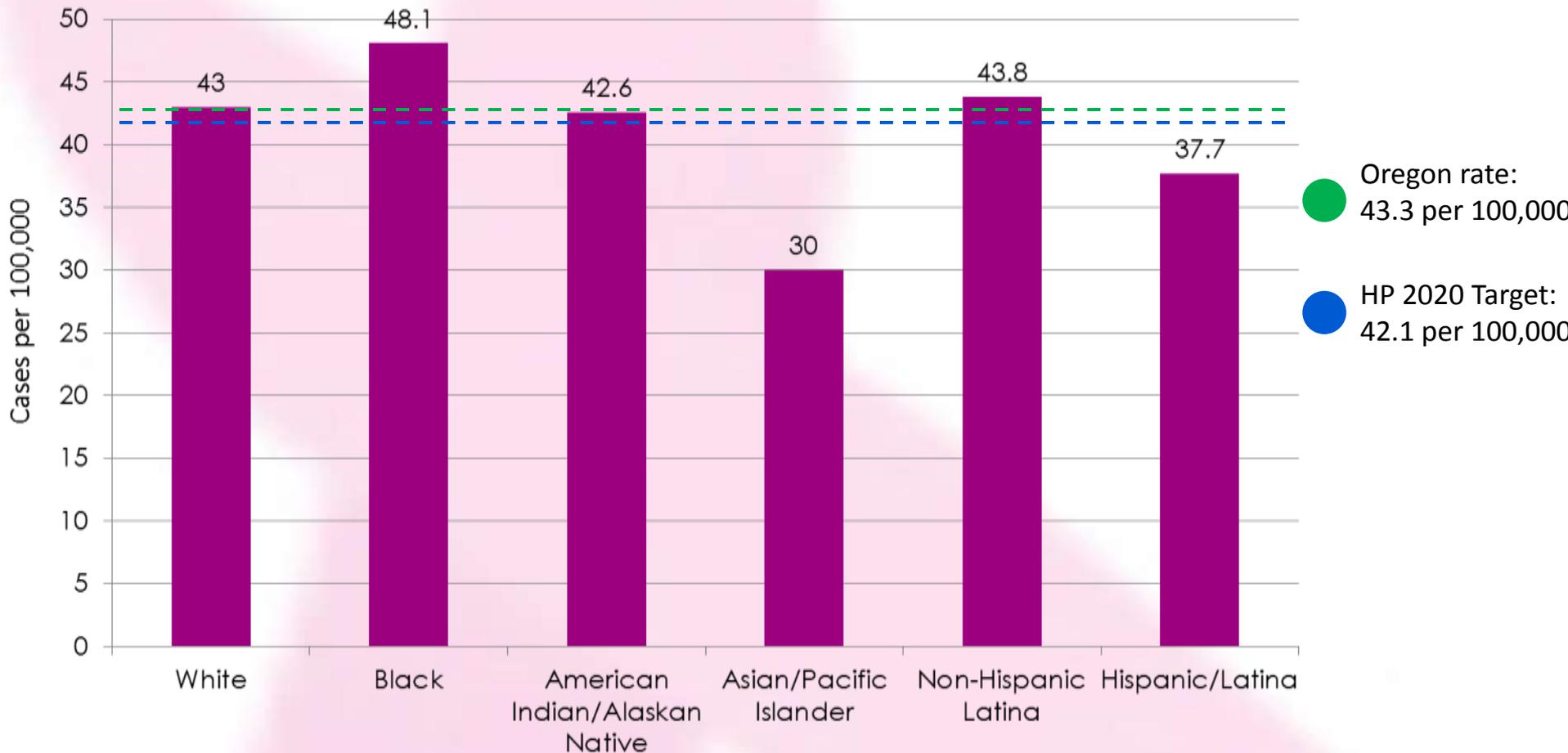


# Female breast cancer incidence rates\*, 2006-2010



\*Rates are age-adjusted to the 2000 US standard population and reported as cases per 100,000

# Female breast cancer late-stage incidence rates\*, 2006-2010



\*Rates are age-adjusted to the 2000 US standard population and reported as cases per 100,000

# Female breast cancer mortality rates\*, 2006-2010



\*Rates are age-adjusted to the 2000 US standard population and in reported as cases per 100,000

