

susan g. komen.  **COMMUNITY**
PROFILE REPORT 2015



SUSAN G. KOMEN®
SOUTHWEST OHIO

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Executive Summary

Introduction to the Community Profile Report

Founded in 1997 as Susan G. Komen Greater Cincinnati Race for the Cure® (RFTC), Susan G. Komen® Greater Cincinnati has grown from a RFTC event with 2,700 participants realizing an approximate \$170,000 in revenue to combined RFTC/Affiliate revenue of just under \$1M in fiscal year 2015. In 2016, Komen Greater Cincinnati became Susan G. Komen® Southwest Ohio.

Over the last 17 years, the Affiliate has funded over \$10.3M in local programs to address screening and diagnostic mammograms, education, support resources, financial assistance and treatment of breast cancer. Additionally, the Affiliate has contributed over \$2.6M toward the Susan G. Komen Research Programs. The contributions to these programs made by the Affiliate are in support of the Komen mission.

The Affiliate serves as an indirect service provider, fundraising and granting funds to organizations, agencies and direct service providers of breast health education, screening, treatment and support in the Affiliate service area:

SW Ohio Counties

Adams, Brown, Butler, Clermont, Clinton, Darke, Greene, Hamilton, Highland, Miami, Montgomery, Preble and Warren.

SE Indiana Counties

Dearborn, Ohio and Switzerland.

Northern Kentucky Counties

Boone, Campbell, Gallatin, Grant and Kenton.

As a breast health and breast cancer leader and expert in the community, the Affiliate is a member of the Ohio Partners for Cancer Control and the State Cancer Control Plan. In addition, within the state of Ohio, Kentucky and Indiana, the Affiliate collaborates with the local Breast and Cervical Cancer Early Detection Programs to ensure women have access to and navigated within the continuum of care. The Affiliate is the only organization in the breast health community of Greater Cincinnati who conducts an assessment of the breast health needs to ensure funding is provided to those areas of greatest needs. To be efficient stewards of resources, Komen Southwest Ohio collaborates with Komen Affiliates in Ohio, Kentucky, and Indiana and across the United States to share ideas and resources.

Komen Southwest Ohio service area consists of 21 counties spanning nearly 7600 square miles. The service area within the tristate area includes counties within Ohio, Kentucky and Indiana, resulting in a total population of just over 3.1 million people. Within the service area, there are four urban counties, including Hamilton, Montgomery, Kenton and Butler Counties, which each have less than 10.0 percent of their population living in rural areas. On the contrary, Komen Southwest Ohio service area also has several substantial rural counties that it serves, including Ohio, Switzerland, and Gallatin, which have 100 percent of their population

living in rural areas. The population demographics within Komen Southwest Ohio service area are primarily White and Black/African-American, making up 83.9 percent and 13.6 percent respectively. The remaining portion of the population consists of Hispanic/Latino and Asian, making up 2.3 percent and 0.2 percent respectively.

Komen Southwest Ohio service area has a diverse socioeconomic range, which includes counties that have a median household income of \$35,000 and nearly 23.0 percent of the county living below the poverty level to a county with a median household income of greater than \$70,000 and less than 6.5 percent of that county living below the poverty level. The median household income across the entire service area is just over \$50,000 with 14.5 percent of the population living below the poverty line, which is slightly worse than the national percentage of 14.3 percent.

The purpose of the Community Profile Report is to identify, analyze and prioritize the demonstrated needs, for breast health services and resources in the Komen Southwest Ohio service area. Funding for these prioritized needs will be strategically planned to ensure meeting all demonstrated, prioritized needs. The Community Profile will be the primary document to identify and fund all aspects of the work of the Affiliate in the target counties and entire service area.

The Community Profile documents where there are gaps in providing services provides direction toward the needs of the community in order to close these gaps and provide more effective delivery of resources to the community. The Profile document will be used to guide the work of the Board of Directors, grant funding decisions and to partner and collaborate with sponsors, donors and fundraising events of the Affiliate.

The Community Profile Report will be shared in the local community with all media outlets, corporate and partners, sponsors, grantees, Board, State legislators, volunteers, and collaborative partners of the Affiliate.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

The Community Profile Team first looked at the overall regional data for Komen Southwest Ohio service area to determine a quantitative snapshot of the breast health needs. Regionally, the age-adjusted breast cancer incidence rate is higher than both national and state rates. Regional female breast cancer death rates are higher than the national, Indiana, and Kentucky rates. Regional late-stage trends are also higher than they are for all state and national rates. While incidence rates are higher for the regional, this could indicate that more women are engaging in breast health services. However, the higher regional late-stage and death trends could indicate that these women are not being screened on a regular basis. As the data were reviewed and discussed, five counties emerged target communities of highest priority. These counties include Grant County, KY, Adams County, OH, Butler County, OH, Hamilton County, OH, and Highland County, OH.

Key characteristics were taken into consideration as the review of the Quantitative Data Report progressed. The key characteristics included county-level data, such as female breast cancer incidence rate, female breast cancer death rate, female late-stage incidence rate, demographic

information, and Healthy People 2020 (HP2020) targets. The counties that were identified as possible target communities above were examined on these factors and included negative or discouraging findings for each of the key characteristics. These counties were found to be those that were most at risk for negative outcomes related to breast health incidence, late-stage diagnosis or breast cancer death as a result of the key characteristics presented in the Quantitative Data Report.

Grant County, Kentucky

Grant County, Kentucky, was found to have both high breast cancer incidence and late-stage diagnosis rates. Each of these rates was higher than the regional, state and national rates. This county is identified as a rural county in Komen Southwest Ohio's service area and is likely to have an issue with lack of resources available to meet the breast health needs of women in the community. Nearly 42.6 percent of people within this county have an income below the 250 percent poverty level and 16.7 percent report that they do not have health insurance. Both of these rates are higher than the regional, state, and national rates for the same characteristics. It is also estimated that this county will not meet the HP2020 target for female breast cancer late-stage incidence rates for at least 13 years.

Adams County, Ohio

Adams County, Ohio, is both a medically underserved and rural county in Komen Southwest Ohio's service area. Nearly 54.0 percent of persons in the county are below the 250 percent poverty level. In addition, 14.5 percent of people in the county report that they are unemployed and 18.3 percent report that they do not have health insurance. The demographics rates mentioned above are all much higher than the rates reported for regional, state, and national. The breast cancer death rate for this county was very high at 28.9/100,000. This rate was higher than the each of the following: regional, state, and national breast cancer death rates. In this county, it is estimated that it will take 13 years or longer to achieve the HP2020 targets for both late-stage incidence of breast cancer and female breast cancer death rates.

Butler County, Ohio

Butler County, Ohio, has high breast cancer incidence, late-stage breast cancer diagnosis, and breast cancer death rates (120.2/100,000, 43.6/100,000, and 24.7/100,000, respectively). While this county's breast cancer incidence and late-stage diagnosis rates appear to hover around the same rate for each regional, state, and national rates, the breast cancer death rate for this county is higher than both the regional and national rates. This county reports the 4th highest population of Black/African-American community members in the Affiliate service area and the 2nd highest percentage of Hispanics/Latinos. In Butler County, Ohio, it is estimated that it will take 13 years or longer to achieve the HP2020 targets for both breast cancer incidence and female breast cancer death rates.

Highland County, Ohio

Highland County, Ohio, is identified as a county with a high percentage of unemployed (13.1 percent), a large percentage of residents who have an income level below 250 percent poverty (45.6 percent), a large percent of residents with no health insurance (16.9 percent), and a very rural community. In this county, it is expected that the HP2020 target for female breast cancer death rates will take at least 7 years to meet and the HP2020 target for late-stage diagnosis rate will take 13 years or longer.

Hamilton County, Ohio

Hamilton County, Ohio, has very high breast cancer incidence, late-stage diagnosis, and breast cancer death rates. Each of these rates is much higher than the same rates for the region, state, and nation. It is estimated that the HP2020 targets for both late-stage diagnosis and breast cancer death will take 13 years or longer to meet. The demographics in this county also include the highest regional service area percentage of Black/African-American residents.

In many cases, the Quantitative Data Report has provided a snapshot of the breast health data available for some of the areas and counties with the Komen Southwest Ohio service area, yet more information is necessary. In order for the Affiliate to develop a comprehensive and inclusive regional plan to address the breast health needs within the service area, an evaluation of the currently available resources and an evaluation of the cultural and social barriers in place will be conducted. The next steps in the Community Profile process will be the Affiliate's ability to collect this valuable information.

Health Systems and Public Policy Analysis

The Community Profile Team for Komen Southwest Ohio conducted open discussions about the continuum of care (CoC) practices used in the Affiliate community. In order to better define these CoC practices, discussions were held with breast health professionals, research was conducted using reputable web resources, health resource trends were examined and breast health community organizations in the selected target communities were surveyed. The Affiliate confirmed the locations of agencies providing breast health services on the CoC and resources as provided by Komen Headquarters.

Combining the Quantitative Data Report results with the Health System Analysis, the Affiliate labeled five counties as high priority counties within Komen Southwest Ohio service area. The target communities that were selected as part of this report include Grant County, Kentucky, Adams County, Ohio, Butler County, Ohio, Hamilton County, Ohio, and Highland County, Ohio. The breast health continuum of care services available within each of these counties were identified, examined, and used to illustrate the effectiveness of the current CoC coverage serving women in the target communities.

In order to determine the nature of the breast health services in the selected target communities, the Affiliate examined the list of providers compiled by the Affiliate representing providers on the breast health continuum of care.

The Continuum of Care (CoC) flow chart (Figure 1) illustrates the Affiliate's intended process for offering breast health service entry of every woman in Komen Southwest Ohio service area, which will expose all women to education and outreach services offered by agencies and organizations

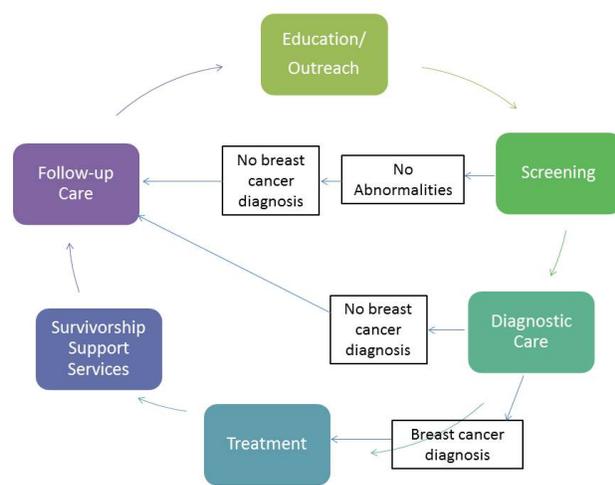


Figure 1. Breast Cancer Continuum of Care (CoC)

within Komen Southwest Ohio service area. If the education and outreach process proves to be successful and women become connected to local resources which will help to reduce current barriers, then women in the high risk counties will begin to seek screening services from the local breast health service providers. These primary screening services include both clinical breast exams (CBEs) and screening mammography. CBEs, which are the primary risk reduction method of care, are recommended for women in Komen Southwest Ohio service area beginning every three years starting at age 20 and every year beginning at age 40. Screening mammography is recommended for women in the Affiliate's service area annually beginning at age 40 (for women of average risk) and earlier, if recommended by a doctor.

If the outcome of a screening mammography reveals no breast abnormalities, then providers will suggest follow-up care recommendations to these women and they will also return to the process of education and outreach and continue to engage in primary screening recommendations. If there happens to be an abnormal finding after the screening process, then these women in the Affiliate service area will be recommended for diagnostic care.

Diagnostic care includes breast health services such as diagnostic mammograms, stereotactic mammograms, breast ultrasounds, breast biopsies, MRIs, and surgical biopsies. If there is no breast cancer diagnosis as a result of diagnostic care, then these women in the Affiliate service area will be recommended for support services and follow-up care, also returning to the cycle of education/outreach and screening (although screening may now be recommended more frequently). If there is a breast cancer diagnosis, women in Komen Southwest Ohio service area will be recommended for treatment. Treatment services may consist of surgical intervention (lumpectomy, mastectomy, lymph node removal), hormonal therapy, targeted therapy, neoadjuvant therapy, chemotherapy, or radiation. The extent, frequency and duration of treatment services will be based on several factors, including stage of diagnosis, breast cancer type, oncologist recommendations, and patient decision-making.

For those women in Komen Southwest Ohio service area that progress through and complete the treatment service Continuum of Care program, they will be referred to survivorship support programs and follow-up care. Survivorship support programs in the Affiliate service area vary greatly in regard to the services that they provide. Many of the support programs offer financial aid and several offer survivors the choice of receiving individual/group/family counseling, side effect management, physical activity/nutrition programs, alternative support programs, and psychoeducational group sessions. Follow-up care for these women and their families that have been touched by a breast cancer diagnosis may include recommendations for follow-up medical and non-medical care or hospice care recommendations. Those women released from an oncologist's care will re-enter the education/outreach stage in the community and continue to receive educational information for managing their health as a breast cancer survivor (which may include multiple areas of targeted healthy interventions to maintain their overall health and well-being).

As part of the Continuum of Care, breast health navigators are often an ongoing part of the breast health process in Komen Southwest Ohio service area community. Unfortunately, not all of the providers in the Affiliate service area have a breast health navigator on staff, thus, they are not noted on the diagram above. Yet, most of the providers that offer treatment services for a woman that received a positive breast cancer diagnosis also have the breast health navigator

program built into the process just prior to or post diagnosis. Breast health navigators can be an integral part of the breast cancer diagnosis process as they guide women and their families through the process of medical care, appointments, and healing.

Susan G. Komen Southwest Ohio supports and engages in the same public policy activities that are the objectives of Susan G. Komen Headquarters. These public policy objectives include, but not limited to:

- **National Breast and Cervical Cancer Early Detection Program:** Protecting efforts of and funding for the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) to ensure that women continue to have access to breast health screening.
- **Cancer Research:** Ensuring continued federal investment in cancer research through the National Institutes of Health (NIH), National Cancer Institute (NCI) and Department of Defense (DOD), to discover and deliver the cures.
- **Coverage for Oral Anti-Cancer Drugs:** Requiring insurance companies to provide coverage for oral anti-cancer drugs at the same rate as intravenously-administered chemotherapy.
- **Medicaid Coverage:** Expanding Medicaid coverage to increase availability and coverage of breast health services to low-income women.

In order to support these national and state-level objectives, Komen Southwest Ohio participates in state Lobby Day, engages in statewide advocacy efforts in both Ohio and Indiana, and plans to reach out to statewide organizations in both Kentucky and Indiana to grow efforts in those areas. Komen Southwest Ohio will plan to participate in National Lobby Day. In Ohio, Komen Southwest Ohio will maintain active participation in all-Ohio Affiliate advocacy efforts and campaigns.

It is anticipated that both the ACA and Medicaid will continue to have an impact on breast health care delivery and grantmaking by Komen Southwest Ohio in the coming years. While Komen Southwest Ohio will continue to support the provision of services for women in need, the Affiliate will also advocate for additional resources to be made available for women of the greatest need in the Affiliate service area

Qualitative Data: Ensuring Community Input

The geographic range of the communities identified in previous sections of the assessment, key informant interviews and strategically placed focus groups were the most feasible options for further qualitative data collection about the strengths, challenges and opportunities to improve breast cancer outcomes in the target communities. Key informant interviews were used to gather breast health information within the regions identified for further focus by quantitative data and health systems and public policy analysis. This method facilitated data collection from a limited number of well-connected and informed community leaders and professionals, and to shape an understanding of the attitudes and beliefs of survivors. Focus groups were set-up through key community members in each community identified and invitees were offered incentives in an effort to encourage attendance.

Common findings from the qualitative data collected were represented by the following themes:

- Barriers to accessing breast health,
- Disparities in access to breast health services,
- Education/awareness,
- Support Services for Breast Cancer survivors and their families.

Qualitative data findings were supportive of the previous findings in the health systems analysis. Those included primarily, navigation for patients of available, existing, community resources. Barriers to access include screening and diagnostic mammograms, breast ultrasound, lack of transportation options, patient and survivor resources and follow-up care. As indicated by the data collected, Hamilton has the widest variety of services available and ready access to multiple forms of transportation make these services more accessible. The rural communities face a far more limited range of services and resources; transportation is an issue in that patients must travel further and incur greater expense to access the services available in these communities. In all target communities access to services under the Affordable Care Act (ACA) and private health care insurance is unclear and confusing both patients and providers alike.

Mission Action Plan

Problem statements, priorities and objectives, in the form of action steps were determined by review of the previous data sections of the Community Profile. Discussions with key stakeholders and suggestions from the Community Profile Team and Affiliate staff gave input to develop objectives that were relevant and specific within the Affiliate Request for Proposals to potential grantees, moving forward.

Problem Statement

Within the Komen Southwest Ohio service area, the counties Hamilton (OH), Butler (OH), Adams (OH), Highland (OH) and Grant (KY) the health system analysis and qualitative data identified overarching barriers that may prevent individuals from entering the continuum of care. The identified barriers experienced by individuals were informational, financial, logistical and physical. These barriers may contribute to higher than average late-stage diagnosis and death rates in each target community.

Priority 1: To reduce informational barriers, the Affiliate will increase opportunities for education based projects that will focus on breast self-awareness, risk reduction and the psychosocial aspects of a breast cancer diagnosis.

- ***Objective 1:*** By January 2017, distribute Komen educational materials/tools that address screening, diagnostics and “what to expect” to at least five community partners in Hamilton and Butler Counties. Create an educational marketing campaign for primary targets of Hamilton, and Butler Counties in conjunction addressing mammography, diagnostics and what to expect. Distribute additionally to all community partners no later than January 2017. .
- ***Objective 2:*** By December 2017, Komen Southwest Ohio will provide to at least three partners in Adams, Grant and Highland Counties, education materials and tools that comprehensively address identified educational gaps in service as identified in each county.

Priority 2: To reduce financial and logistical barriers, the Affiliate will focus on increasing awareness of available breast cancer continuum of care services available to uninsured and insured individuals in each of the five target communities.

- *Objective 1:* Beginning with the FY2017 Community Grant Request for Application, programs that use evidence-based strategies to increase the utilization of insurance benefits among currently insured, non-compliant populations in Adams, Butler, Grant, Hamilton and Highland Counties will be a funding priority.
- *Objective 2:* From FY2016 through FY2019, annually update the Affiliate's website, newsletters and all marketing collateral to reflect local resources available to the target communities and entire service area.
- *Objective 3:* From FY2017 through FY2019, annually meet with at least two community partners and stakeholders to ensure dissemination of accurate local resources and collateral materials in each target county (Adams, Butler, Grant, Hamilton and Highland).
- *Objective 4:* From FY2016 through FY2019, the Affiliate will collaborate with the First Ladies Health Initiative of Cincinnati to deliver breast cancer screening resources and educational information to metropolitan, Black women through at least three outreach events in Hamilton County annually.

Priority 3: To reduce identified financial barriers to entering the continuum of care adhering to appropriate follow-up care within the continuum of care, Komen Southwest Ohio will focus efforts on supporting additional assistance programs based on the impact of the Affordable Care Act in the States of Ohio, Kentucky and Indiana as indicated by variance in State law and implementation.

- *Objective 1:* From FY16 to FY19, the Affiliate will conduct an annual survey of community partners and grantees in all target communities to evaluate the impacts of the Affordable Care Act (ACA) and evolving insurance coverage challenges to follow-up care and other continuum of care financial barriers.
- *Objective 2:* By FY19, Komen Southwest Ohio's existing Patient Financial Assistance Program at Cancer Family Care will be expanded to include additional reimbursements for treatment co-pay.

Problem Statement

Within the Komen Southwest Ohio service area, the counties Hamilton (OH), Butler (OH), Adams (OH), Highland (OH) and Grant (KY) there remains barriers to effective communication as well as access to quality of care resources that contributes to the potential of higher than average late stage diagnosis and lower patient survival rates.

Priority 1: Komen Southwest Ohio will expand and strengthen communication opportunities with all target community medical providers.

- *Objective 1:* From FY2016 through FY2019, at least twice annually the Affiliate will promote the use of available self-advocacy and education materials to community providers and patients through social media, availability of collateral materials in direct service providers offices and agencies in each target community.

Priority 2: Komen Southwest Ohio will expand and strengthen all patient navigation programs and resources in the target communities.

- *Objective 1:* From FY2016 through FY2019, the Affiliate will identify and fund those medical providers with limited or non-existent patient navigation resources in each target community.

Problem Statement

Three of the target communities, Adams (OH), Grant (KY) and Highland (OH) are identified as lacking in breast cancer survivor resources, education on breast cancer risk and financial resources to increase quality of life issues; as indicated by the qualitative data collected.

Priority 1: Identify and deliver those survivor resources and education materials to these three target communities to positively impact quality of life issues from screening, through diagnosis, treatment and post-treatment barriers and concerns.

- *Objective 1:* In FY2018 and FY2019, the Affiliate will at least twice annually promote available survivorship resources and education opportunities through Affiliate newsletter and existing community partners and agencies.
- *Objective 2:* By FY2019, the Affiliate will develop, promote and deliver at least one new survivorship program opportunity each of the following target communities: Adams, Butler, Grant, Hamilton and Highland.

