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- De Witt Rotary Club

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Introduction to the Community Profile Report

Susan G. Komen® promise is to save lives and end breast cancer forever by empowering people, ensuring quality care for all, and energizing science to discover the cures. To meet this promise, Komen Arkansas relies on the information obtained through the Community Profile process to guide the work needed to accomplish the promise in its communities. A quality Community Profile guarantees that local efforts by Komen Arkansas are targeted to the greatest needs and non-duplicative.

In 1992, Susan G. Komen Arkansas was incorporated by Terri DeSio, Pat McClelland and Pat Torvestad and originally covered all of the 75 counties in Arkansas. After 1998, Komen Arkansas was only responsible for 63 of the 75 counties, with eight counties formed part of the Ozark Affiliate service area and four counties in the Texarkana Affiliate service area (Figure 1). Up to 75 percent of the Affiliate’s net income goes toward funding grants to local hospitals and community organizations that provide breast health education and breast cancer screening and treatment programs for medically underserved women. The remaining net income (a minimum of 25 percent) supports the Susan G. Komen Research Programs to find cures for breast cancer. Over the past 21 years Komen Arkansas has given $5.3 million to research and $15.3 million to community grant programs in the service area.

The Komen Arkansas Race for the Cure® is one of the best responded to Affiliate events held each year. The Komen Arkansas Race has been held for over 20 years and has raised $24 million, funding grants and educational programs which have provided support and information focused on early detection to thousands of Arkansas women and their families. The first race held in 1994, had 2,200 participants. The most recent, 21st race had close to 30,000 participants.

Since 2001, Komen Arkansas has received recognition for a number of local and state awards in addition to Susan G. Komen Headquarters awards. Komen Arkansas —along with those who generously support the Affiliate with their talent, time and resources—is working to better the lives of those facing breast cancer in the State. The Affiliate joins hundreds of thousands of breast cancer survivors and activists around the globe as part of the world’s largest and most progressive grassroots network fighting breast cancer. In 2014, $1,006,737 was awarded to 18 local programs via the grant recipients by Komen Arkansas. The grant recipients provide breast health and breast cancer education, screening and treatment services assisting the medically underserved in the region.

To understand where Komen Arkansas’ granting efforts will have the most impact, the Affiliate relies on information obtained through the Community Profile. The Community Profile is a qualitative and quantitative assessment that identifies gaps and barriers throughout the health system for breast cancer. The Community Profile includes an overview of demographic and breast cancer statistics that highlight target areas, groups or issues. The information for the profile is gathered through policy, resource allocation, interviews, surveys and the most current, available statistics. The Affiliate takes the information gathered and uses it to strategically plan for the next four years to identify access to services.
The Community Profile includes an overview of demographic and breast cancer statistics that after preliminary analysis highlight target areas, groups or issues. The statistics pinpoint where efforts are most needed. In order to ensure effective and targeted efforts, it is important to understand what program and service gaps, needs and barriers exist, as well as what existing assets can be utilized for partnership and collaborative interventions. The Community Profile also includes analysis of the community within, including the voices of those living in target areas and representing target populations.

**Quantitative Data: Measuring Breast Cancer Impact in Local Communities**

In order to be efficient stewards of resources, Komen Arkansas has identified four highest priority target communities within the 63 county service area. The Affiliate will focus strategic efforts on these target communities over the course of the next four years. The selected target communities are Arkansas County, Arkansas; St. Francis County, Arkansas, Northeast.
Arkansas Region (Izard County, Lawrence County, Randolph County, and Sharp County); and Southeast Arkansas Region (Bradley County, Chicot County and Drew County). By clustering counties of similar key population characteristics in regions, the Affiliate can reach more of the population in an efficient manner.

