Community Needs Assessment

2005
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EXECUTIVE SUMMARY

An estimated 1 in 7 women will be diagnosed with breast cancer in her lifetime.1 At national, state and city levels, government agencies have identified breast cancer screening and awareness as crucial to the health of the community. To best address the enormity and complexity of this issue, The Greater New York City Affiliate of the Susan G. Komen Breast Cancer Foundation (Komen Greater NYC) believes that it is imperative to fund both national, cutting-edge research along with local breast cancer programs that provide education, support, screening and treatment. While 75% of Komen Greater NYC’s grant money funds local projects, the organization’s priorities can best be understood in the context of broader breast cancer statistics and strategies.

The following document breaks down specific demographic and health care issues pertaining to the Greater NYC service area, which encompasses the five boroughs of NYC, Long Island, Rockland County and Westchester County. It explores racial and ethnic make-up, income levels, mammography access and screening rates—factors that may affect a woman’s breast cancer risk and outcome. Key informant interviews also contribute to our knowledge of specific breast health needs within each region of the Greater NYC service area. This document demonstrates Komen Greater NYC’s funding priorities and should be used as a guide when developing programs and applying for funding.

The Executive Summary divides breast cancer statistics into the following categories:

- **United States** statistics, including: mammography rates and rates of breast cancer incidence and deaths.
- **New York State** statistics, including: the state’s ranking against other states in terms of mammography use, breast cancer incidence and other health indicators; and goals for improving breast health services.
- **New York City** statistics, including: residents’ self-rated health assessments by neighborhood; mammography and breast cancer rates; general health indicator statistics; and population demographics.

♦ **United States Breast Cancer Statistics**

Breast cancer is the leading cancer site in American women, though it is second to lung cancer in cancer deaths.2 According to American Cancer Society’s *Breast Cancer Facts & Figures 2003-2004*:

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The incidence rate of invasive breast cancer increased by nearly 4% per year between 1984 and 1987.\(^3\)

From 1987 and 2000, the incidence rate increased by 0.4% per year.

The mortality rate for female breast cancer increased by 0.4% per year between 1975 and 1990.

From 1990 to 2000, the mortality rate decreased by 2.3% annually.

The U.S. Department of Health and Human Services’ Healthy People 2010, “467 objectives designed to serve as a road map for improving the health of all people in the United States during the first decade of the 21st Century,” has set a National Target of decreasing the breast cancer death rate to 22.3 women per 100,000 by 2010.\(^4\) But we still have a long way to go:

- The female breast cancer death rate from 1997-2001 was 27.0 women per 100,000.\(^5\)
- An estimated 40,870 people (40,410 females; 460 males) will die from breast cancer in 2005.
- The female breast cancer incidence rate from 1997-2001 was 132.2 women per 100,000.
- An estimated 212,930 people (211,240 females; 1,690 males) will develop breast cancer in 2005.

**New York State (NYS)**

According to the U.S. Department of Health and Human Services’ *Women’s Health and Mortality Chartbook*, there is a disparity between NYS’s mammography rates, which are relatively high by national standards, and its breast cancer death rates, which are also high: \(^6\)

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○ Out of the 50 states, DC and Puerto Rico, NYS ranked 42nd (1999-2001) (with 1 being the lowest death rate and 52 being the highest) for breast cancer deaths: 27.9 deaths per 100,000 women.

○ NYS ranked 8th for mammograms in the past two years (2000-2002 for women age 40 and over): 79.2% of women in the state reported having a mammogram in the past two years.

○ NYS ranked 30th for health insurance coverage (2000-2002 for ages 18-64): 85% of people in NYS have health insurance.

New York State Comprehensive Cancer Control Plan: Strategic Directions for New York State 2003-2010 outlines goals “to achieve reductions in cancer rates and improve outcomes for people with cancer in New York State.” Several goals specifically relate to combating breast cancer, such as increasing the proportion of breast cancers detected at an early stage from 67.2% in 1999 to 75% by 2010. Other goals, which Komen grantmaking seeks to address include:

○ Identifying high-risk populations and referring them to screening;

○ Enhancing the availability of high quality accredited mammography facilities;

○ Assessing the most effective methods of developing awareness in various ethnic communities;

○ Determining demographics of women who receive mammograms; and

○ Increasing the use of the American Cancer Society Clinical Breast Examination guidelines.