Priority 2: Increase awareness of metastatic breast cancer resources and improve sensitivity to, and support of, metastatic breast cancer patients.

- *Objective 1:* Beginning in FY2017 the Affiliate will begin a Join the Conversation at Komen Kafe for metastatic breast cancer patients to share with other survivors the unique challenges they face. The National Metastatic Breast Cancer Network will join us in leading this group.
- *Objective 2:* By March 2017, the Affiliate will partner with a metastatic breast cancer survivor from one of the target counties (Adams, Butler, Grant, Hamilton and Highland) to write a guest blog for the Affiliate website.

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

Introduction

Affiliate History

Founded in 1997 as Susan G. Komen Greater Cincinnati Race for the Cure® (RFTC), Susan G. Komen® Greater Cincinnati has grown from a RFTC event with 2,700 participants realizing an approximate \$170,000 in revenue to combined RFTC/Affiliate revenue of just under \$1M in fiscal year 2015. In 2016, Komen Greater Cincinnati became Susan G. Komen® Southwest Ohio.

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Locally, the Affiliate is actively engaged, and a founding organization for the Greater Cincinnati Breast Health Collaborative. Peggy Isenogle, Executive Director, sits on the Board of Directors of the Breast Cancer Registry of Greater Cincinnati and in partnership with the University of Cincinnati.

Affiliate Organizational Structure

The work of Komen Southwest Ohio is the responsibility of the Board of Directors. These 10 men and women are the governing body of the Affiliate and they guide our work and funding decisions in the Greater Cincinnati community. The Affiliate Executive Director and staff are responsible to the Affiliate Board of Directors and deliver the resources and educational messages to the community; both individuals and corporations who support and partner with us to deliver our mission to the community at large.

AFFILIATE ORGANIZATION CHART

BOARD OF DIRECTORS:	EXECUTIVE DIRECTOR Staff: reports directly to the ED Special Events and Volunteer Manager Affiliate Communications Manager Affiliate Finance Manager Race Marketing Manager Affiliate Grants Manager Affiliate/Race Interns
EXECUTIVE COMMITTEE: (Board Development)	President Vice-President or Member at Large Board Development Chairperson Executive Director (non-voting)
RACE:	Affiliate Staff Members at Large Executive Director
EDUCATION:	One Board Member 4 Breast Health Community Advisors Education Staff Member, Chair Executive Director
GRANTS:	Grant Chair(s) Treasurer Breast Health Community Professional Affiliate Grants Manager
FINANCE:	Treasurer, Chair Past Treasurers Accounting Professionals
PUBLIC POLICY/ ADVOCACY:	Chair Board Members Executive Director

SPECIAL EVENTS: Ad hoc members as needed for various events
Affiliate Finance Manager
Special Events Manager, Chair
Executive Director

Affiliate Service Area

Susan G. Komen Southwest Ohio service area consists of 21 counties spanning nearly 7600 square miles (Figure 1.1). The service area within the tristate area includes counties within Ohio, Kentucky, and Indiana, resulting in a total population of just over 3.1 million people. Within the service area, there are four urban counties, which are Hamilton, Montgomery, Kenton and Butler County, which each have less than 10.0 percent of their population living in rural areas. On the contrary, the Affiliate service area also has several rural counties that it serves, including Ohio, Switzerland, and Gallatin, which have 100 percent of their population living in rural areas. The population demographics within Komen Southwest Ohio service area are primarily White and Black/African-American, making up 83.9 percent and 13.6 percent respectively. The remaining portion of the population consists of Hispanic/Latino and Asian, making up 2.3 percent and 0.2 percent respectively.

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The Affiliate service area also consists of a higher than average percentage of adults that are uninsured (17.0 percent) compared to the national average of 16.6 percent. Those counties with the greatest percentage of uninsured adults correlated with median household income and the percentage of persons living below the poverty line. Yet, the average percent of people (14.0 percent) suggesting that they could not see a doctor because of cost was not as closely correlated with insurance coverage, median household income or living below the poverty line, suggesting that other factors, like education, transportation, or proximity to medical care may all contribute to their decision to see a doctor.

KOMEN SOUTHWEST OHIO

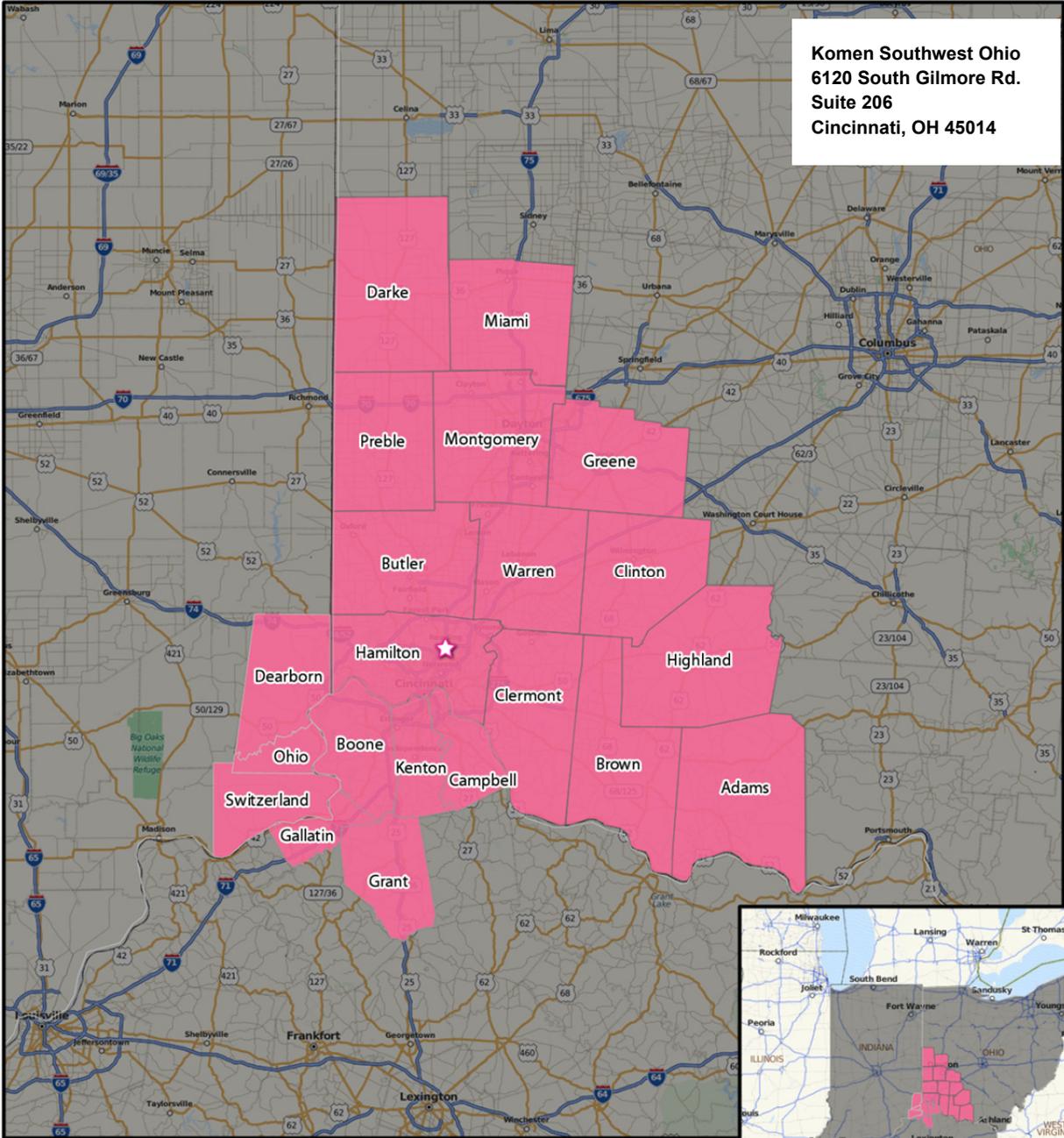


Figure 1.1. Susan G. Komen Southwest Ohio service area

Purpose of the Community Profile Report

The purpose of the Community Profile Report is identified, analyze and prioritize the demonstrated needs, for breast health services and resources in the Komen Southwest Ohio service area. Funding for these prioritized needs will be strategically planned to ensure meeting all demonstrated, prioritized needs. The Community Profile will be the primary document to identify and fund all aspects of the work of the Affiliate in the target counties and entire service area.

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Quantitative Data: Measuring Breast Cancer Impact

Quantitative Data Report

Introduction

The purpose of the quantitative data report for Susan G. Komen® Southwest Ohio is to combine evidence from many credible sources and use the data to identify the highest priority areas for evidence-based breast cancer programs.

The data provided in the report are used to identify priorities within the Affiliate's service area based on estimates of how long it would take an area to achieve Healthy People 2020 objectives for breast cancer late-stage diagnosis and death rates

[\[http://www.healthypeople.gov/2020/default.aspx\]](http://www.healthypeople.gov/2020/default.aspx).

The following is a summary of Komen Southwest Ohio's Quantitative Data Report. For a full report please contact the Affiliate.

Breast Cancer Statistics

Incidence rates

The breast cancer incidence rate shows the frequency of new cases of breast cancer among women living in an area during a certain time period (Table 2.1). Incidence rates may be calculated for all women or for specific groups of women (e.g. for Asian/Pacific Islander women living in the area).

The female breast cancer incidence rate is calculated as the number of females in an area who were diagnosed with breast cancer divided by the total number of females living in that area. Incidence rates are usually expressed in terms of 100,000 people. For example, suppose there are 50,000 females living in an area and 60 of them are diagnosed with breast cancer during a certain time period. Sixty out of 50,000 is the same as 120 out of 100,000. So the female breast cancer incidence rate would be reported as 120 per 100,000 for that time period.

When comparing breast cancer rates for an area where many older people live to rates for an area where younger people live, it's hard to know whether the differences are due to age or whether other factors might also be involved. To account for age, breast cancer rates are usually adjusted to a common standard age distribution. Using age-adjusted rates makes it possible to spot differences in breast cancer rates caused by factors other than differences in age between groups of women.

To show trends (changes over time) in cancer incidence, data for the annual percent change in the incidence rate over a five-year period were included in the report. The annual percent change is the average year-to-year change of the incidence rate. It may be either a positive or negative number.

- A negative value means that the rates are getting lower.
- A positive value means that the rates are getting higher.
- A positive value (rates getting higher) may seem undesirable—and it generally is. However, it's important to remember that an increase in breast cancer incidence could also mean that more breast cancers are being found because more women are getting

mammograms. So higher rates don't necessarily mean that there has been an increase in the occurrence of breast cancer.

Death rates

The breast cancer death rate shows the frequency of death from breast cancer among women living in a given area during a certain time period (Table 2.1). Like incidence rates, death rates may be calculated for all women or for specific groups of women (e.g. Black/African-American women).

The death rate is calculated as the number of women from a particular geographic area who died from breast cancer divided by the total number of women living in that area. Death rates are shown in terms of 100,000 women and adjusted for age.

Data are included for the annual percent change in the death rate over a five-year period.

The meanings of these data are the same as for incidence rates, with one exception. Changes in screening don't affect death rates in the way that they affect incidence rates. So a negative value, which means that death rates are getting lower, is always desirable. A positive value, which means that death rates are getting higher, is always undesirable.

Late-stage incidence rates

For this report, late-stage breast cancer is defined as regional or distant stage using the Surveillance, Epidemiology and End Results (SEER) Summary Stage definitions (SEER Summary Stage, 2001). State and national reporting usually uses the SEER Summary Stage. It provides a consistent set of definitions of stages for historical comparisons.

The late-stage breast cancer incidence rate is calculated as the number of women with regional or distant breast cancer in a particular geographic area divided by the number of women living in that area (Table 2.1). Late-stage incidence rates are shown in terms of 100,000 women and adjusted for age.

Table 2.1. Female breast cancer incidence rates and trends, death rates and trends, and late-stage rates and trends

Population Group	Incidence Rates and Trends				Death Rates and Trends			Late-stage Rates and Trends		
	Female Population (Annual Average)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of Deaths (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)
US	154,540,194	198,602	122.1	-0.2%	40,736	22.6	-1.9%	70,218	43.7	-1.2%
HP2020	.	-	-	-	-	20.6*	-	-	41.0*	-
Indiana	3,260,368	4,287	117.4	-0.3%	909	23.9	-1.9%	1,488	41.1	-0.6%
Kentucky	2,179,870	3,056	121.3	-1.0%	597	23.1	-1.8%	1,083	43.4	-2.6%
Ohio	5,895,383	8,319	120.8	-0.1%	1,820	24.8	-1.9%	2,972	44.0	0.6%
Komen Southwest Ohio Service Area	1,581,596	2,197	123.8	0.2%	452	24.2	NA	774	44.2	-1.0%

Population Group	Female Population (Annual Average)	Incidence Rates and Trends			Death Rates and Trends			Late-stage Rates and Trends		
		# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of Deaths (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)
White	1,333,038	1,902	122.2	1.0%	391	23.7	NA	656	42.8	-1.5%
Black/African-American	212,206	224	116.6	-4.6%	58	29.5	NA	94	48.5	-0.1%
American Indian/Alaska Native (AIAN)	4,625	SN	SN	SN	SN	SN	SN	SN	SN	SN
Asian Pacific Islander (API)	31,728	16	62.2	21.0%	SN	SN	SN	7	25.1	4.9%
Non-Hispanic/ Latino	1,550,062	2,186	124.2	0.3%	447	24.2	NA	771	44.4	-1.0%
Hispanic/ Latino	31,534	11	60.8	-13.0%	SN	SN	SN	4	19.3	-4.6%
Dearborn County - IN	24,959	39	132.7	-9.6%	6	22.7	-0.6%	12	40.5	-16.6%
Ohio County – IN	3,060	4	110.2	-13.2%	SN	SN	SN	SN	SN	SN
Switzerland County - IN	5,104	4	61.4	50.1%	SN	SN	SN	SN	SN	SN
Boone County - KY	58,003	70	123.4	0.3%	12	21.4	-2.9%	24	41.1	-1.0%
Campbell County - KY	45,484	68	133.0	-2.5%	14	25.4	-3.1%	24	46.4	-12.9%
Gallatin County - KY	4,216	6	123.0	20.4%	SN	SN	SN	SN	SN	SN
Grant County - KY	12,358	18	147.0	0.9%	SN	SN	SN	7	56.7	0.3%
Kenton County - KY	80,069	108	124.8	-5.2%	21	23.5	-2.2%	36	41.8	-3.7%
Adams County - OH	14,469	17	100.8	-1.5%	5	28.9	2.8%	7	39.3	5.9%
Brown County - OH	22,491	24	95.3	-6.1%	6	24.3	-2.7%	7	31.0	-0.2%
Butler County - OH	185,683	230	120.2	4.5%	49	24.7	-1.3%	83	43.6	2.0%
Clermont County - OH	99,042	120	112.3	-5.0%	22	21.1	-2.5%	44	41.1	-6.6%
Clinton County - OH	21,564	32	133.8	-4.2%	7	28.2	0.4%	10	42.8	4.6%
Darke County - OH	26,933	33	98.6	-1.4%	10	27.2	-1.7%	14	41.7	-0.8%
Greene County - OH	81,738	121	133.7	1.1%	20	21.7	-2.4%	43	47.8	-2.6%
Hamilton County - OH	417,528	629	131.3	2.1%	135	26.3	-1.9%	216	46.2	2.2%
Highland County - OH	22,255	26	97.4	-2.0%	7	24.8	-2.7%	8	29.0	28.9%
Miami County - OH	51,983	73	115.3	-8.3%	16	25.2	-0.9%	26	42.3	-10.7%
Montgomery County - OH	280,037	410	120.1	0.1%	85	23.3	-2.3%	148	44.4	-1.8%
Preble County - OH	21,381	30	112.3	-2.7%	8	30.3	-0.4%	10	38.8	-2.8%
Warren County - OH	103,239	135	128.8	-0.1%	23	22.4	-1.2%	50	46.9	-1.7%

*Target as of the writing of this report.

NA – data not available.

SN – data suppressed due to small numbers (15 cases or fewer for the 5-year data period).

Data are for years 2006-2010 except for the incidence and late-stage data for Ohio counties and the Affiliate as a whole which are from 2005-2009.

Rates are in cases or deaths per 100,000.

Age-adjusted rates are adjusted to the 2000 US standard population.

Source of incidence and late-stage data: North American Association of Central Cancer Registries (NAACCR) – Cancer in North America (CINA) Deluxe Analytic File.

Source of death rate data: Centers for Disease Control and Prevention (CDC) – National Center for Health Statistics (NCHS) mortality data in SEER*Stat.

Source of death trend data: National Cancer Institute (NCI)/CDC State Cancer Profiles.

Incidence rates and trends summary

Overall, the breast cancer incidence rate and trend in Komen Southwest Ohio service area were slightly higher than that observed in the US as a whole. The incidence rate of the Affiliate service area was **significantly higher** than that observed for the State of Indiana and the incidence trend was not significantly different than the State of Indiana. The incidence rate and trend of the Affiliate service area were not significantly different than that observed for the State of Kentucky. The incidence rate and trend of the Affiliate service area were not significantly different than that observed for the State of Ohio.

For the United States, breast cancer incidence in Blacks/African-Americans is lower than in Whites overall. The most recent estimated breast cancer incidence rates for Asians/Pacific Islanders (APIs) and American Indians/Alaska Natives (AIANs) were lower than for Non-Hispanic/Latina Whites and Blacks/African-Americans. The most recent estimated incidence rates for Hispanics/Latinas were lower than for Non-Hispanic/Latina Whites and Blacks/African-Americans. For the Affiliate service area as a whole, the incidence rate was lower among Blacks/African-Americans than Whites and lower among Asians/Pacific Islanders than Whites. There were not enough data available within the Affiliate service area to report on AIANs so comparisons cannot be made for this racial group. The incidence rate among Hispanics/Latinos was lower than among Non-Hispanics/Latinos.

The following county had an incidence rate **significantly higher** than the Affiliate service area as a whole:

- Hamilton County, OH

The incidence rate was significantly lower in the following counties:

- Switzerland County, IN
- Brown County, OH
- Darke County, OH
- Highland County, OH

The rest of the counties had incidence rates and trends that were not significantly different than the Affiliate service area as a whole or did not have enough data available.

It's important to remember that an increase in breast cancer incidence could also mean that more breast cancers are being found because more women are getting mammograms.

Death rates and trends summary

Overall, the breast cancer death rate in the Komen Southwest Ohio service area was slightly higher than that observed in the US as a whole and the death rate trend was not available for comparison with the US as a whole. The death rate of the Affiliate service area was not significantly different than that observed for the State of Indiana. The death rate of the Affiliate service area was not significantly different than that observed for the State of Kentucky. The death rate of the Affiliate service area was not significantly different than that observed for the State of Ohio.

For the United States, breast cancer death rates in Blacks/African-Americans are substantially higher than in Whites overall. The most recent estimated breast cancer death rates for

Asians/Pacific Islanders and American Indians/Alaska Natives were lower than for Non-Hispanic/Latino Whites and Blacks/African-Americans. The most recent estimated death rates for Hispanics/Latinas were lower than for Non-Hispanic/Latina Whites and Blacks/African-Americans. For the Affiliate service area as a whole, the death rate was higher among Blacks/African-Americans than Whites. There were not enough data available within the Affiliate service area to report on Asians/Pacific Islanders and American Indians/Alaska Natives so comparisons cannot be made for these racial groups. Also, there were not enough data available within the Affiliate service area to report on Hispanics/Latinas so comparisons cannot be made for this group.

Significantly less favorable trends in breast cancer death rates were observed in the following county:

- Adams County, OH

The rest of the counties had death rates and trends that were not significantly different than the Affiliate service area as a whole or did not have enough data available.

Late-stage incidence rates and trends summary

Overall, the breast cancer late-stage incidence rate in the Komen Southwest Ohio service area was similar to that observed in the US as a whole and the late-stage incidence trend was slightly higher than the US as a whole. The late-stage incidence rate of the Affiliate service area was **significantly higher** than that observed for the State of Indiana and the late-stage incidence trend was not significantly different than the State of Indiana. The late-stage incidence rate and trend of the Affiliate service area were not significantly different than that observed for the State of Kentucky. The late-stage incidence rate and trend of the Affiliate service area were not significantly different than that observed for the State of Ohio.

For the United States, late-stage incidence rates in Blacks/African-Americans are higher than among Whites. Hispanics/Latinas tend to be diagnosed with late-stage breast cancers more often than Whites. For the Affiliate service area as a whole, the late-stage incidence rate was higher among Blacks/African-Americans than Whites and lower among Asians/Pacific Islanders than Whites. There were not enough data available within the Affiliate service area to report on American Indians/Alaska Natives so comparisons cannot be made for this racial group. The late-stage incidence rate among Hispanics/Latinas was lower than among Non-Hispanics/Latinas.