Target communities are communities which have cumulative key indicators showing vulnerable populations likely at risk for experiencing gaps in breast health services and/or barriers in access to care. When selecting target communities, the Affiliate reviewed Healthy People 2020, a major federal government initiative that provides specific health objectives for communities and the country as a whole. Through this review, areas of priority were identified based on the time needed to meet Healthy People 2020 targets for breast cancer. The 2020 goals are death rate (20.6 per 100,000 women) and late-stage rate (41.0 per 100,000 women).

Data were gathered from the following resources: North American Association of Central Cancer Registries (NAACCR), State Cancer Profiles, State Cancer Registries, the Behavioral Risk Factor Surveillance Systems (BRFSS) and the US Census Bureau.

Arkansas County, Arkansas
Arkansas County has been identified as a high priority county due to the amount of intervention time needed to achieve the HP2020 targets. The late-stage incidence rate in Arkansas County (67.4 per 100,000) is substantially higher than the Affiliate service area as a whole (46.0 per 100,000) and Arkansas County is the only county in the state with that high rate. Although trends were not available to determine if the county will meet the HP2020 death rate target, Arkansas County’s death rate (24.1 per 100,000 women) is higher than the State of Arkansas (23.4 per 100,000) and the US (22.6 per 100,000). With a late-stage trend of 5.7 percent, it is predicted that it will take Arkansas county 13 years or more to meet the late-stage HP2020 target.

St. Francis County, Arkansas
St. Francis County has been identified as a high priority county due to the amount of intervention time needed to achieve the HP2020 targets. The late-stage incidence rates in St. Francis County (47.6 per 100,000) are only slightly higher than the Affiliate service area as a whole (46.0 per 100,000). The death rate for St. Francis County is 30.8 per 100,000 while the rate for the Affiliate service area is 23.6 per 100,000. Both the late-stage diagnosis and death rates are predicted to take 13 years or longer to reach the targeted HP2020 rates.

Northeast (NE) Arkansas Region, Arkansas (Izard County, Lawrence County, Randolph County and Sharp County, Arkansas)
Due to small population sizes, similar demographics and contingent borders, these counties have been combined into one region for the purpose of this report and for the Affiliate’s targeted efforts. The Northeast Arkansas Region aligns with the Arkansas state border with Missouri. All counties in the region are considered rural. With a combined population of 33,561, these counties have been chosen due to their status as being highest intervention priority and because they are all medically underserved, have older populations and are impoverished. Unlike most of Arkansas, these four counties are predominantly White. Lawrence County is the most diverse of the four counties with 98.1 percent White and 1.3 percent Black/African-American.
Izard County, Arkansas
The incidence of breast cancer in Izard County is slightly less than the incidence rate in the US (122.1 per 100,000) at 110.3 per 100,000, but higher than the Arkansas rate (109.5 per 100,000). Furthermore the death rate for Izard County (32.7 per 100,000) is higher than the death rate for the US (22.6 per 100,000) and for the Affiliate service area (23.6 per 100,000). Izard County is one of the three counties with a higher late-stage rate than the US (43.7 per 100,000), but slightly lower than the Affiliate service area (46.0 per 100,000) with 45.1 per 100,000.

Lawrence County, Arkansas
The incidence of breast cancer in Lawrence County is lower than the incidence rate in the US (122.1 per 100,000) at 118.8 per 100,000, but higher than the Arkansas rate (109.5 per 100,000). In addition the death rate for Lawrence County (35.6 per 100,000) is higher than the death rate for the US (22.6 per 100,000) and for the Affiliate Service Area (23.6 per 100,000). Lawrence County is one of the three counties with a higher late-stage rate than the US (43.7 per 100,000) or the Affiliate service area (46.0 per 100,000) with 47.0 per 100,000.

Randolph County, Arkansas
Of all the counties in the NE region, the incidence rate of breast cancer in Randolph County (103.6 per 100,000) is the lowest when compared to the incidence rate in the US (122.1 per 100,000) and the State of Arkansas (109.5 per 100,000). However, the death rate for Randolph County (30.8 per 100,000) is higher than the death rate for the US (22.6 per 100,000) and for the Affiliate Service Area (23.6 percent). Randolph County is one of the three counties with a higher late-stage rate than the US (43.7 per 100,000) or the Affiliate service area (46.0 per 100,000) with 47.6 per 100,000.

