susan g. komen®

COMMUNITY PROFILE REPORT 2015

SUSAN G. KOMEN®
NORTHWEST OHIO

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Executive Summary

Introduction to the Community Profile Report

Since 1994, Susan G. Komen® Northwest Ohio has been dedicated to the pursuit of Nancy Brinker's promise to her dying sister, Susan, to save lives and end breast cancer forever. Toledo's first Race for the Cure® was held in 1994 with 600 participants with the Komen® Northwest Ohio office founded five years later in 1999. In 2013, Komen Northwest Ohio launched a second Race for the Cure® held in Findlay, Hancock County. The Race had 3,200 participants in its first year raising more than $250,000 and is now an annual event. Additionally, in 2014 more than 17,000 individuals participated in both the Komen Northwest Ohio Race for the Cure® events raising more than $1 million annually. With the main office in Toledo, Lucas County, the Komen Northwest Ohio service area encompasses 24 counties including Monroe County in Southeast Michigan and the following counties in Ohio: Allen, Auglaize, Crawford, Defiance, Erie, Fulton, Hancock, Huron, Hardin, Henry, Logan, Lucas, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca, Shelby, Van Wert, Williams, Wood, and Wyandot.

Since its establishment in Northwest Ohio, Komen Northwest Ohio has become the foremost breast health/cancer resource in the 24 county service area. Survivors, community members, organizations, and providers look to Komen Northwest Ohio for relevant and accurate breast health/breast cancer information and resources as well as support for local breast cancer initiatives and events. Komen Northwest Ohio is represented on five breast health/cancer coalitions, all with a focus of reducing breast cancer morbidity and mortality. Komen Northwest Ohio provides resources to over 50 health fairs and 25 third party events each year, and has provided over 840 organizers to newly diagnosed survivors since 2010. Furthermore, Komen Northwest Ohio hosts an annual survivor breakfast to inform, educate, and celebrate survivors in the Northwest Ohio region with over 500 survivors in attendance at the 2014 event. These activities demonstrate the dedication of Komen Northwest Ohio to increasing knowledge around breast health/breast cancer and empowering individuals to make informed breast care decisions.

Seventy-five percent of all net funds generated by Komen Northwest Ohio remain in the service area to support programs that deliver breast health/breast cancer education, screening, treatment, and support services to women and men. Since 1994, Komen Northwest Ohio has funded nearly $11 million in local grants for life-saving breast health/breast cancer education, screening, treatment and support in the 24-county service area. Since 2009, Komen Northwest Ohio Community Grants have provided the following services that resulted in 143 women being diagnosed with breast cancer:

- 25,783 Educational/Awareness Activities
- 2,459 Clinical Breast Exams
- 9,579 Mammograms
- 1,969 Diagnostic Procedures
- 1,244 Treatment Assistance/Support Services
- 1, 534 Complementary/psychosocial support
- 840 Newly Diagnosed Initiative
- 6 Males Served

The remaining 25 percent, nearly $3 million since 1994, has been contributed to national research initiatives to find the cures. These funds are used solely to fund research at the National level. In previous years, these research funds have been awarded to Case Western Reserve University, the Cleveland Clinic Foundation, The Ohio State University, University of Cincinnati, Aultman Hospital, and the University of Toledo Medical Center (formerly known as the Medical College of Ohio).

An effective Community Profile assists the Komen Northwest Ohio in aligning its mission and non-mission initiatives through a strategic planning process to ensure a targeted, effective and non-duplicative effort ensuring the greatest impact in saving lives and ending breast cancer forever.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

To determine the target counties, Komen Northwest Ohio reviewed the Healthy People 2020 (HP2020) initiative, a 10-year national health agenda for improving the Nation's health. Related to the works of Komen, the HP2020 goals regarding reducing women's breast cancer death and reducing the number of late-stage breast cancer diagnosis were reviewed. For reference the HP2020 women's breast cancer death rate target is 20.6 deaths per 100,000 women and the women's late-stage breast cancer diagnosis rate target is 41.0 cases per 100,000 women. The target counties were identified based on estimates of how long it would take the county to achieve HP2020 targets for breast cancer death and late-stage diagnosis. Additionally, Komen Northwest Ohio reviewed incidence rates and trends, death rates and trends, late-stage rates and trends, population demographics, and socioeconomic indicators.

The selected target counties are: Auglaize County, Erie County, and Shelby County Ohio.

Auglaize County is identified as a target county as it is predicted that the county is not likely to meet the HP2020 target rates of either breast cancer death or late-stage incidence. The county's breast cancer death rate is 37.6 per 100,000 women which is higher than the Komen Northwest Ohio's rate (23.9), the State's rate (24.8) and the Nation's rate (22.6). Additionally, the county's late-stage incidence rate is 51.9 per 100,000 women which is also higher than the rates of Komen Northwest Ohio (43.4), the State (44.0), and the Nation (43.7). The incidence rate of the county at 125.9 per 100,000 is also concerning as the rate is higher as compared to the rates of Komen Northwest Ohio (113.7), the State (120.8) and the Nation (122.1). It is predicted that Auglaize County will need 13 years or longer to achieve both the HP2020 breast cancer death rate and late-stage incidence rate targets.

Erie County is considered of high priority as it is not likely to meet both the HP2020 targets for breast cancer death or late-stage incidence. The county's breast cancer death rate at 30.9 per 100,000 is higher than the Komen Northwest Ohio (23.9), State (24.8), and the Nation (22.6) rates. The death rate trend for the county is decreasing but currently the county's death rate is one of the highest rates in the service area. Also of concern is the late-stage incidence rate of the county of 53.9 per 100,000 women which is higher than the rates of Komen Northwest Ohio (43.4), the State (44.0), and the Nation (43.7). Furthermore, the county has a significantly higher incidence rate of 132.8 per 100,000 women as compared to Komen Northwest Ohio's rate (113.7) and is also higher than the State's (120.8) and the Nation's (122.1) rates. Similar to the

county's death rate trend, the incidence rate is expected to decrease however the current rate is among the highest in the Komen Northwest Ohio's service area. The predicted time for which Erie County will achieve the HP2020 breast cancer death and the late-stage incidence targets is 13 years or longer.

Shelby County is considered of highest priority as it is not likely to meet the late-stage incidence HP2020 target rate. The county's late-stage incidence rate is 45.2 per 100,000 women which is higher than the Komen Northwest Ohio (43.4), the State (44.), and the Nation (43.7) rates. Additionally, Shelby County's incidence rate of 114.9 per 100,000 women is higher than Komen Northwest Ohio's rate of 113.7 per 100,000 women. The county is predicted to reach the HP2020 late-stage incidence target in 13 year or longer.

Health System and Public Policy Analysis

A review of the health systems analysis identified needs and gaps in the Continuum of Care (CoC) for the target counties. All three counties have a limited number of breast health service providers with Erie County having the highest number of providers. Given this, accessing breast health services may be challenging due to a limited supply of providers and equally, the limited number of providers in the counties may not have the capacity to meet the need of the residents. Furthermore, limited services and gaps in services for diagnostic services, treatment services, support/survivorship, and patient navigation services were similar in all three counties. Specifically, gaps were identified in providers and service offerings of diagnostic follow-up services (ultrasound, biopsy, MRI); limited providers of treatment services; limited providers and offerings of support/survivorship; and limited providers and offerings of patient navigation throughout the CoC.

While the Affordable Care Act and Ohio's expansion of Medicaid has increased access to mammography coverage, many women will remain uninsured and/or will be unable to afford the costs associated with breast health services (high deductible, no follow-up services, etc.). Komen Northwest Ohio will maintain support of funding at the federal (and state when applicable) of National Breast and Cervical Cancer Early Detection Program, Ohio's Breast and Cervical Cancer Project (BCCP), and the National Institutes of Health to ensure that these and all women continue to have access to potentially life-saving breast cancer early detection services and ground breaking research.

Qualitative Data: Ensuring Community Input

Qualitative data was collected in an attempt to incorporate the breast health/breast cancer perspectives of individuals in the target counties. Key assessment questions included; what are the perceived barriers to breast health/breast cancer screening and treatment in the target counties and what can assist with improving breast health/breast cancer education, screening and treatment in the target counties. To assist in answering these questions, women living in the target counties and key community professionals within the target counties were solicited for input. Qualitative data was collected via a survey and key informant interviews in each of the three target counties.

Qualitative data gathered from residents and key community professionals in the target counties reinforce the findings from the previous sections. For all three counties there is a need for

resources that make access to receiving screening and treatment more accessible and there is a need for breast health/breast cancer education and awareness. Improving these areas may assist in breaking down the barriers to breast health/breast cancer risk reduction, detection, treatment and support. These needs were made evident by the high breast cancer late-stage diagnosis and death rates as well as the lack of eligible residents participating in BCCP, and the limited breast health/breast cancer service/program options in the target counties as reported in previous sections.

Mission Action Plan

Upon recommendation of Komen Northwest Ohio's Community Outreach Manager and Strategic Mission Committee, with input from the Community Profile Team, and approval by Komen Northwest Ohio's Board of Directors the following priorities are included in the Mission Action Plan (MAP) for Auglaize, Erie and Shelby Counties.

Problem: Auglaize, Erie and Shelby Counties are unlikely to meet the HP2020 targets for breast cancer late-stage incidence and breast cancer death.

Priority 1: **Increase and strengthen access to direct breast health/breast cancer services in Auglaize, Erie and Shelby counties:** The quantitative and qualitative data revealed a need to increase and strengthen resources to reduce the barriers associated with breast cancer screening, diagnosis and treatment in all three of the target counties.

- **Objective 1:** By September 2015, Komen Northwest Ohio will revise Small and Community grant RFA's to focus on increasing access to breast health/breast cancer services in Auglaize, Erie and Shelby Counties by including patient navigation, patient assistance, and mobile mammogram as well as evidence-based practices that result in documented linkages to breast cancer screening, diagnostic, and/or treatment services as funding priorities.

- **Objective 2:** For the next four years (FY16-FY19), Komen Northwest Ohio will hold a grant writing workshop in Auglaize County or Shelby County (a combined workshop) and Erie County to encourage grant applications for evidence-based breast health/breast cancer education, programs and services in Auglaize, Erie and Shelby Counties.
    -
- **Objective 3:** In 2016, engage in at least three meetings with the Breast and Cervical Cancer Project (BCCP) to improve the communication about BCCP and the process for enrolling in the BCCP program in Auglaize, Erie and Shelby Counties.

- **Objective 4:** By 2017, Komen Northwest Ohio will have established a breast health/breast cancer collaborative/coalition in Auglaize and Shelby Counties (one combined group) and Erie County to foster the discussion around how to improve the health care system's capacity to provide quality breast health care and increase access to services.

Priority 2: **Implement and strengthen breast health/breast cancer education, awareness and outreach in Auglaize, Erie and Shelby Counties.** The quantitative and qualitative data revealed a need for breast health/breast cancer education and awareness, including risk reduction and screening recommendations for all three target counties. Additionally, awareness is needed regarding available breast health/breast cancer resources throughout the continuum of care in each of the target counties.