The late-stage incidence rate was significantly lower in the following county:

- Highland County, OH

The rest of the counties had late-stage incidence rates and trends that were not significantly different than the Affiliate service area as a whole or did not have enough data available.

Mammography Screening

Getting regular screening mammograms (and treatment if diagnosed) lowers the risk of dying from breast cancer. Screening mammography can find breast cancer early, when the chances of survival are highest. Table 2.2 shows some screening recommendations among major organizations for women at average risk.

Table 2.2. Breast cancer screening recommendations for women at average risk*

American Cancer Society	National Comprehensive Cancer Network	US Preventive Services Task Force
<p>Informed decision-making with a health care provider at age 40</p> <p>Mammography every year starting at age 45</p> <p>Mammography every other year beginning at age 55</p>	<p>Mammography every year starting at age 40</p>	<p>Informed decision-making with a health care provider ages 40-49</p> <p>Mammography every 2 years ages 50-74</p>

*As of October 2015

Because having regular mammograms lowers the chances of dying from breast cancer, it's important to know whether women are having mammograms when they should. This information can be used to identify groups of women who should be screened who need help in meeting the current recommendations for screening mammography. The Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factors Surveillance System (BRFSS) collected the data on mammograms that are used in this report. The data come from interviews with women age 50 to 74 from across the United States. During the interviews, each woman was asked how long it has been since she has had a mammogram. The proportions in Table 2.3 are based on the number of women age 50 to 74 who reported in 2012 having had a mammogram in the last two years.

The data have been weighted to account for differences between the women who were interviewed and all the women in the area. For example, if 20.0 percent of the women interviewed are Hispanic/Latina, but only 10.0 percent of the total women in the area are Hispanic/Latina, weighting is used to account for this difference.

The report uses the mammography screening proportion to show whether the women in an area are getting screening mammograms when they should. Mammography screening proportion is calculated from two pieces of information:

- The number of women living in an area that the BRFSS determines should have mammograms (i.e. women age 50 to 74).
- The number of these women who actually had a mammogram during the past two years.

The number of women who had a mammogram is divided by the number who should have had one. For example, if there are 500 women in an area that should have had mammograms and 250 of those women actually had a mammogram in the past two years, the mammography screening proportion is 50.0 percent.

Because the screening proportions come from samples of women in an area and are not exact, Table 2.3 includes confidence intervals. A confidence interval is a range of values that gives an idea of how uncertain a value may be. It's shown as two numbers—a lower value and a higher one. It is very unlikely that the true rate is less than the lower value or more than the higher value.

For example, if screening proportion was reported as 50.0 percent, with a confidence interval of 35.0 to 65.0 percent, the real rate might not be exactly 50.0 percent, but it's very unlikely that it's less than 35.0 or more than 65.0 percent.

In general, screening proportions at the county level have fairly wide confidence intervals. The confidence interval should always be considered before concluding that the screening proportion in one county is higher or lower than that in another county.

Table 2.3. Proportion of women ages 50-74 with screening mammography in the last two years, self-report

Population Group	# of Women Interviewed (Sample Size)	# w/ Self-Reported Mammogram	Proportion Screened (Weighted Average)	Confidence Interval of Proportion Screened
US	174,796	133,399	77.5%	77.2%-77.7%
Indiana	3,249	2,306	69.5%	67.5%-71.5%
Kentucky	4,570	3,422	74.6%	72.9%-76.3%
Ohio	5,046	3,891	77.0%	75.5%-78.4%
Komen Southwest Ohio Service Area	1,214	908	75.2%	72.1%-78.1%
White	1,050	776	73.3%	69.9%-76.5%
Black/African-American	125	106	89.5%	80.2%-94.7%
AIAN	SN	SN	SN	SN
API	SN	SN	SN	SN
Hispanic/ Latina	12	9	75.7%	39.4%-93.7%
Non-Hispanic/ Latina	1,196	895	75.3%	72.1%-78.2%
Dearborn County - IN	22	17	72.4%	47.6%-88.3%
Ohio County - IN	SN	SN	SN	SN
Switzerland County - IN	SN	SN	SN	SN
Boone County - KY	79	54	67.0%	52.7%-78.7%
Campbell County - KY	64	48	77.7%	61.0%-88.6%
Gallatin County - KY	SN	SN	SN	SN
Grant County - KY	14	10	58.1%	25.3%-85.0%
Kenton County - KY	87	61	68.7%	55.0%-79.8%
Adams County - OH	10	6	65.5%	25.9%-91.2%
Brown County - OH	14	8	68.3%	41.5%-86.7%
Butler County - OH	112	82	77.3%	66.2%-85.5%
Clermont County - OH	63	49	83.3%	68.5%-91.9%
Clinton County - OH	18	11	57.9%	30.6%-81.1%
Darke County - OH	23	19	86.1%	62.7%-95.8%
Greene County - OH	35	30	86.3%	68.4%-94.8%
Hamilton County - OH	289	217	76.8%	70.5%-82.1%
Highland County - OH	16	11	75.1%	45.9%-91.5%
Miami County - OH	26	14	45.4%	26.3%-65.9%
Montgomery County - OH	275	217	75.3%	68.4%-81.1%
Preble County - OH	11	9	81.8%	45.1%-96.1%
Warren County - OH	56	45	75.3%	59.4%-86.4%

SN – data suppressed due to small numbers (fewer than 10 samples).

Data are for 2012.

Source: CDC – Behavioral Risk Factor Surveillance System (BRFSS).

Breast cancer screening proportions summary

The breast cancer screening proportion in the Komen Southwest Ohio service area was not significantly different than that observed in the US as a whole. The screening proportion of the Affiliate service area was significantly higher than the State of Indiana, was not significantly different than the State of Kentucky and was not significantly different than the State of Ohio.

For the United States, breast cancer screening proportions among Blacks/African-Americans are similar to those among Whites overall. Asians/Pacific Islanders have somewhat lower screening proportions than Whites and Blacks/African-Americans. Although data are limited, screening proportions among American Indians/Alaska Natives are similar to those among Whites. Screening proportions among Hispanics/Latinas are similar to those among Non-Hispanic/Latina Whites and Blacks/African-Americans. For the Affiliate service area as a whole, the screening proportion was significantly higher among Blacks/African-Americans than Whites. There were not enough data available within the Affiliate service area to report on Asians/Pacific Islanders and American Indians/Alaska Natives so comparisons cannot be made for these racial groups. The screening proportion among Hispanics/Latinas was not significantly different than among Non-Hispanics/Latinas.

The following county had a screening proportion **significantly lower** than the Affiliate service area as a whole:

- Miami County, OH

The remaining counties had screening proportions that were not significantly different than the Affiliate service area as a whole or did not have enough data available.

Population Characteristics

The report includes basic information about the women in each area (demographic measures) and about factors like education, income, and unemployment (socioeconomic measures) in the areas where they live (Tables 2.4 and 2.5). Demographic and socioeconomic data can be used to identify which groups of women are most in need of help and to figure out the best ways to help them.

It is important to note that the report uses the race and ethnicity categories used by the US Census Bureau, and that race and ethnicities are separate and independent categories. This means that everyone is classified as both a member of one of the four race groups as well as either Hispanic/Latin or Non-Hispanic/Latino.

The demographic and socioeconomic data in this report are the most recent data available for US counties. All the data are shown as percentages. However, the percentages weren't all calculated in the same way.

- The race, ethnicity, and age data are based on the total female population in the area (e.g. the percent of females over the age of 40).
- The socioeconomic data are based on all the people in the area, not just women.
- Income, education and unemployment data don't include children. They're based on people age 15 and older for income and unemployment and age 25 and older for education.

- The data on the use of English, called “linguistic isolation”, are based on the total number of households in the area. The Census Bureau defines a linguistically isolated household as one in which all the adults have difficulty with English.

Table 2.4. Population characteristics – demographics

Population Group	White	Black /African-American	AIAN	API	Non-Hispanic /Latino	Hispanic /Latino	Female Age 40 Plus	Female Age 50 Plus	Female Age 65 Plus
US	78.8 %	14.1 %	1.4 %	5.8 %	83.8 %	16.2 %	48.3 %	34.5 %	14.8 %
Indiana	87.4 %	10.2 %	0.4 %	1.9 %	94.2 %	5.8 %	48.0 %	34.6 %	14.8 %
Kentucky	89.8 %	8.5 %	0.3 %	1.4 %	97.2 %	2.8 %	49.4 %	35.6 %	15.2 %
Ohio	84.2 %	13.4 %	0.3 %	2.0 %	97.0 %	3.0 %	50.5 %	36.9 %	16.0 %
Komen Southwest Ohio Service Area	83.9 %	13.6 %	0.3 %	2.2 %	97.7 %	2.3 %	49.2 %	35.4 %	15.0 %
Dearborn County - IN	98.2 %	0.9 %	0.2 %	0.7 %	99.0 %	1.0 %	51.9 %	36.8 %	14.7 %
Ohio County - IN	98.5 %	0.7 %	0.3 %	0.5 %	98.8 %	1.2 %	56.1 %	42.1 %	19.0 %
Switzerland County - IN	98.6 %	0.8 %	0.3 %	0.3 %	99.0 %	1.0 %	51.0 %	36.0 %	16.2 %
Boone County - KY	94.2 %	2.9 %	0.3 %	2.6 %	96.5 %	3.5 %	44.8 %	29.7 %	10.8 %
Campbell County - KY	95.7 %	3.0 %	0.2 %	1.2 %	98.5 %	1.5 %	48.4 %	34.9 %	14.5 %
Gallatin County - KY	97.5 %	1.8 %	0.2 %	0.5 %	96.2 %	3.8 %	48.5 %	33.0 %	13.0 %
Grant County - KY	98.3 %	0.8 %	0.2 %	0.6 %	97.7 %	2.3 %	45.8 %	31.1 %	12.3 %
Kenton County - KY	93.4 %	5.0 %	0.3 %	1.4 %	97.5 %	2.5 %	46.8 %	32.8 %	13.0 %
Adams County - OH	98.5 %	0.7 %	0.6 %	0.2 %	99.2 %	0.8 %	50.6 %	36.6 %	16.0 %
Brown County - OH	98.2 %	1.2 %	0.2 %	0.4 %	99.3 %	0.7 %	51.2 %	37.0 %	15.8 %
Butler County - OH	88.4 %	8.4 %	0.3 %	2.9 %	96.2 %	3.8 %	46.8 %	32.8 %	13.1 %
Clermont County - OH	96.9 %	1.5 %	0.3 %	1.3 %	98.5 %	1.5 %	49.9 %	35.2 %	13.6 %
Clinton County - OH	96.2 %	2.9 %	0.3 %	0.7 %	98.7 %	1.3 %	49.7 %	36.3 %	15.1 %
Darke County - OH	98.5 %	0.9 %	0.2 %	0.4 %	98.8 %	1.2 %	53.1 %	39.8 %	19.0 %
Greene County - OH	87.5 %	8.6 %	0.4 %	3.4 %	97.7 %	2.3 %	48.1 %	35.5 %	15.2 %
Hamilton County - OH	69.6 %	27.8 %	0.3 %	2.3 %	97.6 %	2.4 %	48.7 %	35.6 %	15.2 %
Highland County - OH	97.2 %	2.1 %	0.4 %	0.3 %	99.2 %	0.8 %	51.0 %	37.6 %	16.9 %
Miami County - OH	95.6 %	2.7 %	0.2 %	1.5 %	98.7 %	1.3 %	53.2 %	39.3 %	17.3 %
Montgomery County - OH	75.0 %	22.6 %	0.4 %	2.1 %	97.8 %	2.2 %	51.5 %	38.6 %	17.8 %
Preble County - OH	98.3 %	0.8 %	0.3 %	0.6 %	99.3 %	0.7 %	53.2 %	39.3 %	17.0 %
Warren County - OH	92.6 %	2.7 %	0.2 %	4.5 %	97.7 %	2.3 %	48.8 %	32.2 %	12.4 %

Data are for 2011.

Data are in the percentage of women in the population.

Source: US Census Bureau – Population Estimates

Table 2.5. Population characteristics – socioeconomics

Population Group	Less than HS Education	Income Below 100% Poverty	Income Below 250% Poverty (Age: 40-64)	Un-employed	Foreign Born	Linguistic-ally Isolated	In Rural Areas	In Medically Under-served Areas	No Health Insurance (Age: 40-64)
US	14.6 %	14.3 %	33.3 %	8.7 %	12.8 %	4.7 %	19.3 %	23.3 %	16.6 %
Indiana	13.4 %	14.1 %	32.9 %	9.0 %	4.5 %	1.8 %	27.6 %	14.7 %	15.6 %
Kentucky	18.3 %	18.1 %	39.3 %	8.9 %	3.1 %	1.1 %	41.6 %	37.7 %	15.8 %
Ohio	12.2 %	14.8 %	33.1 %	9.3 %	3.9 %	1.3 %	22.1 %	14.8 %	14.0 %
Komen Southwest Ohio Service Area	12.2 %	13.3 %	30.2 %	8.6 %	3.7 %	1.1 %	16.1 %	11.4 %	13.2 %
Dearborn County - IN	11.3 %	7.4 %	27.0 %	7.9 %	1.3 %	0.0 %	53.1 %	0.0 %	12.3 %
Ohio County – IN	17.4 %	8.4 %	34.5 %	8.7 %	0.2 %	0.0 %	100.0 %	100.0 %	14.0 %
Switzerland County - IN	22.5 %	14.3 %	45.9 %	10.0 %	1.2 %	0.9 %	100.0 %	100.0 %	17.4 %
Boone County - KY	9.0 %	7.2 %	21.5 %	5.5 %	4.7 %	1.9 %	13.3 %	0.0 %	10.6 %
Campbell County - KY	12.9 %	11.3 %	26.9 %	7.4 %	2.0 %	0.2 %	15.3 %	15.4 %	11.5 %
Gallatin County - KY	27.5 %	18.4 %	45.3 %	11.5 %	4.6 %	0.0 %	100.0 %	0.0 %	19.3 %
Grant County - KY	18.4 %	16.5 %	42.6 %	9.9 %	1.3 %	0.5 %	65.0 %	0.0 %	16.7 %
Kenton County - KY	13.0 %	12.6 %	29.4 %	7.3 %	2.4 %	1.0 %	7.0 %	2.2 %	13.5 %
Adams County - OH	23.1 %	22.8 %	53.6 %	14.5 %	0.3 %	0.6 %	89.0 %	100.0 %	18.3 %
Brown County - OH	19.1 %	12.2 %	38.2 %	11.5 %	0.2 %	0.2 %	76.6 %	100.0 %	15.1 %
Butler County - OH	12.4 %	12.8 %	27.9 %	8.6 %	5.1 %	1.6 %	9.3 %	5.2 %	12.7 %
Clermont County - OH	12.6 %	9.6 %	26.6 %	7.1 %	2.4 %	0.5 %	22.7 %	7.8 %	12.8 %
Clinton County - OH	12.8 %	14.8 %	35.5 %	11.6 %	1.1 %	0.3 %	54.6 %	3.9 %	13.8 %
Darke County - OH	14.1 %	11.5 %	36.6 %	10.0 %	0.8 %	0.1 %	66.3 %	100.0 %	15.8 %
Greene County - OH	7.8 %	12.8 %	22.6 %	7.5 %	4.2 %	0.6 %	14.9 %	3.4 %	9.7 %
Hamilton County - OH	12.1 %	15.9 %	31.5 %	8.6 %	4.8 %	1.6 %	2.2 %	9.8 %	14.1 %
Highland County - OH	19.4 %	17.3 %	45.6 %	13.1 %	0.5 %	0.2 %	73.0 %	6.9 %	16.9 %
Miami County - OH	12.5 %	11.3 %	30.1 %	7.2 %	1.9 %	0.5 %	30.8 %	0.0 %	12.7 %
Montgomery County – OH	11.9 %	16.0 %	35.7 %	10.4 %	3.5 %	0.9 %	4.3 %	12.4 %	14.3 %
Preble County - OH	14.3 %	10.3 %	34.2 %	8.7 %	1.0 %	0.6 %	69.2 %	0.0 %	15.2 %
Warren County - OH	8.9 %	6.3 %	17.9 %	6.9 %	5.0 %	1.1 %	17.3 %	2.1 %	9.2 %

Data are in the percentage of people (men and women) in the population.

Source of health insurance data: US Census Bureau – Small Area Health Insurance Estimates (SAHIE) for 2011.

Source of rural population data: US Census Bureau – Census 2010.

Source of medically underserved data: Health Resources and Services Administration (HRSA) for 2013.

Source of other data: US Census Bureau – American Community Survey (ACS) for 2007-2011.

Population characteristics summary

Proportionately, the Komen Southwest Ohio service area has a substantially larger White female population than the US as a whole, a slightly smaller Black/African-American female population, a substantially smaller Asian/Pacific Islander (API) female population, a slightly smaller American Indian/Alaska Native (AIAN) female population, and a substantially smaller Hispanic/Latina female population. The Affiliate’s female population is slightly older than that of the US as a whole. The Affiliate’s education level is slightly higher than and income level is slightly higher than those of the US as a whole. There are a slightly smaller percentage of

people who are unemployed in the Affiliate service area. The Affiliate service area has a substantially smaller percentage of people who are foreign born and a substantially smaller percentage of people who are linguistically isolated. There are a slightly smaller percentage of people living in rural areas, a slightly smaller percentage of people without health insurance, and a substantially smaller percentage of people living in medically underserved areas.

The following counties have substantially larger Black/African-American female population percentages than that of the Affiliate service area as a whole:

- Hamilton County, OH
- Montgomery County, OH

The following counties have substantially lower education levels than that of the Affiliate service area as a whole:

- Ohio County, IN
- Switzerland County, IN
- Gallatin County, KY
- Grant County, KY
- Adams County, OH
- Brown County, OH
- Highland County, OH

The following counties have substantially lower income levels than that of the Affiliate service area as a whole:

- Gallatin County, KY
- Adams County, OH

Priority Areas

Healthy People 2020 forecasts

Healthy People 2020 (HP2020) is a major federal government initiative that provides specific health objectives for communities and for the country as a whole. Many national health organizations use HP2020 targets to monitor progress in reducing the burden of disease and improve the health of the nation. Likewise, Komen believes it is important to refer to HP2020 to see how areas across the country are progressing towards reducing the burden of breast cancer.

HP2020 has several cancer-related objectives, including:

- Reducing women's death rate from breast cancer (Target as of the writing of this report: 20.6 cases per 100,000 women).
- Reducing the number of breast cancers that are found at a late-stage (Target as of the writing of this report: 41.0 cases per 100,000 women).

To see how well counties in the Komen Southwest Ohio service area are progressing toward these targets, the report uses the following information:

- County breast cancer death rate and late-stage diagnosis data for years 2006 to 2010.
- Estimates for the trend (annual percent change) in county breast cancer death rates and late-stage diagnoses for years 2006 to 2010.
- Both the data and the HP2020 target are age-adjusted.

These data are used to estimate how many years it will take for each county to meet the HP2020 objectives. Because the target date for meeting the objective is 2020, and 2008 (the middle of the 2006-2010 period) was used as a starting point, a county has 12 years to meet the target.

Death rate and late-stage diagnosis data and trends are used to calculate whether an area will meet the HP2020 target, assuming that the trend seen in years 2006 to 2010 continues for 2011 and beyond.

Identification of priority areas

The purpose of this report is to combine evidence from many credible sources and use the data to identify the highest priority areas for breast cancer programs (i.e. the areas of greatest need). Classification of priority areas are based on the time needed to achieve HP2020 targets in each area. These time projections depend on both the starting point and the trends in death rates and late-stage incidence.

Late-stage incidence reflects both the overall breast cancer incidence rate in the population and the mammography screening coverage. The breast cancer death rate reflects the access to care and the quality of care in the health care delivery area, as well as cancer stage at diagnosis.

There has not been any indication that either one of the two HP2020 targets is more important than the other. Therefore, the report considers them equally important.

Counties are classified as follows (Table 2.6):

- Counties that are not likely to achieve either of the HP2020 targets are considered to have the highest needs.
- Counties that have already achieved both targets are considered to have the lowest needs.
- Other counties are classified based on the number of years needed to achieve the two targets.

Table 2.6. Needs/priority classification based on the projected time to achieve HP2020 breast cancer targets

		Time to Achieve Late-stage Incidence Reduction Target				
		13 years or longer	7-12 yrs.	0 – 6 yrs.	Currently meets target	Unknown
Time to Achieve Death Rate Reduction Target	13 years or longer	Highest	High	Medium High	Medium	Highest
	7-12 yrs.	High	Medium High	Medium	Medium Low	Medium High
	0 – 6 yrs.	Medium High	Medium	Medium Low	Low	Medium Low
	Currently meets target	Medium	Medium Low	Low	Lowest	Lowest
	Unknown	Highest	Medium High	Medium Low	Lowest	Unknown

If the time to achieve a target cannot be calculated for one of the HP2020 indicators, then the county is classified based on the other indicator. If both indicators are missing, then the county is not classified. This doesn't mean that the county may not have high needs; it only means that sufficient data are not available to classify the county.

