

Upper Cumberland Susan G. Komen for the Cure

Community Profile

2006

TABLE OF CONTENTS

Executive Summary

Process Overview

- Planning
- Information Collection Activities
- Prioritization

Community Profile

Service Area

Demographic Profile

- General Area, Population and Ethnic Breakdown
- Female Population
- Income and Education

Breast Cancer/Breast Health Profile

- Breast Cancer Incidence and Mortality
- Breast Health

Existing Services

- Screening Services
- Treatment Services
- Educational Services
- Support Services

Key Informants

- Leadership Putnam Surveys
- Physician Surveys
- Patient and Survivor Focus Groups

Gaps and Unmet Needs

- Narrative
- Prioritized List

Appendices

Executive Summary

Mission Statement

The mission of the Susan G. Komen Breast Cancer Foundation is to eradicate breast cancer as a life threatening disease by advancing research, education, screening and treatment.

Purpose, Goals, and Objectives

The community profile for the 14 county Upper Cumberland Region of Middle Tennessee will be developed and thereafter updated per The National Komen Foundation schedule.

- Determine the demographic profile of the proposed 14 county proposed Upper Cumberland Komen Affiliate service area.
- Identify the breast health programs, institutions, and services currently available in the proposed service area.
- Determine the gaps in breast health services that now exist in the Upper Cumberland area.

Updated community profiles will assist the proposed Upper Cumberland Komen Affiliate in identifying the breast health funding and education needs of the Upper Cumberland service area. The community profile and subsequent updates will also serve to facilitate the setting of goals and objectives by the board of directors.

General Demographics

The service area of the Upper Cumberland Affiliate of the Susan G. Komen Breast Cancer Foundation includes the following Upper Middle Tennessee counties located in the Upper Cumberland Development District [an Appalachian Regional Commission designation]: Putnam, Overton, White, Cumberland, Pickett, Fentress, Clay, Jackson, Macon, Smith, DeKalb, Cannon, Warren, and Van Buren Counties.

The 14 county Upper Cumberland Region has a total 2005 population of 311,982 residents, of which 158,251 are women. The number of women over the age of 40 is 78,175. The number of women between the ages of 40-65 is 51,815. The ethnicity breakdown of the total population is as follows: 94.6% White, 2.6% Hispanic, 1.4% African American, 0.5% Asian, 0.2% Native American and 0.6% other ethnic groups. Data cited is from the National Cancer

Institute Information Service compiled by Claritas, Inc. using the Thomson Medstat database.

Breast Health Programs and Services in the 14 County Upper Cumberland Region

The education, screening, diagnosis, treatment, and support services program profiles are detailed in the section “Existing Programs and Services” of this application. Organizations providing breast cancer services interviewed for this needs assessment include the following: American Cancer Society, Cookeville Regional Medical Center (CRMC), Premier Diagnostic Services, Cumberland Medical Center, and the Upper Cumberland Regional Health Department.

Prioritized Gaps in Breast Health Services

Those participating in the community needs assessment for the Upper Cumberland region identified many unmet breast health needs. Breast health service gaps are grouped into the following focus areas along with their respective high priority action steps:

<u>Education Services</u>	Breast health education lacking in all 14 counties
<u>Screening Services</u>	Access & affordability issues/lower economic strata
<u>Diagnostic Services</u>	Access & affordability solutions needed
<u>Treatment Services</u>	Access & affordability solutions needed
<u>Support Services</u>	In general, grossly lacking in all counties.

Overall, there is much to do in the Upper Cumberland Region in terms of educating the population at large about the incidence of breast cancer and how to adopt key preventive breast health practices. More specifically, high priority focus must be given to the issues of access and affordability of screening, diagnostic, and treatment services for families and communities especially those found in the lower economic strata of the Upper Cumberland region, a very rural, mountainous region created by the Appalachian foothills of the Cumberland mountain range.

Information and resources are the tools needed to advance the overall breast health status of the Upper Cumberland Region of Middle Tennessee. Establishing a Komen Affiliate in the Upper Cumberland Region will serve as a catalyst for creating this much-needed change.

Process Overview

Planning

The Upper Cumberland Breast Cancer Coalition was formed in 2005 for the purpose of bringing increased levels of education, screening, treatment and support to breast cancer patients and their families in the Upper Cumberland Development District of Tennessee. The Coalition has gathered data on demographics, breast cancer statistics, existing programs and services, and information from Key Informants in order to prioritize needs and gaps in breast health services. This data is incorporated into an application to the Susan G. Komen Breast Cancer Foundation in order to apply for the establishment of a Komen Affiliate in the Upper Cumberland.

Information Collection Activities

The Upper Cumberland Breast Cancer Coalition formed an Application Steering Committee, Data Collection Committee, Existing Services Committee, Board Development and Community Outreach Committee and Communication Committee to work on collecting data needed for the Komen application. We also asked other groups to work with us on our application process. Dr. Mathew Zagumny's "Research Methods" class in the Psychology Dept. at Tennessee Technological University in Cookeville, TN, spent a semester gathering data on breast cancer statistics and existing services. In addition, a committee of five members of the 2006 "Leadership Putnam" (a leadership training yearlong class sponsored by the Chamber of Commerce) took on the project of surveying Key Informants. Medical Staffs at the hospitals in Cumberland, Putnam and White counties responded to questionnaires. Focus groups with patients and survivors were held in Putnam and White county. Staff members of the American Cancer Society were very helpful in providing information about programs and services.