Sharp County, Arkansas
The incidence rate of breast cancer in Sharp County is lower than the incidence rate in the US (122.1 per 100,000) at 118.7 per 100,000, but higher than the Arkansas rate (109.5 per 100,000). There were no significant numbers to determine the death rate for Sharp County in comparison to the other counties in the NE region. In addition Sharp County, from this group, was the only county in the State of Arkansas that had a substantially less favorable trend in breast cancer late-stage incidence rates.

All of the counties identified in the NE region are designated as medically underserved areas. The Northeast Arkansas Region will provide a different challenge than the Southeast Arkansas Region because of its demographic makeup and accessibility.

Southeast (SE) Arkansas Region, Arkansas (Bradley County, Chicot County and Drew County, Arkansas)
Due to small population sizes, similar demographics and contingent borders, these counties have been combined into one region for the purpose of this report and for the Affiliate’s targeted efforts. The Southeast Arkansas region is located in South Eastern Arkansas and aligns with the Arkansas state border with Mississippi. Bradley County is only one of two counties in Arkansas with a substantial Hispanic/Latino population (12.4 percent).

These counties have been chosen due to their status in the highest intervention priority and because they are all medically underserved and are poorly educated. They have a combined
population of 21,658, including a large Black/African-American population: Bradley County (28.8 percent), Chicot County (55.5 percent) and Drew County (29.0 percent). This is of importance due to the high death rates Black/African-American women experience from breast cancer when compared to other races. Additionally, the late-stage rate in Arkansas for Black/African-American women is 55.8 per 100,000 while for Arkansas as a whole is 44.2 per 100,000. As a result Black/African-American women experience a high death rate from breast cancer when compared to other races in these combined counties.

**Bradley County, Arkansas**
The incidence rate of breast cancer in Bradley County is lower than the incidence rate in the US (122.1 per 100,000) and the Arkansas rate (109.5 per 100,000) at 108.3 per 100,000. There were no significant numbers to determine the death rate for Bradley County in comparison to the other counties in the SE region. In addition the late-stage incidence rate for Bradley County (59.9 per 100,000) is higher than the late-stage rate of the US (43.7 per 100,000) and the Affiliate Service Area (46.0 per 100,000).

**Chicot County, Arkansas**
The incidence rate of breast cancer in Chicot County is higher than the incidence rate in the US (122.1 per 100,000) and the Arkansas rate (109.5 per 100,000) at 123.7 per 100,000. Additionally the death rate for Chicot County (35.6 per 100,000) is higher than the death rate for the US (22.6 per 100,000) and for the Affiliate Service Area (23.6 percent). Chicot County was one of two counties in the SE region with a higher late-stage rate of 47.0 percent compared to the US (43.7 per 100,000) and the Affiliate service area (46.0 per 100,000).

**Drew County, Arkansas**
Among the counties in the SE region, the incidence rate of breast cancer in Drew County is considerably lower than the incidence rate in the US (122.1 per 100,000) and the Arkansas rate (109.5 per 100,000) at 85.3 per 100,000. At this time there may be some unforeseen challenges that may be affecting this rate in Drew County and will need to be watched closely to determine possible inconsistency. Similar to Bradley County, Drew County does not have significant numbers to determine screening percentages therefore these numbers may need to be watched closely. The death rate for Drew County (34.0 per 100,000) is higher than the death rate for the US (22.6 per 100,000) and for the Affiliate Service Area (23.6 percent). Drew County has the lowest late-stage rate of 32.2 percent compared to the US (43.7 per 100,000) and the Affiliate service area (46.0 per 100,000). The SE region is part of the Delta, which has long been considered one of the poorest and most needy areas of the country, and designated as medically underserved areas. The Southeast Arkansas Region will be a challenge to address because of the great need.