Affiliate Service Area Healthy People 2020 Forecasts and Priority Areas

The results presented in Table 2.7 help identify which counties have the greatest needs when it comes to meeting the HP2020 breast cancer targets.

- For counties in the “13 years or longer” category, current trends would need to change to achieve the target.
- Some counties may currently meet the target but their rates are increasing and they could fail to meet the target if the trend is not reversed.

Trends can change for a number of reasons, including:

- Improved screening programs could lead to breast cancers being diagnosed earlier, resulting in a decrease in both late-stage incidence rates and death rates.
- Improved socioeconomic conditions, such as reductions in poverty and linguistic isolation could lead to more timely treatment of breast cancer, causing a decrease in death rates.

The data in this table should be considered together with other information on factors that affect breast cancer death rates such as screening percentages and key breast cancer death determinants such as poverty and linguistic isolation.

Table 2.7. Intervention priorities for Komen Southwest Ohio service area with predicted time to achieve the HP2020 breast cancer targets and key population characteristics

County	Priority	Predicted Time to Achieve Death Rate Target	Predicted Time to Achieve Late-stage Incidence Target	Key Population Characteristics
Grant County - KY	Highest	SN	13 years or longer	Education, rural
Adams County - OH	Highest	13 years or longer	13 years or longer	Education, poverty, employment, rural, insurance, medically underserved
Butler County - OH	Highest	13 years or longer	13 years or longer	
Clinton County - OH	Highest	13 years or longer	13 years or longer	Rural
Hamilton County - OH	Highest	13 years or longer	13 years or longer	Black/African-American
Highland County - OH	High	7 years	13 years or longer	Education, employment, rural
Darke County - OH	Medium High	13 years or longer	2 years	Rural, medically underserved
Miami County - OH	Medium High	13 years or longer	1 year	Rural
Warren County - OH	Medium High	7 years	8 years	
Dearborn County - IN	Medium	13 years or longer	Currently meets target	Rural
Campbell County - KY	Medium	7 years	1 year	
Preble County - OH	Medium	13 years or longer	Currently meets target	Rural
Kenton County - KY	Medium Low	6 years	1 year	
Brown County - OH	Medium Low	7 years	Currently meets target	Education, rural, medically underserved
Greene County - OH	Medium Low	3 years	6 years	
Montgomery County - OH	Medium Low	6 years	5 years	Black/African-American
Boone County - KY	Low	2 years	Currently meets target	
Clermont County - OH	Low	1 year	Currently meets target	Rural
Ohio County – IN	Undetermined	SN	SN	Education, rural, medically underserved
Switzerland County - IN	Undetermined	SN	SN	Education, rural, medically underserved
Gallatin County - KY	Undetermined	SN	SN	Education, poverty, rural, insurance

SN – data suppressed due to small numbers (15 cases or fewer for the 5-year data period).

Map of Intervention Priority Areas

Figure 2.1 shows a map of the intervention priorities for the counties in the Affiliate service area. When both of the indicators used to establish a priority for a county are not available, the priority is shown as “undetermined” on the map.

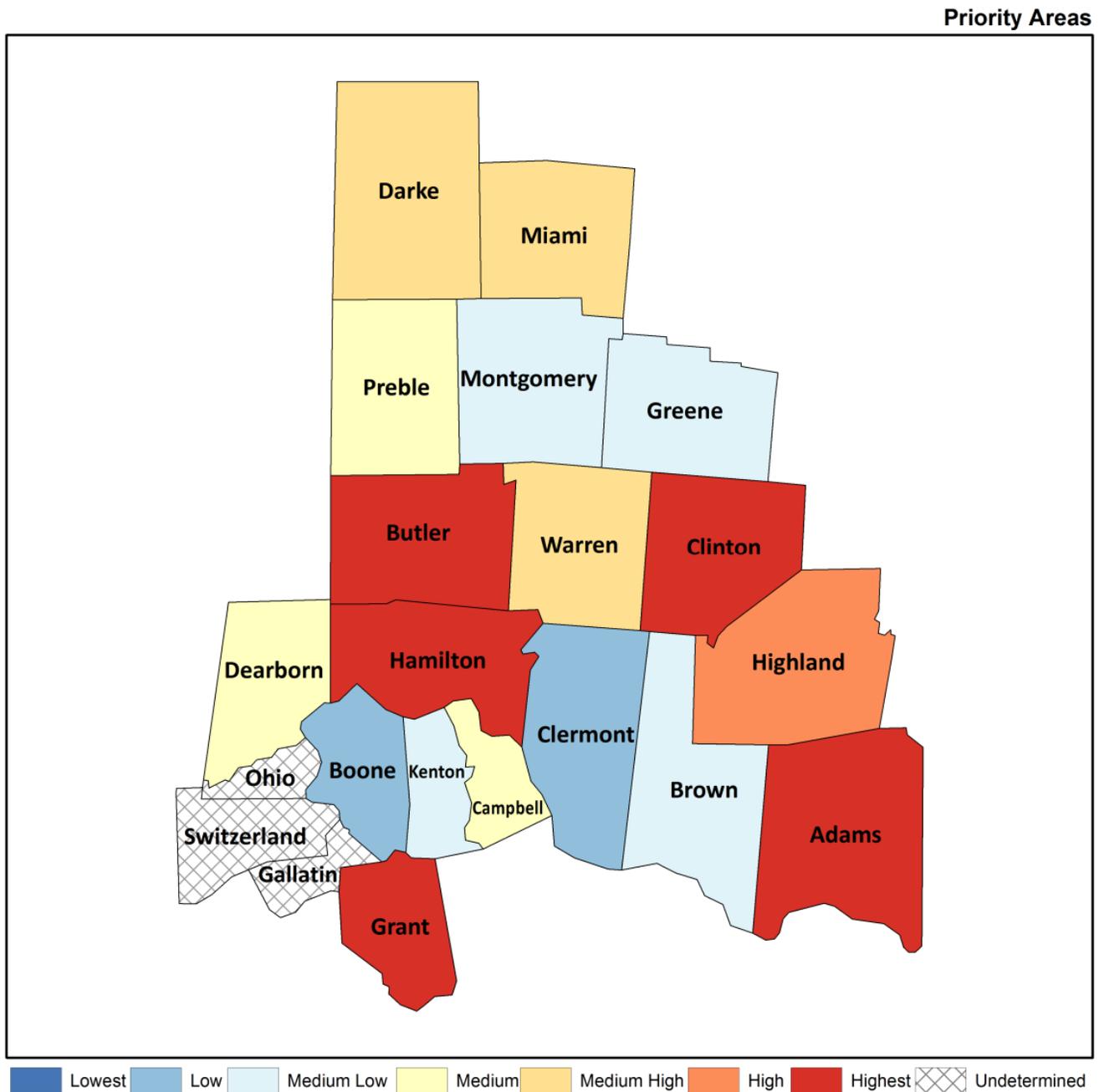


Figure 2.1. Intervention priorities

Data Limitations

The following data limitations need to be considered when utilizing the data of the Quantitative Data Report:

- The most recent data available were used but, for cancer incidence and deaths, these data are still several years behind.
- For some areas, data might not be available or might be of varying quality.

- Areas with small populations might not have enough breast cancer cases or breast cancer deaths each year to support the generation of reliable statistics.
- There are often several sources of cancer statistics for a given population and geographic area; therefore, other sources of cancer data may result in minor differences in the values even in the same time period.
- Data on cancer rates for specific racial and ethnic subgroups such as Somali, Hmong, or Ethiopian are not generally available.
- The various types of breast cancer data in this report are inter-dependent.
- There are many factors that impact breast cancer risk and survival for which quantitative data are not available. Some examples include family history, genetic markers like HER2 and BRCA, other medical conditions that can complicate treatment, and the level of family and community support available to the patient.
- The calculation of the years needed to meet the HP2020 objectives assume that the current trends will continue until 2020. However, the trends can change for a number of reasons.
- Not all breast cancer cases have a stage indication.

Quantitative Data Report Conclusions

Highest priority areas

Five counties in the Komen Southwest Ohio service area are in the highest priority category. Four of the five, Adams County, OH, Butler County, OH, Clinton County, OH and Hamilton County, OH, are not likely to meet either the death rate or late-stage incidence rate HP2020 targets. One of the five, Grant County, KY is not likely to meet the late-stage incidence rate HP2020 target.

The incidence rates in Hamilton County, OH (131.3 per 100,000) are significantly higher than the Affiliate service area as a whole (123.8 per 100,000).

Grant County, KY has low education levels. Adams County, OH, has low education levels, high poverty level and high unemployment. Hamilton County, OH, has a relatively large Black/African-American population.

High priority areas

One county in the Komen Southwest Ohio service area is in the high priority category. Highland County, OH, is not likely to meet the late-stage incidence rate HP2020 target. Highland County, OH, has low education levels and high unemployment.

Selection of Target Communities

The Community Profile Team first looked at the overall regional data for the Affiliate service area to determine a quantitative snapshot of the breast health needs. Regionally, the age-adjusted breast cancer incidence rate is higher than both national and state rates (Table 2.1). Regional female breast cancer death rates are higher than the national, Indiana, and Kentucky rates (Table 2.1). Regional late-stage trends are also higher than they are for all state and national rates (Table 2.1). While incidence rates are higher for the regional, this could indicate that more women are engaging in breast health services. However, the higher regional late-stage and death trends could indicate that these women are not being screened on a regular

basis (Table 2.1). After examining the county level data in the Quantitative Data report further, the Community Profile Team found that determining the target communities would not be as simple as selecting “target counties” for review and focus on the coming years. As the data were reviewed and discussed, six counties emerged as possible target communities of highest priority. These counties include Grant County, Kentucky, Adams County, Ohio, Butler County, OH, Clinton County, OH, Hamilton County, Ohio, and Highland County, Ohio. Additional examination of the Quantitative Data report was reviewed in order to isolate counties that will be the final target communities for Komen Southwest Ohio. This examination is discussed below.

Key characteristics were taken into consideration as the review of the Quantitative Data Report progressed. The key characteristics included county-level data and information such as female breast cancer incidence rate, female breast cancer death rate, female late-stage incidence rate, demographic information, and Healthy People 2020 (HP2020) targets. The counties that were identified as possible target communities above were examined on these factors and included negative or discouraging findings for each of the key characteristics. These counties were found to be those that were most at risk for negative outcomes related to breast health incidence, late-stage diagnosis or breast cancer death as a result of the key characteristics presented in the Quantitative Data Report.

Grant County, Kentucky

Grant County, Kentucky, was found to have both high breast cancer incidence and late-stage diagnosis rates (Table 2.1). Each of these rates was higher than the regional, state and national rates (Table 2.1). This county is identified as a rural county in Komen Southwest Ohio’s service area and is likely to have an issue with lack of resources available to meet the breast health needs of women in the community. Nearly 42.6 percent of people within this county have an income below the 250 percent poverty level and 16.7 percent report that they do not have health insurance (Table 2.5). Both of these rates are higher than the regional, state, and national rates for the same characteristics (Table 2.5). It is also estimated that this county will not meet the HP2020 target for female breast cancer late-stage incidence rates for at least 13 years (Table 2.7).

Adams County, Ohio

Adams County, Ohio, is both a medically underserved and rural county in Komen Southwest Ohio’s service area (Table 2.5). Nearly 54.0 percent of persons in the county are below the 250 percent poverty level (Table 2.5). In addition, 14.5 percent of people in the county report that they are unemployed and 18.3 percent report that they do not have health insurance (Table 2.5). The demographics mentioned above are all much higher than the percentages reported for regional, state and national (Table 2.4). The breast cancer death rate for this county was very high at 28.9/100,000 (Table 2.1). This rate was higher than the each of the following: regional, state, and national breast cancer death rates (Table 2.1). In this county, it is estimated that it will take 13 years or longer to achieve the HP2020 targets for both late-stage incidence of breast cancer and female breast cancer death rates (Table 2.7).

Butler County, Ohio

Butler County, Ohio, has high breast cancer incidence, late-stage breast cancer diagnosis, and breast cancer death rates (120.2/100,000, 43.6/100,000, and 24.7/100,000, respectively) (Table 2.1). While this county’s breast cancer incidence and late-stage diagnosis rates appear to

hover around the same rate for each regional, state, and national rates, the breast cancer death rate for this county is higher than both the regional and national rates (Table 2.1). This county reports the 4th highest population of Black/African-American community members in the Affiliate service area and the 2nd highest percentage of Hispanic/Latinas (Table 2.4). In Butler County, Ohio, it is estimated that it will take 13 years or longer to achieve the HP2020 targets for both breast cancer incidence and female breast cancer death rates (Table 2.7).

Clinton County, Ohio

Clinton County, Ohio, is identified as a rural area in Komen Southwest Ohio's service area, making it vulnerable to access to breast health resources (Table 2.5). The percentage of people that report that they are unemployed is 11.6 percent which is much higher than each of the regional, state, and national percentages (Table 2.5). Both the breast cancer incidence and breast cancer death rates are higher in Clinton County, Ohio, than the same rates for the region, state, and nation (Table 2.1).

Highland County, Ohio

Highland County, Ohio, is identified as a county with a high percentage of unemployed (13.1 percent), a large percentage of residents who have an income level below 250 percent poverty (45.6 percent), a large percent of residents with no health insurance (16.9 percent), and a very rural community (Tables 2.5). In this county, it is expected that the HP2020 target for female breast cancer death rates will take at least seven years to meet and the HP2020 target for late-stage diagnosis rate will take 13 years or longer (Table 2.7).

Hamilton County, Ohio

Hamilton County, Ohio, has very high breast cancer incidence, late-stage diagnosis, and breast cancer death rates (Table 2.1). Each of these rates is much higher than the same rates for the region, state, and nation (Table 2.1). It is estimated that the HP2020 targets for both late-stage diagnosis and breast cancer death will take 13 years or longer to meet (Table 2.7). The demographics in this county also include the highest regional service area percentage of Black/African-American residents.

Upon further examination of the breast health data and information available for these counties, Komen Southwest Ohio has selected the following target communities: Grant County, Kentucky, Adams County, Ohio, Butler County, Ohio, Highland County, Ohio, and Hamilton County, Ohio. These five target communities were selected primarily because of their breast health negative outcomes reported in the Quantitative Data Report and the length of time that each target community will be able to meet the HP2020 targets. Clinton County, Ohio, was not selected after initial review as this county, while rural, does not have a high minority female population or is not identified as a medically underserved county. Each of the other counties selected as target communities had two or more of these characteristics:

Minority Female Populations

Breast cancer is the most common cancer among Black/African-American women (Susan G. Komen, 2014). While the reported screening percentages for Black/African-American women are nearly the same as those reported for White women, the death rates from breast cancer is 41.0 percent higher than that of White women, which makes breast cancer the second leading cause of cancer death among Black/African-American women (Susan G. Komen, 2014). According to the data provided 89.5 percent of Black/African-American women in the Affiliate

service area, ages 50-74, reported that they had a mammogram screening in the past two years (Table 2.3). While this percentage for Komen Southwest Ohio's service area is actually higher than that of their White counterparts (73.3 percent reporting a mammogram screening in the past two years), the reported percentage for Black/African-American women is somewhat questionable due to the sample size of the Black/African-American women included in the study being relatively small (Table 2.3). Previous data collected in the Affiliate service area suggested that there may be cultural barriers that interfere with Black/African-American women engaging in screening mammograms and following up with the recommended care after a positive finding (Susan G. Komen Greater Cincinnati, 2011).

Further investigation of this key population in the areas of highest population concentration in the Affiliate service area is required to more accurately define the breast health needs of Black/African-American women. Primary areas of Black/African-American residents in the Affiliate service area include (Table 2.4):

- Hamilton County, Ohio (Cincinnati metropolitan area): 27.8 percent
- Montgomery County, Ohio (Dayton metropolitan area): 22.6 percent

The secondary areas of residence in the Komen Southwest Ohio service area for Black/African-American women appear to be (Table 2.4):

- Greene County, Ohio: 8.6 percent
- Butler County, Ohio: 8.4 percent
- Kenton County, Kentucky: 5.0 percent
- Campbell County, Kentucky: 3.0 percent

Two of the target communities selected for the purposes of this assessment includes high percentages of Black/African-American residents (Hamilton County, Ohio, and Butler County, Ohio) (Table 2.4).

Breast cancer is also the most commonly diagnosed cancer among Hispanics/Latinos (Susan G. Komen, 2014). Breast cancer incidence and death rates in the Hispanic/Latino population is lower than the rates for the Black/African-American or White populations (Susan G. Komen 2014). While breast cancer screening proportions for Hispanic/Latina women are similar to the proportions of both their Black/African-American and White counterparts, breast cancer remains the leading cause of cancer death among Hispanic/Latina women (Susan G. Komen, 2014). Data available for the Affiliate service area through the Quantitative Data Report (QDR) indicate that approximately 75.7 percent of Hispanic/Latina women ages 50-74 reported that they had received a mammogram in the past two years (Table 2.3). However, only a total of 12 Hispanic/Latina women in the Affiliate service area were interviewed, so this percentage is questionable. To further bolster this point, the Hispanic Chamber Cincinnati USA (2014) estimates that the growth of the Hispanic/Latino population in the Tri-state (Indiana, Kentucky, and Ohio) area was 80.0 percent from 2000-2010 (Hispanic Chamber Cincinnati USA, 2014).

Past data collection processes in the Affiliate service area suggest that Hispanic/Latina women do not necessarily have issues with locating services or finding available resources for breast health. However they do experience cultural, language, and social barriers that make engaging in these services a challenge (Susan G. Komen Greater Cincinnati, 2011). Due to the estimated increased growth of this population identified above, additional investigation is

needed in the areas of highest residence to more accurately assess the breast health needs of Hispanic/Latina women in Komen Southwest Ohio's service area. Currently, the percentage of Hispanics/Latinas residing in the Affiliate service area is greatest in the following counties (Table 2.4):

- Butler County, Ohio: 3.8 percent
- Gallatin County, Kentucky: 3.8 percent
- Boone County, Kentucky: 3.5 percent
- Kenton County, Kentucky: 2.5 percent
- Hamilton County, Ohio: 2.4 percent

Two of the target communities selected for the purposes of this assessment includes the highest percentage of Hispanics/Latinas (Butler County, Ohio and Hamilton County, Ohio) (Table 2.4).

Rural Populations

A large portion of Komen Southwest Ohio's service area consists of rural populations and more specifically three of the five selected target communities. Residing in a rural community has the potential to give rise to poor health outcomes as a result of lack of reduced accessibility to medical resources to address breast health. Nationally, "residents of the most rural counties have the highest death rates for both children and adults, the highest death rates for unintentional injury and motor-vehicle traffic related injuries, and among men, the highest death rates for ischemic heart disease and suicide" (Eberhardt, Ingram, Makuc et al., 2001). Additionally, those living in rural areas are more likely to engage in unhealthy risk behaviors that may increase the chance of chronic illness, such as cancer (Eberhardt, Ingram, Makuc et al., 2001).

The counties within the Quantitative Data Report provided for Komen Southwest Ohio that represent the key characteristic of "rural" include (Table 2.5):

- Grant County, Kentucky
- Adams County, Ohio
- Clinton County, Ohio
- Highland County, Ohio
- Miami County, Ohio
- Dearborn County, Indiana
- Preble County, Ohio
- Brown County, Ohio
- Clermont County, Ohio
- Ohio County, Indiana
- Switzerland County, Indiana
- Gallatin County, Kentucky

Three of these identified counties were chosen as target communities for the purpose of this assessment (Grant County, Kentucky, Adams County, Ohio, and Highland County, Ohio).

Medically Underserved Areas and Populations (MUA/P)

Medically underserved areas and populations are defined by the following criteria: areas or counties that have “too few primary care providers, high infant death rates, high poverty and/or high elderly population” (Health Resources and Services Administration, 2014). In many instances, these same medically underserved areas are also rural (Eberhardt, Ingram, Makuc et al., 2001 and Susan G. Komen Greater Cincinnati Quantitative Data Report, 2014). In addition to the issue of few medical professionals practicing in a particular location, the rural communities are less likely to include residents that are proactive about their health or seek medical care in a timely manner (Mareck, 2011). Although health care providers, in recent years, have been offered an incentive to practice in rural areas, this incentive practice has often encouraged the growth of general practitioners in these areas, but not medical specialists (Eberhardt, Ingram, Makuc et al., 2001 and Mareck, 2011). The inconsistency of these incentivized practitioners leaves residents unfamiliar with their general practitioners and the lack of specialists in the area likely impacts on the resident’s ability or willingness to seek help in medically underserved areas, such as rural communities, to complete follow-up care. Previous assessment by the Affiliate suggests that rural residents are less likely to view their breast health as a priority or travel for long distances to seek care for risk reduction or treatment of breast health (Susan G. Komen for the Cure Greater Cincinnati, 2011). Research in this area suggests that self-reported health status is a good indicator of whether or not populations access, utilize, and engage in health services (Miilunpalo, Vuori, Oja, Pasanen, and Urponen, 1997 and Mossey & Shapiro, 1982). Research conducted by Miilunpalo, Vuori, Oja, Pasanen, and Urponen (1997) and Mossey & Shapiro (1982) coincidentally also found that residents of rural areas were more likely to report poor overall health status.