Prioritization of Gaps and Unmet Needs

Gaps and Unmet Needs

1. Education/Access
2. Financial/non-insured/transportation
3. Support Services

Service Area

The Upper Cumberland Development District (UCDD, District) is composed of 14 counties in the northeastern portion of central Tennessee. The District contains 5,093 square miles and had a total 2000 population of 304,998. All 14 counties in the District have been officially designated Appalachian by the Appalachian Regional Act of 1965 and subsequent amendments. The counties in the District include: Cannon, Clay, Cumberland, DeKalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren and White.

The District's geographic position in the state and its proximity to major cities can be seen from the map in Appendix A. The major metropolitan areas of Nashville, Knoxville, and Chattanooga are all about the same distance from the District. Each of these cities serves a portion of the District as a major trade and service center. There is no metropolitan area within the Upper Cumberland.

The Upper Cumberland region is fairly sparsely populated with fewer than 305,000 residents in a fourteen county area that contains 5,093 square miles. The largest city, Cookeville, contains some 24,000 residents. Counties range from under 5,000 residents to about 63,000. Racial minorities constitute 3.8% of the region's population according to 2000 Census data and the ethnic Hispanic proportion is 2.1%. Since many Hispanics are also racial minorities the area's total minority proportion is only 4.7%. The area's age structure is somewhat older than the state's or nation's. This is due to heavy out-migration of working age population in years past as well as the fairly recent influx of retirees to retirement communities that have been established on the Cumberland Plateau.

The District lies within three different physiographic regions with three general elevation. The western portion, about 29 percent of the total, is made of of the Central Basin with and average elevation of about 500 feet. Above the basin lies the Highland Rim. This region encompasses about 31 percent of the District and has and elevation of about 1,200 fee. To the east of the rim is the Cumberland Plateau. This area varies in elevation from some 2,000 to 3,000 feet and contains about 40 percent of the District land area.

Located equidistant from the urban areas of Nashville, Knoxville, and Chattanooga, the region languished for many decades as a virtual "no man's land." A single river, the Cumberland, provided a navigable waterway into the region and then only during rainy seasons. Overland travel was also difficult. The area lay within three distinct physiographic regions and was heavily timbered. The few available trails were torturous and difficult to travel. Exports

were of necessity boated down the Cumberland during high tides or laboriously “packed” out by mule or, more commonly, manpower. As a result, the Industrial Revolution made little impact within the area. The original frontier economy – based on small subsistence farmsteads, natural resources extraction, and a small amount of cotton industry – did not develop beyond this initial state until much later than other parts of the nation. The emergence of timbering and coal mining operations, which drained off many of these resources, perpetuated the extractive base of half century longer than it otherwise might have lasted. It was not until toward the end of the 1930’s that an industrial base began to emerge and the extractive base all but disappeared.

The region has made slow but steady progress in catching up with the state and nation during the past six decades. Manufacturing development and expansion have surpassed extractive pursuits in importance. Timber cutting and coal mining have diminished to a position of limited significance in the economy. Zinc mining and oil production, however, have recently been significant in some parts of the District. These extractive activities have been extremely vulnerable to international forces and their current levels are lower than they were several years ago. While many job holders supplement their income from part-time farm production, few people are entirely dependent upon farms for a livelihood. Farms are becoming both fewer in number and larger in size as subsistence farming gives way to more commercial agriculture.

The data shown in Table 1* reveal the sources of personal income for residents of the area. The clear indication is that the activities of mining and farming are now a very small part of the region’s economic base. Together, they contribute less than two percent of the area’s total earnings. They do remain significant, however, in certain parts of the District. The zinc mining facility in Smith County is a major employer and the nursery industry in Warren County and other parts of the District is among the largest in Tennessee. Manufacturing industries now account for 32 percent of earnings in the area and are the major economic force in the region.

The emergence of manufacturing as a dominant economic sector has, however, left the area with a number of serious problems. The leading type of manufacturing employment in many area counties is still found in apparel industries. This development has left many area counties in serious need of male-employing industry with better wages than found in the apparel industry. As indicated in Table II*, the average weekly manufacturing was only \$542 for the area in 1999 (latest data available). This was only 81 percent of the statewide average of \$669. Table II* also shows that non-manufacturing employees receive lesser wages, overall, than those in the manufacturing sector, and that the gap between state and area wages is even greater. In addition to relatively low wages and income, another disturbing trend has

begun developing in the area. During the past several years, numerous job losses have been announced in the Upper Cumberland counties. Apparel plants in Macon, Fentress, Pickett, Van Buren, and Clay Counties have announced major closings. Until fairly recently, the Upper Cumberland area had not been affected in major way by the nationwide decline in this industry as foreign competition and offshore moves by domestic companies severely impacted apparel employment. This, however, has now begun to change and is especially significant for two reasons. In the first place, the region as a whole has now lost over 56% of the apparel jobs that were in existence in 1993. At that time there were some 11,000 jobs, in the area's apparel industry. By 2000, that level had fallen to about 4,800. Secondly, in spite of this large decline, the apparel industry still accounts for some 12 percent of total manufacturing employment in the region. This means that a significant portion of the area's labor force is still vulnerable to future declines in this industry.

Until the past three years or so, growth in other manufacturing areas had been sufficient to keep total manufacturing employment fairly stable in the area. This has not been the case recently. The region has lost some 3,500 manufacturing jobs since peaking in 1995 at 37,700. Growth in non-manufacturing sectors drove the unemployment rate down to 5.1% for 2000, but this rate is still far higher than the corresponding state and national rates of 3.0% and 4.0% respectively. The data shown in Table III* document the trends in employment by sector and the information in Table IV* shows unemployment trends as well as per capital income and poverty levels.