♦ New York City (NYC)

Health characteristics of the residents of NYC are difficult to identify due to the population’s extreme diversity in race, ethnicity and income. However, recent data released in several city publications confirm that not all New Yorkers are receiving adequate health care. When asked to rate their own health, 19% of residents across NYC rated their own health as “Fair” or “Poor,” according to NYC Community Health Profiles. The national average was 14%. There was a great disparity between the city’s neighborhoods as to how people rated their own

8 NYC Community Health Profiles 2003. NYC Department of Health and Mental Hygiene. (www.nyc.gov/health)
health. While some Manhattan neighborhoods such as Gramercy Park, Murray Hill and the Upper East Side had only 10% of residents rate their own health as “Fair” or “Poor,” 25% or more residents of 10 of the 22 neighborhoods surveyed rated their health as such:9

- Central Bronx (35%)
- Highbridge and Morrisania, Bronx (35%)
- Hunts Point and Mott Haven, Bronx (35%)
- Bushwick and Williamsburg, Brooklyn (32%)
- East Harlem (30%)
- East New York and New York Lots, Brooklyn (29%)
- Inwood and Washington Heights (26%)
- Central Harlem (25%)
- Rockaways, Queens (25%)
- Southern Brooklyn (25%)

According to Women at Risk: The Health of Women in New York City, published by the NYC Department of Health and Mental Hygiene, “Women in the poorest neighborhoods have a life expectancy 5 years shorter than those who live in the highest income neighborhoods.”10 Additionally, Hispanic women are more likely than other low income women to lack health care coverage. Around a quarter of the city’s women do not receive regular mammograms, and women with consistent primary care providers are more likely than those without to seek mammograms. In addition to presenting specific data on the current status of breast health in NYC, Women at Risk also includes the city’s overall health improvement goals as part of the initiative, Take Care New York: 10 Steps to a Longer and Healthier Life.

- Women with health care coverage are more likely to receive mammograms than those without coverage: 79% of women (age 40 and over) with health care coverage reported having a mammogram in the past two years, compared to 49% of women with no health care coverage.11

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9 Ibid.
11 Ibid.
Women with regular primary care providers are more likely to receive mammograms: 80% of women with a regular provider reported having a mammogram in the last 2 years (age 40 and over), compared to 62% of women with no regular provider.\textsuperscript{12}

The percentage of women who have had a mammogram in the past 2 years (women 40 and over) varies by race: Asian: 73%; Black: 75%; White: 78%; Hispanic: 80%.\textsuperscript{13}

In NYC, 27% of years of potential life lost in women are due to cancer; of potential years of life lost due to cancer, 22% are attributed to breast cancer.\textsuperscript{14} (“Potential years of life lost” are found by subtracting age at premature death—before 75-years-old—from 75 years).

Take Care New York Target: 85% of the city’s women should have regular mammograms by 2008.

To provide effective breast health services, it is imperative to understand the cultural diversity of NYC. The city’s make-up is drastically different from that of the nation, and its population requires culturally and linguistically appropriate breast health programs. \textit{The Newest New Yorkers 2000} offers a glimpse into the city’s immigrant population: \textsuperscript{15}

Over the last 30 years, NYC’s foreign-born population has doubled from 1.44 million to 2.87 million.

Accounting for 64% of the city’s foreign-born population in 1970, European immigrants now make up just 19%.

The city’s diversity has increased dramatically in the last few decades: 32% of the city’s immigrants are Latin American, 24% are Asian, 21% are nonhispanic Caribbean, 19% are European and 3% are African.


\textsuperscript{13} Ibid.


43% of the city’s foreign-born population entered the United States during the 1990s.

46% of foreign-born New Yorkers speak a language other than English at home.

*Women at Risk* also offers demographic data on NYC’s women: 16

- There are 3.3 million women age 18 and over in NYC.
- 44% of these women have a household income below $25,000.
- 28% of them do not hold a high school degree.
- 43% of women in NYC are foreign-born, compared to 13% who are foreign-born across the nation.

The statistics above paint a picture of both dire need and of great hope. While an estimated 1 in 7 women will develop breast cancer in her lifetime, organizations, researchers and governmental agencies across the country and around the world are waging an intense battle against this disease. 17 Komen Greater NYC is proud to play a role in this community and is dedicated to supporting local organizations working to provide individuals, particularly those in underserved communities, with vital outreach, education, screening, treatment and support services.

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KEY INFORMANT INTERVIEW SUMMARY

This portion of the document seeks to provide summary information on:

♦ New York State Healthy Women Partnerships including eligibility requirements and types of breast health services provided

♦ Priority breast health issues that are universally applicable across the Komen Greater NYC service area

♦ Key breast health issues, needs, and services identified by borough or county

Komen Greater NYC interviewed several Healthy Women Partnerships, networks of federally-funded health providers that offer free breast cancer screening to uninsured and under-insured women, because of their unique perspective and understanding of the breast health needs of underserved women in the boroughs and counties they serve. These interviews provided Komen Greater NYC with a better understanding of the priority breast health issues that are universally applicable across our service area. In addition, these interviews revealed those breast health issues, needs, and services that are unique to each borough and county and their respective neighborhoods. While these interviews provide anecdotal breast health information rather than demographic or statistical breast health data, this information can be especially insightful when compared and contrasted with statistical breast health data.
OVERVIEW OF NEW YORK STATE HEALTHY WOMEN PARTNERSHIPS

The New York State Department of Health Cancer Services Program (CSP) oversees the delivery of a comprehensive cancer screening program funded with state and federal appropriations to increase access to cancer screening for uninsured women and men. Approximately 60,000 women are screened for breast and cervical cancer annually, and 12,000 men and women are screened for colorectal cancer.