Medically underserved populations, while using the same criteria as noted above, may refer to populations that are not adequately served by medical facilities or when ethnic or racial minorities do not culturally accept medical risk reduction behaviors or treatment for a specific health issue. Prior qualitative data collected by the Affiliate suggest that Black/African-American and Hispanic/Latina women do not seek screening or treatment for their breast health or cancer diagnosis as they do not see it as a priority (Susan G. Komen Greater Cincinnati Race for the Cure, 2011). These minority women often report that they are too busy taking care of other family members to seek health care or the medical system is too complicated for them to “navigate or access” (Susan G. Komen Greater Cincinnati Race for the Cure, 2011).

The current data provided to the Affiliate through the Quantitative Data Report were used to examine the counties that were identified as medically underserved. Of the five target communities selected, one of them meets the criteria for a medically underserved by meeting rural conditions and access to care (Adams County, Ohio) (Table 2.7). Two other target communities selected meet the criteria as having medically underserved populations (Black/African-American, Hispanic/Latino), Butler County, Ohio, and Hamilton County, Ohio.

Next Steps

In many cases, the quantitative data report has provided a snapshot of the breast health data available for some of the areas and counties within Komen Southwest Ohio’s service area, yet more information is necessary. In order for the Affiliate to develop a comprehensive and inclusive regional plan to address the breast health needs within the service area, an evaluation of the currently available resources and an evaluation of the cultural and social barriers in place

will to be conducted. The next steps in the Community Profile process will be the Affiliate's ability to collect this valuable information.

For examining the target areas, the Affiliate staff and representatives will perform the following:

- 1) Conduct a Health Systems Analysis to determine availability of resources in the Affiliate service area.
- 2) Perform key informant interviews of medical professionals, minority female populations and other health professionals from medical underserved areas (MUA).
- 3) Organize and conduct focus groups within medically underserved areas (MUA) and among medical underserved populations (MUP).
- 4) Conduct qualitative surveys with breast cancer survivors and general populations from the service area to examine perceptions of breast health and breast cancer. Understand which barriers exist regarding screening and treatment services for breast health (specifically in rural areas). Determine the patient access to available health services related to breast health (specifically in MUA/P), and follow-up support services for breast cancer survivors and their families.

Health Systems and Public Policy Analysis

Health Systems Analysis Data Sources

The Community Profile Team for Susan G. Komen® Southwest Ohio conducted open discussions about the continuum of care (CoC) practices used in the Affiliate community. In order to better define these CoC practices, discussions were held with breast health professionals, research was conducted using reputable web resources, health resource trends were examined and breast health community organizations in the selected target communities were surveyed. Komen Southwest Ohio confirmed the locations of agencies providing breast health services on the CoC and resources as provided by Komen Headquarters. The Affiliate reached out to the providers and asked them to complete a 10-minute phone survey confirming the services they offered. While this provided general knowledge of the breast health continuum of care services provided in the targeted community, additional detailed information regarding the services provided, services that are lacking, or populations that are underserved within the target communities will be further explained in the Qualitative Data Section of this Community Profile.

Combining the Quantitative Data Report results with this Health System Analysis, the Affiliate labeled five counties as high priority counties within Komen Southwest Ohio's service area. The target communities that were selected as part of this report include Grant County, Kentucky, Adams County, Ohio, Butler County, Ohio, Hamilton County, Ohio, and Highland County, Ohio. The breast health continuum of care services available within each of these counties were identified, examined, and used to illustrate the effectiveness of the current CoC coverage serving women in the target communities. *Please note:* Although the specific breast health continuum of care resources were examined within each target community, it is important to understand that women may not seek initial screening or follow-up services within their own community alone. Women may also rely on or only find access to certain CoC services available to them located outside of their community of residence.

In order to determine the nature of the breast health services in the selected target communities, a list of providers was compiled and examined by the Affiliate representing providers on the breast health continuum of care.

Health Systems Overview

The continuum of care flow chart (Figure 3.1) illustrates Susan G. Komen Southwest Ohio's intended process for offering breast health service entry of every woman in the Affiliate service area, which will expose all women to education and outreach services offered by agencies and organizations within the Affiliate service area. If the education and outreach process proves to be successful and women become connected to local

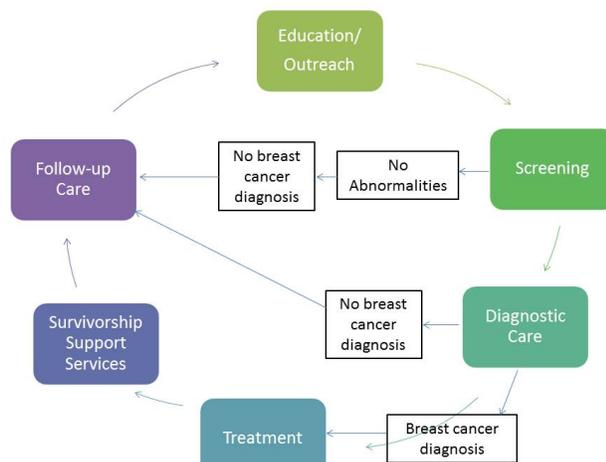


Figure 3.1. Breast Cancer Continuum of Care (CoC)

resources which will help to reduce current barriers, then women in the high risk counties will begin to seek primary risk reduction screening services from the local breast health service providers. These primary screening services include both clinical breast exams (CBEs) and screening mammography. CBEs, which are the primary risk reduction method of care, are recommended for women in the Affiliate service area beginning every three years starting at age 20 and every year beginning at age 40. Screening mammography is recommended for women in the Affiliate service area annually beginning at age 40 (for women of average risk) and earlier, if recommended by a doctor.

If the outcome of a screening mammography reveals no breast abnormalities, then providers will suggest follow-up care recommendations to these women and they will also return to the process of education and outreach and continue to engage in primary risk reduction screening recommendations. If there happens to be an abnormal finding after the screening process, then these women in the Affiliate service area will be recommended for diagnostic care.

Diagnostic care includes breast health services such as diagnostic mammograms, stereotactic mammograms, breast ultrasounds, breast biopsies, MRIs, and surgical biopsies. If there is no breast cancer diagnosis as a result of diagnostic care, then these women in the Affiliate service area will be recommended for support services and follow-up care, also returning to the cycle of education/outreach and screening (although screening may now be recommended more frequently). If there is a breast cancer diagnosis, women in the Affiliate service area will be recommended for treatment. Treatment services may consist of surgical intervention (lumpectomy, mastectomy, lymph node removal), hormonal therapy, targeted therapy, neoadjuvant therapy, chemotherapy, or radiation. The extent, frequency and duration of treatment services will be based on several factors, including stage of diagnosis, breast cancer type, oncologist recommendations, and patient decision-making.

For those women in Komen Southwest Ohio's service area that progress through and complete the treatment service CoC program, they will be referred to survivorship support programs and follow-up care. Survivorship support programs in the Affiliate service area vary greatly in regard to the services that they provide. Many of the support programs offer financial aid and several offer survivors the choice of receiving individual/group/family counseling, side effect management, physical activity/nutrition programs, alternative support programs, and psychoeducational group sessions. Follow-up care for these women and their families that have been touched by a breast cancer diagnosis may include recommendations for follow-up medical and non-medical care or hospice care recommendations. Those women released from an oncologist's care will re-enter the education/outreach stage in the community and continue to receive educational information for managing their health as a breast cancer survivor (which may include multiple areas of targeted healthy interventions to maintain their overall health and well-being).

As part of this continuum of care breast health navigators are often an ongoing part of the breast health process in Komen Southwest Ohio's service area community. Unfortunately, not all of the providers in the Affiliate service area have a breast health navigator on staff, thus, they are not noted on the diagram above. Yet, most of the providers that offer treatment services for a woman that received a positive breast cancer diagnosis also have the breast health navigator program built into the process just prior to or post diagnosis. Breast health navigators can be an

integral part of the breast cancer diagnosis process as they guide women and their families through the process of medical care, appointments, and healing.

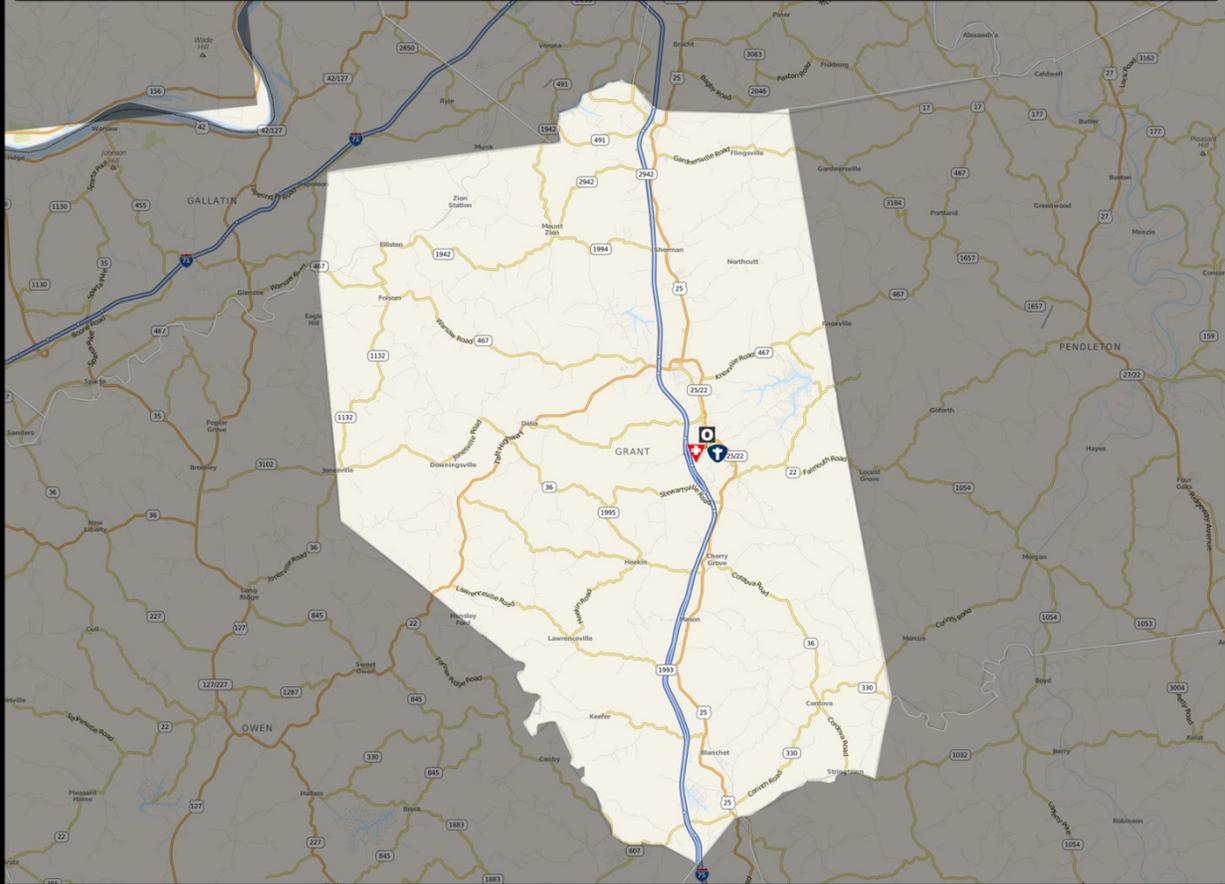
Summary of Strengths and Weaknesses by County

Grant County, Kentucky

There are few breast health CoC resources available in Grant County, Kentucky (Figure 3.2). Although women in Grant County may seek screening services at the two identified CoC resources, it appears that Grant County women and their families will most often seek diagnostic, treatment and support services from CoC resources outside of the county. The primary CoC provider will work with the local health department to offer women breast screenings. However, if a woman should require diagnostic, treatment, or support services, then the woman will likely travel to the provider's nearest facility which happens to be in Edgewood, Kentucky. Unfortunately, this facility is approximately a 45-60 minute drive from most parts of Grant County. Additionally, there are no resources offering hospice or end-of-life care (excluding in-home care from an agency outside the county). The Health Systems Analyses for Grant County, Kentucky, indicate that all services along the breast health CoC are not immediately available within the county and transportation to the necessary services may be an issue impacting the commitment to follow-up care recommendations. Komen Southwest Ohio does not currently have any community-level partnerships in this county. The Affiliate does, however, have a relationship with the key breast health service provider for this county, as they are also a grantee of the Affiliate. Staff at Komen Southwest Ohio will foster that relationship in attempts to develop stronger relationships at the target community level.

Grant County, KY

	Hospital		Community Health Center		Other
	Free Clinic		Department of Health		Affiliate Office



Statistics

Total Locations in Region: 3

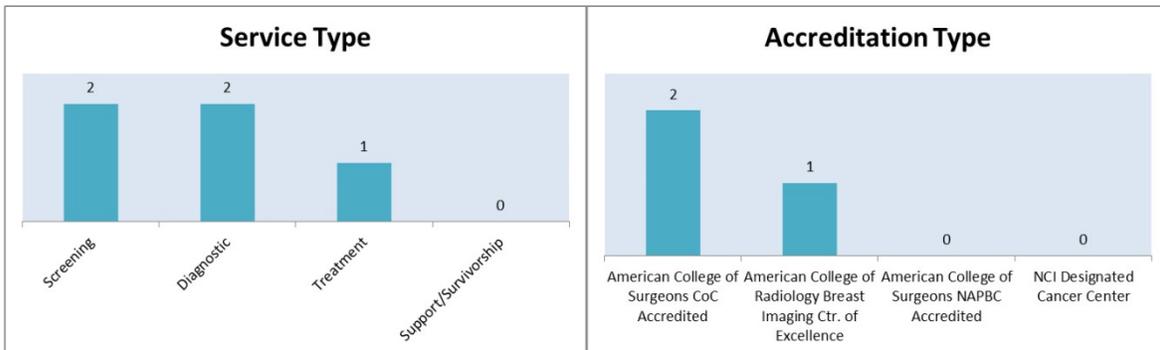


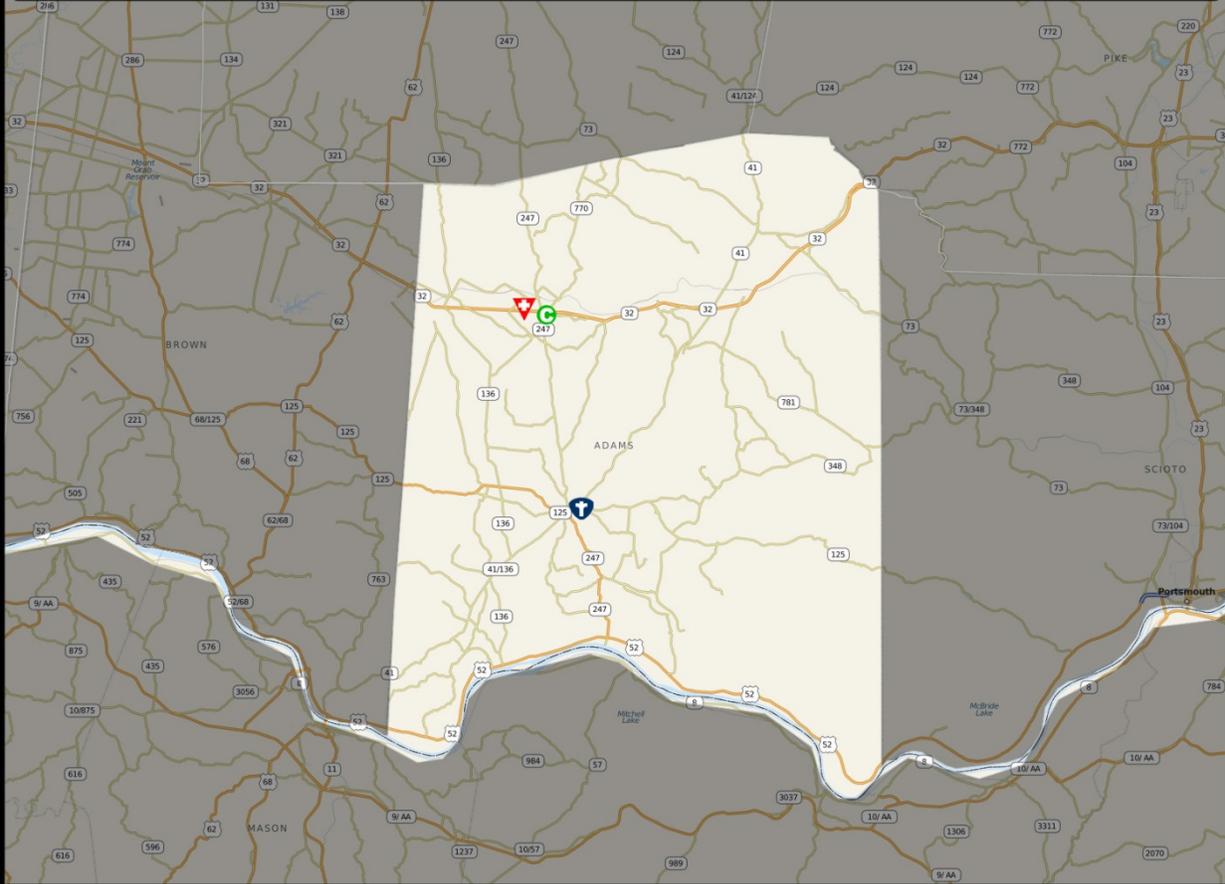
Figure 3.2. Breast cancer services available in Grant County, KY

Adams County, Ohio

Adams County, Ohio, also has few providers along the breast health continuum of care (Figure 3.3). With three providers in the county and only two of them offering breast screening services, women have few options for engaging in breast health screening close to them in this county. Only one of the providers in Adams County offers diagnostic breast health services and unfortunately, there is not a provider in the county offering breast health treatment or support services. Breast health navigation is also not an identified service within this target community. Although there are screening options in Adams County, women in this county also have other options for breast screening in neighboring counties. However, if a woman is diagnosed with breast cancer, she will have to travel for nearly 60-90 minutes or more to get the appropriate treatment she needs. There were no agencies or organizations identified in the county that provides hospice or end of life care (other than those agencies outside of the county that provide in-home hospice). The Health System Analyses for this county revealed that not all breast health services along the continuum of care are readily accessible to women within Adams County, Ohio, and transportation to the necessary services will likely impact follow-up care recommendations. The has also established key partnerships with the primary breast health service providers in this target community and one of these partners is a 2014-15 grantee of the Affiliate. Partnerships within this target community will be maintained and nurtured so that the most effective and comprehensive care can be provided for women in this target community.