- **Objective 1:** In 2016, Komen Northwest Ohio will provide a minimum of two primary care providers in Auglaize, Erie and Shelby Counties information regarding Susan G. Komen and breast health/breast cancer educational materials based on the providers needs for distribution to women in the target counties.

- **Objective 2:** In 2017, add a medical, public health, or nonprofit professional from one of the target counties (Auglaize, Erie and Shelby Counties) to the Affiliate's Board of Directors.

- **Objective 3:** In 2017, Komen Northwest Ohio will hold a rural breast cancer summit with providers in Auglaize and Shelby Counties to discuss possible partnership opportunities with the goal of increasing access to and progression through the breast health continuum of care.

- **Objective 4:** By 2017, at least one discussion about how to improve breast health/breast cancer education and increase awareness of available local breast health/breast cancer resources will occur at the Auglaize and Shelby Counties and Erie County breast health/breast cancer collaborative/coalition meetings.

  Objective 5: By November 2019, Komen Northwest Ohio will collaborate with key organizations (health departments, public health care clinics, nonprofits, and social service agencies) to implement an educational campaign for Breast Cancer Awareness Month in each of the target counties (Auglaize, Erie and Shelby).

- **Objective 6:** By March 2019, Komen Northwest Ohio will participate in at least three events in each of the target counties (Auglaize, Erie and Shelby) to promote breast health/breast cancer awareness and education.

- **Objective 7:** For the next four years (FY16-FY19), Komen Northwest Ohio will mandate that best practices and evidence-based programs be incorporated into all grant programs servicing Auglaize, Erie and Shelby Counties and require that all funded education programs demonstrate how their activities will lead to action, such as participants obtaining a mammogram.

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

Affiliate History

Since 1994, Susan G. Komen® Northwest Ohio has been dedicated to the pursuit of Nancy Brinker's promise to her dying sister, Susan, to save lives and end breast cancer forever. Toledo's first Race for the Cure® was held in 1994 with 600 participants with the Komen Northwest Ohio office founded five years later in 1999. In 2013, Komen Northwest Ohio launched a second Race for the Cure® held in Findlay, Hancock County. The Race had 3,200 participants in its first year raising more than $250,000 and is now an annual event. Additionally, in 2014 more than 17,000 individuals participated in both the Komen Northwest Ohio Race for the Cure® events raising more than $1 million annually. With the main office in Toledo, Lucas County, the Komen Northwest Ohio service area encompasses 24 counties including Monroe County in Southeast Michigan and the following counties in Ohio: Allen, Auglaize, Crawford, Defiance, Erie, Fulton, Hancock, Huron, Hardin, Henry, Logan, Lucas, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca, Shelby, Van Wert, Williams, Wood, and Wyandot.

Up to 75 percent of all net funds generated by Komen Northwest Ohio remain in the service area to support programs that deliver breast health/breast cancer education, screening, treatment, and support services to women and men. Since 1994, Komen Northwest Ohio has funded nearly $11 million in local grants for life-saving breast health/breast cancer education, screening, treatment and support in the 24-county service area. Since 2009, the Affiliate Community Grants have provided the following services that resulted in 143 women being diagnosed with breast cancer:

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-

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Since its establishment in Northwest Ohio, the Affiliate has become the foremost breast health/cancer resource in the 24 county service area. Survivors, community members, organizations, and providers look to Komen Northwest Ohio for relevant and accurate breast health/breast cancer information and resources as well as support for local breast cancer initiatives and events. Komen Northwest Ohio is represented on five breast health/cancer coalitions, all with a focus of reducing breast cancer morbidity and mortality. Komen Northwest Ohio provides resources to over 50 health fairs and 25 third party events each year, and has provided over 840 organizers to newly diagnosed survivors since 2010. Furthermore, Komen Northwest Ohio hosts an annual survivor breakfast to inform, educate, and celebrate survivors

in the Northwest Ohio region with over 500 survivors in attendance at the 2014 event. These activities demonstrate the dedication of Komen Northwest Ohio to increasing knowledge around breast health/breast cancer and empowering individuals to make informed breast care decisions.

An effective Community Profile assists the Komen Northwest Ohio in aligning its mission and non-mission initiatives through a strategic planning process to ensure a targeted, effective and non-duplicative effort ensuring the greatest impact in saving lives and ending breast cancer forever.

Affiliate Organizational Structure

The organizational structure Komen Northwest Ohio is as follows; Board of Directors, Executive Committee, Sub-committees, and Staff. The Komen Northwest Ohio Board of Directors is committed to enhancing the public standing of the Affiliate by:

- Serving as ambassadors and advocates in the community,
- Ensuring a healthy and accurate public image,
- Participating in opportunities to inform the public about the Komen organization.

The Affiliate Board of Directors consists of fifteen volunteer members with delegated job descriptions outlining general responsibilities of the position, as well as duties as an officer or committee member. The Board of Directors works with a staff of six individuals consisting of the Executive Director, Community Outreach Manager, Minority Breast Health Coordinator, Special Events Manager, Marketing and Communications Manager, Special Events/Mission Coordinator, and Affiliate Administrator as well as numerous volunteers to fulfill the Komen Promise (Figure 1.1).

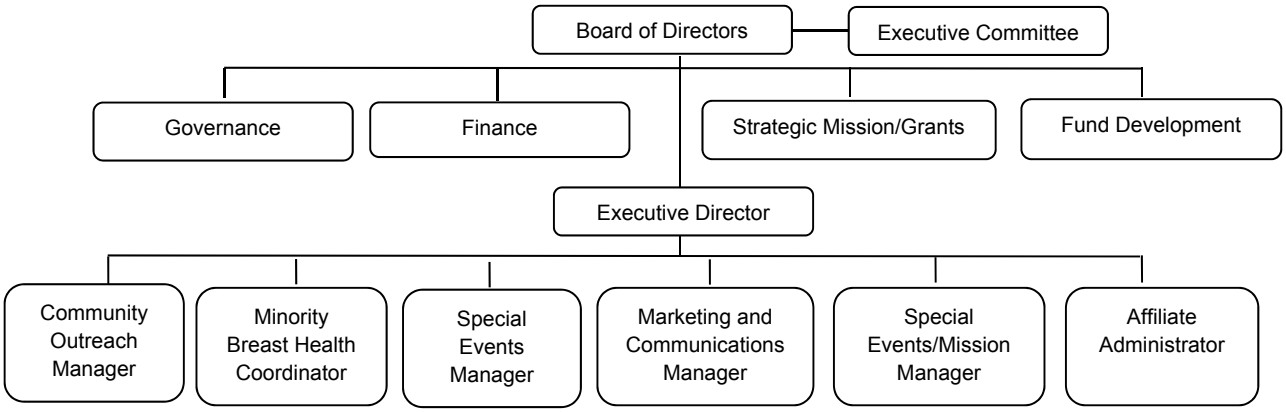

Figure 1.1. Komen Northwest Ohio organizational chart

Affiliate Service Area

The Komen Northwest Ohio service area encompasses 24 counties including Monroe County in Southeast Michigan and the following counties in Ohio: Allen, Auglaize, Crawford, Defiance, Erie, Fulton, Hancock, Huron, Hardin, Henry, Logan, Lucas, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca, Shelby, Van Wert, Williams, Wood, and Wyandot (Figure 1.2). The Affiliate main office is located in Toledo, Lucas County. The service area consists of urban, suburban, and rural counties whose major employers are based in agriculture, education, manufacturing and health care.

- The Komen Northwest Ohio's service area is home to approximately 1.7 million people (U.S. Census Bureau, 2013). The most populated counties are Lucas (439,511 residents), Monroe (Michigan) (151,408), Wood (127,325) and Allen (105,895). Seventy-eight percent of the population in the service area classify themselves as White Non-Hispanic, 6.0 percent Black/African-American Non-Hispanic, 4.0 percent Hispanic, and 1.0 percent all others. Service area counties with the largest non-Hispanic Black/African-American population are Lucas, (18.7 percent), Allen (11.4 percent) and Erie (8.0 percent). Service area counties with the largest Hispanic/Latino population are Defiance (9.1 percent), Sandusky (9.1 percent), Fulton (8.0 percent), Henry (6.8 percent) and Lucas (6.3 percent). The average yearly household
- income for the area is $59,426 and the average
- unemployment rate is 9.7 percent.

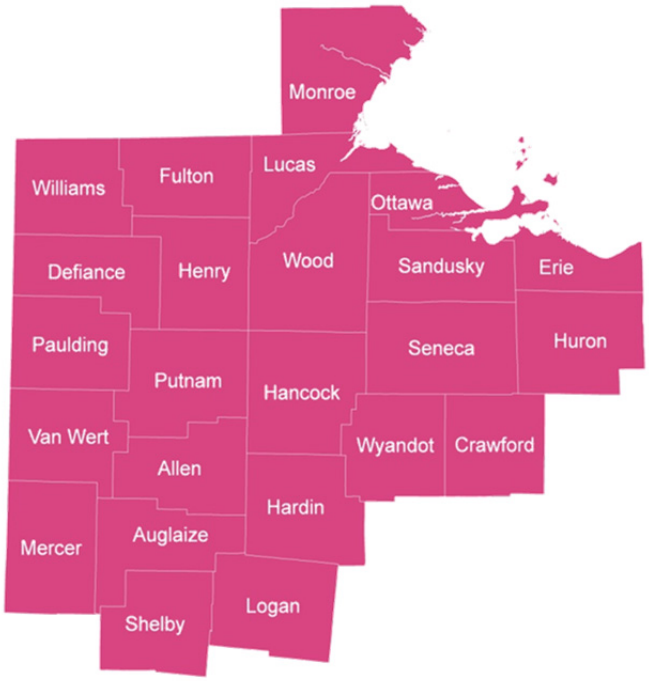

Figure 1.2. Komen Northwest Ohio service area

Purpose of the Community Profile Report

The Community Profile is a needs assessment that provides Komen Northwest Ohio with important information to better understand the state of breast cancer burden and needs in the 24 county service area. This process allows Komen Northwest Ohio to gather information and assign priorities in order to work more effectively within the community.

An effective Community Profile allows Komen Northwest Ohio to:

- Fund, educate, and build awareness in areas of greatest need,
- Make decisions about how to use its resources in the best way- to make the greatest impact,
- Strengthen relationships with sponsors by clearly communicating the breast health/breast cancer needs of the community,
- Provide information to public policymakers to assist in focusing their work,
- Strategize direction for marketing and outreach initiatives, and
- Create synergy between strategic plans and operational activities.

The Community Profile Report will be shared in the community in that all Community Profile Team Members and interested key informants, health care providers and other provides listed in the Health Systems Analysis, and legislators serving the target counties will receive a copy of the final report. Additionally, the final report will be available to the general public on the Komen Northwest Ohio website and promoted through the Affiliate social media (i.e., Facebook, Twitter).

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

Quantitative Data Report

Introduction

The purpose of the quantitative data report for Susan G. Komen® Northwest 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 deaths rates (http://www.healthypeople.gov/2020/default.aspx).