The CSP funds community-based projects that are commonly known as Healthy Women or Healthy Living Partnerships to coordinate screening services in every county/borough in New York State.

♦ Program Eligibility
Breast, cervical, and colorectal cancer screenings are reimbursed through the CSP at Medicare rates for women and men who are uninsured, underinsured or cannot pay for these services:

- **Screening Mammograms**
  - Women aged 40 and older
  - Women who are younger than 40 at high risk for breast cancer

- **Pap tests, pelvic exams, and clinical breast exams**
  - Women aged 18 and older

♦ Diagnostic Services and Treatment Coverage
While screenings are broadly available at no cost, there are more limitations on coverage for diagnostic and treatment services for breast cancer.

- Reimbursement is available for many diagnostic services including: imaging, biopsies, pathology, consultations, facility fees, and pre- and post-operative procedures.
- To be eligible for Medicaid coverage, individuals must be screened in the CSP, and found to be in need of treatment for breast cancer, cervical cancer or pre-cancerous conditions, and meet certain other eligibility criteria such as citizenship and residency.
- Individuals who are eligible receive full Medicaid coverage for the duration of their actual treatment period.
HEALTHY WOMEN PARTNERSHIPS IN THE
GREATER NEW YORK CITY AREA

**Manhattan**

♦ Manhattan Breast Health Partnership 800-227-2345 or 212-586-8700

♦ Columbia University Breast Screening Partnership 212-851-4516

♦ Breast Examination Center of Harlem 212-531-8000

**Bronx**

♦ Bronx Healthy Women Partnership 718-991-4576 x206

**Brooklyn**

♦ Healthy Women Partnership at Kings County Hospital and Coney Island Hospital 718-245-3267

♦ Brooklyn Breast Health Partnership 800-227-2345 or 718-237-7850

**Queens**

♦ Queens Healthy Living Partnership 718-263-2225 x40

**Staten Island**

♦ Staten Island Healthy Women Partnership 718-987-8872

**Nassau County**

♦ Nassau Health Care Corporation Community Breast Cancer Screening Program 516-572-3300

**Suffolk County**

♦ Women's Health Partnership of Suffolk County 631-436-5262
Westchester County

♦ Westchester County Breast Health and Cervical Cancer Screening Program  914-813-5260

Rockland County

♦ Breast Health Partnership of Rockland County  845-369-0742
PRIORITy BREAST HEALTH ISSUES ACROSS KOMEN GREATER NYC SERVICE AREA

♦ Undocumented women are still highly vulnerable because they are not technically eligible for Medicaid or for treatment under the Healthy Women Partnership Program.

  o In addition, most of these populations face cultural and language barriers and are reticent to access health because of their undocumented status. Several Partnership providers absorb the cost of providing breast health services to these populations however no long term solution has been identified.

♦ Despite strides made by the Healthy Women Partnerships, there is still an unmet need for mammography services.

  o Providers in several specific geographic areas are unable to provide timely and convenient mammograms to underserved women primarily because of shortages in radiology facilities and staff. Some radiology centers have been forced to close because of reimbursement and medical liability issues. The shortage of radiology facilities and staff acts as a bottleneck, increasing the wait time for mammograms. Some providers have added evening and weekend hours to help address the need for convenient mammograms however they are the exception rather than the norm.

♦ There is a need for patient navigation and case management services for women who need to be screened and for those who have received a diagnosis of breast cancer.

  o Underserved populations are overwhelmed by the health care sector and this is heightened if they receive a breast cancer diagnosis. For those who are uninsured or under-insured it is very difficult to navigate the health care system and understand how to access breast cancer treatment and medication. Although the Healthy Women Partnership provides free screening, diagnosis, and treatment services for uninsured women above the age of 40, there is still a need for staff dedicated to enrolling and managing the cases of women enrolled in the Partnership. Many believe that patient navigators and case managers are instrumental to ensuring that a patient is able to access necessary follow up services and treatment. In some cases, women eligible under the Partnership are not being enrolled because a Partnership provider lacks the staff to do so.
♦ The “working poor,” individuals and families that are ineligible under traditional Medicaid because their incomes are just above the income requirements, often do not know that breast health services are available to the uninsured and under-insured through the Healthy Women Partnership.

  - The “working poor” are more likely to be uninsured or under-insured but often don’t qualify for public medical assistance. Consequently, they are extremely burdened by the costs of cancer screening, diagnosis and treatment. In 2002, in response to this need, the Healthy Women Partnership expanded its coverage to include anyone for whom paying any portion of breast health services would be a barrier. However, there needs to be greater awareness amongst the “working poor” and health providers regarding the availability of free screening mammograms and free diagnostic and treatment services to all legal residents through the Healthy Women Partnership.