**Health System and Public Policy Analysis**
The Affiliate inventory of breast cancer services was completed by Google internet searches, the Arkansas Department of Health website and resource document(s) provided by Komen Headquarters. Sources used to obtain a comprehensive understanding of programs and services data consisted of webs searches to locate medical facilities within target area(s); in addition to telephonic outreach to primary leaders (i.e., Chamber of Commerce) within target communities to validate findings.
Based on initial analysis, the target communities are made up of a number of state funded local health units (LHUs) and satellite clinics that can provide basic breast services but are limited with providing next step services if a patient is diagnosed with an abnormal screening for diagnostic and/or treatment services. Specifically for treatment services, patients in Arkansas and St. Francis Counties are referred to a medical facility in the general Little Rock area - Baptist Health, University of Arkansas for Medical Sciences, St Vincent Health Systems, which includes a lengthy commute of two or more hours. Patients in the Northeast region are referred to St. Bernards Hospital in Jonesboro, AR, and patients in the Southeast Region are referred to Jefferson Regional Medical Center in Pine Bluff, AR. The next few paragraphs will provide analysis on breast cancer services offered in the targeted communities identified by Komen Arkansas.

Arkansas County is made up of two local health units (LHU), located in the cities of De Witt and Stuttgart, operated by Arkansas state funds where only clinical breast exams (CBE) are performed due to facility limitations. If a patient receives an abnormal result, they are referred to the closest facility (i.e., hospital) capable of providing follow-up care, which is located in the city of Stuttgart. This satellite site can provide both screening and diagnostic breast services onsite; however, patients who need further treatment services (i.e., chemotherapy, radiation, etc) are referred to the main Baptist Health Hospital System located 55 miles away in the capital city of Little Rock, AR. The other hospital in this county is located in the city of De Witt and can only provide clinical breast exams.

St. Francis County has a for-profit hospital, Forrest City Medical Center, that can provide screening services (CBE, screening mammogram) and diagnostic services (diagnostic mammogram, ultrasound and MRI). The Lee County Cooperative clinic has two satellite sites in this county located in Hughes and Madison. These clinics are open on various days and provide CBEs and ultrasounds. For other breast services, patients are referred to Forrest City Medical Center where diagnostic services are provided. For treatment services, patients are referred to one of the larger hospitals in Little Rock previously mentioned. Last, there is a mobile unit with St. Bernards Hospital, located in Jonesboro, that provides screening mammograms in the city of Forrest City three to four times a year.

The Northeast Region
Izard County contains a local health unit and ARcare, a community health center, both located in the city of Melbourne. These facilities along with the Melbourne clinics can only provide clinical breast exams, but will refer for additional screening and treatment services. The mobile unit from Baxter Regional Hospital is able to provide CBEs as well as screening mammograms but only frequents this area once every three months.

Lawrence County contains a local health unit (Lawrence, AR) and three community health centers (1st Choice Healthcare- Walnut Ridge, Strawberry Medical, Corning Area Healthcare) that are able to provide clinical breast exams. The mobile unit from St. Bernards hospital can provide screening mammograms, but comes to this area once every six months. Lawrence Memorial Hospital, located in Lawrence, AR, is the only medical facility in this region that has medical tools for screening and diagnostic mammography, as well as ultrasound.

Randolph County also has a local health unit and community health center (Pocahontas Family Medical) both located in the city of Pocahontas, and are able to provide clinical breast exams.
Unlike Sharp and Lawrence counties, St. Bernards mobile mammography frequents Randolph County weekly. This is due to the lack of available resources in this remote area since the only medical facility in the area, Five Rivers Medical, no longer provides any breast health services as of April 2013.

