Assessing the Burden of Breast Cancer Among Women in Oregon

Identifying Priority Populations for Action

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BCCP 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.

2015

✓ Screening
✓ Outreach
✓ Education
✓ Provider training
Komen Community Profile

1. Qualitative & Quantitative assessment
2. Describe breast health and cancer needs
3. Identify existing resources
4. Specify areas for increased education and services
Mammography Screening Rates by County, %

Statewide: 74.5%
U.S.: 77.5% (2013)
Incidence Rates by County, per 100,000

Statewide: 129 per 100,000

High
Yamhill County: 142.2

Low
Grant County: 85.4
Late Stage Disease Diagnosis by County, per 100,000

≥ 41 Good
42-43 Average
≤ 44 Bad

Statewide: 43 per 100,000
High
Clatsop County: 59.6
Low
Jefferson County: 31.6
HP2020 Target: 42.1

Suppressed due to small numbers
Death Rates by County, per 100,000

Statewide: 22 per 100,000

High
Lincoln County: 28.5

Low
Douglas County: 17.3

HP2020 Target: 20.7
Female breast cancer incidence rates*, 2006-2010

- Oregon rate: 129.5 per 100,000

*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.

- Oregon rate: 43.3 per 100,000
- HP 2020 Target: 42.1 per 100,000

* Rates are age-adjusted to the 2000 US standard population and reported as cases per 100,000.
Female breast cancer mortality rates*, 2006-2010

- White: 22.1 per 100,000
- Black: 22.3 per 100,000
- American Indian/Alaskan Native: 17 per 100,000
- Asian/Pacific Islander: 12 per 100,000
- Non-Hispanic Latina: 22 per 100,000
- Hispanic/Latina: 12.4 per 100,000

Oregon Rate: 21.6 per 100,000
HP2020 target: 20.6 per 100,000

*Rates are age-adjusted to the 2000 US standard population and in reported as cases per 100,000.
Proportion (%) of women completing preventive screening

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Mammography within past 2 years*</th>
<th>Pap test within past 3 years**</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>76.3</td>
<td>82.4</td>
</tr>
<tr>
<td>Black</td>
<td>56.7</td>
<td>86.3</td>
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<tr>
<td>American Indian/Alaskan Native</td>
<td>65.2</td>
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<tr>
<td>Latina</td>
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<td>76.5</td>
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<tr>
<td>Oregon</td>
<td>74.5</td>
<td>81.7</td>
</tr>
</tbody>
</table>

*Women aged 50-74 years
**Women aged 21-65 years with a cervix
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

- 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

Do

Leverage existing resources

Targeted Outreach

Program and Policy changes

Qualitative follow-up
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