Adams County, OH

 Hospital	 Community Health Center	 Other
 Free Clinic	 Department of Health	 Affiliate Office



Statistics

Total Locations in Region: 3

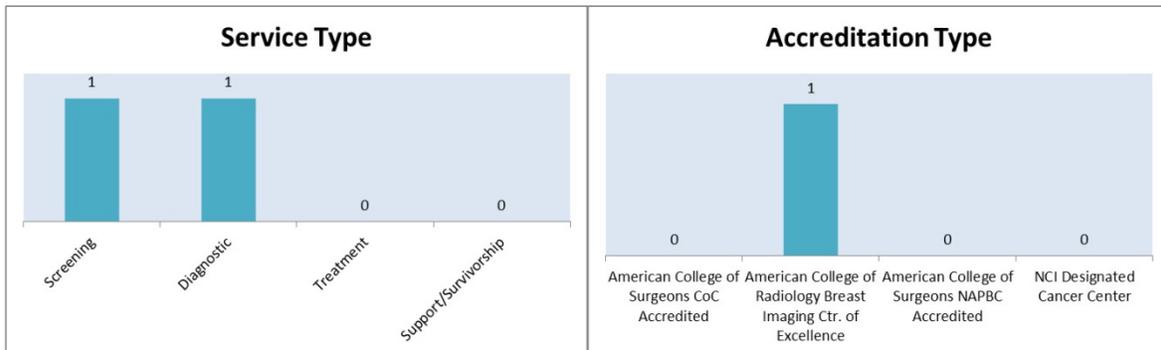


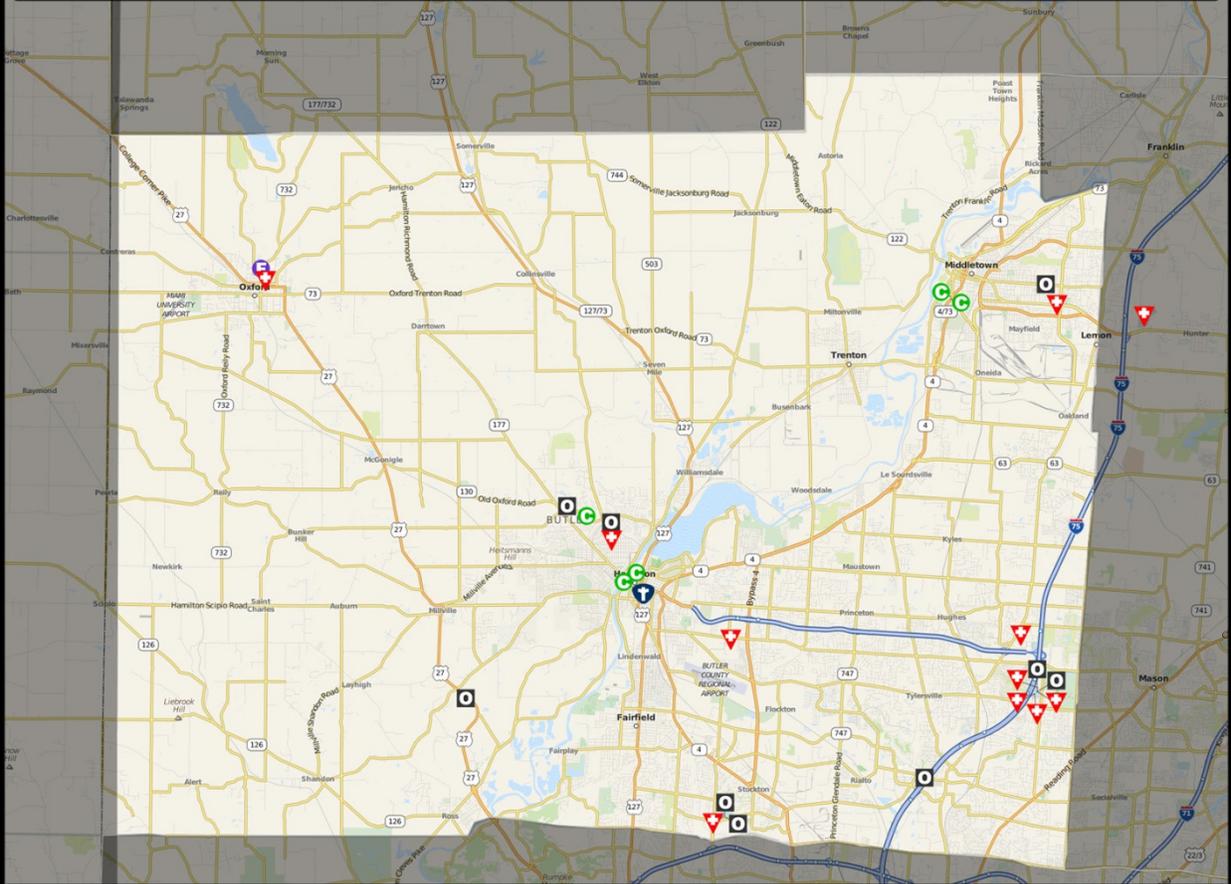
Figure 3.3. Breast cancer services available in Adams County, OH

Butler County, Ohio

Butler County, Ohio, has multiple provider options available for each stage of the breast health continuum of care (Figure 3.4). Seventeen providers located in Butler County, Ohio, offer screening resources, which may include both CBEs and screening mammography or CBEs only. Of the providers within Butler County, 13 offer diagnostic services for women needing a more in-depth follow-up after a suspicious finding following screening services. Eleven providers located in Butler County offer breast cancer treatment services for women diagnosed with breast cancer. These services consist of surgical intervention, chemotherapy, and radiation. Support services are offered by five of the providers in Butler County. Six of the providers offer breast health navigator services as part of their process for assisting women diagnosed with breast abnormalities or cancer. There are ten agencies and hospitals that offer hospice services or end of life care located within Butler County. While the breast health continuum of care appears to be complete and easily accessible to women within the county and perhaps neighboring counties, the disparaging data for Butler County, Ohio, is proof of the poor outcomes related to female breast cancer (Susan G. Komen, 2014). While breast health services appear to be adequate in this county, additional information is necessary to determine why breast health outcomes are below the national average, representing a poor rating for this county. This information will be expanded upon within the Qualitative Data analysis process. Komen Southwest Ohio has established strong partnerships with the primary breast health service CoC providers in this target community and three of the partners are 2014-15 grantees of the Affiliate. Partnerships within this target community will be maintained and nurtured so that the most effective and comprehensive care will hopefully begin to address the poor breast health outcomes in Butler County, Ohio.

Butler County, OH

 Hospital	 Community Health Center	 Other
 Free Clinic	 Department of Health	 Affiliate Office



Statistics

Total Locations in Region: 27

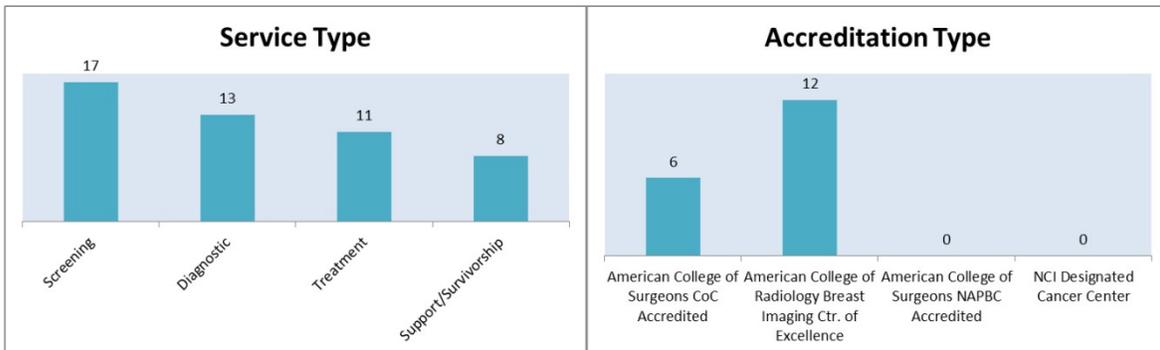


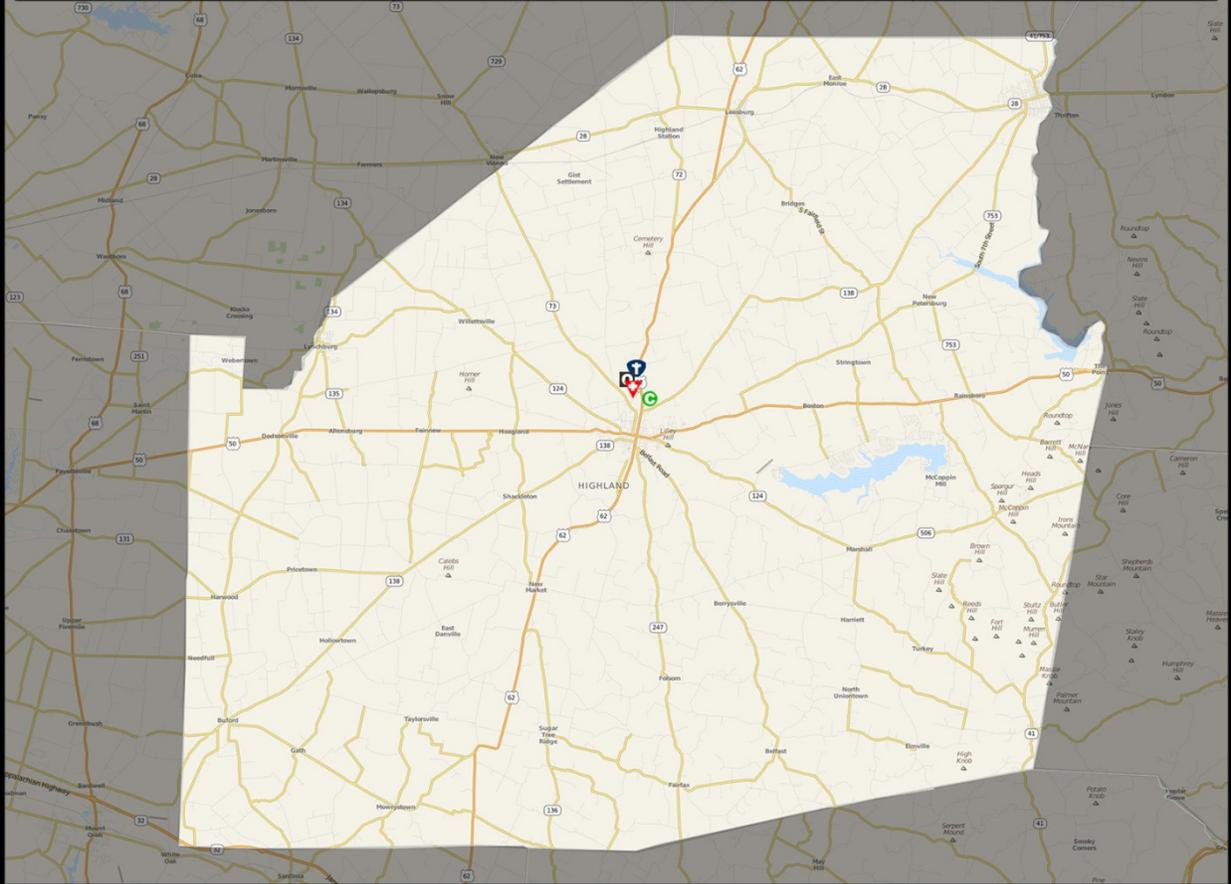
Figure 3.4. Breast cancer services available in Butler County, OH

Highland County, Ohio

Highland County, Ohio, has three agencies that offer various services on the breast health continuum of care (Figure 3.5). Two agencies offer screening services, and one of these agencies offers diagnostic follow-up. There is one agency available in the county that provides hospice or end of life care. Even with screening, diagnostic and end of life support services available, women in Highland County, Ohio, do not have access to breast health navigation, treatment, or support services. This requires a woman diagnosed with breast cancer to travel nearly 60-90 minutes or more to get the appropriate treatment she needs. The Health System Analysis for this county revealed that not all breast health services along the continuum of care are readily accessible to women within the county and transportation to necessary services will affect follow-up care recommendations. Komen Southwest Ohio has established a strong partnership with the primary breast health service providers in this target community and one of the partners was a past grantee of the Affiliate. The staff of Komen Southwest Ohio has recently established a communication link with the other breast health service providers in this target community and will focus on developing this relationship in order to support the most effective and comprehensive breast health care for women in this target community.

Highland County, OH

 Hospital	 Community Health Center	 Other
 Free Clinic	 Department of Health	 Affiliate Office



Statistics

Total Locations in Region: 4

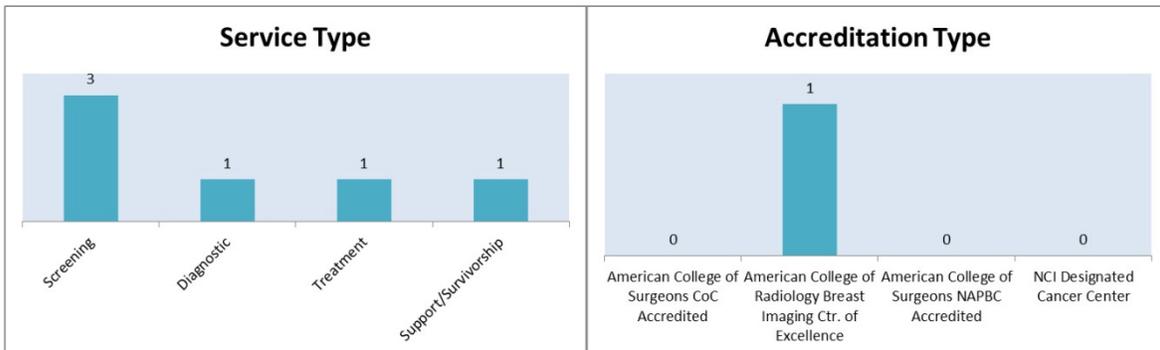


Figure 3.5. Breast cancer services available in Highland County, OH

Hamilton County, Ohio

There are a large number of breast health CoC resources available within Hamilton County, Ohio, that are accessible to women within and outside of the county (Figure 3.6). Fifty-three agencies provide screening services in this target community. The screening services provided consist of one or a combination of the following: CBEs, mobile mammography services, and screening mammography. Of the 53 agencies, twenty two provide diagnostic services for women recommended for these services within the target community and surrounding areas. The diagnostic services offered by agencies in Hamilton County consist of at least one or more of the following: diagnostic mammogram, ultrasound, biopsy, and MRI. Fourteen of the agencies within this target community provide treatment services for women diagnosed with breast cancer. While some of the agencies provide a full spectrum of treatment services in-house, many of the agencies refer patients to a universal center for chemotherapy and radiation treatment that this agency provides off site or within the confines of contracting/referring organization.

Support services are offered for breast cancer survivors by eleven agencies in the target community. Support services range from individual counseling to supportive care and include specific programs such as: support programs for children and spouses, side effect management, physical activity/nutrition programs, complementary and integrative therapies, financial assistance programs, and hospice/end of life care. Of the eleven agencies, two are able to support the full spectrum of support services available for women diagnosed with breast cancer and their families. These two agencies offer programs that focus on many dimensions associated with overall health including recovery, survivorship, and even grief services specific to a breast cancer diagnosis in the family. Many breast cancer survivors become connected with these support resources through their breast health navigator. In Hamilton County, eight programs offer breast health navigation for a woman and her family. Larger systems within the Hamilton County target community may even have two or more breast health navigators for more effective coverage of care and interaction with women in their system. Hospice or end of life care is offered by 23 agencies within Hamilton County. Some of the agencies identified in this target community specialized in hospice or end of life care for women and families in Greater Cincinnati, while other agencies offer this as part of their breast health continuum of care. While the breast health continuum of care appears to be complete, easily accessible, and offers a number of available options to women within this target community, the disparaging breast health outcome data for Hamilton County, Ohio, indicates that there is a disconnect between the available resources and women accessing care (or early care) for breast health in this county. While breast health services appear to be adequate in this county, additional information is necessary to determine why breast health outcomes are substantially below the national average, representing a poor rating for this county. It is anticipated that this information will be revealed during the qualitative data analysis process. In addition, as noted in findings of previous discussed target communities, it is important to note that women from many neighboring counties are often referred for services (especially treatment and support) available in this county. Komen Southwest Ohio has established multiple partnerships with the primary breast health service providers in this target community, three of which are 2014-15 grantees and three additional providers were former grantees of the Affiliate. The staff of the Affiliate continues to maintain strong relationships with the breast health partners and providers within this target community by organizing and participating in the Greater Cincinnati Breast Health Collaborative. This quarterly Collaborative meets to discuss upcoming events and ongoing

issues related to breast health in the Greater Cincinnati area. Komen Southwest Ohio will continue to nurture relationships with the current breast health providers in this target community in order to support the most effective and comprehensive breast health care for women in this target community.

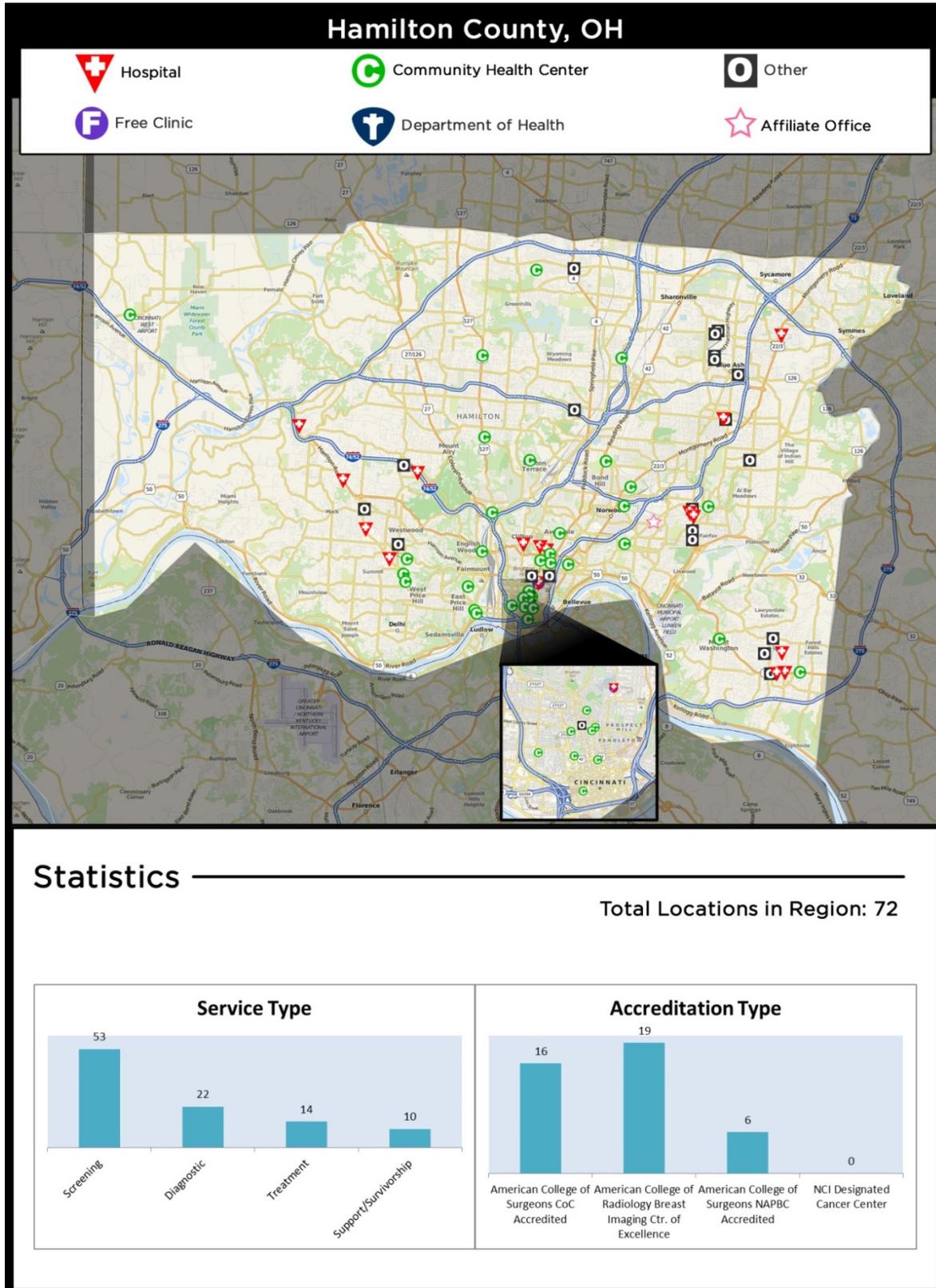


Figure 3.6. Breast cancer services available in Hamilton County, OH

Public Policy Overview

National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

While Susan G. Komen Southwest Ohio service area covers a twenty one-county region in three states (Ohio, Kentucky, and Indiana), this report will limit discussion to those states that represent the selected target communities (Ohio and Kentucky).

Ohio

The Ohio Breast and Cervical Cancer Project (BCCP) provides no cost screening, diagnostic and case management services to those women in Ohio who are either over the age of 50 (for a standard screening mammogram) or between the age range of 40-49 (if indicated by their primary care physician) and they meet specific financial criteria. Financial eligibility requirements are currently based on the Health and Human Services Poverty Guidelines.

The Ohio BCCP consists of eleven Regional Enrollment Areas, which serve as the point of contact for women needing breast health services. For the purpose of addressing the target communities for this Community Profile Report, the Affiliate will maintain all current partnerships with the Regional Enrollment Projects in the Affiliate service area. The Community Profile Team met with Beth O'Connor, the Director of Region 1 Ohio BCCP enrollment area, to acknowledge changes in the Komen Southwest Ohio policy regarding granting for screening mammography. During this meeting, the Community Profile Team and the Region 1 Director also discussed enrollment criteria for the Ohio BCCP. In Ohio, a woman will be enrolled into the program from the point of her screening through her ongoing care (if necessary). Each woman enrolled in the program is reminded annually of her mammogram or followed throughout the process in the case of a breast cancer diagnosis.

Kentucky

Kentucky's Breast and Cervical Cancer Screening Program is aptly titled the Kentucky Women's Cancer Screening Program and is managed by the Kentucky Cabinet for Health and Family Services. The program offers screening, follow-up, education, outreach, quality assurance, and surveillance to women who qualify for these services in the Commonwealth of Kentucky. In order to qualify for breast health screening services, women must meet one of the following criteria: (1) be a women age 40-64 who meet income criteria and are uninsured or (2) be a women younger than 40 years of age who has a family history of breast cancer, has an order from a primary care physician, meets income criteria, and is uninsured. Eligibility requirements can be located at <http://chfs.ky.gov/dph/info/dwh/cancerscreening.htm>. The program is operated by the local area health departments in the Commonwealth of Kentucky, which often works with local providers to perform screening services beyond a clinical breast exam (CBE). These health departments are the point of entry for BCCP screening services in Kentucky. A woman is eligible for these services if she meets the above criteria and her screening provider receives NBCCEDP funds.

Medicaid Providers in Kentucky and Ohio

The majority of providers in Komen Southwest Ohio's service area are able to accept Medicaid as a payer source. Women in need of financial assistance for breast health services can reach out to the state BCCP points of entry or speak with a breast health agency's on-staff social

worker or financial services department to learn of appropriate resources for covering their care. The contacts with any provider in Komen Southwest Ohio's service area can help enroll women into Medicaid services. Women may also enroll, find out eligibility information, or find providers that accept Medicaid plans at <https://www.ohiomh.com/default.aspx>, <http://chfs.ky.gov/dms/eligibility.htm>, or <https://kyenroll.ky.gov/>.