Sharp County contains two community health centers (Cave City, Hardy Medical). The White River Imaging Center and local health unit located in the city of Ash Flat are all able to provide clinical breast exams. The mobile units from both St. Bernards and Baxter County are able to provide screening mammograms; for additional diagnostic and/or treatment services patients travel to Baxter Regional Medical Center (Mountain Home), St. Bernards (Jonesboro) or facilities in the central Arkansas area.

Southeast Region
Similar to the NE Region, the counties in the Southeast Region contain at least one local health unit and/or clinic that can only provide clinical breast exams. The SE region is unique in that patients have access to three medical facilities - Bradley County Medical Center (Warren), Chicot Memorial Medical Center (Lake Village) and Drew Memorial Hospital (Monticello) - that provide additional breast cancer screening services that are not available at the LHUs or clinics.

Bradley County has a local health unit and the Marsh-George clinic, both in the city of Warren that are able to provide clinical breast exams. The Bradley County Medical Center can provide screening mammography, diagnostic mammography and ultrasound in addition to CBE.

Chicot County contains Chicot Memorial, a large medical facility located in the city of Lake Village, which is able to provide CBEs, screening/ diagnostic mammography, ultrasound, biopsy and the following treatment services: surgery and reconstruction. There are a few support services (exercise/nutrition) offered at this location as well. In addition to Chicot Memorial, this county also has a LHU and the following community health centers, Lake Village Clinic, Dermott and Eudora Medical both part of Mainline Health Systems.

Drew County also contains a LHU and the Monticello community health clinic, both located in the city of Monticello. Drew Memorial hospital, also located in Monticello, provides CBEs, screening/ diagnostic mammography, ultrasound and biopsy similar to Chicot Memorial. Drew Memorial is the only medical facility within the target areas that is able to provide chemotherapy as a treatment option.

The Southeast Region is unique because they have The Greater Delta Alliance for Health, Inc. (GDAH), a current grant recipient governed by CEOs of surrounding medical facilities within the region. GDAH provides screening and diagnostic mammography, and ultrasound services via the mobile health screening unit. GDAH has partnered with several local and statewide agencies and foundations to provide general health programs and services throughout Southeast Arkansas. The Alliance has proven itself as a resource to local community health organizations and will continue to expand and nurture these relationships to other outreach programs throughout the Alliance service area. The Alliance is made up of the following: De Witt Hospital and Nursing Home, Chicot Memorial Medical Center, Delta Memorial Hospital, Ashley County Medical Center, Baptist Health-Stuttgart, Bradley County Medical Center, McGehee Hospital, Jefferson Regional Medical Center and Drew Memorial Hospital.
Komen Arkansas joined a coalition that addressed public policy concerns called Breast Health Initiative (BHI). The BHI was made up of three Komen Affiliates (Arkansas, Ozark and Texarkana) mission staff and representatives from other stakeholders: Arkansas Central Cancer Registry, the Winthrop P. Rockefeller Cancer Institute, the American Cancer Society, Community Health Centers of Arkansas, Arkansas Center for Health Advancement, the local Hometown Health Coalitions and survivors who utilized the BreastCare program. The mission of this group was to restore funding of the Arkansas’ BCCCP program, BreastCare, that had a dramatic drop in funds for breast services due to a state and federal excise tax on tobacco. The BHI coalition advocated and educated the Governor and state legislators to ensure the awareness and importance for continued monetary support for breast services was met. Although this coalition no longer exists, the Affiliates in Arkansas, along with other community supporters continue to advocate for sustaining this program at its prior level.

Arkansas has been fortunate to expand Medicaid, but elections in November of 2014 could threaten the state of health care coverage in Arkansas. A crucial topic to be addressed during the 2016 legislative session is updating the policy on BreastCare eligibility to include women with health insurance but with minimum or limited coverage. Komen Arkansas, along with Komen Ozark and Komen Texarkana, will advocate for continuing the Private Option and educate lawmakers on the need for continued funding of BreastCare at the level committed.