The following is a summary of Komen Northwest 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/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 (http://seer.cancer.gov/tools/ssm/). 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.

		Incidence Rates and Trends			Death Rates and Trends			Late-stage Rates and Trends		
Population Group	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*	-
Michigan	5,067,869	7,029	120.0	-1.1%	1,468	24.0	-2.0%	2,371	41.0	-0.6%
Ohio	5,895,383	8,319	120.8	-0.1%	1,820	24.8	-1.9%	2,972	44.0	0.6%
Komen Northwest Ohio Service Area	872,335	1,159	113.7	-2.4%	262	23.9	NA	432	43.4	0.7%
White	792,978	1,090	114.1	-2.3%	243	23.5	NA	402	43.3	0.4%
Black/African-American	67,436	59	106.9	1.6%	18	33.6	NA	26	47.8	15.2%
American Indian/Alaska Native (AIAN)	3,022	SN	SN	SN	SN	SN	SN	SN	SN	SN
Asian Pacific Islander (API)	8,900	5	76.2	-15.1%	SN	SN	SN	SN	SN	SN
Non-Hispanic/ Latina	836,566	1,148	114.9	-2.2%	260	24.2	NA	428	43.9	0.9%
Hispanic/ Latina	35,770	12	58.4	-19.0%	SN	SN	SN	5	22.8	-25.9%
Monroe County - MI	77,236	87	96.7	-0.2%	19	21.0	-2.5%	31	34.9	2.8%
Allen County - OH	53,038	76	119.8	-5.0%	16	22.7	-2.5%	32	50.9	2.7%
Auglaize County - OH	23,217	36	125.9	0.8%	11	37.6	0.6%	14	51.9	2.3%
Crawford County - OH	22,826	35	119.2	4.8%	5	14.7	-4.5%	16	56.6	0.8%
Defiance County - OH	19,836	19	81.2	1.1%	6	23.9	-1.9%	8	31.9	1.1%
Erie County - OH	39,476	67	132.8	-1.5%	16	30.9	-1.4%	26	53.9	6.1%
Fulton County - OH	21,739	28	108.6	-15.6%	8	27.9	0.8%	9	37.5	-23.2%
Hancock County - OH	38,439	52	117.6	-5.7%	13	26.1	-2.0%	17	40.2	-5.7%
Hardin County - OH	16,187	17	96.3	15.1%	4	21.5	-1.8%	7	41.2	35.2%
Henry County - OH	14,402	15	87.3	16.1%	4	22.1	NA	6	35.6	5.5%
Huron County - OH	30,483	41	117.5	7.7%	8	22.3	-1.7%	14	41.9	8.0%
Logan County - OH	23,359	39	136.9	5.8%	6	21.7	-2.2%	15	53.1	20.0%
Lucas County - OH	229,078	291	113.5	-7.2%	69	25.0	-2.2%	109	43.3	-5.4%
Mercer County - OH	20,476	28	114.1	-8.9%	8	29.9	1.4%	9	40.7	-7.7%
Ottawa County - OH	21,046	38	131.8	2.8%	10	29.9	0.1%	12	49.1	-8.9%
Paulding County - OH	9,944	12	100.9	-7.7%	SN	SN	SN	5	44.6	-13.0%
Putnam County - OH	17,348	24	122.4	9.1%	4	19.2	NA	8	39.6	14.8%
Sandusky County - OH	31,158	50	130.5	-0.8%	11	27.8	-0.7%	17	46.2	-13.8%
Seneca County - OH	28,636	43	119.8	3.8%	9	21.7	-1.4%	15	43.3	4.6%
Shelby County - OH	24,724	32	114.9	2.9%	6	20.8	NA	12	45.2	22.1%
Van Wert County - OH	14,912	18	94.7	4.4%	5	24.3	-0.5%	8	43.3	14.6%
Williams County - OH	19,207	25	105.2	1.0%	5	18.5	-2.5%	11	46.6	2.7%

		Incidence Rates and Trends			Death Rates and Trends			Late-stage Rates and Trends		
Population Group	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)
Wood County - OH	64,118	73	108.1	-8.6%	14	19.1	-3.1%	27	41.6	-4.8%
Wyandot County - OH	11,451	15	109.6	-7.1%	SN	SN	SN	6	45.6	-4.1%

*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 2006-2010except 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 the Komen Northwest Ohio service area were lower than that observed in the US as a whole. The incidence rate of the Affiliate service area was significantly lower than that observed for the State of Michigan and the incidence trend was not significantly different than the State of Michigan. The incidence rate of the Affiliate service area was significantly lower than that observed for the State of Ohio and the incidence trend was not significantly different than 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 and Pacific Islanders (APIs) and American Indians and Alaska Natives (AIANs) were lower than for Non-Hispanic Whites and Blacks/African-Americans. The most recent estimated incidence rates for Hispanics/Latinas were lower than for Non-Hispanic 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 APIs 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/Latinas was lower than among Non-Hispanics/Latinas.

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

- Erie County, OH
- Logan County, OH

The incidence rate was significantly lower in the following counties:

- Monroe County, MI
- Defiance County, OH
- Henry 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 Northwest 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 Michigan. 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 APIs and AIANs were lower than for Non-Hispanic Whites and Blacks/African-Americans. The most recent estimated death rates for Hispanics/Latinas were lower than for Non-Hispanic 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 APIs and AIANs 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.

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

- Auglaize County, OH

The death rate was significantly lower in the following county:

- Crawford County, OH

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

- Auglaize 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 Northwest Ohio service area was similar to that observed in the US as a whole and the late-stage incidence trend was higher than the US as a whole. The late-stage incidence rate and trend of the Affiliate service area were not significantly different than that observed for the State of Michigan. 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. There were not enough data available

within the Affiliate service area to report on APIs and AIANs so comparisons cannot be made for these racial groups. 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:

- Monroe County, MI

Significantly less favorable trends in breast cancer late-stage incidence rates were observed in the following counties:

- Hardin 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 Cancer Institute	National Comprehensive Cancer Network	US Preventive Services Task Force
Mammography every year starting at age 40	Mammography every 1-2 years starting at age 40	Mammography every year starting at age 40	Informed decision-making with a health care provider ages 40-49 Mammography every 2 years ages 50-74

Because having 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. BRFSS is the best and most widely used source available for information on mammography usage among women in the United States, although it does not collect data aligning with Komen breast self-awareness messaging (i.e. from women age 40 and older). 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 whom 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 who 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%
Michigan	4,151	3,285	79.5%	77.9%-81.0%
Ohio	5,046	3,891	77.0%	75.5%-78.4%
Komen Northwest Ohio Service Area	1,034	787	75.3%	71.7%-78.6%
White	960	733	76.1%	72.4%-79.4%
Black/African-American	41	34	73.9%	51.1%-88.5%
AIAN	SN	SN	SN	SN
API	SN	SN	SN	SN
Hispanic/ Latina	17	13	59.8%	28.3%-84.8%
Non-Hispanic/ Latina	1,015	772	75.7%	72.0%-78.9%
Monroe County - MI	53	38	76.2%	59.5%-87.4%
Allen County - OH	81	64	78.2%	65.2%-87.3%
Auglaize County - OH	33	24	76.4%	50.5%-91.2%
Crawford County - OH	23	16	67.8%	41.6%-86.2%
Defiance County - OH	29	21	66.5%	41.0%-85.0%
Erie County - OH	35	28	85.9%	66.8%-94.9%
Fulton County - OH	41	32	76.2%	57.9%-88.2%
Hancock County - OH	38	27	75.3%	54.7%-88.5%
Hardin County - OH	27	21	79.9%	54.1%-93.1%
Henry County - OH	24	17	71.0%	47.8%-86.8%
Huron County - OH	31	24	76.9%	54.4%-90.3%
Logan County - OH	12	8	67.2%	34.0%-89.1%
Lucas County - OH	269	209	76.1%	68.5%-82.3%
Mercer County - OH	32	25	78.0%	57.3%-90.4%
Ottawa County - OH	24	20	92.5%	65.8%-98.8%
Paulding County - OH	14	9	51.3%	19.9%-81.7%
Putnam County - OH	30	25	88.1%	66.8%-96.4%
Sandusky County - OH	27	16	59.4%	35.8%-79.3%
Seneca County - OH	25	20	67.1%	43.1%-84.6%
Shelby County - OH	10	6	41.9%	12.1%-79.1%

Population Group	# of Women Interviewed (Sample Size)	# w/ Self-Reported Mammogram	Proportion Screened (Weighted Average)	Confidence Interval of Proportion Screened
Van Wert County - OH	19	15	84.7%	56.2%-96.0%
Williams County - OH	48	39	75.8%	58.2%-87.5%
Wood County - OH	95	73	75.9%	63.8%-84.9%
Wyandot County - OH	14	10	77.5%	40.3%-94.6%

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 Northwest 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 not significantly different than the State of Michigan 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. APIs have somewhat lower screening proportions than Whites and Blacks/African-Americans. Although data are limited, screening proportions among AIANs are similar to those among Whites. Screening proportions among Hispanics/Latinas are similar to those among Non-Hispanic Whites and Blacks/African-Americans. For the Affiliate service area as a whole, the screening proportion was not significantly different among Blacks/African-Americans than Whites. There were not enough data available within the Affiliate service area to report on APIs and AIANs so comparisons cannot be made for these racial groups. The screening proportion among Hispanics/Latinas was not significantly different than among Non-Hispanics/Latinas.

None of the counties in the Affiliate service area had substantially different screening proportions than the Affiliate service area as a whole.

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 ethnicity 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/Latina or Non-Hispanic/Latina.