High out migration of younger, well-educated workers, widespread poverty, and low-income levels are also symptoms of the lack of adequate economic development percent of area residents are impoverished, as indicated in Table IV. This is more than seventy percent higher than the comparable national rate and some 18 percent higher than the statewide rate. The per capita income level of \$20,258 for 1999 is only 71 percent of the national average and 79 percent of the state average.

Table V* details the educational achievement of the area's adult population. This highlights one of the most serious problems for economic development in the area. The region's 54.5 percent high school graduation rate for adults is far lower than the 67.1 percent for Tennessee and 75.2 percent for the nation. The fact is that the area's younger, better-educated workers have historically been forced to leave the region to seek suitable employment. This is indicative of a cycle that is all too typical throughout Appalachia. The lack of good jobs encourages the best and brightest workers to leave the area. This leads to an economy based on low paying jobs that require less education. This result in low income and high poverty levels, this leads to inadequate government (especially education) and other services. These factors, in turn encourage the best and

brightest young people to leave the area and the cycle continues. Breaking this cycle is an important key to economic development in the region. Ultimately, the major problem in the District is that of good jobs. The foregoing data as well as high regional unemployment rates show a definite need for more and better jobs in the area. In addition to the problems enumerated above, other major developments are playing a significant part in the current economic situation. After two decades of heavy out-migration, the area reached a "turn around" point in terms of population growth in the 1970's. Recently released 2000 Census data show a rate of population growth greater than the state or nation. Table VI details those trends. It is suspected, but undocumented, that much of the recent growth is related to lifestyle choices by retirees, etc. who are moving to the area for reasons other than employment.

*See Appendix A

Demographics

Demography	
2005 Total Population:	311,982
2005 Average Household Income:	\$43,708
2005 Total Male Population:	153,731
2005 Total Female Population:	158,251

Race	Ages <40	Ages 40-49	Ages 50-64	Ages 65+
	Females	Females	Females	Females
White	74,885	21,677	29,276	27,958
African American	905	198	190	209
Hispanic	1,700	149	103	45
Asian	326	75	43	19
Native American	80	27	11	7
Other	279	31	35	23
Total	78,175	22,157	29,658	28,261

2005 Adult Education Level	Pop Age 25+	% of Total
Less than High School	25,745	16.7
Some High School	34,876	16.3
High School Degree	79,236	37.0
Some College/Assoc. Degree	38,665	18.1
Bachelor's Degree of Greater	25,345	11.9
Total Adults	213,867	100.0

2005 Household Income	HH Count	% of Total
<\$10,000	17,066	13.4
\$10,000-\$19,000	20,762	16.3
\$20,000-\$29,000	19,277	15.2
\$30,000-\$49,000	32,185	25.3
\$50,000+	37,731	29.7
Total	127,021	100

Copyright © 2005, Claritas Inc., Copyright © 2005 Thomsom Medstat.
 ALL RIGHTS RESERVED
 Provided by the National Cancer Institute's Cancer Information Service
 (1-800-4-CANCER)

**National Cancer Institute
Clusters in need of Breast Cancer Screening
Area: Upper Cumberland Region TN
Selected Population: Female All Races 40+
Copyright © 2005, Claritas Inc., Copyright © 2005 Thomson Medstat.
ALL RIGHTS RESERVED.**

The National Cancer Institute's Cancer Information Service provided market matrix research on the Upper Cumberland which has been done for the NCI by Claritas Inc, and Thomson Medstat. Detailed information about the data and how it is compiled is in Appendix C.

The following map graphically demonstrates areas in the Upper Cumberland that are in need of breast cancer screening.

There are 78,175 females over 40 years old in the Upper Cumberland. The Medstat clusters demonstrate that of this group 51,959 are in need of breast cancer screening. Of these women, the majority falls into two clusters: "Back County Folks" with 19,749 women, and "Crossroads Villagers" with 17,735 women. The third largest cluster is the "Young and Rustic" group with 6,833 women. These three clusters represent a total of 44,317 women. The remaining 7,642 women are scattered over eight additional clusters.

There are many similarities among these top three clusters. They all fall into a "Rustic Living Social Group". These clusters represent the Nation's most isolated towns and rural villages. As a group, they have relatively modest incomes, low educational levels, aging homes, and blue-collar occupations. Many of the residents, a mix of young singles and seniors, are unmarried and have watched their neighbors migrate to the city. In their remote communities, these consumers spend their leisure time in such traditional small-town activities as fishing and hunting, attending social activities at the local church and veterans club, enjoying country music and car racing.

Back County Folks

Healthcare Behaviors:

- Less likely to have cancer than the general population
- Less likely than the general population to receive colorectal, skin, breast, cervical and prostate cancer screenings
- More likely than the general population to smoke cigarettes
- Higher likelihood of having extremely high stress levels

Healthcare Utilization:

- Less likely to have a mammogram
- More likely to postpone, delay, or cancel treatment, due to cost
- Below average on having a physician-recommended diet plan and exercise plan, but above average on having a smoking plan

The overall health status for Back Country Folks households is significantly below the U.S. average, based on the criteria of self-perception, disease status and high-risk health behaviors.

These households are less likely to have private insurance coverage than the average U.S. household. They are more likely than average to have insurance through Medicaid or Medicare.

Cancer Education Messages:

- Quit smoking.
- Mammograms can save lives.
- Be aware of the sun.
- Encourage women to get a Pap test.
- Reduce stress.
- Take advantage of your health care coverage – Medicare and Medicaid cover screenings.
- Talk to your doctor.
- Call the CIS 1-800-CANCER

Crossroads Villagers

Healthcare Behaviors:

- More likely to have cancer than the general population.
- Less likely to receive colorectal, skin, breast, cervical, and prostate cancer screenings.
- More likely than the general population to smoke cigarettes.
- Higher likelihood of having extremely high stress levels.