♦ Many people are unable to access breast health services because of transportation barriers.

  - This is particularly true for those who live in areas where breast health service providers are few and far between or in neighborhoods in which there is inadequate public transportation. The cost and inaccessibility of adequate transportation prevents people from accessing needed breast health services. Some providers use mobile mammography vans to connect these populations with services. Other providers offer transportation services or travel vouchers to address this issue. However, inadequate transportation remains a barrier for many.

♦ For many across the Greater NYC area, accessing breast health services is particularly difficult because of cultural, linguistic or literacy barriers.

  - Many sub-populations are not able to access programs designed for mainstream populations. Some women face cultural barriers that restrict their mobility or ability to discuss women’s health issues. Immigrants who do not speak English face double challenges in trying to learn the English language and navigating a Westernized health care system. This is particularly difficult for new immigrants. These challenges also exist for native English speakers who have a low level of literacy. Some health providers deal with this issue by hiring bi-lingual and multi-lingual staff and by producing materials in multiple languages. Other providers have designed programs to address cultural, linguistic and literacy barriers faced by specific populations. In addition, many individuals do not seek out health care because of perceptions of homophobia or racism on the part
of health care providers. This is particularly an issue amongst lesbian, gay, bisexual, and transgender populations.

- **African-American & Latina women are particularly underserved and this is reflected in higher percentages of late-stage diagnoses and mortality rates for breast cancer.**
  
  - Programs that specifically focus on education, early detection, annual screenings, treatment, and support for these populations are particularly needed throughout the Komen Greater New York City area. Specifically, there is a particular need for these types of breast health programs and services in areas with high concentrations of African-American and Latina residents.
KEY INFORMANT INTERVIEW SUMMARY
BY BOROUGH/COUNTY

The following chart summarizes findings from the Key Informant Interview Summary by Borough/County. It provides information on the specific breast health issues and high risk populations within each borough and county that require targeted breast health services.

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<td>Bronx</td>
<td>Low mammography rate; relatively high breast cancer mortality rate; low income; large percentage of residents are African American and Latina</td>
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<tr>
<td>Mott Haven, Melrose, Port Morris, Morrisania, Claremont, Corona Park East, Hunts Point, Wakefield, Eastchester, Coop City, and Baychester</td>
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<tr>
<td>Greenpoint, Williamsburg, Bushwick, Bedford-Stuyvesant, East New York, New Lots, City Line, Starrett City, Ocean Hill, Brownsville, Canarsie, Coney Island, Brighton Beach, Gravesend, Homecrest, Seagate, and Sheepshead Bay</td>
<td>High breast cancer incidence; relatively high breast cancer mortality rate; some areas have low mammography screening rates; low income; large percentage of residents are African American and Latina; large number of immigrants from Central America, South America, South Asia, Russia, and Eastern Europe</td>
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<tr>
<td>Manhattan</td>
<td>Some areas have elevated incidence rate; some areas have low mammography screening rate; low income; large numbers of African-American and Latina residents; large immigrant population including Chinese, Dominican, South American, Mexican, and West African</td>
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<tr>
<td>Chinatown, Lower East Side, Harlem, Central Harlem, East Harlem, Washington Heights, Inwood, Chelsea, Alphabet City, Hell's Kitchen, and Lower East Side</td>
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<tr>
<td>Queens</td>
<td>Some areas have low mammography rate; low income; large numbers of African-American and Latina residents; large immigrant population including Caribbean, South American, Mexican, Eastern European, Chinese, Filipino, and South Asian</td>
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<tr>
<td>Jamaica, South Jamaica, Hollis, St. Albans Rockaways, Broad Channel, Jackson Heights, Elmhurst, Corona, Flushing, Bayside, Douglaston</td>
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<tr>
<td>Staten Island</td>
<td>Elevated breast cancer incidence; relatively high breast cancer mortality rate; low income; large number of African American and Latina residents; large Mexican, Liberian, and Russian immigrant populations; limited number of providers offer free or low-cost services; transportation barriers</td>
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<tr>
<td>West Brighton, New Brighton, Concord, Bullshead</td>
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<td>Long Island (Nassau &amp; Suffolk Counties)</td>
<td>High breast cancer incidence rate; high breast cancer mortality rate; low income; large number of residents are African American and Latina; growing undocumented immigrant population; transportation barriers</td>
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<tr>
<td>Nassau: Inwood/South Shore, Long Beach, Glen Cove</td>
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<td>Suffolk: North Amityville, Copaigne, Wheatley Heights, Wyandanch, North Babylon, Coram, Gordon Heights, Brentwood, Bayshore, Central Islip, North Hampton,</td>
<td>High breast cancer incidence rate; high breast cancer mortality rate; low income; large number of residents are African American and Latina; growing undocumented immigrant population; transportation barriers</td>
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<td>Location</td>
<td>Community Needs</td>
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<td>South Hampton, Bridge Hampton, Shirley, Riverhead, Greenport, Yaphank, Mastic, Sag Harbor, Brookhaven, and North Bellport</td>
<td>Immigrant population; growing immigrant population including Arab-Americans, West Indian, and Haitian; transportation barriers; limited number of providers</td>
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<td><strong>Rockland County</strong></td>
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<tr>
<td>Haverstraw, Spring Valley, New Village, Kaser</td>
<td>High breast cancer incidence rate; low income; large number of residents are African American and Latina; large Orthodox Jewish population; large number of Dominican, Haitian, and Asian immigrant populations; transportation barriers</td>
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<tr>
<td><strong>Westchester County</strong></td>
<td></td>
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<tr>
<td>Yonkers, Mount Vernon, New Rochelle, Northern Westchester</td>
<td>Elevated incidence of breast cancer; transportation barriers low income; large number of residents are African American and Latina</td>
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BRONX