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 /Latina	Hispanic /Latina	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 %
Michigan	80.8 %	15.5 %	0.9 %	2.8 %	95.6 %	4.4 %	50.5 %	36.7 %	15.6 %
Ohio	84.2 %	13.4 %	0.3 %	2.0 %	97.0 %	3.0 %	50.5 %	36.9 %	16.0 %
Komen Northwest Ohio Service Area	90.5 %	8.0 %	0.4 %	1.1 %	95.6 %	4.4 %	50.6 %	37.4 %	16.3 %
Monroe County - MI	96.1 %	2.6 %	0.5 %	0.8 %	97.0 %	3.0 %	52.4 %	37.5 %	15.4 %
Allen County - OH	85.9 %	12.9 %	0.3 %	0.9 %	97.8 %	2.2 %	50.7 %	38.0 %	17.4 %
Auglaize County - OH	98.5 %	0.8 %	0.2 %	0.5 %	98.8 %	1.2 %	52.4 %	38.8 %	17.7 %
Crawford County - OH	98.3 %	1.1 %	0.2 %	0.5 %	98.8 %	1.2 %	54.4 %	41.7 %	20.3 %
Defiance County - OH	96.6 %	2.5 %	0.4 %	0.5 %	91.7 %	8.3 %	51.2 %	38.3 %	17.2 %
Erie County - OH	88.8 %	10.0 %	0.4 %	0.8 %	96.7 %	3.3 %	55.9 %	42.4 %	18.8 %
Fulton County - OH	98.1 %	0.9 %	0.4 %	0.7 %	92.5 %	7.5 %	51.8 %	37.9 %	16.1 %
Hancock County - OH	95.8 %	2.1 %	0.4 %	1.8 %	95.5 %	4.5 %	49.5 %	36.5 %	16.0 %
Hardin County - OH	97.7 %	1.2 %	0.3 %	0.8 %	98.9 %	1.1 %	46.5 %	34.3 %	15.2 %
Henry County - OH	98.1 %	0.9 %	0.5 %	0.6 %	93.9 %	6.1 %	52.2 %	38.9 %	17.7 %
Huron County - OH	97.5 %	1.8 %	0.3 %	0.5 %	94.5 %	5.5 %	49.9 %	36.1 %	15.4 %
Logan County - OH	96.5 %	2.4 %	0.3 %	0.8 %	98.9 %	1.1 %	51.5 %	38.0 %	16.4 %
Lucas County - OH	76.6 %	21.1 %	0.5 %	1.8 %	93.9 %	6.1 %	48.5 %	35.6 %	15.2 %
Mercer County - OH	98.3 %	0.5 %	0.3 %	0.8 %	98.4 %	1.6 %	51.4 %	38.6 %	17.7 %
Ottawa County - OH	98.0 %	1.3 %	0.2 %	0.5 %	95.9 %	4.1 %	60.0 %	46.2 %	20.8 %
Paulding County - OH	97.8 %	1.4 %	0.4 %	0.4 %	95.9 %	4.1 %	52.4 %	39.0 %	17.1 %
Putnam County - OH	98.5 %	0.7 %	0.3 %	0.4 %	94.6 %	5.4 %	50.4 %	36.7 %	16.3 %
Sandusky County - OH	95.3 %	3.9 %	0.4 %	0.4 %	91.2 %	8.8 %	52.7 %	39.4 %	17.5 %
Seneca County - OH	96.2 %	2.9 %	0.3 %	0.6 %	95.8 %	4.2 %	51.0 %	38.7 %	17.4 %
Shelby County - OH	96.1 %	2.6 %	0.2 %	1.1 %	98.7 %	1.3 %	49.0 %	35.0 %	14.9 %
Van Wert County - OH	98.2 %	1.3 %	0.2 %	0.4 %	97.4 %	2.6 %	52.3 %	39.4 %	18.6 %
Williams County - OH	98.2 %	0.9 %	0.2 %	0.7 %	96.5 %	3.5 %	53.0 %	39.7 %	18.2 %
Wood County - OH	94.8 %	3.0 %	0.3 %	1.8 %	95.4 %	4.6 %	45.9 %	33.5 %	13.9 %
Wyandot County - OH	98.4 %	0.5 %	0.3 %	0.8 %	98.0 %	2.0 %	52.5 %	39.4 %	18.3 %

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 %
Michigan	11.6 %	15.7 %	34.1 %	12.3 %	6.0 %	1.7 %	25.4 %	17.6 %	13.4 %
Ohio	12.2 %	14.8 %	33.1 %	9.3 %	3.9 %	1.3 %	22.1 %	14.8 %	14.0 %
Komen Northwest Ohio Service Area	11.6 %	14.3 %	32.4 %	10.3 %	2.4 %	0.7 %	33.7 %	20.8 %	13.4 %
Monroe County - MI	11.8 %	10.4 %	27.0 %	11.3 %	1.9 %	0.4 %	37.6 %	30.1 %	9.7 %
Allen County - OH	12.5 %	18.0 %	34.9 %	10.9 %	1.8 %	0.5 %	25.9 %	24.1 %	13.5 %
Auglaize County - OH	9.7 %	7.2 %	28.8 %	7.1 %	0.9 %	0.3 %	39.1 %	0.0 %	12.2 %
Crawford County - OH	14.4 %	14.8 %	39.5 %	10.6 %	0.9 %	0.1 %	35.3 %	0.0 %	15.4 %
Defiance County - OH	12.1 %	12.6 %	33.7 %	10.2 %	1.9 %	0.6 %	43.9 %	16.1 %	13.5 %
Erie County - OH	10.8 %	12.6 %	32.2 %	8.8 %	1.6 %	0.4 %	26.5 %	0.0 %	13.2 %
Fulton County - OH	11.3 %	10.3 %	30.9 %	10.2 %	2.0 %	0.5 %	56.2 %	0.0 %	13.6 %
Hancock County - OH	9.2 %	11.9 %	27.8 %	7.6 %	2.9 %	1.0 %	31.1 %	0.0 %	13.0 %
Hardin County - OH	13.4 %	18.6 %	39.2 %	10.5 %	0.8 %	0.3 %	55.4 %	52.0 %	15.0 %
Henry County - OH	10.6 %	11.7 %	30.9 %	9.9 %	1.6 %	1.0 %	69.1 %	0.0 %	13.5 %
Huron County - OH	13.1 %	15.0 %	34.3 %	9.4 %	3.1 %	1.1 %	50.3 %	0.0 %	14.7 %
Logan County - OH	13.9 %	14.9 %	33.0 %	10.5 %	1.2 %	0.4 %	56.9 %	0.0 %	14.5 %
Lucas County - OH	12.7 %	19.5 %	36.5 %	13.1 %	3.6 %	1.0 %	4.7 %	34.7 %	14.8 %
Mercer County - OH	10.9 %	8.8 %	31.0 %	6.7 %	1.1 %	0.1 %	61.4 %	0.0 %	14.1 %
Ottawa County - OH	9.9 %	10.2 %	27.8 %	7.3 %	1.8 %	0.5 %	49.4 %	1.5 %	12.8 %
Paulding County - OH	13.6 %	13.5 %	34.6 %	9.7 %	1.0 %	0.1 %	81.9 %	18.7 %	14.0 %
Putnam County - OH	9.0 %	6.3 %	26.2 %	5.2 %	1.2 %	0.7 %	84.7 %	100.0 %	12.3 %
Sandusky County - OH	12.4 %	13.6 %	31.8 %	7.5 %	3.0 %	0.7 %	44.1 %	100.0 %	13.0 %
Seneca County - OH	12.2 %	14.1 %	36.5 %	10.7 %	1.3 %	0.4 %	47.5 %	0.0 %	14.4 %
Shelby County - OH	13.3 %	12.0 %	32.9 %	7.5 %	2.0 %	0.7 %	51.1 %	0.0 %	12.6 %
Van Wert County - OH	9.4 %	9.1 %	32.8 %	9.7 %	1.1 %	0.4 %	50.7 %	0.0 %	13.4 %
Williams County - OH	10.5 %	11.4 %	34.5 %	10.9 %	1.3 %	0.4 %	63.6 %	0.0 %	14.6 %
Wood County - OH	7.5 %	13.3 %	24.0 %	9.6 %	3.3 %	0.6 %	29.5 %	6.6 %	11.1 %
Wyandot County - OH	12.7 %	7.7 %	32.7 %	8.2 %	1.2 %	0.5 %	57.4 %	0.0 %	14.5 %

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 Northwest Ohio service area has a substantially larger White female population than the US as a whole, a substantially smaller Black/African-American female population, a substantially smaller Asian and Pacific Islander (API) female population, a slightly smaller American Indian and 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 larger 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 substantially larger percentage of people living in rural areas, a slightly smaller percentage of people without health insurance, and a slightly smaller percentage of people living in medically underserved areas.

The following county has a substantially larger Black/African-American female population percentage than that of the Affiliate service area as a whole:

- Lucas 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: 41.0 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 Northwest 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				
Time to Achieve Death Rate Reduction Target		13 years or longer	7-12 yrs.	0 – 6 yrs.	Currently meets target	Unknown
	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 Northwest 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
Auglaize County - OH	Highest	13 years or longer	13 years or longer	Rural
Erie County - OH	Highest	13 years or longer	13 years or longer	
Henry County - OH	Highest	NA	13 years or longer	Rural
Putnam County - OH	Highest	NA	13 years or longer	Rural, medically underserved
Shelby County - OH	Highest	NA	13 years or longer	Rural
Van Wert County - OH	Highest	13 years or longer	13 years or longer	Rural
Monroe County - MI	Medium High	1 year	13 years or longer	Medically underserved
Allen County - OH	Medium High	4 years	13 years or longer	
Hardin County - OH	Medium High	3 years	13 years or longer	Rural, medically underserved
Huron County - OH	Medium High	5 years	13 years or longer	Rural
Logan County - OH	Medium High	3 years	13 years or longer	Rural
Ottawa County - OH	Medium High	13 years or longer	2 years	Rural
Sandusky County - OH	Medium High	13 years or longer	1 year	Rural, medically underserved
Seneca County - OH	Medium High	4 years	13 years or longer	Rural
Crawford County - OH	Medium	Currently meets target	13 years or longer	
Fulton County - OH	Medium	13 years or longer	Currently meets target	Rural
Lucas County - OH	Medium	9 years	1 year	%Black/African-American, medically underserved
Mercer County - OH	Medium	13 years or longer	Currently meets target	Rural
Williams County - OH	Medium	Currently meets target	13 years or longer	Rural
Defiance County - OH	Medium Low	8 years	Currently meets target	Rural
Hancock County - OH	Medium Low	12 years	Currently meets target	
Paulding County - OH	Medium Low	SN	1 year	Rural
Wyandot County - OH	Medium Low	SN	3 years	Rural
Wood County - OH	Low	Currently meets target	1 year	

NA – data not available.
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.