Healthcare Utilization:

- Women are less likely than the average American woman to have a mammogram, but more likely to believe that they need a mammogram.
- More likely to postpone, delay, or cancel treatment, due to cost.
- Are below average on having a physician-recommended diet and exercise plan and above average for having a smoking plan.

The overall health status for Crossroads Villagers households is significantly below the U.S. average, based on the criteria of self-perception, disease status and high-risk health behaviors.

These households are less likely to have private insurance coverage than the average U.S. household. They are more likely than average to have insurance through Medicaid or Medicare.

Cancer Education Messages:

- Quit smoking.
- Get screened for colorectal, skin, cervical, prostate, and breast cancer.
- Use your health coverage for screening.
- Use physical activity to work off stress.
- Do it for your kids. Quit smoking and get regular health care so your kids have healthy parents.
- NCI can help. www.cancer.gov

Young and Rustic

Healthcare Behaviors:

- Residents of these neighborhoods are more likely to have cancer than the general population.
- Less likely than the general population to receive colorectal, skin, breast, cervical, and prostate cancer screenings.
- More likely than the general population to smoke cigarettes.
- Higher likelihood of having extremely high stress levels.

Healthcare Utilization:

- Women are less likely than the average American women to have a mammogram.
- More likely to postpone, delay, or cancel treatment due to cost.
- More likely to have a physician-recommended diet plan, exercise plan, and smoking plan.

The overall health status for Young and Rustic households is significantly below the U.S. average, based on the criteria of self-perception, disease status and high-risk health behaviors.

These households are less likely to have private insurance coverage than the average U.S. household. They are more likely than average to have insurance through Medicaid or Medicare.

Cancer Education Messages:

- Quit smoking.
- Visit your primary care doctor on a regular basis.
- Take advantage of your coverage – Medicare and Medicaid pay for screening.
- Use physical activity to work off stress.
- Make healthy choices and stay well.
- NCI can help. 1-800-CANCER, www.cancer.gov.

Outreach Opportunities:

In developing outreach activities for these three clusters, it is important to note that they are all likely to have lower levels of education than the general U. S. population. All groups enjoy outdoor activities like fishing, auto racing and country music concerts. Education events should be planned to take advantage of these kinds of venues. Children should be reached through programs done in conjunction with the schools.

Breast Cancer Cases By County of Residence

County of Residence	2000		2001		2002		2003		2004	
	CRMC	STATE	CRMC	STATE	CRMC	STATE	CRMC	STATE	CRMC	STATE
Clay	2	2	4	1	1	2	0	1	3	-
Cannon	0	8	0	9	0	10	0	3	0	-
Cumberland	4	40	3	33	4	56	3	36	3	-
DeKalb	1	11	3	13	1	13	1	15	2	-
Fentress	3	13	6	13	6	12	3	3	7	-
Jackson	3	4	7	8	7	8	5	7	8	-
Macon	0	11	0	6	0	10	1	8	0	-
Overton	6	8	9	9	9	12	16	16	9	-
Picket	3	6	3	3	1	2	1	3	5	-
Putnam	36	38	41	36	55	56	33	40	53	-
Smith	0	12	1	7	1	14	3	9	0	-
Van Buren	2	2	0	3	0	4	0	4	0	-
Warren	1	18	0	32	2	27	2	22	3	-
White	15	21	8	18	17	18	17	19	20	-
Total	76	202	85	191	104	244	85	196	113	-

Stage At Diagnosis:

Stage	CRMC	State	National
0	9%	18%	17%
1	37%	38%	39%
2	33%	28%	27%
3	12%	10%	10%
4	4%	3%	3%
Unknown	5%	3%	4%

Five Year Survival:

CRMC = 86% (diagnosed in 2000)