♦ Key Breast Health Issues

- According to the NY State Cancer Registry, Bronx has a relatively low incidence of breast cancer and a relatively high breast cancer mortality rate.

- In the Bronx, there is an urgent need for comprehensive breast health services including getting women in for initial and annual screening.

- The biggest barriers to receiving effective breast health services in this area include a lack of access to screening, diagnosis, and treatment services and lack of capacity at hospitals and other health providers to enroll eligible women into the program. In order to enroll all eligible women in the HWP program, there is a need for dedicated staff to oversee enrollment and coordination of services.

- In 2004, 10 women were diagnosed with breast cancer through the Bronx HWP and of these, 7 were not eligible for treatment through Medicaid. Most of these women were undocumented and the costs of their treatment was absorbed by the public hospital system.

♦ Underserved Populations

- African-American and Latina populations are particularly underserved and highly concentrated in this area. Outreach to Latina women by this Partnership has been more successful and it now serves more Latina women than African-American women. This is interesting to note especially since the Bronx is not as predisposed to cultural enclaves as other boroughs of NYC. Instead, many of its neighborhoods are a mix of ethnic populations.

- The working poor, those whose incomes are just above the poverty limit by Medicaid’s definition, are also vulnerable.

♦ Underserved Neighborhoods

- Specific neighborhoods that are particularly underserved include Hunts Point and areas beyond the Bruckner Expressway because travel to and from these areas requires a bus and a subway. For this reason, mobile mammography vans are critical to providing breast education and screening services to populations in these areas. In addition, the mobile
mammography programs also provide an opportunity to introduce isolated populations to a healthcare facility in a less threatening way.

♦ Providers and Outreach Activities

- The Bronx HWP includes 10 providers and also works with 12 Community Boards, various churches, and the NYC Library. Major providers include St. Barnabas, Lincoln Medical & Mental Health Center, Montefiore and Women’s Outreach Network (mobile mammography services). All providers are under-utilized due to low enrollment of women in the program because of lack of dedicated staff to enroll, follow up and coordinate services.
BROOKLYN

♦ Key Breast Health Issues

- According to the NY State Cancer Registry, Brooklyn, in particular Southern Brooklyn, has an elevated incidence of breast cancer and the borough has a relatively high breast cancer mortality rate.

- The most urgent breast health need in Brooklyn is access to mammography services. Long wait times are a major issue because of capacity restraints faced by area providers.

- In addition, there is a need for patient navigation and case management services to ensure that patients get timely screening and follow-up services.

- Language barriers also necessitate multi-lingual health educators and educational materials.

♦ Underserved Populations

- Undocumented persons are particularly underserved because they are not eligible for Medicaid and therefore ineligible for treatment services through the Healthy Women Partnership.

♦ Underserved Neighborhoods

- Specific neighborhoods that are underserved include Canarsie and other parts of Southwest Brooklyn, Coney Island, Bedford-Stuyvesant, areas adjacent to Jamaica Bay, and areas south of Flatbush. In some of these areas there is a shortage of hospitals and other health providers. Many of the major hospitals in Brooklyn are concentrated in the North Central region of the borough. In addition to the lack of health care facilities in underserved areas there is a need for mobile mammography services that are linked to hospitals in order to ensure follow up diagnostic and treatment services.

♦ Providers and Outreach Activities

- The Brooklyn Breast Health Partnership works with 10 outreach partners who educate and refer patients to the Partnership.

- The Brooklyn Breast Health Partnership includes 16 health providers. Lutheran Medical Center is particularly over-utilized because of its location
in Southern Brooklyn where there is a shortage of health care providers. Some providers which are under-utilized include Bay Ridge Hospital, Sunset Hospital, and Bensonhurst Hospital. The primary reason that these providers are under-utilized is because they lack staff to coordinate enrollment of eligible patients into the Partnership.
MANHATTAN

There are three Healthy Women Partnerships located in Manhattan: Manhattan Breast Health Partnership, Columbia University Breast Screening Partnership, and Breast Examination Center of Harlem.