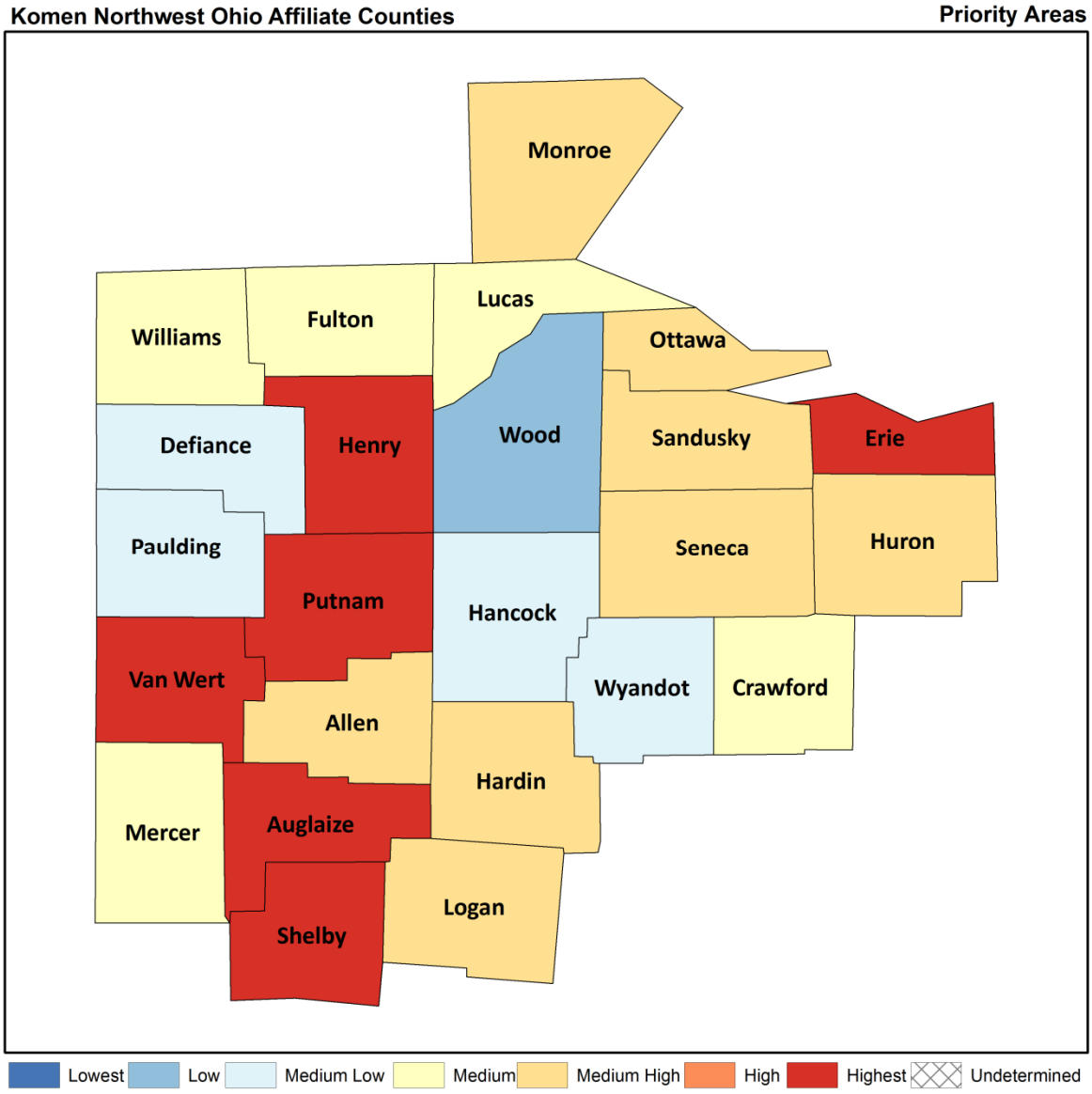

Figure 2.1. Intervention priorities.

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

Six counties in the Komen Northwest Ohio service area are in the highest priority category. Three of the six, Auglaize County, OH, Erie County, OH and Van Wert County, OH, are not likely to meet either the death rate or late-stage incidence rate HP2020 targets. Three of the six, Henry County, OH, Putnam County, OH and Shelby County, OH, are not likely to meet the late-stage incidence rate HP2020 target.

The incidence rates in Erie County, OH (132.8 per 100,000) are significantly higher than the Affiliate service area as a whole (113.7 per 100,000). The death rates in Auglaize County, OH (37.6 per 100,000) are significantly higher than the Affiliate service area as a whole (23.9 per 100,000).

Medium high priority areas

Eight counties in the Komen Northwest Ohio service area are in the medium high priority category. Two of the eight, Ottawa County, OH and Sandusky County, OH, are not likely to meet the death rate HP2020 target. Six of the eight, Monroe County, MI, Allen County, OH, Hardin County, OH, Huron County, OH, Logan County, OH and Seneca County, OH, are not likely to meet the late-stage incidence rate HP2020 target.

The incidence rates in Logan County, OH (136.9 per 100,000) are significantly higher than the Affiliate service area as a whole (113.7 per 100,000). Late-stage incidence trends in Hardin County, OH (35.2 percent per year) are significantly less favorable than the Affiliate service area as a whole (0.7 percent per year).

Selection of Target Communities

Susan G. Komen Northwest Ohio has chosen three target communities within the 24 county service area to focus on over the course of the next four years. Vulnerable populations within the selected target communities may have a higher risk of experiencing gaps and/or barriers in accessing breast health and breast cancer care.

To determine the target communities, the Affiliate reviewed the Healthy People 2020 (HP2020) initiative, a 10-year national health agenda for improving the Nation's health. Related to the works of Komen, the HP2020 goals regarding reducing women's breast cancer death and reducing the number of late-stage breast cancer diagnosis were reviewed. For reference the HP2020 women's breast cancer death rate target is 20.6 deaths per 100,000 women and the women's late-stage breast cancer diagnosis rate target is 41.0 cases per 100,000 women. The target communities were identified based on estimates of how long it would take the county to achieve HP2020 targets for breast cancer death and late-stage diagnosis. Additionally, the Affiliate reviewed incidence rates and trends, death rates and trends, late-stage rates and trends, population demographics, and socioeconomic indicators.

The selected target communities are: Auglaize County, Erie County, and Shelby County Ohio.

Auglaize County, Ohio
Auglaize County, Ohio is a rural county located in the southern part of the Komen Northwest Ohio's service area. The annual average female population is 23,217 with 98.5 percent of women being White and 1.2 percent of women identifying themselves as Hispanic/Latina (Table 2.4). The county's percent of women ages 40 plus (52.4 percent), 50 plus (38.8 percent), and 65 plus (17.7 percent) are higher than the Affiliate (50.6 percent, 37.4 percent, 16.3 percent), the State (50.5 percent, 36.9 percent, 16.0 percent), and the United States (48.3 percent, 34.5 percent, 14.8 percent) percentages of women in these age groups (Table 2.4). This is worth mentioning as these groups of women are at higher risk of being diagnosed with breast cancer. All women are at risk for breast cancer. The risk of getting breast cancer increases as you age. Most breast cancers and breast cancer deaths occur in women aged 50 and older (American Cancer Society, 2013). Also noteworthy is the percent with which this county is rural, 39.1 percent, which is higher than the rural area percentages for the Affiliate (33.7 percent), the State (22.1 percent) and the United States (19.3 percent) (Table 2.5).

The county is identified as a target community as it is predicted that the county is not likely to meet the HP2020 target rates of either breast cancer death or late-stage incidence (Table 2.7). The county's breast cancer death rate is 37.6 per 100,000 women which is higher than the Affiliate's rate (23.9), the State's rate (24.8) and the United States rate (22.6) (Table 2.1). Additionally, the county's late-stage incidence rate is 51.9 per 100,000 women which is also higher than the rates of the Affiliate (43.4), the State (44.0), and the Nation (43.7) (Table 2.1). The incidence rate of the county at 125.9 per 100,000 is also concerning as the rate is higher as compared to the rates of the Affiliate (113.7), the State (120.8), the United States (122.1) (Table 2.1). It is predicted that Auglaize County will need 13 years or longer to achieve both the breast cancer death rate and late-stage incidence rate HP2020 targets (Table 2.7).

Thirty-nine percent of the county is rural which may present certain barriers to breast health and the analysis will assist in painting the picture of what services are available in this rural county.

Erie County, Ohio
Erie County, Ohio is located in the northern part of the Affiliate's service area, bordering Lake Erie. The county's average female population is 39,476 with 88.8 percent of women being White, 10.0 percent Black/African-American and 3.3 percent of women identifying themselves as Hispanic/Latina (Table 2.4). The percent of women in this county ages 40 plus (55.9 percent), 50 plus (42.4 percent), and 65 plus (18.8 percent) are higher than the Affiliate (50.6

percent, 37.4 percent, 16.3 percent), the State (50.5 percent, 36.9 percent, 16.0 percent), and the United States (48.3 percent, 34.5 percent, 14.8 percent) percentages of women in these age groups (Table 2.4). As aforementioned, this is noteworthy as these groups of women are at higher risk of being diagnosed with breast cancer.

Erie County is considered of highest priority as it is not likely to meet both the HP2020 targets for breast cancer death or late-stage incidence (Table 2.7). The county's breast cancer death rate at 30.9 per 100,000 is higher than the Affiliate's (23.9), the State's (24.8), and the Nation's (22.6) rates (Table 2.1). The death rate trend for the county is decreasing but currently the county's death rate is one of the highest rates in the service area. Also of concern is the late-stage incidence rate of the county of 53.9 per 100,000 women which is higher than the rates of the Affiliate (43.4), the State (44.0), and the Nation (43.7) (Table 2.1). Furthermore, the county has a significantly higher incidence rate of 132.8 per 100,000 women as compared to the Affiliate's rate (113.7) and is also higher than the State's (120.8) and the Nation's (122.1) rates (Table 2.1). Similar to the county's death rate trend, the incidence rate is expected to decrease however the current rate is among the highest in the Affiliate's service area. The predicted time for which Erie County will achieve the HP2020 breast cancer death and the late-stage incidence targets is 13 years or longer (Table 2.7).

Shelby County, Ohio

Shelby County, Ohio is located in the southernmost tip of the Komen Northwest Ohio's service area. The annual average female population of the county is 24,724 which 96.1 percent of women being White, 2.6 percent Black/African-American, 1.1 percent Asian/Pacific Islander, and 1.3 percent identifying themselves as Hispanic/Latina (Table 2.4). The percent of women in this county ages 40 plus (49.0 percent), 50 plus (35.0 percent), and 65 plus (14.9 percent) are higher than the National (48.3 percent, 34.5 percent, 14.8 percent) percentages of women in these age groups (Table 2.4). As noted in the Auglaize and Erie County summary, these groups of women are at higher risk of being diagnosed with breast cancer. Additionally, the county has a higher percent of women with less than a high school education at 13.3 percent as compared to the Affiliate (11.6 percent) and State (12.2 percent)(Table 5). Also worth noting is the percent with which this county is rural, 51.1percent, which is higher than the rural area percentages for the Affiliate (33.7 percent), the State (22.1 percent) and the Nation (19.3 percent) (Table 2.5).

The county is considered of highest priority as it is not likely to meet the late-stage incidence HP2020 target rate (Table 2.7). The county's late-stage incidence rate is 45.2 per 100,000 women which is higher than the Affiliate's (43.4), the State's (44.0), and the Nation's (43.7) rates (Table 2.1). Additionally, Shelby County's incidence rate of 114.9 per 100,000 women is higher than the Affiliate's rate of 113.7 per 100,000 women (Table 2.1). The county is predicted to reach the HP2020 late-stage incidence target in 13 year or longer (Table 2.7).

Fifty-one percent of the county is rural which may present certain barriers to breast health.

Health Systems Analysis Data Sources

To obtain a comprehensive Health Systems Analysis inventory, the Affiliate utilized internet searches and interviews with local health care professionals. Certified mammography centers were identified from the Food and Drug Administration (FDA) Certified Mammography Facilities listing at the website. To locate hospitals within each county the Affiliate utilized the Medicare website database. Local health departments were identified through the National Association of County and City Health Officials (NACCHO) directory at the NACCHO website. A listing of community health centers for each county was found at the Health Resources and Services Administrations website. Additionally, the National Association of Free and Charitable Clinics website provided a listing of free clinics. The following organization websites were utilized to identify certification/accreditations resources for each county; the American College of Surgeons Commission on Cancer, the American College of Radiology Centers of Excellence, the American College of Surgeons National Accreditation Program for Breast Centers, and the National Cancer Institute Designated Cancer Centers websites.