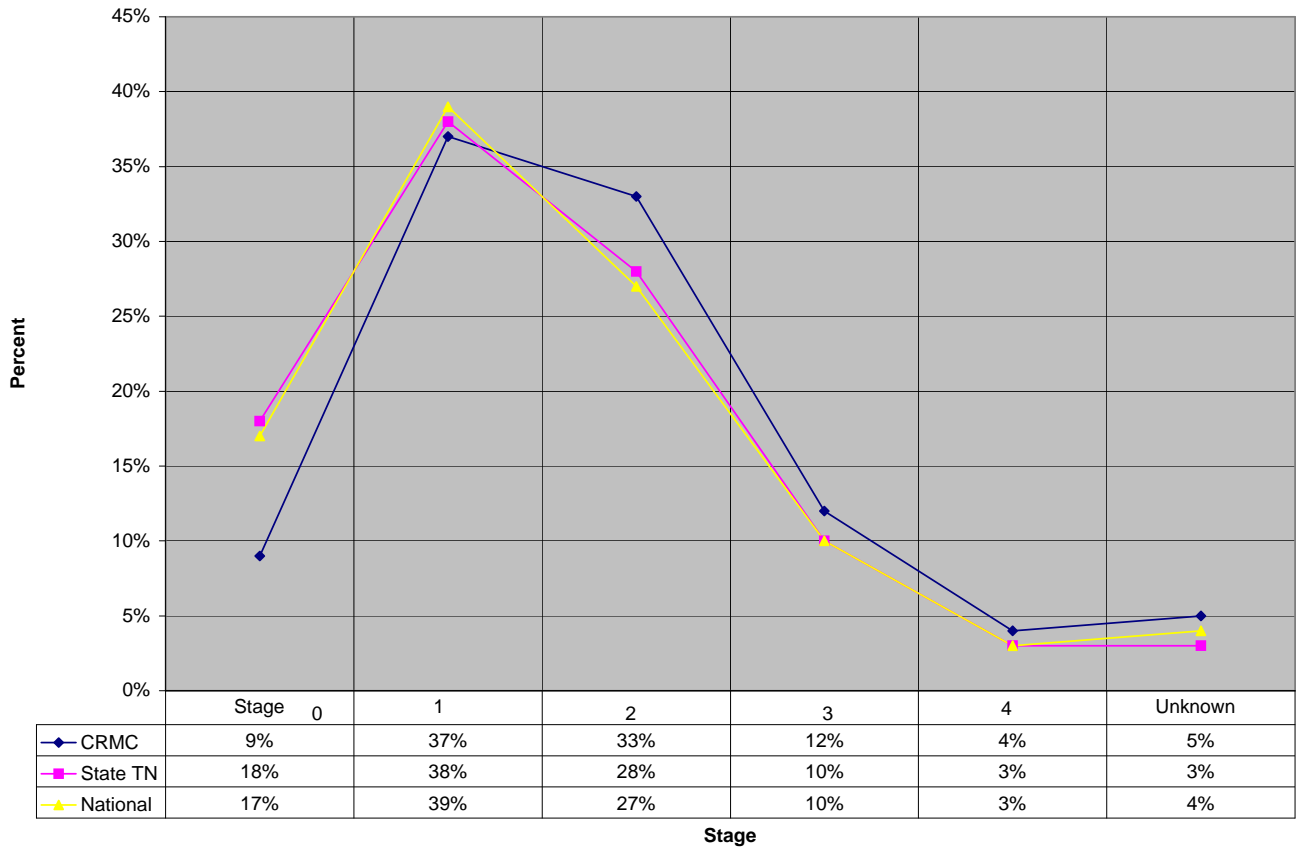
State = 78% (diagnosed in 1995)*

National = 78% (diagnosed in 1995)*

- per National Cancer Data Base

CRMC – Cookeville Regional Medical Center diagnosed cases per year.
 State – Upper Cumberland diagnosis reported to TN Cancer Registry

