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## Edgecombe Community Comes Together to Fight High Breast Cancer Incidence and Mortality Rates

**Morrisville, NC (February 15, 2018)**—In 2007, Susan G. Komen for the Cure released a report listing Edgecombe County, North Carolina as having one of the highest breast cancer incidence and mortality rates in the nation. The report cited an incidence rate of 185.3 per 100,000 population based on a 2003 statistic, which was an all-time high for Edgecombe County. And in Edgecombe, 38% of women with breast cancer died from the disease compared to 26% nationally.

After the release of the Komen report, community partners in Edgecombe County joined forces with researchers from the Gillings School of Global Public Health at UNC-Chapel Hill to raise community awareness and coordinate breast cancer resources. Researchers also conducted a <u>study</u>, published in a recent issue of the *North Carolina Medical Journal*, to examine breast cancer incidence and mortality rates alongside the local community's response, which coincided with a decline in breast cancer deaths.

"It wasn't just one person or one organization, but multiple organizations with a shared desire to address the concerning rates that were put out by the Komen foundation," said Anissa Vines, lead author of the study and assistant professor at the Gillings School of Global Public Health. "They were willing to work together, leverage the support of each other and really tackle this situation."

The community response team included Opportunities Industrialization Center, Rural Health Group, Crossworks, Vidant Edgecombe Hospital, the Edgecombe County Breast Cancer Taskforce, the Carolina Community Network and others. These organizations received funding for their community efforts from the North Carolina Office of Minority Health and Health Disparities, the National Cancer Institute Center to Reduce Cancer Health Disparities and Susan G. Komen for the Cure. "The success of this effort in Edgecombe County highlights the critical way community and health care partnerships can work to address health equity," said Adam Zolotor, president and CEO of the North Carolina Institute of Medicine (NCIOM), a co-publisher of the NCMJ. "This is just the type of partnership we hope communities will be thinking about as the NCIOM develops the concept of Accountable Care Communities in North Carolina."

Many of the community efforts in Edgecombe County had already been established in previous academic-community collaborations and were enhanced through grant funding, including a lay health advisor program that shared information about breast cancer screening at an innovative location: local beauty shops.

"Crossworks and other organizations were in the community," Vines said. "They were in beauty shops. They were in the areas that are even more remote, with limited transportation, promoting breast cancer training, treatment and survivorship."

These community efforts corresponded with a 16% decline in breast cancer mortality in Edgecombe County. However, the study, which compared Edgecombe, Nash and Orange counties, showed that there are still areas for improvement. The study revealed that women in both Edgecombe and Nash counties remained more likely to be diagnosed with advanced breast cancer compared to women in Orange County, a higher resource county. African Americans in Edgecombe and Nash counties were also diagnosed with advanced breast cancer more often than African Americans in Orange County.

According to Vines and colleagues, breast cancer outcomes are influenced by several factors, including stage at diagnosis, tumor aggressiveness and hormone receptor status. Breast cancer remains the most commonly diagnosed cancer in women and the second most common cause of cancer deaths in the United States.

"Changes in health outcomes do not occur swiftly," Vines said. "They take time and persistence, but more so, they require consistent, sustainable effort along with resources."

To read the <u>full study</u>, "Responding to a Community's Concern: A Comparison of Breast Cancer Characteristics and Initial Treatment in Three Selected North Carolina Counties," by Anissa Vines and colleagues, as well as other NCMJ articles, visit <u>nemedicaljournal.com</u>.

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