The data collection and review process included utilizing the above databases and websites to locate potential breast health resources, then completing internet research, emails and phone calls to identify actual services provided by the breast health resource. Once the template was compiled with breast health resources for each county, the template was then sent to the Affiliate Community Profile Team partners and professionals at Firelands Regional Medical Center, Joint Township Memorial Hospital and Sidney-Shelby Health Department for review. The Profile Team reviewed the Health Systems Analysis template and provided edits and clarification as needed for each target county. At this time the Affiliate staff partner updated and finalized the template to reflect the profile member's edits. Lastly, using the final template, the Profile Team assessed each county's capabilities to provide services across the continuum of care and identified gaps across the continuum of care in each target county.

Health Systems Overview

The Breast Cancer Continuum of Care (CoC) is a model that shows how a woman typically moves through the health care system for breast care (Figure 3.1). A woman ideally moves through the CoC quickly and seamlessly, receiving timely, quality care in order to have the best outcomes. Education can play an important role throughout the entire CoC.

While a woman may enter the continuum at any point, it is ideal for a woman to enter the CoC by getting screened for breast cancer – with a clinical breast exam or a screening mammogram. If the screening test results are normal, she would

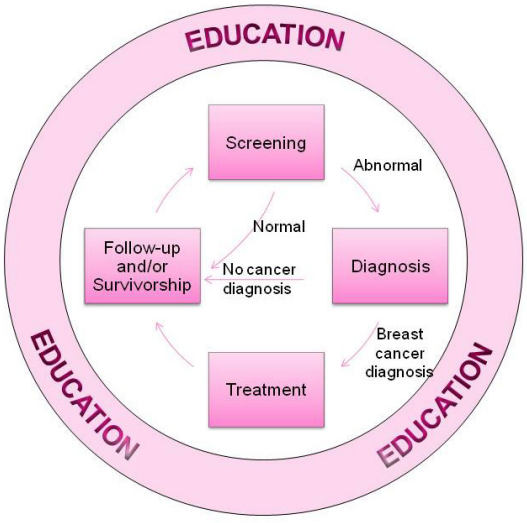

Figure 3.1. Breast Cancer Continuum of Care

loop back into follow-up care, where she would receive another screening exam at the recommended interval. Education plays a role in both providing education to encourage women to get screened and reinforcing the need to continue to get screened routinely thereafter.

If a screening exam resulted in abnormal results, diagnostic tests would be needed to determine if the abnormal finding is in fact breast cancer. These tests might include a diagnostic mammogram, breast ultrasound or biopsy. If the tests were negative (or benign) and breast cancer was not found, she would go into the follow-up loop, and return for screening at the recommended interval. The recommended intervals may range from three to six months for some women to 12 months for most women. Education plays a role in communicating the importance of proactively getting test results, keeping follow-up appointments and understanding of the process and what is being done. Education can empower a woman and help manage anxiety and fear.

If breast cancer is diagnosed, she would proceed to treatment. Within treatment, education can cover such topics as treatment options, how a pathology reports determines the best options for treatment, understanding side effects and how to manage them, and helping to formulate questions a woman may have for her providers.

For some breast cancer patients, treatment may last a few months and for others, it may last years. While the CoC model shows that follow up and survivorship come after treatment ends, they may actually occur at the same time. Follow up and survivorship may include things like navigating insurance issues, locating financial assistance, symptom management, such as pain, fatigue, sexual issues, bone health, etc. Education could address topics such as making healthy lifestyle choices, long term effects of treatment, managing side effects, the importance of follow-up appointments and communication with their providers. Most women will return to screening at a recommended interval after treatment ends, or for some, during treatment (such as those taking long term hormone therapy).

There are often delays in moving from one point of the continuum to another – at the point of follow-up of abnormal screening exam results, starting treatment, and completing treatment – that can all contribute to poorer breast health outcomes. There are also many reasons why a woman does not enter or continue in the breast cancer CoC. These barriers may include things such as lack of transportation, system issues such as long waits for appointments and inconvenient clinic hours, language barriers, fear, and lack of information - or the wrong information (myths and misconceptions). Education can address some of these barriers and help a woman progress through the CoC more quickly.

Healthy Systems Analysis – Auglaize County

The strengths and gaps along the CoC vary for each of the target counties. Following the health systems review, the Affiliate identified three breast health service providers within Auglaize County including the Auglaize County Health District, Joint Township Hospital, and St. Rita's Mammography at Wapak (Figure 3.2). All three providers offer screening services including clinical breast exam (CBE) with Joint Township District Memorial Hospital and St. Rita's Mammography at Wapak also offering screening mammograms. Joint Township Memorial Hospital and St. Rita's Mammography at Wapak are Certified Mammography Facilities. Joint Township District Memorial Hospital is the only provider of diagnostic and treatment services which include; diagnostic mammogram, ultrasound, biopsy, MRI, surgery, and reconstruction.

Additionally the hospital also offers side effect management and exercise/nutrition programs. Clients are referred to Mercer County to receive radiation and chemotherapy services. There are no breast patient navigation services offered in the county. Overall the county has limited breast health service providers which may exacerbate the strain on breast health services in the county. Most of the breast health services offered in the county are provided within screening with limited offerings of services in other areas. Treatment, survivorship and patient navigation services are the most limited. There are no American College of Surgeons Commission on Cancer, American College of Radiology Breast Imaging Center of Excellence, American College of Surgeons National Accreditation Program for Breast Centers, or National Cancer Institute Cancer Center certifications or accreditation service providers in the county. There are no Federally Qualified Health Centers or free clinics in the county. Furthermore, the county is mainly rural which may exacerbate the breast health issues in the county. Residents may face barriers to accessing the services, such as transportation barriers, limited provider availability, as well as financial barriers to access needed care. Individuals may be traveling outside the county to secure services which are not provided in the county, are a distance to travel within the county, or may be forgoing services all together because of the barriers.

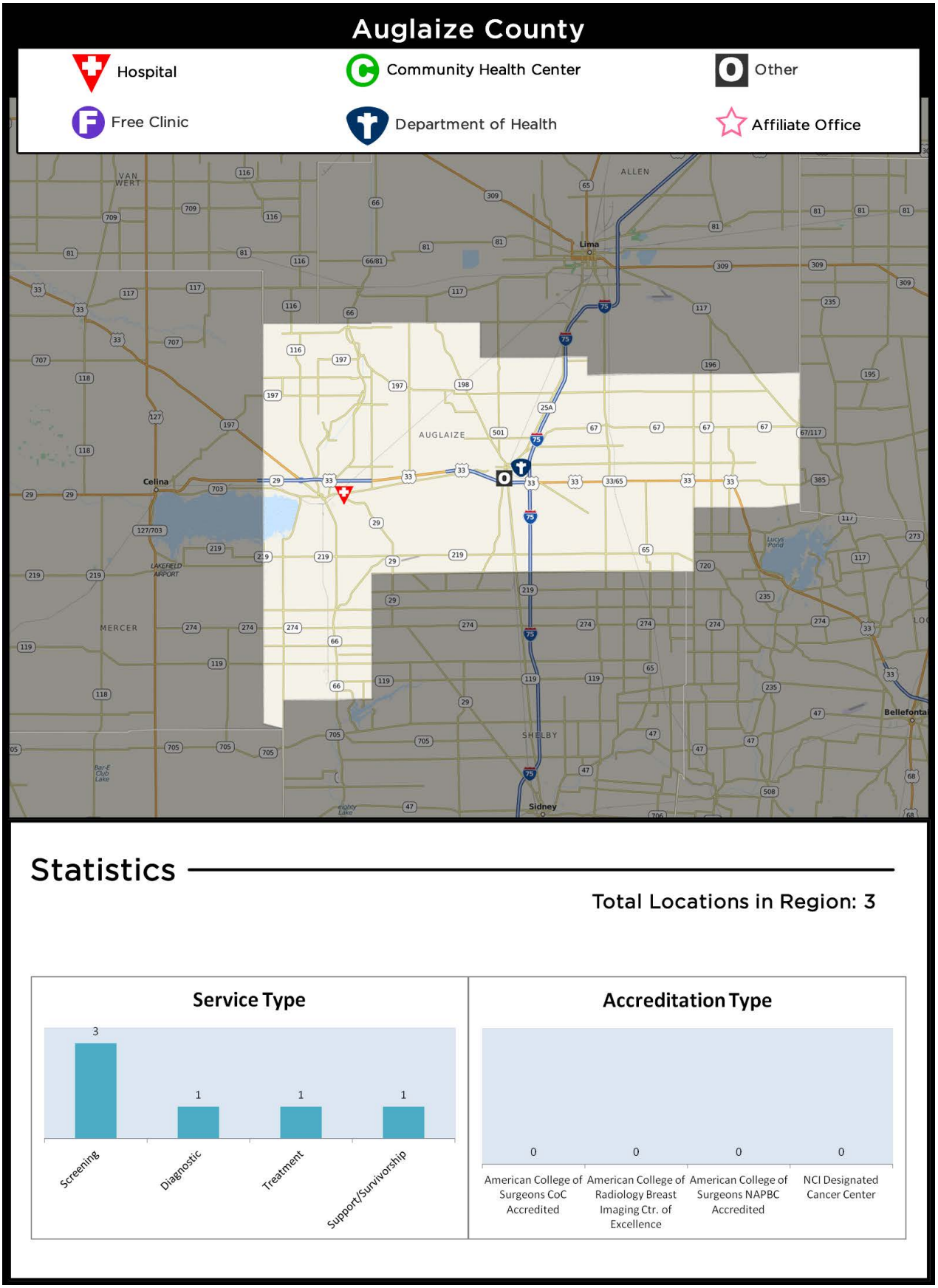

Figure 3.2. Breast Cancer Services Available in Auglaize County

Health Systems Analysis – Erie County

After a review of the Erie County health system, the Affiliate identified seven breast health service providers in the county (Figure 3.3). These providers include the Cancer Services of Erie County, Erie County Health Department, Firelands Regional Medical Center, and North Coast Cancer Foundation. Additionally, Firelands Regional Medical Center also has two women's centers across the county. Firelands Regional Medical Center, and its two women's centers, is a Certified Mammography Facility. These providers offer CBE, screening mammogram, and patient navigation within screening. The Erie County Health Department, a Community Health Center, offers CBE and breast health education through their Family Planning Clinic. The department refers clients to Firelands or the Breast and Cervical Cancer Project for screenings. The Family Health Services of Erie County, also a Community Health Center, provides screening services. Firelands Regional Medical Center offers both diagnostic and treatment services including diagnostic mammogram, ultrasound, biopsy, MRI, chemotherapy, radiation, surgery, reconstruction, and patient navigation in diagnostic and treatment. With regards to support/survivorship, four organizations offer services; Cancer Services of Erie County, Firelands Regional Medical Center and the Women's Health and Wellness Center, and North Coast Cancer Foundation. Their services include support groups, side effect management, individual counseling/psychotherapy, exercise/nutrition programs, complementary therapies, and financial assistance. North Coast Cancer Foundation offers patient navigation in screening, diagnostic, and treatment. Firelands Regional Medical Center is an American College of Surgeons Commission on Cancer accredited hospital and the two Firelands women's centers are accredited American College of Radiology Centers of Excellence facilities. Additionally, the Erie County Health Department and Family Health Services of Erie County are Federally Qualified Health Centers. Overall, there are gaps in breast health services offered within the county. Firelands and its Women's Health and Wellness Center are the only providers offering diagnostic services and treatment services in the county. Additionally gaps exists for support/survivorship services within financial assistance, end of life care and legal services with other areas offering limited support (exercise/nutrition programs, complementary therapies). Given the county's limited diagnostic, treatment and support/survivorship providers, individuals may be traveling outside the county to Fisher Titus Medical Center in Huron County to secure services, may be forgoing services all together, and may be traveling an inconvenient distance to secure services within the county.