♦ Key Breast Health Issues

- According to the NY State Cancer Registry, Manhattan, in particular the Upper East Side, has an elevated incidence of breast cancer and the borough has a relatively low breast cancer mortality rate.

- The most urgent breast health issues included access to adequate and timely mammography services in specific areas, ineligibility of certain populations for Medicaid and therefore treatment through the Healthy Women Partnership (especially undocumented individuals), and the need for logistical and patient management support to enroll eligible women into the Partnerships.

- In terms of barriers to providing breast health services, there is a need for increased public and provider awareness about the services offered through the Partnership. In addition, providers must earn the trust of “hard-to-reach” populations and make them feel comfortable within the health care arena. In order to address the breast health issues of this population, the Partnership must acknowledge and address the range of other issues they are facing, including cultural and linguistic and socioeconomic issues.

♦ Underserved Populations

- Up to 40% of the population receiving services through the Manhattan Breast Health Partnership is undocumented. Specifically, in the 7 years of the Manhattan Breast Health Partnership’s existence, only 22 out of the 92 patients that were diagnosed with breast cancer were eligible for Medicaid. Since this population is not eligible for treatment services through the Partnership, the Partnership must rely on public hospitals to absorb the treatment costs for these patients.

- Populations that require additional targeted outreach include new immigrants, who are new to a Westernized health care system are often overwhelmed and lesbians, who do not access adequate preventive health care because they fear that providers will be insensitive to their particular needs.
o African-American women are particularly underserved in terms of breast health services and can benefit from targeted outreach and education.

♦ Underserved Neighborhoods

o Specific neighborhoods that are underserved in terms of breast health services include Alphabet City, Hell’s Kitchen, Lower East Side, Washington Heights, Inwood, and Harlem.

♦ Providers and Outreach Activities

o The three Healthy Women Partnerships in Manhattan work with several community-based organizations including specific ethnic civic groups and churches in trying to reach and develop relationships with “hard-to-reach” populations. Partnerships work with these organizations to set up outreach, education, and screening efforts including mobile mammographies targeted at specific neighborhoods or populations.
QUEENS

♦ Key Breast Health Issues

- According to the NY State Cancer Registry, Queens has a relatively low incidence of breast cancer and a relatively low breast cancer mortality rate.

- There is a need for more mammography facilities in Queens. In addition, there is also a need for more specialized clinical staff including radiologists and mammography technicians.

- Providers for the Queens Healthy Living Partnership require staff dedicated to enrolling women into the Partnership and coordinating screening and follow-up services.

♦ Underserved Populations

- Recent immigrants are of particular concern in Queens because it is the most diverse county in the country. Many immigrants face cultural or linguistic barriers to accessing health care. The Queens Healthy Living Partnership is trying to address these issues by promoting screening services through public service announcements and programming on ethnic radio programs, such as Radio Tropicale aimed at the Haitian community.

- Many individuals have a low level of literacy and because of this are not able to access vital health information. This Partnership is working on redesigning some of its health information to be more accessible to people with low levels of literacy.

- Low-income individuals who are uninsured are particularly vulnerable in terms of accessing breast health services.

♦ Underserved Neighborhoods

- The most underserved neighborhoods and areas in Queens include the Rockaways, Southeast Queens, and areas along the Western edge of Queens. These areas are particularly underserved because there are very few health providers, leaving residents isolated in terms of health care.

- Flushing, Bayside, and Douglaston are highly diverse in terms of their ethnic populations. While providing health care to such diverse populations is challenging, these areas have several providers.
♦ Providers and Outreach Activities

- At the Queens Healthy Living Partnership there are 4 Outreach Coordinators that target 4 specific ethnic populations: Latina, African-American, Chinese, and Korean. These coordinators access these populations by working with population-specific community groups (churches/houses of worship, civic groups, etc…). However, the Partnership cited the need for specific outreach coordinators to the large Russian and South Asian populations in Queens.

- There are 10 health providers in the Queens Healthy Living Partnership. In general, these providers are over-utilized because they lack sufficient staff to enroll women into the Partnership and coordinate follow-up services.
STATEN ISLAND

♦ Key Breast Health Issues

- According to the NY State Cancer Registry, Staten Island, in particular Southeastern Staten Island, has an elevated incidence of breast cancer and a relatively high breast cancer mortality rate.
- There is a need for more breast cancer imaging centers in Staten Island. The situation has worsened because several small radiology clinics have closed their operations because of increased costs and threat of malpractice lawsuits.
- There is also a need for more follow-up service providers.
- Transportation is a major issue in accessing breast health services. Staten Island does not have a subway system. Women’s Outreach Network (WON) mobile mammography program and American Cancer Society Staten Island’s travel assistance program help address this issue.
- Many individuals are not being seen by a general practitioner. Therefore, these individuals are not being screened or referred to screening services in a timely manner.