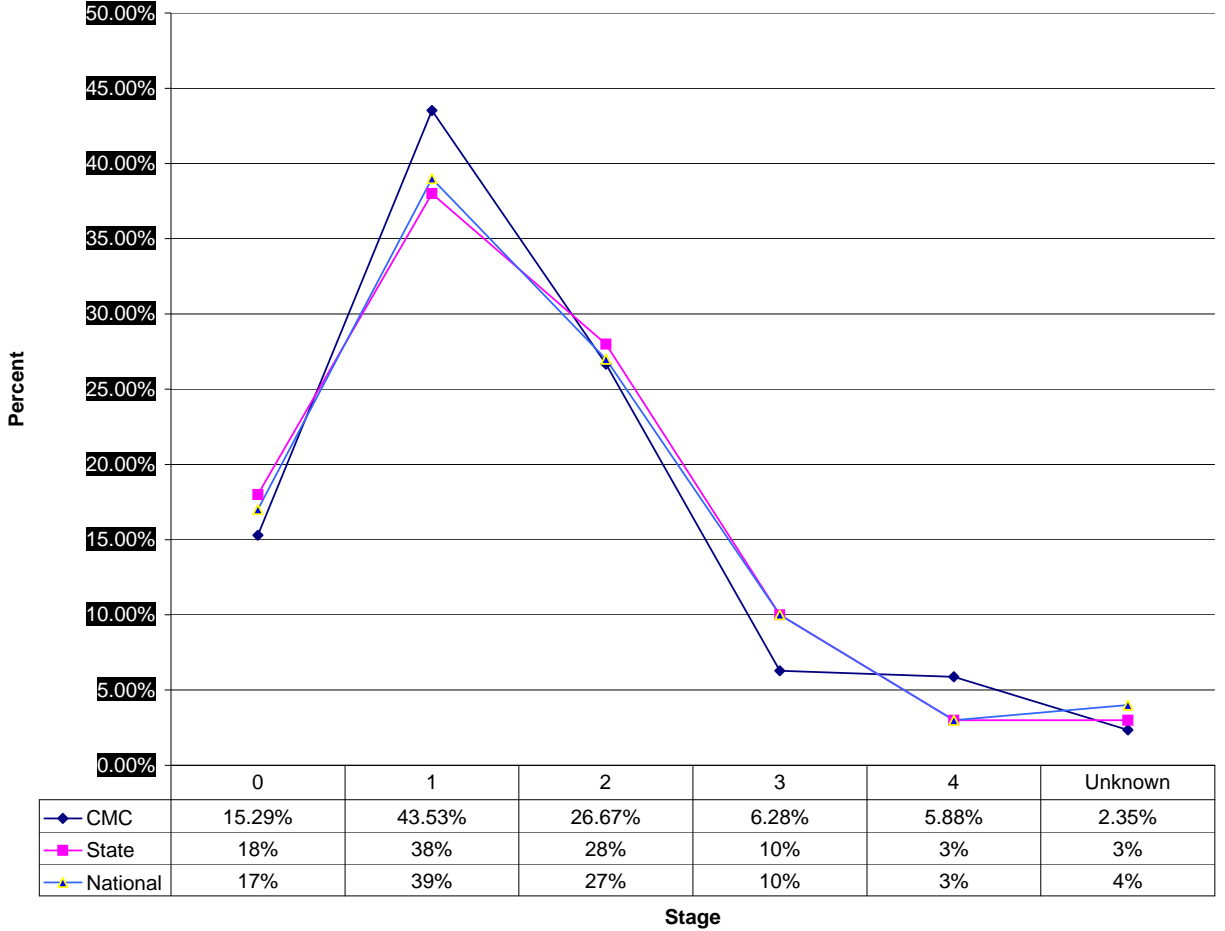
Stage At Diagnosis



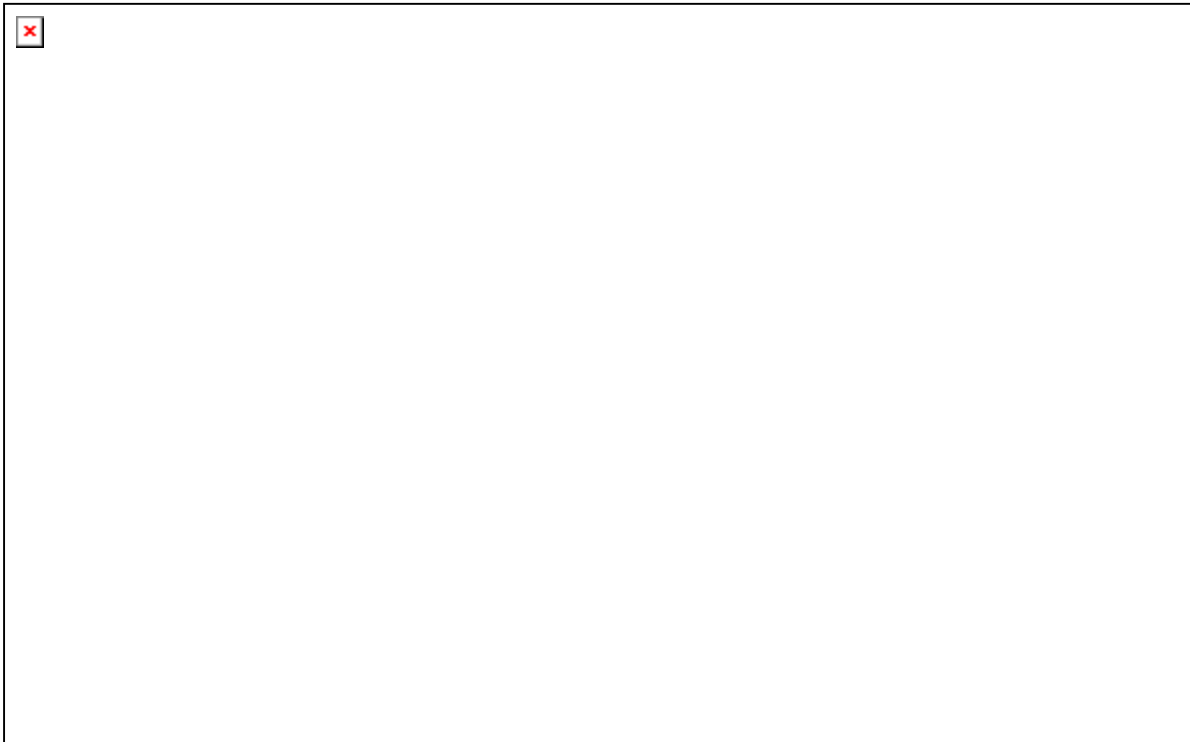
Stage at Diagnosis at Cookeville Regional Medical Center

Source: CRMC Cancer Registry and TN Dept. of Health Cancer Registry

CMC Stage at Dx



Stage at Diagnosis at Cumberland Medical Center
 Source: CMC Tumor Registry



Five Year Survival Table for Breast Cancer Cases Diagnosed in 1998
 State of Tennessee / Data Reported from 30 Hospitals
 Hospitals of Type: All

Stage	Cases	At dx	1 yr	2 yr	3 yr	4 yr	5 yr	95% Confidence Interval
0	504	100	98.99	98.36	97.49	96.35	94.87	92.77 - 96.97
I	1426	100	98.59	96.77	93.95	91.75	89.00	87.26 - 90.74
II	1251	100	97.01	91.90	88.00	82.43	79.31	76.91 - 81.71
III	234	100	90.92	77.18	63.83	57.08	52.92	46.10 - 59.74
IV	102	100	61.27	37.85	27.62	21.41	16.15	8.39 - 23.91
Overall	3517	100	96.49	92.25	88.41	84.72	81.85	80.49 - 83.21

Source: NCDB, Commission on Cancer, ACoS/ACS.

Survival Reports, v3.0 - June 6, 2006

According to the ACS 2005 Surveillance Research, there were an estimated 4230 cases of breast cancer diagnosed in Tennessee in 2005.

Breast Cancer Deaths 2004

Statewide - Female

Race/Ethnicity	Age Groups							
	20 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85 +
White non-Hispanic	1	5	40	115	192	187	221	149
White Hispanic	0	0	1	1	1	0	0	0
Black non-Hispanic	0	5	18	47	31	30	40	15
Other Races	0	0	1	0	2	2	1	0
Total	1	10	60	163	226	219	262	164

Statewide - Male

Race/Ethnicity	Age Groups			Total
	55 - 64	65 - 74	85 +	
White non-Hispanic	1	2	2	5
Black non-Hispanic	1	2	0	3
Other Races	0	1	0	1
Total	2	5	2	9

Upper Cumberland - Female

Race/Ethnicity	Age Groups							Total
	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85 +	
White non-Hispanic	2	2	11	22	22	17	9	85
Black non-Hispanic	0	0	1	2	0	1	1	5
Total	2	2	12	24	22	18	10	90

Upper Cumberland - Male

Race/Ethnicity	Age Groups		Total
	55 - 64	65 - 74	
White non-Hispanic	0	1	1
Black non-Hispanic	1	0	1
Total	1	1	2

Source: TN Dept of Health, Division of Health Statistics

According to the CDC's BRFSS data the number of women in Tennessee who had not had a mammogram within 2 years:

<u>Year</u>	<u>Percent</u>
1999	26.5
2000	24.4
2001	23.7
2002	24.7

The number of women who had not had a mammogram or breast exam:

<u>Year</u>	<u>Percent</u>
1999	22.4
2000	21.7
2001	20.0
2002	21.1

The Center for Medicare and Medicaid HEDIS 2002 data show that for all eligible beneficiaries in Tennessee, just 47.3% in the period from 2000 – 2001 had mammograms.