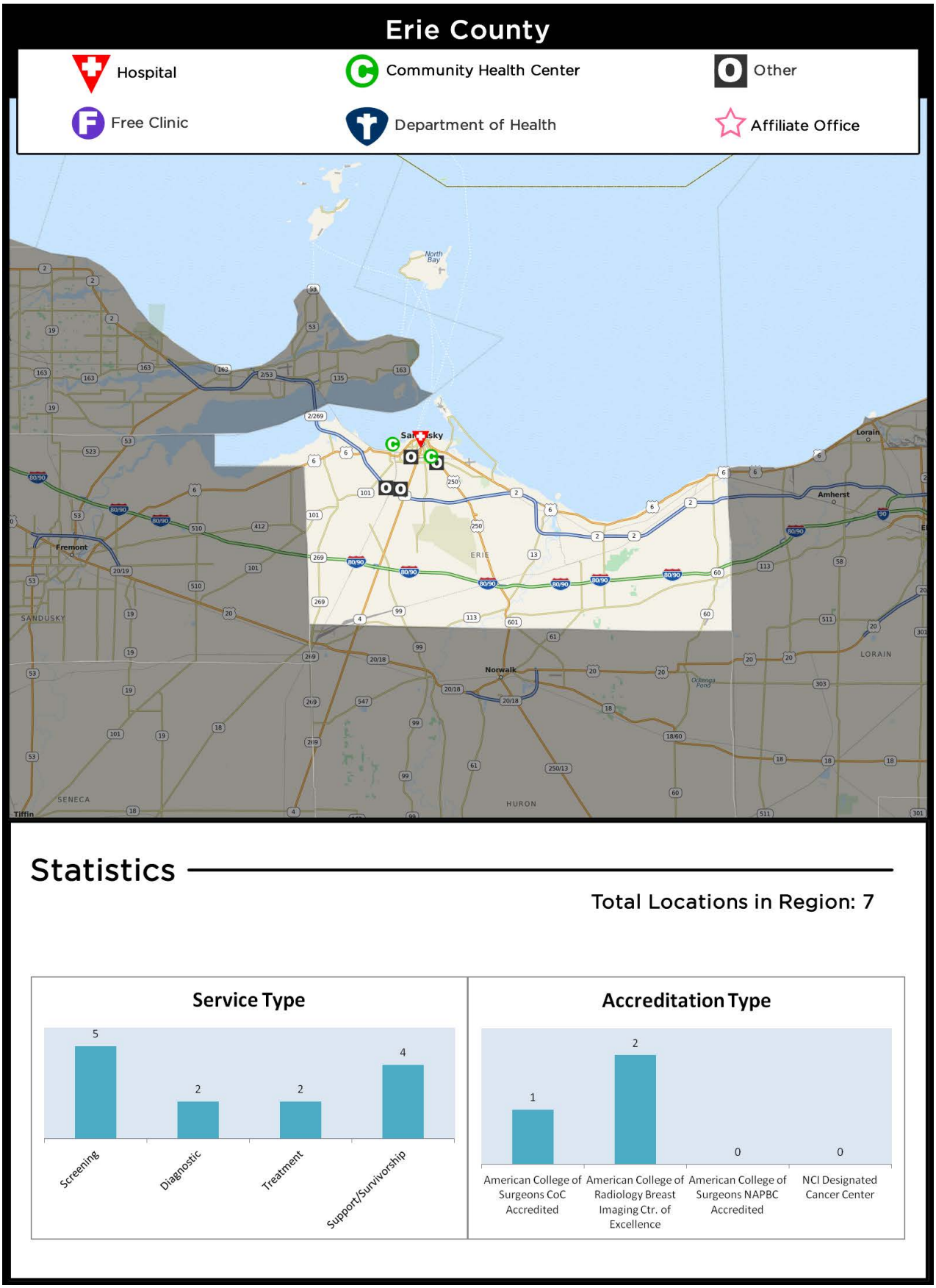

Figure 3.3. Breast Cancer Services Available in Erie County

Health Systems Analysis – Shelby County

The Affiliate identified two breast health providers offering services to Shelby County (Figure 3.4). These providers include Compassionate Care of Shelby County and Wilson Memorial Hospital. Compassionate Care of Shelby County and Wilson Memorial Hospital offer screenings services. Both providers offer clinical breast exams with Wilson Memorial Hospital also offering screening mammogram. Wilson Memorial Hospital is the county's only provider of diagnostic and treatment services. The hospital's diagnostic services include; mammogram, ultrasound, biopsy, and surgery offered through treatment services. Overall, most breast health services are limited within the county. Wilson Memorial Hospital is the only provider in the county offering screening mammogram, diagnostic and treatment services. The hospital refers to Premier Health in Montgomery County (outside of the Affiliate service area) or Lima Memorial Hospital in Allen County for chemotherapy, radiation and reconstruction. Compassionate Care of Shelby County provides CBE and they refer individuals to BCCP or the Ohio State University for further services. Additionally, residents may travel to the adjoining counties, Auglaize and Miami (outside the Affiliate service area), to receive screening, diagnostic, and treatment services. There are no support/survivorship or patient navigation service providers in the county. As a benefit to residents the county has one free clinic, Compassionate Care of Shelby County, providing CBE and referrals to breast health services. Additionally, the Sidney-Shelby County Health Department refers women to BCCP. There are no American College of Surgeons Commission on Cancer, American College of Radiology Breast Imaging Center of Excellence, American College of Surgeons National Accreditation Program for Breast Centers, or National Cancer Institute Cancer Center certifications or accreditation service providers in the county. Furthermore, given that the county is rural residents may face barriers, such as transportation barriers, limited provider availability, as well as financial barriers to accessed needed care to accessing the aforementioned services

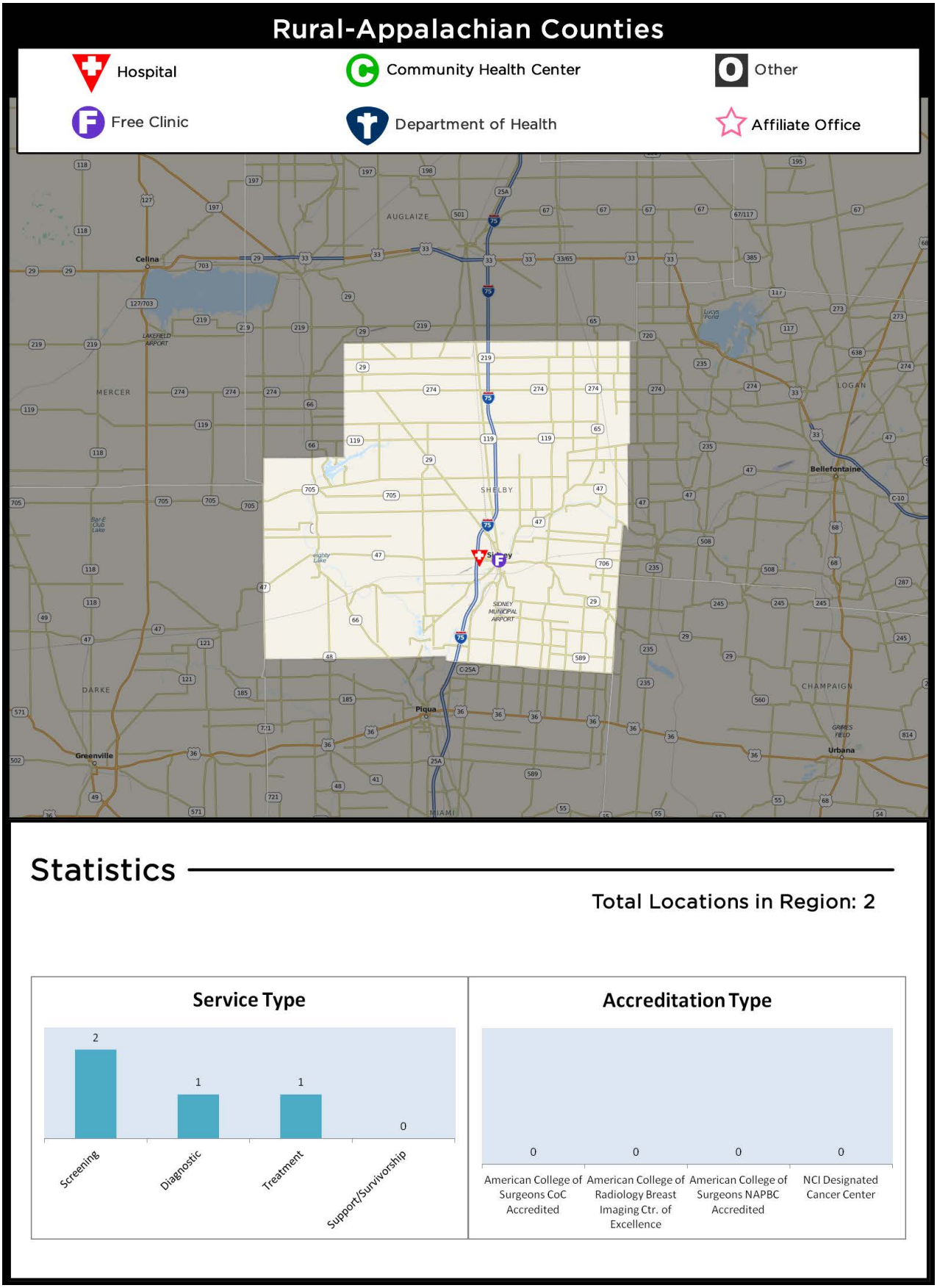

Figure 3.4. Breast Cancer Services Available in Shelby County

Partners

The Affiliate has an established mission related partner within each of the target counties. Joint Township District Memorial Hospital is a current partner located in Auglaize County. Joint Township is a member of the Community Profile Team providing support and guidance in an advisory role with regards to Auglaize County and is a previous community grant and small grant recipient having provided breast health/breast cancer awareness, education and screening. Within Erie County the Affiliate has a partnership with Firelands Regional Medical Center. Firelands has been a grant recipient having provided breast health/breast cancer education, screening, diagnostic and navigations services, and serve on the Community Profile Team in an advisory role for Erie County. The Sidney-Shelby County Health Department serves on the Community Profile Team in an advisory role for Shelby County and is a past community grant recipient having provided breast health/breast cancer awareness and education.

