The Minnesota Affiliate of Susan G. Komen for the Cure® is working to better the lives of those facing breast cancer throughout Minnesota. Since 1993, the Affiliate has raised approximately $33 million, which has been awarded to Minnesota institutions for breast cancer awareness, education, outreach, screening, preliminary treatment, and research.

Major accomplishments of the Affiliate include hosting the annual Susan G. Komen Twin Cities Race for the Cure and Brainerd Lakes Race for the Cure, providing grant opportunities to each of the 87 counties in Minnesota, partnering with the Breast Cancer Awareness Association on their annual educational conference, and actively lobbying and engaging lawmakers to affect policy changes that benefit the breast cancer community in the state of Minnesota. In addition, the Affiliate is an active member of the Minnesota Patient Advocacy Coalition, and actively collaborates with other advocacy organizations in Minnesota, including the American Cancer Society, to leverage their work and reach across the state.

**About the report**

This Community Profile report was created to assess breast health needs of Minnesota communities to guarantee services are targeted and non-duplicative, and are available to those who need them most. The Profile will also help establish granting priorities and education needs, strengthen sponsorship through “telling the story,” help drive public policy efforts, establish directions for marketing and outreach, and help the Affiliate align their strategic and operational plans.

A community advisory team guided the selection of targeted communities, framed research questions for the Profile, and established recommendations for Affiliate priorities. The advisory team included Affiliate staff; representatives from the American Cancer Society, the Minnesota Department of Health, HealthEast Foundation, and African American Family Services; and members of the Board of Directors of the Affiliate. Wilder Research facilitated the process, conducted data collection and analysis, and prepared the Community Profile report.

The research team used a mixed method approach to inform the Community Profile. Please see the full report for detailed research methodology.
Using available data

Epidemiological analysis included a review of rates of early (in situ) and late stage (regional and distant) cancer diagnoses relative to overall age-adjusted breast cancer incidence rates, or the number of breast cancer diagnoses over a period of time within each county. In situ breast cancer diagnoses are early diagnoses where cancer is confined to the layer of cells where it began. Regional and distant cancer diagnoses are those that have spread to multiple lymph nodes, or parts of the body other than the breast. Additionally, other epidemiological data were reviewed, including overall age-adjusted incidence and mortality rates within each county.

**Minnesota demographic and breast cancer statistics**

Minnesota is home to more than 5.3 million residents, according to 2010 U.S. Census Bureau figures. More than 15 percent of the population are people of color, including residents who identify as American Indian, Asian, Black, two or more races, and people who are Hispanic of any race. More than 1 in 10 residents live in poverty; half of all Minnesota households made under $57,300 per year.

According to the 2009 Minnesota Cancer Facts and Figures from the American Cancer Society, more than 3,500 women and 28 men are diagnosed with invasive breast cancer each year in Minnesota. The age-adjusted incidence rate for female breast cancer in Minnesota in 2005 was 124.4 per 100,000 women, slightly higher than the national incidence rate of 122.9 per 100,000. This higher incidence rate could indicate increased access to screening in Minnesota.

The age-adjusted mortality rate in Minnesota in 2005 was 22.3 per 100,000 women, slightly lower than the national rate of 24.0 per 100,000. Breast cancer mortality has decreased over the past two decades, both in Minnesota and across the United States. The decrease in mortality has been attributed largely to both increased use of mammography screening as well as more effective treatment of breast cancer. There are, however, racial and ethnic disparities in breast cancer incidence and mortality rates in Minnesota.

In 2008, data from the Behavioral Risk Factor Surveillance System found that 79 percent of women age 40 and older in Minnesota reported having a mammogram in the previous two years. This rate was higher than the median rate of screening nationally (74%).

**Targeted region**

The Minnesota Affiliate covers all 87 counties in Minnesota. Due to the large size of this service area, the Affiliate and advisory committee chose to approach the 2011 Community Profile and subsequent Profiles regionally, first focusing on the region with the highest concentration of counties of need based on the epidemiological evidence. This regional approach allows for in-depth analysis of the needs along the continuum of care within a region. Future Profiles will continue this focus on different regions of Minnesota.

The region with the highest counties in need was identified as the Northwest Region of the state. It consists of Kittson, Roseau, Lake of the Woods, Marshall, Beltrami, Polk, Pennington, Clearwater, Red Lake, Norman, Mahnomen, and Hubbard counties.
The Northwest Region of Minnesota is a sparsely populated area, with an estimated 250,000 residents, approximately five percent of the population of Minnesota. The area is racially and economically diverse. Nearly six percent of residents are American Indian, while only one percent of all Minnesota residents identify as American Indian. The average household income within the region is $48,860, somewhat lower than the state average of $57,288. Nearly 13 percent of residents within the Northwest Region live in poverty, compared to 9.6 percent of Minnesotans across the state.