While Komen Southwest Ohio does not currently have an ongoing relationship with the state NBCCEDP in Kentucky, efforts will be made to reach out, establish, and nurture the relationship with BCCP points of entry in Kentucky, especially in the target community of Grant County. Additional efforts will be made to reach out to the Commonwealth of Kentucky's Breast and Cervical Cancer Screening Program through the Cabinet for Health and Family Services to determine what efforts can be made by the Komen Southwest Ohio to support this project. In Ohio, Komen Southwest Ohio participates in an ongoing, statewide Komen advocacy campaign to support both the efforts of the BCCP and other issues affecting breast health. Komen Southwest Ohio will continue active participation in this all-Ohio Affiliate campaign. Updates for advocacy efforts are generally sent to Komen Southwest Ohio through Susan G. Komen Columbus.

State Comprehensive Cancer Control Coalition

The National Comprehensive Cancer Control Program (NCCCP) is supported by the Centers for Disease Control and is a collaborative effort by community partners and members to help reduce the burden of cancer. Each state has a Comprehensive Cancer Control Plan to address the burden of cancer through goals and objective in the state.

Ohio

The goals, objectives and strategy of Ohio's Comprehensive Cancer Control Plan, 2011-2014 are as follows:

- **Goal 8:** Improve Screening and Early Detection and Follow-up for Breast, Colorectal, and Cervical Cancer.
 - **Objective 8.1:** By December 31, 2014, increase the proportion of women aged 40 years and older who have had a mammogram within the past year.
 - **Strategy 8.1.1:** Advocate for increased funding for programs that support free and low cost mammography for women with no or limited health care insurance.
 - **Strategy 8.1.2:** Create strategic partnerships with state and local systems or networks to reach age-appropriate women who have never been screened for breast cancer.
 - **Strategy 8.1.3:** Improve age-appropriate screening among members of large health plans and employers to impact breast cancer screening
 - **Strategy 8.1.4:** Enhance the ability of all health care providers to create office policies that ensure the recommendation of early detection screening focusing on women with no or limited health care insurance

While this goal, which is part of Ohio's Comprehensive Cancer Control Plan, is directly relevant to the work of Komen Southwest Ohio, the plan also includes palliative care, research, and survivorship goals in which the Affiliate will support, if needed. Supportive and advocacy efforts

by the Affiliate for Ohio's Comprehensive Cancer Control Plan are coordinated by Susan G. Komen Columbus.

Kentucky

The breast health goals and objectives of Kentucky's Cancer Action Plan, developed by the Kentucky Cancer Consortium (Kentucky Cancer Program, American Cancer Society, and the Kentucky Department for Public Health) are the following:

- **Goal 5:** Reduce the proportion of late-stage diagnosis and death from breast cancer through screening and early detection.
 - Objective 5.1: Increase the percentage of Kentucky women age 40 years and older who have had a mammogram within the past two years from 75.0 percent (2008 BRFSS) to 80.0 percent by 2013.
 - Objective 5.2: Increase the percentage of Black/African-American women in Kentucky aged 40 years and older who have had a mammogram within the past two years from 80.0 percent (2008 BRFSS) to 85.0 percent by 2013.
 - Objective 5.3: Increase the percentage of Kentucky women with less than a high school education aged 40 years and older who have had a mammogram within the past two years from 62.2 percent (2008 BRFSS) to 65.0 percent by 2013.
 - Objective 5.4: Increase the percentage of Kentucky women with an income of less than \$15,000 per year aged 40 years and older who have had a mammogram within the past two years from 61.8 percent (2008 BRFSS) to 63.0 percent by 2013.
 - Objective 5.5: Increase percentage of Kentucky women diagnosed at an early stage of breast cancer from 84.0 percent (2006 KCR) to 87.0 percent by 2013.

- **Goal 11:** Promote overall health of Kentucky cancer survivors from diagnosis onward, to increase quality of life.

Objective Category: Public health needs of cancer survivors

- Objective 11.1: By 2013, establish baseline percentage of cancer survivors who don't smoke, are a healthy weight, and are not limited in their activities because of physical, mental, or emotional problems resulting from their cancer.

Objective Category: Awareness and utilization of resources

- Objective 11.5: By 2012, create a baseline of organizations that provide cancer survivorship services to Kentuckians.

Objective Category: Patient navigation

- Objective 11.6: Increase the number of statewide cancer patient navigation systems to address the public health needs of cancer survivors from 0 to 1.

Objective Category: Hospice and palliative care

- Objective 11.7: By 2011, establish baseline number of palliative care programs in Kentucky.
- Objective 11.8: By 2011, establish baseline percentage of hospice patients with cancer whose length of stay is 0-7 days.

While these goals and objectives of Kentucky's Cancer Action Plan are in line with those of Komen Southwest Ohio, there is no current relationship established with the Kentucky Cancer Consortium in order to become an advocacy partner in working toward these goals and objectives. Komen Southwest Ohio will first partner with the local health departments to assist with efforts on reaching these goals and objectives and grow partnerships from that point forward.

Affordable Care Act & Medicaid Expansion

As of April 1, 2014, half of all states (26) had accepted an expansion of Medicaid for their state (Medicaid and CHIP Eligibility Levels, n.d.). Kentucky and Ohio, have each accepted a Medicaid expansion plan. It is anticipated that with the expansion of Medicaid that more low-income women will become eligible, increasing the possibility of their engagement in breast health services.

Ohio

Ohio accepted a Medicaid Expansion plan that began on January 1st, 2014, that is 133.0 percent above federal poverty level. While eligibility is based on an individual's or a family's modified adjusted gross income level (MAGI-level), all eligibility requirements can be researched more thoroughly at <http://www.medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Medicaid-and-CHIP-Eligibility-Levels/medicaid-chip-eligibility-levels.html>.

Kentucky

Kentucky also accepted a Medicaid Expansion plan that began on January 1st, 2014, that is 133.0 percent above federal poverty level. Again, eligibility is based on an individual's or a family's modified adjusted gross income level (MAGI-level), but additional eligibility requirements can be researched at <http://www.medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Medicaid-and-CHIP-Eligibility-Levels/medicaid-chip-eligibility-levels.html>.

Women in need of breast health services who may qualify for either Medicaid or Medicaid expansion can enroll in the following ways: online enrollment, BCCP points of entry, or breast health agency social worker or financial assistance programs.

Affordable Care Act

Open enrollment for the Health Insurance marketplace lasted from October 1st, 2013, through December 31st, 2013. The goals of the Affordable Care Act were to:

- Expand access to affordable health care
- Improve quality of care
- Increase coverage for those eligible for affordable health care, Medicaid, or Medicaid expansion.
- Make health care coverage more affordable

In Ohio, individuals could explore plans and sign-up through the federal exchange website (healthcare.gov). In Kentucky, individuals could explore plans and sign-up through the state-established health enrollment (kyenroll.ky.gov). Residents could enter their personal and income information and then receive possible plans that fit their budget. Based on the information they had entered, residents may have also been eligible for health insurance subsidies (to assist in covering the cost), Medicaid plans, or Medicare plans. The resident can

then select the plan that best fit their needs. While both the federal insurance enrollment marketplace (Ohio) and the state insurance enrollment marketplace (Kentucky) each closed on December 31st, 2013, each marketplace is anticipated to re-open on November 15th, 2014. In the meantime, residents may still enroll in both Medicaid and Medicare plans.

Although the exact numbers by state could not be located, a study conducted by the RAND Corporation estimates that approximately 9.3 million more people now have health insurance (RAND Corporation, 2014). This is attributed in large part to the number of new health insurance enrollments, expanded employer insurance plans, and new Medicaid enrollments (includes new eligible enrollments through expansion). In addition, the early estimates available from the Region 1 BCCP in Ohio are that nearly 30.0 percent of previously screened clients are now eligible for Medicaid and do not need to utilize BCCP dollars for their annual breast health screening.

After the inception of the Affordable Care Act (ACA), health care providers in the Greater Cincinnati area began to make adjustments policies and procedures to incorporate the following: new insurance partners and plans, newly insured patients, and the provision of services. In terms of breast health, early reports by some providers in Greater Cincinnati area are that many plans appear to have adopted the US Prevention Services Task Force (USPSTF) guidelines for screening mammography. These guidelines propose that women only be screened every one to two years from ages 50 to 74 (USPSTF, 2010). Komen Southwest Ohio recognizes that this may present concerns about screening for women ages 40-49.

ACA also presents challenges to Komen Southwest Ohio and funding local grants. As with many Komen Affiliates, Komen Southwest Ohio funds local grants with 75.0 percent of local net funds raised. As ACA was taking effect and all insurance plans were required to cover breast health screening as part of their plans, Komen Southwest Ohio had to make decisions about whether or not to duplicate this resource in the Greater Cincinnati area. With this in mind, Komen Southwest Ohio issued a statement to grantees and to the community regarding the Affiliate's decision to no longer fund screening mammography as part of the community grants program. Below is the statement that was issued:

***How the Patient Protection and Affordable Care Act (PPACA) affects
Komen Southwest Ohio funding***

Since plans (Medicaid, Medicare, subsidized plans, or low-cost plans) available through the Patient Protection and Affordable Care Act (PPACA) now will all cover preventive screenings (of all types, including breast mammography) this changes the available resources that our community members have access to. As we support all of our locally funded community health programs through donor and fundraising donations, which have continually become more and more scarce, we must use each dollar to its greatest potential. This means that when new available resources become available, our local funding decisions must change so that we remain the best stewards of the dollars entrusted to our office.

*The use of donor dollars entrusted to us to fund programs **still preserves** our commitment to save lives and detect breast cancers in the early stages, while also asking both community members and providers to increase their awareness*

and use of available resources for women. This means that Komen Southwest Ohio, community breast health providers and women in our community must all obtain knowledge about accessing PPACA plans and locate agencies that can assist in "getting women (and other community members) signed up". We anticipate that there will still be gaps in service and have some examples of women who might meet criteria for assistance through a Komen Southwest Ohio-funded provider. Here are some examples of women who are likely to meet the criteria for Komen-funded safety net services:

- 1) Women who, for some reason, are ineligible for PPACA available resources (e.g., Medicaid, Medicare, Medicaid Expansion, or free-/reduced-/affordable-health care) - Ineligibility must be established through PPACA sources and is beyond the woman's "inability to afford a plan".
- 2) Women who are under the age of 40 **AND** have located a problem or difficulty with their breast or breast tissue (making them eligible for a diagnostic mammogram, regardless of their health care status).
- 3) Women who have coverage for their preventive screening mammogram (over age of 40), have been "called back" for an additional diagnostic mammogram or ultrasound due to a suspicious finding **AND** may meet the need for financial assistance due to a high out-of-pocket co-pay or deductible expenses- financial eligibility **MUST** be determined by the provider's outlined criteria.

These are simple examples that might fit breast health provider criteria for assistance by a Komen Southwest Ohio-funded safety net program. This supports an effort to actively encourage both individual- and community-level breast health. It is important to note that we simply partner with our local breast health providers and always encourage these providers and community members to become self-sustainable as there has never been a guarantee that we will have available funding from year-to-year. In addition, this year we are asking each of our funded and unfunded community breast health programs to collect internal data on women's breast health needs, even those that perhaps have gone unmet, so that we have a more solid picture of our community's needs for future funding cycles.

Women from our entire 21-county service area who call our office will each be directed to the www.healthcare.gov website to examine options for their preventive health care needs. Beginning April 1, 2014, we understand that enrollment will close for health care options, however enrollment is anticipated to re-open in November of 2014, I think it is important that we are consistent across all service agencies that this is how preventive screenings mammograms can be accessed.

Thank you for being part of our community committed to breast health **and** sound funding decisions as we make the best use of donor dollars to continue to save lives.

This statement and the decision to not fund screening mammography, but continue to cover diagnostic gaps in service provision, was approved by the board of the Affiliate and grant-making for the 2014-15 cycle incorporated this decision. Grantees of Komen Southwest Ohio were made aware of this change in mid-2013 and were prepared to modify applications to the Affiliate, as appropriate. As a result of the health care resource and coverage changes that ACA offers, the 2014-2015 grant slate looked much different than it has in past years and afforded the possibility of funding co-sponsored research with Komen Headquarters, nurse navigation programs, and support efforts for women in the Greater Cincinnati community diagnosed with breast cancer.

Affiliate's Public Policy Activities

Komen Southwest Ohio supports and engages in the same public policy activities that are the objectives of Susan G. Komen Headquarters. These public policy objectives include, but not limited to:

- **National Breast and Cervical Cancer Early Detection Program:** Protecting efforts of and funding for the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) to ensure that women continue to have access to breast health screening.
- **Cancer Research:** Ensuring continued federal investment in cancer research through the National Institutes of Health (NIH), National Cancer Institute (NCI) and Department of Defense (DOD), to discover and deliver the cures.
- **Coverage for Oral Anti-Cancer Drugs:** Requiring insurance companies to provide coverage for oral anti-cancer drugs at the same rate as intravenously-administered chemotherapy.
- **Medicaid Coverage:** Expanding Medicaid coverage to increase availability and coverage of breast health services to low-income women.

In order to support these national and state-level objectives, the Affiliate participates in state Lobby Day, engages in statewide advocacy efforts in both Ohio and Indiana, and plans to reach out to statewide organizations in both Kentucky and Indiana to grow efforts in those areas. The Affiliate will plan to participate in National Lobby Day, if funding and timing permits. In Ohio, Komen Southwest Ohio will maintain active participation in all-Ohio Affiliate advocacy efforts and campaigns. Updates for advocacy efforts are generally sent to the through Komen Columbus.

Health Systems and Public Policy Analysis Findings

Initial interpretations of the remaining 3 communities (Adams County, OH, Highland County, OH, and Grant County, KY) are that there is a need for additional service provider in each county. An additional CoC provider would address all areas of the breast health continuum of care for women in these target communities and additional outreach efforts to these target communities to address the breast health needs of these women. Komen Southwest Ohio has key partnerships established in all three of these target communities and will reach out to additional potential partners in the coming months.

Komen Southwest Ohio plans to further examine the needs in the target community, including why in two of the target communities (Butler County, OH, and Hamilton County, OH) there are poor breast health outcomes. Once the main outreach and critical issues that impact breast

health outcomes in both Butler and Hamilton Counties are determined (through the Qualitative Data Analysis process), then the Affiliate will have a better idea of what the needs of specific service providers are in each of these target communities. Key partnerships within each of these counties include current and past grantees, being members of the Breast Health Collaborative, and other women's health providers in these two target communities.

It is anticipated that both the ACA and Medicaid will continue to have an impact on breast health care delivery and grantmaking by Komen Southwest Ohio in the coming years. While the Affiliate will continue to support the provision of services for women in need, the Affiliate will also advocate for additional resources to be made available for women of the greatest need in the Affiliate service area. In Ohio, Komen Columbus will update the advocacy and public policy support. In Kentucky, Komen Southwest Ohio will attempt to partner with key state agencies, such as the Cabinet for Public Health and the Kentucky Cancer Consortium in order to support statewide initiatives and public policy efforts. Nationally, Komen Southwest Ohio will support efforts by the advocacy branch of Komen Headquarters.

Qualitative Data: Ensuring Community Input

Qualitative Data Sources and Methodology Overview

Methodology

Following a thorough review and analysis of the quantitative, health systems and public policy data we were able to determine primary targets from which to collect in depth qualitative data. The focus and purpose was to gain knowledge of attitudes and beliefs, access to existing services, transportation and cost barriers, health insurance benefits and patient navigation.

To access data and gain knowledge in all target counties of the service area and community needs assessment the Community Profile Team developed key informant interviews and conducted focus groups in all target counties to most effectively collect and analyze data. Key informant interviews were conducted with community leaders and medical professionals both in the target counties and with those who service the target and surrounding counties. Focus groups were held in Public Libraries to encourage participation from throughout the target county.

Staff members and interns of Susan G. Komen® Southwest Ohio followed a script for each the focus groups and key informant interviews in order to maintain consistent and reliable collection of qualitative data. This script included the details and the purpose of the information being collected and asks each participant to consent to respond to the questions. Data were collected using hand-written collection of the information. Focus group information was collected during in-person sessions. One person (either Komen staff member or intern) asked the questions and one person scribed the responses during the focus groups. The key informant interviews were conducted using either in-person or telephone questions. During the key informant interviews, one person both asked the questions and scribed the responses. Members of the target communities selected to complete the key informant interviews and assist in organizing the community member focus groups were identified using the list of current and past grantees of Komen Southwest Ohio and those agencies identified during the health system analysis.

Sampling

Led by Komen Southwest Ohio staff and interns a plan was developed to gather health information within the target communities by contacting all known medical providers, grantees, public libraries and health departments. The primary purpose was to gather and data while offering the most potential for open ended responses to obtain a better understanding of the breast health statistics and how they translate in the community. All informants were informed that the information they provided was strictly confidential.

Due to limited population concentrations in the rural target communities, every attempt was made to plan focus groups in the public library or another central location to encourage increased attendance. Postings were created and made in numerous public locations well in advance. Despite planning the attendance in the focus groups was limited. Staff and interns of the Affiliate were utilized to moderate and take notes of all focus groups conducted.

Community members representing these target communities who participated in the focus groups and the key informant interviews were often known by the Affiliate personnel, however

names were not included in the collection sheets, only general demographics (Table 4.2). In addition, results of the focus groups and the key informant interviews were all coded in manner which did not identify names of persons or agencies that were sometimes referenced in the transcripts. The web-based surveys were collected using the site survey collector SurveyMonkey®. The database of 2014 Race participants and breast cancer survivors were sent the survey link with instructions for completing the survey. This database was known to the Affiliate personnel, however survey participants were not able to be identified as the site collector does not collect personal identifiers or IP addresses of those completing the survey. The results of the web-based survey were also compiled and coded in a manner in which the Affiliate personnel could identify the participants of the survey. In addition to all of these safeguards, any identifying information of any of the participants completing one of these data collections methods will not be disclosed in this section.

Ethics

All data collected was collated and provided to the Community Profile Team for review and analysis. Each focus group attendee signed a consent to participate form which informed them that all responses and data collected would be strictly confidential and anonymous to protect their privacy. Following the data review all notes and signed consent forms are maintained in the possession of the Affiliate for a minimum of 4 years.

Qualitative Data Overview

Focus groups were set-up through key community members in each community identified and invitees were offered incentives in an effort to encourage attendance. Adams County, one in Butler and two were conducted in Highland County. Attempts were also made in Grant County, Kentucky and Hamilton County, Ohio, even with agency, organization and Komen Southwest Ohio's grantee assistance, no one attended these groups. There was an attempt by a Komen Southwest Ohio grantee to set-up a focus group with the Hispanic/Latino population however no one attended the group meeting. The Butler County focus group was attended by members of a Black/African-American support group and provided meaningful data. Key informants were determined by the HSA/PPA process and by identifying the Affiliate's grantees. Once complete, the verbatim transcripts of both the focus groups and the key informant interviews were typed up and reviewed. Common themes of the data collected were examined and a coding system by response was established. The data were reviewed again with the new "theme" response and frequency in place to assure that this re-coded data were representative of the original verbatim responses. Once it appeared that the original qualitative data had been captured appropriately, the responses were organized into graphs or charts. It was clear early on in the qualitative data collection process that there was going to be minimal data results from the qualitative process if only the focus group and key informant interview results were used. Due to Community Profile Team concerns about the severely limited nature of the results of focus group and key informant interview data, the group and the Affiliate's staff proceeded to collect data using web-based surveys.

The Affiliate sent the web-based surveys to a convenience sample of 2014 Race participants in order to collect needed data for the 2015 Community Profile. Only responses from the target communities were utilized in Tables 4.1 and 4.2. The data collected using the web-based surveys were examined and coded in much the same way as the focus groups and key

informant interviews. While responses from questions 1-3 in the web-based surveys represented demographic information, responses for questions 4-10 in each of the surveys invited the respondent to offer open-ended feedback to the questions. Common themes of the data collected were examined and a coding system by response was established. The responses were then reviewed once again keeping in mind the new "theme" response and frequency to assure that the original responses of the survey participants was captured.

Table 4.1. Focus group, key informant and survey participants by target community

Target Community	Focus Groups		Key Informant Interviews	Survey Participants
	Number of Groups	Number of Participants		
Grant County, KY	0	0	3	16
Adams County, OH	1	5	4	13
Butler County, OH	1	9	7	50
Highland County, OH	0	0	4	12
Hamilton County, OH	0	0	6	58

Table 4.2. Demographics of respondents

		Key Informant Interviews	Focus Groups	Web-based Survey- 2014 Race Participants	Web-based Survey- breast cancer survivors
Gender	Female	22	14		
	Male	1			
Race/Ethnicity	White	9	6	75	62
	Black/African-American	12	8	3	6
	American Indian/Alaskan Native				
	Asian/Pacific Islander				1
	Non-Hispanic/Latino				
	Hispanic/Latino	2			1
	Other			1	
What is your age?	Under 18				
	19-29	1	4	12	
	30-39	2	3	25	4
	40-49	8	5	23	23
	50-59	10	2	12	25
	60-69	2		7	16
	70-79				2
	80-89				
	90 or older				
TOTAL		23	14	79	70

Common findings from the qualitative data collected were represented by the following themes:

- Barriers to accessing breast health,
- Disparities in access to breast health services,
- Education/awareness,
- Support Services for Breast Cancer survivors and their families.

