

ASTHO Breast Cancer Learning Community

National Problem & Priority
Breast cancer is the second leading cause of cancer deaths among women in the United States (2005-2009).

The purpose of the ASTHO Breast Cancer Learning Community is to strengthen the ability of state public health departments to mobilize data resources more effectively to address disparities in breast cancer mortality in Arizona, Tennessee, and West Virginia. With support and technical assistance from ASTHO and ESRI, state-specific data will be used to identify geographic spatial analysis needs and help decision makers establish priorities to reduce the health disparities gaps in breast cancer screening, follow up after abnormal screening result, and treatment.

Breast Cancer Learning Community Priority Areas:

- Breast Cancer Screening
- Follow up time between abnormal screening results
- Delivery of quality treatment

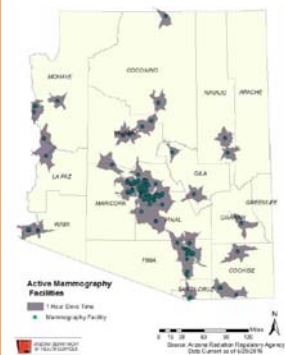
Arizona

Total population: 6.8 million people
Counties: 15, with 80% populating two counties
Demographics: 55.8% White, 30.7% Hispanic, 5.3% American Indian, 4.8% Black, 3.4% Asian

Lessons Learned:

1. Women of color diagnosed 7 years younger than Non-Hispanic Whites
2. Tumor types more aggressive for women of color than Non-Hispanic Whites
3. Not feasible to be screened using USPSTF guidelines

Active Mammography Facilities and Drive Time



Next steps:

1. Work with CoC hospitals to gather quality treatment data
2. Gather and share data analysis with stakeholders
3. Develop a white paper on CoC hospital accreditation

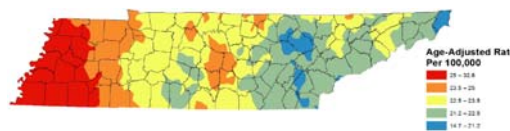
Tennessee

Total population: 6.6 million people
Counties: 95, greatest population in Shelby County
Demographics: 78.8% White, 17.1% Black, 5.2% Hispanic, 1.8% Asian, 0.4% American Indian

Lessons Learned:

1. A significant number of women live far away from a CoC accredited hospital
2. Mortality disparities by race are concentrated most strongly in Shelby County (Memphis)
3. Stakeholders from throughout TN are interested in translating data into action steps

Breast Cancer Mortality, 2004-2013 Ordinary Kriging



Next steps:

1. Conduct analyses on treatment quality data, such as CP³R measures from CoC hospitals
2. Better disseminate existing data to stakeholders
3. Consider five-year survival statistics

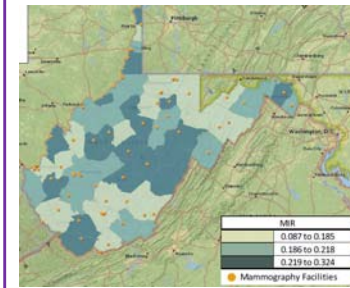
West Virginia

Total population: 1.8 million people
Counties: 55, second most rural state in the US
Demographics: 93.7% White, 3.6% Black, 1.5% Hispanic, 2.7% all other races and ethnicities

Lessons Learned:

1. Disparities exist primarily by SES
2. Screening and treatment barriers persist in well-served Huntington and Charleston counties
3. Late stage diagnosis rates are tied to mammography availability

Female Breast Cancer Age-Adjusted Mortality/Incidence Ratio by County, West Virginia, 2009-2013



Next steps:

1. Review payer guidelines concerning time between abnormal screening and initiation of treatment
2. Expand Bonnie's Bus mobile mammography program
3. Use maps to better inform WVBCSP outreach efforts

State Public Health Agencies can address disparities in breast cancer mortality by:

- Forming public-private partnerships to work with health care systems and health insurance companies to help educate women and their doctors about timely, high-quality breast cancer care.
- Using outreach strategies to help women understand why they need a mammogram.
- Educating women on what to expect when a mammogram has an abnormal result.