**Health systems assessment**
In order to understand the assets and gaps in services for women in the Northwest Region of Minnesota, the Profile team approached a health systems analysis through the lens of the Continuum of Care. The Continuum of Care reflects each point of the breast health system that a woman may encounter, whether she experiences breast cancer or not. It is critical to assess the resources and gaps that all women within a community may experience, regardless of diagnosis. Breast health is an issue for all.

**BREAST CANCER CONTINUUM OF CARE**

Minnesota is home to a number of dedicated breast health centers, and many hospitals, clinics, and providers throughout the state. While there are many providers within the state, access to these services is unequal. In the Northwest Region, there were few resources at each point of the breast health continuum available in many of the counties. Among the services assessed, access to counseling and support services was most limited.

The following assets and gaps were identified from the service assessment and key information interviews:

**Awareness and screening**
Informants reported awareness of breast cancer and screening is generally high in their communities. However, some confusion from recent media attention about changes to government recommendations regarding screening and mammograms was reported.

Several informants reported that primary outreach and awareness-raising activities used local media, such as newspapers, radio, and television, but these may not reach some populations, including newly arrived immigrant agricultural workers, young women (under 40 years old), “farm wives,” and older American Indian women. These populations were thought to have a lower awareness of breast cancer and screening.

An assessment of services found most women are within 30 miles of a mammogram; however, many of those locations support only mobile mammography, which may be available only one or two days per month. Informants also reported that screening services were generally accessible.

**Treatment and support**
Access to treatment services such as oncology, chemotherapy, and surgery were available at a number of the hospitals and clinics in the target counties. However, many women must travel several hours to Grand Forks or Fargo, North Dakota, the Minneapolis/Saint Paul metro area, or Rochester, Minnesota for treatment services. Informants said that treatment, support, and aftercare are less available in their communities. They cited lack of transportation and time to travel to appointments as significant barriers.

Informants from American Indian communities identified additional barriers for treatment and support specific to their communities. They noted that local health systems are actively building partnerships with American Indian and reservation communities, but that many women may still be reluctant to receive health care outside of the Indian Health Services system. This is due to fears of discrimination, mistrust, or difficulty understanding pay for service systems.
Informants identified access to specialty care as a common barrier. Some communities support visiting specialists, while others are too rural to support a case load large enough for a regular visiting specialist. The time and financial burdens associated with travel were identified as barriers to treatment.

Access to support services is somewhat limited, although there are a number of caregiver support groups available throughout the region. Informants also noted a need to strengthen support and patient navigation services in their communities. Patient navigators provide assistance and support to patients, from screening, through treatment, to aftercare services.

**Partnerships**
Informants said partnerships are key to successful initiatives aimed at increasing breast health resources in the region. A number of potential partners were identified through the health systems analysis. Other potential partners include local public health departments, tribal communities, social workers and counselors, nurses, clergy, and specific local businesses. Several clinics and health systems are actively promoting awareness of breast cancer screening, and these programs represent potential opportunities for collaboration with the Affiliate.

**Affiliate priorities**
The Affiliate will work collaboratively with the Board of Directors, Board committees, staff of the Affiliate, and other key stakeholders to execute an Action Plan which captures the priorities of all stakeholders. Stakeholders will work to execute a Plan which will aid them in targeting non-profit organizations, health systems, and potential state governmental agencies to fund and support the development of population appropriate breast health programs to close gaps and address deficiencies as outlined in the report.

It should be noted that the Affiliate will continue to support communities across Minnesota, in addition to those prioritized in this report, through their annual community grant application process. See [www.komenminnesota.org](http://www.komenminnesota.org) for more information about grant opportunities.

**Priority area 1: Partnership and collaboration**
*Goal: Develop and foster collaborative partnerships*

Given the rural nature of the target area, many communities rely on collaborative efforts to build sustainable awareness and education systems. Collaboration of local partners strengthens local services and encourages partners to pool resources for greater reach and impact. Informants identified a number of current partners who are working toward raising awareness and educating women in their communities about breast health issues, and also a number of organizations who may be potential partners.

**Priority area 2: Increasing access**
*Goals: Increase Patient Navigator services*  
*Increase availability of mobile mammography services*  
*Increase availability of Sage providers in target region*

Due to the sparse populations across the area, increasing screening and treatment options may not be feasible. Informants noted that some communities are too rural to support a case load large enough for a regular visiting specialist. Patient Navigators work to address barriers that may prevent some patients from fully accessing the continuum of care which is available to them. Additionally, within the region, there are limited mammography services, and limited numbers of Sage providers.

**Priority area 3: Raising awareness**
*Goal: Raise awareness in culturally appropriate ways*

While informants felt that general community awareness of breast health needs was quite high, there were specific populations within the region with unique needs.

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