Barriers to Accessing Breast Health Services

While barriers to accessing breast health services at any point during the continuum of care exist in all five of the target communities, it is clear that the barriers differ based on whether the community was located in a smaller, rural community or a larger, more heavily populated community. The barriers that respondents from both Hamilton County, Ohio, and Butler County, Ohio, more populated areas, mentioned were emotional barriers associated with the possibility of a breast cancer diagnosis, wait times for appointments, and confusion regarding tests and misdiagnosis.

The barriers that the rural target communities (Adams County, Ohio, Highland County, Ohio, and Grant County, Kentucky) identified also include the emotional barriers related to a breast cancer diagnosis in addition to transportation difficulties to breast health not a priority, and lack of providers in these target communities.

Disparities in Access to Breast Health Services

While barriers such as lack of insurance and transportation can certainly preclude a woman's access to breast health services there are other factors that affect accessibility. In the targeted communities where resources are in higher concentration and covered the entire continuum of breast health, accessibility issues were related to wait times for breast health services and outreach to underserved, minority populations. For smaller, more rural communities, accessibility to breast health services was primarily related to the lack of facilities addressing breast health, lack of providers serving the rural communities and again outreach to underserved, minority populations.

Medically underserved populations are often identified as community members that have language or cultural barriers to accessing breast health services. The qualitative data revealed that there are racial/ethnic and geographically isolated populations that may have difficulty accessing breast health resources. Respondents identified that due to outreach issues and language barriers, Hispanic/Latina women, Black/African-American women, eastern Indian women, Amish women and Appalachian women may go unserved in their breast health needs. This may be due to the inability of facility to provide linguistic or outreach services for these specific populations or lack of facilities or providers to serve women in these communities. In the focus groups, rural respondents even identified that the issue was not whether women trusted their primary care providers in relation to their breast health, but that providers often rotated quickly in and out of these communities.

Education/Awareness

All of the target communities expressed that education and awareness were issues as it relates to seeking services for breast health. The qualitative data collected indicated that women were perhaps uneducated about the importance of breast health and risk reduction care. Many

responses also indicated that women were not aware of breast health resources in their community (regardless of whether the community had many or few resources).

Respondents also indicated that many women in underserved communities are unknowledgeable about insurance information, changes related to insurance as a result of the Affordable Care Act (ACA), or accessing these ACA resources. In many communities it is reported as "unclear" as to what agency can assist with ACA sign-ups or how to get signed up. Both focus group and key informant interviews found that community members, in general, were confused about the process and many do not have internet access to investigate options for becoming insured. A few respondents suggested that a breast health navigator, an outreach coordinator, or a financial coordinator be a part of the process for assisting people to sign-up for a marketplace plan for health insurance.

An additional finding of the qualitative data process is the results related to the questions related to the Affordable Care Act (ACA). As financial assistance and coverage for breast health services and treatment repeatedly presented as a barrier to the breast health care process, questions about the changes related to the ACA were presented in the key informant interviews. Most of the responses by community members identified that they did not know how many women remained uninsured after the Health Marketplace established by the ACA closed. One community agency has reported that 30.0 percent of their clients who were receiving care through the BCCP became eligible for insurance through the Health Marketplace. This helped to free up additional screening dollars for women eligible for BCCP. Respondents also identified that there were barriers for accessing and understanding the ACA Marketplace.

Respondents, both community members and agencies/organizations, expressed confusion about what agencies existed to assist women (and families) in the target communities in accessing the ACA Health Marketplace to understand their options for coverage.

Respondents also suggested that they believe there are still gaps in coverage and services available to women even if they are covered by an ACA plan from the Health Marketplace. There is some conversation from both the key informants and the Affiliate's grantees that suggest that women aged 40-50 are not covered for breast screenings. This may be a result of plans adopting the screening guidelines of the US Prevention and Screening Task Force which recommends breast screening begin at age 50 for woman of average risk.

During the qualitative data collection process, the rural communities appeared to be more responsive to the key informant interviews and the focus groups, which is consistent with their responses that many community members in rural areas are less likely to have access to or use internet resources. These rural, more remote communities also identified that the lack of resources (both facilities and medical personnel) is problematic for addressing breast health issues early in these communities. Additionally, while there are resources available to women in these communities, these resources are often a distance of 30-60 miles/minutes away from this rural target community's reliable and frequent transportation is a problem for women to reach these services. Education and awareness continues to be a problem in these rural target communities as women do not identify breast health as a priority, especially if they do not have a family history (believing they do not have to worry about a breast cancer diagnosis). Qualitative findings from these rural target communities also report that women in these

communities often put the care of their families first and their own health last, which may present a problem as seeking late care for health appears to increase the risk for negative outcomes. These findings are consistent with previous research and findings on rural counties identified in the previous section of this Community Profile. Previous research identified that due to lack of health care options and resources within the immediate residency area of rural community members, a resulting outcome of health-related illness is more likely to be death (Eberhardt, Ingram, Makuc et. al., 2001). Transcripts from the focus groups from the rural target communities that represented areas with few breast health resources illustrate that members of these communities believe that women that are diagnosed believe that they may not survive if diagnosed with breast cancer. Even with advances in research, these rural communities in the Komen Southwest Ohio service area remain unknowledgeable about the current best practices for treating breast cancer in addition to having less access to facilities in the Greater Cincinnati area that provide them.

Medically Underserved Areas/Populations (MUA/P)

The medically underserved areas/populations included the rural target communities. These MUA/P communities also represent the metropolitan areas of the Affiliate service area. Many racial and ethnic populations are located within these target communities, represented by Black/African-American, Hispanic/Latino, and Appalachian populations. Community members participating in the qualitative data collection reported that Hispanic/Latino and Appalachian populations were less likely to receive breast health services as these populations often face system or cultural barriers that interfere with this level of care. These barriers, as identified by the qualitative data, include linguistic barriers, educational barriers, and cultural barriers that keep these groups even further isolated from health care (even more so in communities where resources are scarce). Black/African-American community members were identified as a medically underserved community in the Komen Southwest Ohio service area. National data also supports that Black/African-American females are less likely to seek breast health services early and more likely to experience a terminal diagnosis. While the quantitative data in this report supports that Black/African-American women in the Komen Southwest Ohio service area are more likely to receive a late-stage diagnosis and die as a result of their disease, not enough qualitative data were collected to confirm reasons for this population seeking later care or engaging in treatment for breast cancer.

Minority Female Populations

As mentioned in the above sections, the minority female populations in the Affiliate service areas include Black/African-American and Hispanic/Latina populations. Breast cancer is the most commonly diagnosed cancer among these two racial/ethnic groups (Susan G. Komen, 2014). While attempts at collecting qualitative data from these populations were made, little of the current data discussed in this Community Profile offers a good picture of these populations. One key informant interviewee, a Hispanic/Latina community member who works on breast health efforts with each of these populations, reports that cultural barriers and linguistic issues still remain of issue. Black/African-American and Hispanic/Latina women often put the needs of their family first and their own health needs last. This increases the chance that they will experience negative health outcomes as a result of seeking later care. Hispanic/Latina women may experience language barriers within the system of care that impacts their access to breast health services or even treatment after a diagnosis. These minimal results obtained about

these racial/ethnic populations gives us a small snapshot of the problems and barriers that may exist that impact early breast health decisions and access for these two populations.

Qualitative Data Findings

Limitations of the Qualitative Data

A focus group has the ability to uncover factors that influence opinions, behavior or motivation while capturing detail rich, in-depth data on needs, community attitudes and norms. While requiring a good facilitator to gain solid data the Affiliate was able to utilize staff and interns to consistently conduct the focus groups throughout the target communities. While responses can be difficult to analyze accurately, when conducted with this level of consistency it creates data that is more easily generalized to a larger population. As indicated previously, of greatest limitation was getting participants recruited and to attend in large numbers.

The key informant interview provides the ability to gather information from people with diverse backgrounds and opinions while providing the opportunity to ask in-depth and probing questions. An effective tool to better understand specialized breast health systems, services and processes. Of challenge with the key informant interview process is the ability to generalize the responses to the general population and to compare responses.

Survey data represented responses from many different income levels, insurance coverage types, survivors and non-survivors, age ranges and education levels. However this data does not indicate many of the respondents represent age, gender, age of diagnosis if a breast cancer survivor or male survivors specifically.

Due to the limitations of the data, the perspectives provided represent only those that participated in the key informant interviews and surveys and do not represent the general population of the community or providers as a whole.

Barriers to Care

In Hamilton and Butler Counties, OH, fear of diagnosis, misconceptions about screening guidelines, discomfort of screening and lack of education about the Affordable Care Act were listed as the top barriers to care. These concerns were followed by cost and general access issues like child care, convenience and the life-work balance issue of just finding time to prioritize their own health needs. Transportation is not a primary barrier in these counties as there is more need in rural target counties of Grant, KY, Adams and Highland, OH.

In Grant County, KY, and Adams and Highland Counties, OH, time and transportation concerns top the list of barriers. These barriers are closely followed by cost of insurance, cost of services, fear and risk education. Two of these three counties do not have convenient access to breast health services beyond the county health department. Gas prices and lack of transportation from these counties to resources and services create an almost insurmountable barrier to many. Without public transportation or affordable transportation options these three counties all benefit from mobile mammography and patient navigation services when available.

In all target communities, regardless of geographic location or the degree of medical services provided, there existed a limited understanding of how genetics impacts breast cancer risk.

Better information, delivered by medical providers, would help to alleviate this underlying confusion. Survivor comments throughout the target communities also indicate an issue of fear of recurrence and scan anxiety. Educators and nurse navigators were viewed by breast cancer survivors as those to turn to for a better understanding of what follows after treatment for primary breast cancer is complete.

Conclusions

Qualitative data analysis confirmed previous data findings of the health systems data that most lacking resources in the target communities are with primary regard to patient navigation, available medical resources, transportation, survivor support resources and financial assistance. Throughout the target communities and in general, increased by the challenge of a 3 State service area, remains general confusion regarding access to services provided in health care insurance (ACA).

Mission Action Plan

Breast Health and Breast Cancer Findings of the Target Communities

Key characteristics were taken into consideration as the review of the Quantitative Data Report ensued. The key characteristics included county-level data and information such as female breast cancer incidence rate, female breast cancer death rate, female late-stage incidence rate, demographic information, and Healthy People 2020 (HP2020) targets. The counties that were identified as possible target communities above were examined on these factors and included negative or discouraging findings for each of the key characteristics. These counties were found to be those that were most at risk for negative outcomes related to breast health incidence, late-stage diagnosis or breast cancer death as a result of the key characteristics presented in the Quantitative Data Report.

Grant County, Kentucky

Grant County, Kentucky, was found to have both high breast cancer incidence and late-stage diagnosis rates. Each of these rates was higher than the regional, state and national rates. This county is identified as a rural county in the Affiliate service area and is likely to have an issue with lack of resources available to meet the breast health needs of women in the community. Nearly 42.6 percent of people within this county have an income below the 250 percent poverty level and 16.7 percent report that they do not have health insurance. Both of these rates are higher than the regional, state, and national rates for the same characteristics. It is also estimated that this county will not meet the HP2020 target for female breast cancer late-stage incidence rates for at least 13 years.

Adams County, Ohio

Adams County, Ohio, is both a medically underserved and rural county in the Komen Southwest Ohio service area. Nearly 54.0 percent of persons in the county are below the 250 percent poverty level. In addition, 14.5 percent of people in the county report that they are unemployed and 18.3 percent report that they do not have health insurance. The demographics rates mentioned above are all much higher than the rates reported for regional, state and national rates. The breast cancer death rate for this county was very high at 28.9/100,000. This rate was higher than the each of the following: regional, state and national breast cancer death rates. In this county, it is estimated that it will take 13 years or longer to achieve the HP2020 targets for both late-stage incidence of breast cancer and female breast cancer death rates.

Butler County, Ohio

Butler County, Ohio, has high breast cancer incidence, late-stage breast cancer diagnosis, and breast cancer death rates (120.2/100,000, 43.6/100,000 and 24.7/100,000 respectively). While this county's breast cancer incidence and late-stage diagnosis rates appear to hover around the same rate for each regional, state and national rates, the breast cancer death rate for this county is higher than both the regional and national rates. This county reports the 4th highest population of Black/African-American community members in the Affiliate service area and the 2nd highest percentage of Hispanic/Latinos. In Butler County, Ohio, it is estimated that it will take 13 years or longer to achieve the HP2020 targets for both breast cancer incidence and female breast cancer death rates.

Highland County, Ohio

Highland County, Ohio, is identified as a county with a high percentage of unemployed (13.1 percent), a large percentage of residents who have an income level below 250 percent poverty (45.6 percent), a large percent of residents with no health insurance (16.9 percent), and a very rural community. In this county, it is expected that the HP2020 target for female breast cancer death rates will take at least seven years to meet and the HP2020 target for late-stage diagnosis rate will take 13 years or longer.

Hamilton County, Ohio

Hamilton County, Ohio, has very high breast cancer incidence, late-stage diagnosis, and breast cancer death rates. Each of these rates is much higher than the same rates for the region, state and nation. It is estimated that the HP2020 targets for both late-stage diagnosis and breast cancer death will take 13 years or longer to meet. The demographics in this county also include the highest regional service area percentage of Black/African-American residents.

After quantitative data were used to identify areas of concern, further analysis was done to identify contributing factors to poor outcomes. The main findings of the health systems and public policy analysis highlighted several issues. Even after many have gained insurance coverage through a state exchange or stipend and Medicaid expansion, many remain uninsured or face new financial barriers, like higher out of pocket expenses and diagnostic costs. Even with increased access to insurance coverage many remain uninsured. In particular, those most likely to remain uninsured include individuals, eligible for Medicaid but not enrolled, undocumented immigrants, those exempt from the State mandates and individuals eligible for subsidized coverage but not enrolled.

New financial barriers include diagnostics and follow-up care, which are subject to out of pocket costs and deductibles under most new insurance plans. Budget cycles and the impact of the Affordable Care Act, plus Medicaid Expansion will continue to affect Ohio, Kentucky, and Indiana BCCP programs.

Patient Navigation continues to be needed specifically in counties where a woman needs additional diagnostics and services, often in another county. In rural communities information about the services provided is difficult and could benefit greatly from stronger patient navigation resources. Patient navigation can also assist those who may experience transportation or other barriers because they must utilize different providers for the services they need. Transportation needs vary greatly between target communities. Mobile screening resources, in rural counties especially, provide a means to better overcome the transportation barriers that exist there.

Qualitative investigation was designed to look at all the data and factors further as well as obtain feedback from the target communities about the health system and policy barriers that may contribute to late-stage diagnosis and higher breast cancer death rates. The results escalated some of the same issues analyzed earlier, while expanding on and highlighting others. Education needs and avenues of access varied between the target communities and populations. Access to the continuum of care is most difficult in the rural counties of Adams, Grant and Highland, while less of a barrier in Butler County, OH. The findings from earlier sections about the impacts of the Affordable Care Act and insurance coverage were further confirmed with this data collection. The need for more adequate patient self-advocacy tools and

resources was evidenced through conversations about patient-provider communication and trust within the health care system. Varying needs and perceptions of patient navigation resources and opportunities, again, varied by target community but were mainly referenced in the more rural and suburban target communities.

Mission Action Plan

Problem statements, priorities and objectives, in the form of action steps were determined by review of the previous data sections of the Community Profile. Discussions with key stakeholders and suggestions from the Community Profile Team and Affiliate staff gave input to develop objectives that were relevant and specific within the Affiliate Request for Proposals to potential grantees, moving forward.

Problem Statement

Within the Komen Southwest Ohio service area, the counties Hamilton (OH), Butler (OH), Adams (OH), Highland (OH) and Grant (KY) the health system analysis and qualitative data identified overarching barriers that may prevent individuals from enter the continuum of care. The identified barriers experienced by individuals were informational, financial, logistical and physical. These barriers may contribute to higher than average late-stage diagnosis and death rates in each target community.

Priority 1: To reduce informational barriers, the Affiliate will increase opportunities for education based projects that will focus on breast self-awareness, risk reduction and the psychosocial aspects of a breast cancer diagnosis.

- *Objective 1:* By January 2017, distribute Komen educational materials/tools that address screening, diagnostics and “what to expect” to at least five community partners in Hamilton and Butler Counties. Create an educational marketing campaign for primary targets of Hamilton, and Butler Counties in conjunction addressing mammography, diagnostics and what to expect. Distribute additionally to all community partners no later than January 2017. .
- *Objective 2:* By December 2017, Komen Southwest Ohio will provide to at least three partners in Adams, Grant and Highland Counties, education materials and tools that comprehensively address identified educational gaps in service as identified in each county.

Priority 2: To reduce financial and logistical barriers, the Affiliate will focus on increasing awareness of available breast cancer continuum of care services available to uninsured and insured individuals in each of the five target communities.

- *Objective 1:* Beginning with the FY2017 Community Grant Request for Application, programs that use evidence-based strategies to increase the utilization of insurance benefits among currently insured, non-compliant populations in Adams, Butler, Grant, Hamilton and Highland Counties will be a funding priority.
- *Objective 2:* From FY2016 through FY2019, annually update the Affiliate’s website, newsletters and all marketing collateral to reflect local resources available to the target communities and entire service area.

- *Objective 3:* From FY2017 through FY2019, annually meet with at least two community partners and stakeholders to ensure dissemination of accurate local resources and collateral materials in each target county (Adams, Butler, Grant, Hamilton and Highland).
- *Objective 4:* From FY2016 through FY2019, the Affiliate will collaborate with the First Ladies Health Initiative of Cincinnati to deliver breast cancer screening resources and educational information to metropolitan, Black women through at least three outreach events in Hamilton County annually.

Priority 3: To reduce identified financial barriers to entering the continuum of care adhering to appropriate follow-up care within the continuum of care, Komen Southwest Ohio will focus efforts on supporting additional assistance programs based on the impact of the Affordable Care Act in the States of Ohio, Kentucky and Indiana as indicated by variance in State law and implementation.

- *Objective 1:* From FY16 to FY19, the Affiliate will conduct an annual survey of community partners and grantees in all target communities to evaluate the impacts of the Affordable Care Act (ACA) and evolving insurance coverage challenges to follow-up care and other continuum of care financial barriers.
- *Objective 2:* By FY19, Komen Southwest Ohio's existing Patient Financial Assistance Program at Cancer Family Care will be expanded to include additional reimbursements for treatment co-pay.

Problem Statement

Within the Komen Southwest Ohio service area, the counties Hamilton (OH), Butler (OH), Adams (OH), Highland (OH) and Grant (KY) there remains barriers to effective communication as well as access to quality of care resources that contributes to the potential of higher than average late stage diagnosis and lower patient survival rates.

Priority 1: Komen Southwest Ohio will expand and strengthen communication opportunities with all target community medical providers.

- *Objective 1:* From FY2016 through FY2019, at least twice annually the Affiliate will promote the use of available self-advocacy and education materials to community providers and patients through social media, availability of collateral materials in direct service providers offices and agencies in each target community.

Priority 2: Komen Southwest Ohio will expand and strengthen all patient navigation programs and resources in the target communities.

- *Objective 1:* From FY2016 through FY2019, the Affiliate will identify and fund those medical providers with limited or non-existent patient navigation resources in each target community.

Problem Statement

Three of the target communities, Adams (OH), Grant (KY) and Highland (OH) are identified as lacking in breast cancer survivor resources, education on breast cancer risk and financial resources to increase quality of life issues; as indicated by the qualitative data collected.

Priority 1: Identify and deliver those survivor resources and education materials to these three target communities to positively impact quality of life issues from screening, through diagnosis, treatment and post-treatment barriers and concerns.

- *Objective 1:* In FY2018 and FY2019, the Affiliate will at least twice annually promote available survivorship resources and education opportunities through Affiliate newsletter and existing community partners and agencies.
- *Objective 2:* By FY2019, the Affiliate will develop, promote and deliver at least one new survivorship program opportunity each of the following target communities: Adams, Butler, Grant, Hamilton and Highland.

Priority 2: Increase awareness of metastatic breast cancer resources and improve sensitivity to, and support of, metastatic breast cancer patients.

- *Objective 1:* Beginning in FY2017 the Affiliate will begin a Join the Conversation at Komen Kafe for metastatic breast cancer patients to share with other survivors the unique challenges they face. The National Metastatic Breast Cancer Network will join us in leading this group.
- *Objective 2:* By March 2017, the Affiliate will partner with a metastatic breast cancer survivor from one of the target counties (Adams, Butler, Grant, Hamilton and Highland) to write a guest blog for the Affiliate website.

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