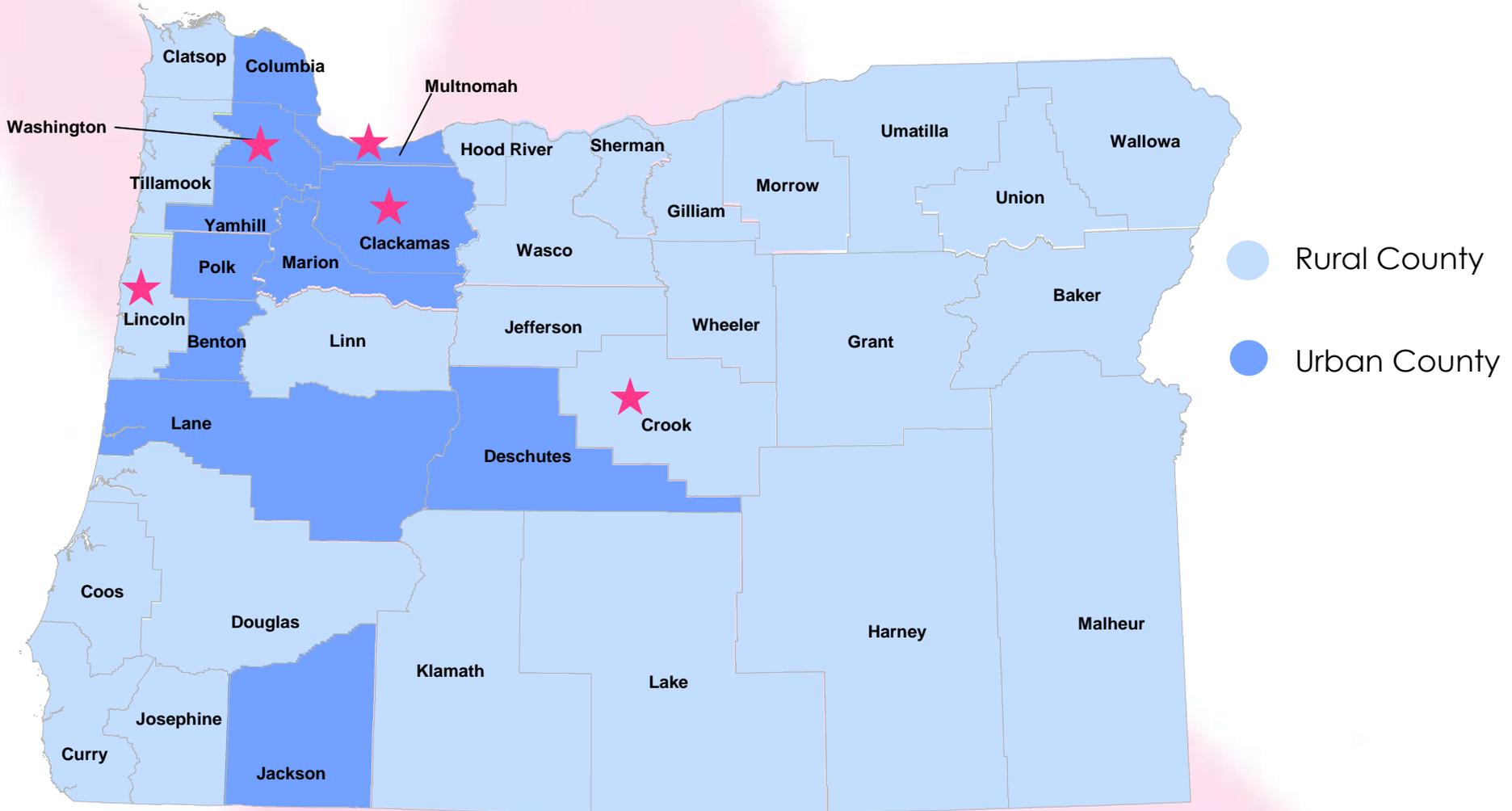
# Proportion (%) of women completing preventive screening

Race/Ethnicity	Mammography within past 2 years*	Pap test within past 3 years**
White	76.3	82.4
Black	56.7	86.3
American Indian/Alaskan Native	65.2	77.3
Asian/Pacific Islander	69.6	74.9
Latina	75.4	76.5
<b>Oregon</b>	<b>74.5</b>	<b>81.7</b>

\*Women aged 50-74 years

\*\*Women aged 21-65 years with a cervix

# Priority Populations



# Recommendations

- ✓ Targeted partnership exploration and outreach to engage Black, Latina, and Native American communities
- ✓ Prioritize working with Black communities to increase screening and early detection, and improve patient-provider relationships and trust
- ✓ Conduct focus groups with key stakeholders to better understand barriers unique to specific populations of women and explore opportunities for collaboration
- ✓ Connect with community-based organizations serving women within target populations
- ✓ Leverage existing community resources to improve and develop new collaborative relationships

# Progress is Being Made

Do

Leverage existing resources

Targeted Outreach

Program and Policy changes

Qualitative follow-up

- Provider surveys to gain feedback
- Working with other OHA departments
- Integration of the state genetics program to provide genetic screening and counseling services

- Hiring diversity and outreach coordinator to engage priority populations
- “Someone You Love” HPV community screenings
- Presence at many community-wide events serving various populations

- Streamlined enrollment process
- Program is easier for providers to administer
- Program is easier for patients to access and navigate
- Continuous quality improvement

- Planning to conduct focus groups with community stakeholders who serve priority populations to better understand social, political, environmental, and cultural barriers to care

# Contact Information

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