The Henry J. Kaiser Family Foundation reports that in 2002 only about half of female beneficiaries of Medicare report having a mammogram. Commonly cited reasons were that the test was not needed, their doctor did not prescribe it, the patient missed or forgot the appointment, or the test was not recommended.

In May 2006 Blue Cross Blue Shield of Tennessee reported that female members of BlueCare and TenneCareSelect (TN Medicaid) had screening mammograms at 54.9% and 50.1% respectively.

The Census Bureau reported that in 2004 there were 12.7% uninsured individuals in Tennessee. With a female population of 74,885 <40, that translates into 9510 uninsured women in the Upper Cumberland. This situation has changed for the worse during 2005. The Tennessee Medicaid program, TennCare, was, after long legal battles, granted a waiver to end coverage of adults in the uninsured and uninsurable categories. According to the "State of the States" report by the Robert Wood Johnson Foundation, the state began disenrolling 320,000 individuals in June 2005. Many of the counties in the Upper Cumberland have large TennCare populations and this has created a new crisis in access to health care for many residents.

According to the American College of Obstetricians and Gynecologists, "Women's Health Stats and Facts", "Uninsured women with breast cancer have a 30-50% higher risk of dying than insured women. This is not surprising given that

uninsured women ages 50-64 are 3 times less likely to have had a mammogram or clinical breast examination in the past 2 years than insured women.”

The “State Cancer Profiles” from NCI provide mortality data for only four Upper Cumberland counties. All others are suppressed due to low numbers.

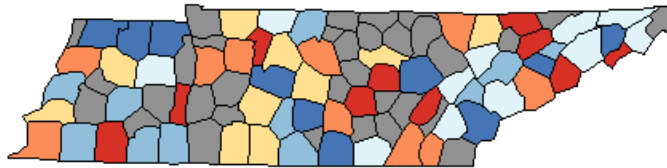
Breast Cancer Mortality Rate
1998- 2002, All Races, All Ages

Deaths per 100.000
95% Confidence Interval

United States	26.4 (26.3, 26.6)
Tennessee	26.5 (25.7, 27.3)
Cumberland	18.1 (12.3, 26.7)
Putnam	27.4 (20.3, 36.5)
Warren	34.4 (24.4, 47.6)
White	32.2 (20.5, 49.1)

We theorize that the reason Cumberland county looks so much better than the rest of the Upper Cumberland, is that it is home to three large retirement communities that are populated by affluent, educated, well insured retirees who have moved here from other areas of the country upon retirement. Our theory is that these retirees get regular screenings and are detected earlier thereby leading to better outcomes.

Age-Adjusted Death Rates for Tennessee, 1998 - 2002
Breast
All Races, Female, All Ages



**Age-Adjusted
Annual Death Rate
(Deaths per 100,000)**
Quantile Interval

- 31.0 to 55.3
- 28.9 to 30.9
- 25.4 to 28.8
- 23.7 to 25.3
- 21.8 to 23.6
- 16.9 to 21.7
- Suppressed¹

**United States
Rate (95% C.I.)**
26.4 (26.3 - 26.6)

**Tennessee
Rate (95% C.I.)**
26.5 (25.7 - 27.3)

**Healthy People 2010
Goal 03-03**
22.3

Created by statecancerprofiles.cancer.gov on 02/18/2006 4:24 pm.

[State Cancer Registries](#) may provide more current or more local data.

¹ Data have been [suppressed](#) to ensure confidentiality and stability of rate estimates.

Healthy People 2010 Goal 03-03 : Reduce the breast cancer death rate to 22.3.

Healthy People 2010 Objectives provided by the [Centers for Disease Control and Prevention](#).

Source: Death data provided by the [National Vital Statistics System](#) public use data file. Death rates calculated by the National Cancer Institute using [SEER*Stat](#). Death rates are age-adjusted to the 2000 US standard population by 5-year age groups. Population counts for denominators are based on Census populations as [modified](#) by NCI.

Existing Programs and Services

Mammography Facilities – FDA certified

Facility	County
Cumberland River Hospital	Clay
Cookeville Regional Medical Center	Putnam
Premier Diagnostic Imaging	Putnam
Cumberland Medical Center	Cumberland
Jamestown Regional Medical Center	Fentress
Livingston Regional Hospital	Overton
White County Community Hospital	White
Carthage General	Smith
Smith County Memorial Hospital	Smith
Macon County General Hospital	Macon
River Park Hospital	Warren
Dekalb Hospital	Dekalb
Stones River Hospital	Cannon

Radiation Therapy Services

Radiation therapy services are provided by two hospitals in the region.

- **Cookeville Regional Cancer Center** – offers low dose and high dose radiation
- **Cumberland Medical Center**- offers low dose radiation

Medical Oncology/Hematology Services

Throughout our region, medical oncology is offered in the following areas:

Putnam County- Medical oncology is offered at Cookeville Regional Cancer Center. Three full time and one part time medical oncologist are on staff in the center and provide chemotherapy Monday – Friday.