The Affiliate encourages grantees to contact local, state and federal governmental officials on breast cancer/breast care issues. Grantees and the Affiliate work together to invite local dignitaries and lawmakers to site visits to see the impact Komen funding has in their community. In summary, all of the target areas have at least one facility that is easily accessible to receive a clinical breast exam. Patients who require additional screening and/or treatment will need to seek out the nearest hospital facility or travel to central Little Rock area for those additional services. In addition to lack of screening and treatment options, the majority of the target areas are in need of some type of support/survivorship service(s). Looking at the information obtained, the Affiliate has determined that there is a substantial need for breast health services in these target areas.

**Qualitative Data: Ensuring Community Input**

A qualitative analysis was undertaken to examine important beliefs and attitudes associated with understanding breast health and breast health services available to women within the four target communities. The data collection efforts lasted from November 2014 through January 2015.

To gain perspective from participants living in the four target communities, online surveys and focus groups were conducted by the Affiliate to answer the following topics: 1) knowledge of breast health, including their own family history and/or the value of knowing family history related to breast health; 2) awareness of breast health services in their community; and 3) access and barriers to breast cancer screening, treatment and survivorship/aftercare. Data collection efforts were not limited to just breast cancer survivors or women in general; men were also invited to participate. The Affiliate wanted insight from as many individuals as possible who may have been a past Komen Arkansas Race for the Cure participant, a member of a faith-based organization, part of community based organizations and/or a provider of health care services.
The purpose of this assessment was to further comprehend the access and barriers to breast cancer screening and treatment, as well as existing outreach strategies used to educate women on breast health awareness in the target areas. Based on findings from the Affiliate’s qualitative assessment, there are a number of factors and/or gaps that contribute to why respondents feel women in their community do not enter or continue in the breast cancer continuum of care (CoC). There was a consensus that better outreach efforts are needed to reach more women to educate them on breast health services and resources available in their target communities.

Although there was difficulty in recruiting participants for focus groups, the Affiliate was ultimately able to gain incredible knowledge from opinions given through the focus groups. Sessions were well attended and participants were open to sharing their personal experiences with breast cancer and their opinions about the best way to reach out to women in their community. As a result of time constraints the Affiliate was unable to schedule several sessions to capture more diversity within target communities. Due to the limitations of the data, the perspectives provided represent only those that participated in the focus groups and surveys and do not represent the general population of the community or providers as a whole.

The online survey approach had a low response rate and this may be due to the software application used. The online survey response rate may have been higher if the ‘sender’ field contained verbiage similar to "Komen Arkansas" or "Susan G. Komen", rather than SurveyMonkey. Other possible reasons for the low survey response may have been a result of emails being filtered to SPAM folder(s) or survey responses being 'open-ended' or 'free text' versus multiple choice. Although the response rate was low, the Affiliate was able to use responses given to understand respondents’ views on what is needed in their community.

For all target communities, commonalities found that respondents are aware of breast health screening services within their area. Also traveling up to 200 miles away for diagnostic and/or treatment services was not a deterrent for care. Participants mentioned that spreading the word or education messaging throughout the year would help bring constant attention to breast health awareness instead of just focusing on the month of October. In addition, effective social marketing strategies to publicize breast health programs and recruit participants/patients include tapping the established social structures and modes of communication. This involves identifying and working through the key social organizations (e.g., churches and barber shops) and indigenous leaders/roles (e.g., Church Pastors/Priests, family elders) within each community. Dissemination of information is most effective when delivered through established channels (e.g., Hispanic/Latino broadcast radio, ethnic newspapers). Using these strategies will help resolve potential barriers for why women within the target communities do not enter or continue in the breast cancer CoC.