♦ Underserved Populations

- African-American women in Staten Island are particularly underserved in terms of accessing breast health services.
- There is a sizable Russian population in Staten Island. In general, this population is not receiving adequate breast health services because breast cancer screening is not perceived to be a priority by this community.

♦ Underserved Neighborhoods

- The most underserved neighborhoods and areas in Staten Island include West Brighton, New Brighton, Concord, and Bullshead. Residents of these areas are not able to access adequate screening services because there are few screening services providers.
♦ Providers and Outreach Activities

○ The Staten Island Healthy Women Partnership works with several community-based partner organizations on education and outreach efforts.

○ There are 9 health providers participating in the Staten Island Healthy Women Partnership.
LONG ISLAND

Nassau County

♦ Key Breast Health Issues

- According to the NY State Cancer Registry, Nassau County has a relatively high incidence of breast cancer and a relatively high breast cancer mortality rate.

- Ensuring treatment of undocumented women is a major issue since this population is not eligible for treatment under the Partnership. Accessing and providing breast health services to these women is challenging because of trust issues, language barriers, and other issues that keep them “under the radar.”

- Transportation is a major barrier to accessing breast health services in Nassau County because of the geographic distance between providers and patients. Nassau County lacks an adequate public transportation system.

- There is a need for more technical staff, specifically radiologists and mammography technicians. Additional technical staff might help to reduce the wait times for breast cancer screenings by the Partnership.

- There is a need for more providers within the Partnership. However, long lags in reimbursement for services, the administrative burden of enrolling women into the partnership, and billing issues often prevent smaller health providers from joining.

♦ Underserved Populations

- African-American women in Nassau County are particularly underserved in terms of accessing breast health services.
- Latina women are underserved because of language and cultural barriers to accessing care.
- 30% of the women screened through the Partnership are ineligible for Medicaid and most of these women are undocumented. The treatment services and costs for these women are typically absorbed by Nassau County Medical Center, the county’s only public hospital.
- Individuals whose incomes fall just above the federal poverty limits may not be eligible for Medicaid but can access services through the Healthy Women Partnership however they might not be aware of the services available to them through the Partnership. Similarly, physicians might not
be aware of services available through the Partnership and therefore will not make the appropriate referrals.

♦ Underserved Neighborhoods

  o The most underserved neighborhoods and areas in Nassau County, Long Island include Inwood/South Shore, the Long Beach area, and Glen Cove. The Partnership uses mobile mammography vans to try to access populations in these areas.

♦ Providers and Outreach Activities


  o There are 6 health providers participating in the Nassau County Healthy Women Partnership. Follow up services and treatment is provided at Glen Cove Hospital, Planned Parenthood of Nassau County and South Hempstead Hospital.
Suffolk County

♦ Key Breast Health Issues

- According to the NY State Cancer Registry, Suffolk County has a relatively high incidence of breast cancer and a relatively high breast cancer mortality rate.

- There are too few health providers in Suffolk County. This situation causes residents to either forego necessary care or travel long distances to access care.

- In Suffolk County, transportation is a major barrier to accessing breast health services because of the geographic distance between providers and patients. Related to this is the lack of adequate mobile mammography van services. Adequate mobile mammography services could help remedy the transportation barrier and lack of nearby health providers, particularly for those residents who live in more remote parts of the county.

- Some residents are concerned about environmental factors that may be related to breast cancer. This concern comes from the elevated level of breast cancer incidence in this county.

- There is a need for more consistent and culturally sensitive outreach efforts to targeted neighborhoods and populations. These efforts should not only focus on breast health education but on ensuring follow-up services and broader access to health care.

♦ Underserved Populations

- African-American women in Suffolk County are underserved in terms of accessing breast health services.

- Latina women are underserved because of language and cultural barriers to accessing care. This is a major issue since the county’s Latina population has been growing.

- New immigrants face numerous language and cultural barriers to accessing breast health services. Growing ethnic populations in Suffolk County include Arab-American, West Indian, and Haitian. In addition, there seems to be a growing undocumented population particularly because of the agricultural and hospitality industries located in the county.
Individuals whose incomes fall just above the federal poverty limits may not be eligible for Medicaid but can access services through the Healthy Women Partnership however they might not be aware of the services available to them through the Partnership. Similarly, physicians might not be aware of services available through the Partnership and therefore will not make the appropriate referrals.

Women with disabilities face numerous barriers to accessing breast health services. Low awareness of the importance of breast health combined with the need for specialized screening equipment and services make it difficult for women with disabilities to access necessary services.