- Paul Jacquin, MD
- Algis Sydris, MD
- Jonas Sydris, MD
- Dr. Shah

Cumberland County- Medical oncology is offered in the office settings by the following physicians Monday - Friday:

- Dirk Davidson, MD
- Mark Hendrixson, MD
- David Tabor, MD

Overton County- Medical oncology is offered in the office setting of Dr. Vincent Fromke
Monday – Friday

Warren County- Medical Oncology is offered in the clinic setting by medical oncologists who come from Nashville 1-2 days per week.

Smith County- Medical oncology is offered in the clinic setting by medical oncologists who come from Nashville 1-2 days per week.

Lymphedema Services

Lymphedema services are offered by Cookeville Regional Medical Center's outpatient physical therapy department. Two full time lymphedema certified specialists are on staff currently with plans to certify an additional employee this year.

There is currently a waiting list for services at this location.

Medical Social Services and Nutrition Support

Medical social services and nutritional support are an import aspect of care for the breast cancer patient. Cookeville Regional Cancer Center employs one full time medical social worker and one full time registered dietitian.

Cumberland Medical Center uses hospital based medical social workers and dietitians for their cancer program as needs arise.

DME and Infusion Companies

Organization Certified

Prosthesis

Fitting

American Home Patient

No

No

Buckeye Medical Equipment

Yes

Yes

(Cookeville, Crossville, Jamestown
Livingston—services at all offices)

CMC Medical Equipment (Crossville)	Yes	Yes
G 3 Home Medical (compression/mastectomy) (Livingston) (Byrdstown)	Yes Cookeville office serves all	Yes
Hanger Ortho (Cookeville)	Yes	Yes
Hometown Respiratory (Carthage)	No	No
Larco Medical (Cookeville) (Celina)	No	No
Apria (Harriman)	No	No
United Medical (Cookeville)	No	No
Oxygen & Respiratory Care (Sparta)	No	No
Plateau Medical Equipment Crossville)	Yes	Yes (Compression only)
Pro Air (White County)	Yes	Yes
Respiratory at Home (Cookeville)	No	No
Respiratory Home Care (Cookeville) (Sparta) (Livingston) (Crossville)	Yes	Yes
RX Home Medical	Yes	Yes
United Medical	No	No

Upper Cumberland Referral Providers

BD = Breast Diagnosis **BSM** = Breast Screening, Mammogram
S = Surgeon

	BSM	BD	S
Cookeville Regional Medical Center Women's Imaging Center	■	■	
Cumberland Medical Center	■	■	
Cumberland River Hospital North	■	■	
Fentress County General Hospital	■	■	
Frank T Rutherford Memorial Hospital	■	■	
Premier Diagnostic Imaging, LLC	■	■	
Imaging Center	■	■	
Livingston Regional Hospital	■	■	
United Regional Medical Center	■	■	
Brock, William Bradford, MD		■	■
Lawhon, Jeffrey C., MD		■	■
Martin, Richard G. Jr., MD			■
Murfreesboro Medical Clinic			
Upper Cumberland Surgical Associates		■	■

Upper Cumberland Regional Health Departments

Codes: **PSP** = Primary Screening Site

BSCBE = Breast Screening

CS = Cervical Screening

Counties	PSP	BSCBE	CS
Cannon County	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Clay County	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cumberland County	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dekalb County	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fentress County	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Jackson County	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Macon County	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Overton County	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pickett County	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Putnam County	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Putnam County Annex	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Smith County	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Van Buren County	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Warren County	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
White County	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Free Clinics

The Upper Cumberland Regional Health Department runs the Early Breast and Cervical Cancer Detection Program through the local county Health Departments. Screening is free to women 50-65 who qualify by income guidelines of less than 200% of federal poverty levels. Women 40-50 can qualify for testing if they have a problem, and if they meet the income guidelines. **Potential Grantee.**

Putnam County Rural Health Clinics – Non-profit offering low cost medical care at two locations. **Potential Grantee.**

Manos Hispanas – non-profit Hispanic outreach program offering free medical clinics to Hispanic. **Potential Grantee.**

Transportation Services

UCARTs is a program sponsored by the Upper Cumberland Human Resource Agency. UCARTs will transport patients for a low fee to appointments in the Upper Cumberland (\$3.00 in the county, \$15.00 round trip to Nashville). TennCare will pay for covered patients. **Potential Grantee.**

Support Services

There are two breast cancer support groups in the Upper Cumberland. One is in Putnam County and is co sponsored by the Cancer Center at CRMC and the ACS and the second is in White county, begun by a survivor and aided by the ACS.

There are no educational facilities or resources for breast cancer patients in the Upper Cumberland. There are no support programs for patients' spouses and families. There are no support programs, such as guidance for exercise, diet, psychological well-being, or other survivor issues for breast cancer survivors.

Key Informants

Leadership Putnam Surveys

“Key Informant” surveys were conducted by a group from the “Leadership Putnam” 2006 class. Details of the survey results are in Appendix D.

Major recurring themes of needs and suggestions (well-documented in the survey results) are:

1. education---an overwhelming number of general references to this theme in many forms and on many questions; some specifics also included: disseminate information, hold public presentations, conduct health fairs, use various media, make materials available at many public places (health dept., schools, unemployment office, public housing, food stamp office, churches, other clinics, etc.)
2. financial limitations for many women: items in this category included references to no health insurance/inability to pay, transportation to screening/treatments, free/reduced rate services for breast screenings
3. access to screening: portable screening service, more facilities/access for women in rural areas, some mention of transportation services.