In conclusion, personally reaching out to individuals in the four target communities allowed the Komen Arkansas to better understand where there may be barriers or gaps in breast health services. Themes that emerged from the data collected will be used to set priorities for grantmaking, as well as help build community relationships and partnerships with health facilities in the target communities. Furthermore this knowledge will allow the Affiliate to support existing breast health programs taking place in the communities and address future outreach and policy needs.
Mission Action Plan

Taking the information gained throughout the processes of the Community Profile the next steps for the Affiliate were to create priorities with SMART (Specific, Measurable, Attainable, Realistic and Time-bound) objectives. To identify appropriate action plans and priorities incorporating this new information, Komen Arkansas President of the Board of Directors, Executive Director, Mission Director, Grants Committee Chair and members of the Board came together to discuss how the Affiliate will approach these counties while continuing to assist the existing 63 county service area. The team wanted to focus on 1) outreach and educational messaging to women within the communities, particularly through community or faith-based organizations; 2) promote provider trainings for health professionals in the target communities to increase screening percentages; 3) increase the quality of the grant funding process; and 4) collaborate with other organizations on continued advocacy and policymaking. The Mission Action Plan developed by Komen Arkansas for the target communities is outlined below.

Problem Statement:
Women in the identified counties have higher annual death rates, higher late-stage diagnosis incidence and lower screening percentages than the Affiliate service area as a whole. Qualitative data found that women in the target communities felt that there is a lack of breast health education and awareness.

Priority: Increase breast health outreach and education within target communities - Arkansas County, St. Francis County, Northeast Region (Izard, Lawrence, Randolph, Sharp) and Southeast Region (Bradley, Chicot, Drew) - that address breast health and increase awareness of available services.

- Objective 1: By March 2016, identify and initiate contact with at least one community organization within each target community that is willing to collaborate with Komen Arkansas to discuss breast health outreach.

- Objective 2: From April 1, 2016 - March 31, 2020, partner with at least one community organization per target community to provide a culturally appropriate breast health event(s) for women of all ages.

- Objective 3: From April 1, 2016 - March 31, 2020, partner annually with at least one identified community organization to distribute at least 100 pieces of educational information on breast health to cultural and health literacy challenged populations.

Priority: Increase understanding of breast cancer screening recommendations by health professionals supported by Susan G. Komen® and knowledge of various referral processes to better navigate their patients through the continuum of care in the target communities.

- Objective 1: From April 1, 2015 - March 31, 2020, annually the Affiliate will promote attendance to upcoming regional conference(s) to educate interprofessionals about the most current breast health recommendations, resources available in the community, and other evidence-based programs that would increase their patients’ screening percentages.
Priority: Develop and utilize partnerships to enhance Komen Arkansas’ public policy efforts in order to improve breast health outcomes of women in the Affiliate service area.

- Objective 1: From January 1, 2016 - March 31, 2020, advocate to assure continued funding for BreastCare- Arkansas’ Breast and Cervical Cancer Program by contacting at least two state legislators.

- Objective 2: From April 1, 2015 - March 31, 2020, collaborate with Arkansas Cancer Coalition and other organizations on advocacy and public policy efforts for the State of Arkansas by attending at least two meetings a year.

Priority: Increase the quality of Affiliate funded grants to ensure identified gaps in the continuum of care are addressed within the identified target communities.

- Objective 1: By August 2015, revise the Community Grant RFA to include at least one funding priority specific to innovative or evidence-based approaches that result in improved breast cancer screening, diagnostic, treatment and/or supportive services among the priority population groups and target communities identified in the Community Profile.

- Objective 2: By August 2016, conduct at least one grant workshop with potential grantees that provides an overview of the Community Grant Requests for Application (RFA) to increase potential awareness within one of the target communities.

- Objective 3: By March 2017, work with at least three (3) grantees within the target communities to strengthen and standardize the evaluation of their grant projects, in order to improve the overall quality of their programs, as well as articulate the grantee impact to community stakeholders.

Disclaimer: Comprehensive data for the Executive Summary can be found in the 2015 Susan G. Komen Arkansas Community Profile Report.