**Underserved Neighborhoods**

- The East End of Suffolk County is underserved because of its remote location, lack of adequate public transportation and the limited number of providers. Specific areas on the East End that are underserved include North Hampton, South Hampton, Bridge Hampton, Shirley, Riverhead, Greenport, Yaphank, Mastic, Sag Harbor, Brookhaven, and North Bellport. Although some of these areas have higher overall socio-economic indicators, there are still pockets of underserved populations that are particularly impacted by the lack of transportation and providers that accept Medicaid or offer free or low cost services. In addition, there are 2 Native American reservations on the East End of Suffolk County.

- In Western Suffolk the following areas are underserved because they include large numbers of African-American and/or Latina residents and may also have lower socio-economic indicators: North Amityville, Copaigne, Wheatley Heights, Wyandanch, North Babylon, Coram, Gordon Heights, Brentwood, Bayshore, and Central Islip.

**Providers and Outreach Activities**

- Grassroots breast health organizations include Hermanas Unidas en la Salud/Sisters United in Health and the Witness Project of Long Island.

- Health providers within the Women’s Health Partnership of Suffolk County face barriers including reimbursement for services, capacity issues, and the administrative burden of enrolling women in the Partnership and ensuring follow up services are provided.
ROCKLAND

♦ Key Breast Health Issues

○ According to the NY State Cancer Registry, Rockland County has a relatively high incidence of breast cancer and a relatively low breast cancer mortality rate.

○ There is a need for more health educators to do broader outreach. Outreach to specific target populations, especially specific ethnic communities has been increasingly successful. However, it remains a challenge to communicate that although the Partnership has specific eligibility requirements, it is open to ALL women. In particular, it is hard to do outreach and education to women who are not “hooked into” existing community organizations. For example women who are newly divorced or widowed, or are single parents are often not targeted even though they may be facing financial and insurance issues.

○ Transportation is a major barrier to accessing breast health services in Rockland County due to the distance between health providers. In addition, the cost to patients to travel back and forth for follow-up services and treatment is prohibitive.

♦ Underserved Populations

○ Although some strides have been made, Latina, African-American, Haitian, Asian and Hasidic Jewish populations are underserved in terms of access to breast health services.

○ In general, new immigrants face a host of challenges including cultural and linguistic barriers in terms of accessing breast health services.

♦ Underserved Neighborhoods

○ Although no specific neighborhoods were identified as underserved, Rockland County has the highest breast cancer incidence of all counties in the Komen Greater NYC service area and one of the highest incidence rates in NY State.
♦ Providers and Outreach Activities

- At the start, the Breast Health Partnership of Rockland County screened 200 women each year. At this time, the Partnership screens more than 1000 women a year. This increase underscores not only the growth of the program but also the need for additional Partnership providers.

- The significant lag in reimbursement to Partnership providers acts as a barrier in recruiting providers to the Partnership.

- Outreach and education in partnership with Houses of Worship have been successful in getting women into the Partnership.
WESTCHESTER

◆ Key Breast Health Issues

- According to the NY State Cancer Registry, Westchester County, in particular Southwestern Westchester, has an elevated incidence of breast cancer and a relatively low breast cancer mortality rate.

- It is challenging to do outreach to target populations and to convince them of the importance of receiving annual mammograms.

- There is a need for increased outreach and education to health providers, including hospitals, clinics, physicians, and other health professionals regarding services available through the Partnership in order to generate more referrals to the program.

- There are fewer and fewer screening providers because of a shortage of clinical and technical staff including radiologists and mammography technicians (particularly those skilled in mobile mammography).

- Transportation is a major barrier to accessing breast health services in Westchester County due to the distance between health providers. In addition, the cost to patients to travel back and forth for follow-up services and treatment is prohibitive. These barriers contribute to higher “no show” rates.

- Language barriers also pose a challenge to providing breast health services to the growing ethnic populations in this area.

- Administrative issues impede some providers from enrolling and serving patients eligible under the Partnership. Some providers already face backlogs in screening insured patients and therefore are reluctant to be a part of the Partnership. In addition, having to wait several months for reimbursement through the Partnership impedes provider participation.

◆ Underserved Populations

- Individuals whose incomes fall just above the federal poverty limits are not eligible for Medicaid but are eligible for services through the Healthy Women Partnership. In Westchester County a family of 2 must have an income below $32,000 to qualify for Medicaid. It is imperative that individuals who fall into this socioeconomic bracket be referred to and enrolled into the Healthy Women Partnership.
Undocumented persons are particularly underserved because they are not technically eligible for Medicaid and for treatment services through the Healthy Women Partnership.

♦ Underserved Neighborhoods

In addition to parts of the county that have high numbers of minority and low income individuals including Yonkers, Mount Vernon, and New Rochelle, Northern Westchester is also underserved because the population in this area is geographically dispersed and there is only one provider.

♦ Providers and Outreach Activities

There are 25 contracted health providers participating in the Westchester County Breast Health & Cervical Cancer Screening Program.

The following Neighborhood Health Clinics offer mobile mammography services: 1) Open Door Community Health  2) Greenburg Community Health Center 3) Yonkers Community Health Clinic.