To fulfill the Mission Action Plan created as a result of this Community Profile and to address the needs of the target counties, additional partnerships will be required. The Affiliate has identified and will continue to work with the Community Profile Team members and current partners to identify, potential new partnerships.

Potential partners include (but are not limited to):

- Auglaize County: Auglaize County Health District, Cancer Association of Auglaize County, and St. Rita's Mammography at Wapak
- Erie County: Cancer Services of Erie County, Erie County Health Department, and Care-a-Van
- Shelby County: Compassionate Care of Shelby County and Wilson Memorial Hospital

Public Policy Overview

National Breast and Cervical Cancer Early Detection Program

In 1990 the Breast and Cervical Cancer Mortality Act was signed into law and as a result the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) was created. The purpose of the program is to provide access to high quality cancer screening services, diagnostic testing and case management services to low-income, eligible women ages 40 through 64.

The Ohio NBCCEDP program began in 1994 and operates under the title of the Breast and Cervical Cancer Project (BCCP) which is operated by 11 Regional Enrollment Agencies (REAs). The REAs serve multiple counties with the target counties served through the Region 2 (Shelby), Region 3 (Auglaize) and Region 4 (Erie) agencies. Currently, for Ohio, 630 medical, clinical and laboratory providers offer breast and cervical cancer screenings and diagnostic services to women in their respective geographic areas. Services include mammograms, pap tests, office visits, clinical breast exams, colposcopy, breast ultrasound, biopsy and other diagnostic procedures. According to the Ohio Department of Health (ODH) (2013), a total of 359 Auglaize County residents, 532 Erie County residents, and 284 Shelby County residents have utilized the program from March 1994 – July 2013.

To enroll in BCCP, women can call or visit their regional REA to schedule services with providers in her area. The criteria for Ohio women are:

- Low income (live in households with incomes equal to or less than 2 times [200 percent of] the poverty level),
- Do not have health insurance, and
- Are 40 years of age or older to receive Pap tests and clinical breast exams, or
- Are 50 years of age or older to receive mammograms (women age 40 to 49 years can also receive a mammogram if indicated by a clinical breast exam, family history or other factors).

If a woman is not eligible to enroll in BCCP a referral is made to local resources in her area. If a woman is diagnosed with cancer they, through BCCP, they can obtain full Medicaid coverage with benefits issued through the Ohio Medicaid program. The Ohio Department of Medicaid operates this program in tandem with Ohio Department of Health.

BCCP Medicaid may be available to women who:

- Have been screened for breast or cervical cancer through ODH (required)
- Are ages 40 to 65 years of age
- Are in need of treatment for breast and/or cervical cancer, including precancerous conditions (eligibility will end when the treatment is completed)
- Are uninsured (do not have health insurance which covers both inpatient and outpatient care)
- Are Ohio residents
- Are U.S. citizens or qualified aliens (verification of U.S. citizenship or alien status is required)

The Affiliate has a strong relationship with BCCP. The Affiliate makes it top priority for BCCP to know of the Affiliate's breast health and breast cancer priorities for the service area to ensure collaboration on efforts. BCCP has been a past grant recipient of the Affiliate for breast services and is a referral source when individuals meeting BCCP eligibility contact the office. Additionally, women not eligible to receive BCCP services are referred to the Affiliate or to Affiliate grantees for breast services and resources. It is imperative for the Affiliate and BCCP to be in communication to ensure that women are receiving breast health services. The Affiliate will continue its relationship with BCCP and maintain communication as possible changes to BCCP are implemented as a result of the Affordable Care Act and Medicaid Expansion. Additionally, the Affiliate will promote the BCCP tax check-off law (House Bill 112) which enables Ohio taxpayers to donate a portion of their income tax return to BCCP.

<u>State Comprehensive Cancer Control Coalition</u>

In 2011, the Ohio Partners for Cancer Control, Ohio's statewide comprehensive cancer control partnership, created *The Ohio Comprehensive Cancer Control Plan 2011-2014.* The plan was created in response to the need to reduce the burden of cancer on Ohio's citizens. Fourteen goals are included in the plan with one objective directly addressing breast 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. This objective aims to increase screening proportions from a baseline of 60 percent to 66 percent. Strategies for the objective include

advocacy, strategic partnerships, improving screening, and policy development. Susan G. Komen Columbus Affiliate is named as a Responsible Parties/Partners for the objective.

Currently, the Affiliate is not an active member as the relationship is managed through the Susan G. Komen Columbus Affiliate. The Columbus Affiliate keeps the other Ohio Affiliates apprised of issues as needed. The Affiliate does intend to take a more active role with the coalition by joining monthly call-ins and in joining the Early Detection and Prevention Subcommittee which focuses on Objective 8.1. Additionally, the new plan is in early stages and the Affiliate will take an active role in the development of the next plan.

Affordable Care Act

The 2010 Affordable Care Act (ACA) has the potential to extend coverage to 1.5 million uninsured Ohioans (The Henry J. Kaiser Foundation, 2014). In January 2014 Ohio expanded Medicaid coverage to low-income adults through the Federally-facilitated Marketplace. The expanded coverage includes adults 19 to 64 years of age who are between 0 – 138 percent of the Federal Poverty Level (FPL) and are not eligible under another category of Medicaid. Additionally, coverage is now offered to parents with incomes between 91 – 138 percent of the FPL. The Ohio Medicaid Expansion Study estimates that by 2015 about 600 to over 72,000 Ohio residents will obtain health care coverage with about 400 to slightly over 46,000 obtaining coverage as a result of Medicaid expansion (Health Policy Institute of Ohio, REMI, The Ohio State University, Urban Institute, 2013). The study also reported that that by 2015 it is estimated that three percent to 15 percent of total enrollment for Ohio resident's ages 18 to 64 years will be as a result of Medicaid expansion with two percent to 10 percent of enrollment of uninsured due to Medicaid expansion.

While the ACA has increased access to mammography coverage there will be many women in Ohio that will remain uninsured such as individuals eligible for Medicaid but not enrolled, exempt individuals, and those that will choose to remain uninsured. The Affiliate will maintain advocating for support of Federal and State funding for BCCP to ensure that these women continue to have access to potentially life-saving breast cancer early detection services. Furthermore, the Affiliate will need to continue to support breast health services for uninsured women as well as examine the implications of the ACA on the ability of women to access and utilize breast health services. Some considerations include providing funding for programs that; assist those with high deductibles/limited coverage for diagnostic and treatment services, offer support/survivorship services, create or expand support/survivorship services, provide patient navigation through the CoC, and develop or expand breast health and breast cancer risk reduction education. Additionally, the Affiliate will be focusing on funding programs which focus on evidence-based practices throughout the CoC.

As stated above, the ACA has increased access to mammography coverage however as demonstrated through the health systems analysis there are a limited number of breast health service providers, especially those providing low-cost or charity care within all three counties. With this, target county residents may face the challenge of accessing breast health services due to more limited supply of providers. Conversely, with the ACAs coverage of mammography and Medicaid expansion increasing the access of services, the limited number of providers in the counties may not have the capacity to meet the need of its constituents.

Affiliate's Public Policy Activities

The Affiliate actively pursues the public policy interests identified by "Komen's Public Policy Model". This Model includes federal priorities and guidance for state and federal including, but not limited to:

- Protecting federal and state funding for the National Breast and Cervical Cancer Early Detection Program,
- Ensuring continued federal investment in cancer research through the National Institutes of Health, National Cancer Institute and Department of Defense,
- Requiring insurance companies to provide coverage for oral anti-cancer drugs, and
- Expanding Medicaid coverage.

In 2013 the Affiliate played an active role in supporting and advocating for the BCCP tax check-off, House Bill 112, which enables Ohio taxpayers to donate a portion of their income tax return to BCCP. The Affiliate Executive Director attended the ceremonial signing of the bill at which time the governor announced that the State of Ohio will match all monies 3-to-1 up to $1 million. It is projected that the funds raised through this opportunity will provide up to 2,000 additional Ohio women with a free mammogram. Komen Northwest Ohio joined with the other Ohio Affiliates in sending and collecting letters of support, sending emails and making phone calls to important representatives. Following the passing of the law, the Affiliate provided fact sheets at the Northwest Ohio Race for the Cure events and other Affiliate events. Furthermore, the Affiliate joined monthly public policy conference calls regarding the effort.

The Affiliate also supported and advocated for the passing of Senate Bill 99 (SB 99), oral chemotherapy parity, requiring insurance companies to provide equal coverage of cancer chemotherapy medication. On June 3, 2014 the bill was passed into legislation and was signed into law in September 2014. In addition to sending letters of support, emails, and making phone calls to representatives, the Affiliate also participated in monthly phone calls and a Google group with regards to supporting SB 99.

With regards to Medicaid expansion, the Affiliate joined efforts with the other Ohio Affiliates in monthly public policy conference calls to strategize efforts to support Ohio expanding Medicaid. Affiliate Board members sent letters of support to representatives and social media alerts were utilized to provide information to Affiliate constituents.

The Affiliate will continue to call upon federal and state policymakers to protect and ensure access to breast health services and quality of care for all women. Specifically, the Affiliate will advocate for state and federal funding for the NCCEDP to preserve women's access to breast cancer screening. The Affiliate will advocate for increased funding for National Institutes of Health to ensure continued federal investment in cancer research. Lastly, the Affiliate plans to support efforts and advocate for oral anti-cancer drugs at the federal level as state legislation only impacts individual health plans, small group plans that are not self-insured, and state employee-based plans.

Health Systems and Public Policy Analysis Findings

A review of the health systems analysis identifies needs and gaps in the CoC for the target counties. All three counties have a limited number of breast health service providers with Erie County having the highest number of providers. Therefore, for all three counties, accessing

breast health services may be challenging due to more limited supply of providers and equally the limited number of providers in the counties may not have the capacity to meet the need of the residents. Furthermore, limited services and gaps in services offered for all three counties were similar and identified within diagnostic services, treatment services, support/survivorship and patient navigation services. Specifically, gaps were identified in providers and offerings of diagnostic follow-up services (ultrasound, biopsy, MRI); limited providers of treatment services; limited providers and offerings of support/survivorship; and limited providers and offerings of patient navigation throughout the CoC.

In order to have a measurable, meaningful, and sustainable impact on meeting breast health needs it is crucial to maintain and establish partnerships within the target counties. The Affiliate has a mission related partner(s) in each of the target counties. Current partners include; Joint Township District Memorial, Firelands Regional Medical Center and Sidney-Shelby County Health Department. Potential partners include but are not limited to Auglaize County Health District, Cancer Association of Auglaize County, St. Rita's Mammography at Wapak, Cancer Services of Erie County, Erie County Health Department, Care-a-Van, Compassionate Care of Shelby County and Wilson Memorial Hospital. The Affiliate will continue to work with the Community Profile Team members and current partners to identify potential new partnerships.

While the ACA and Ohio's expansion of Medicaid has increased access to mammography coverage many women will remain uninsured and/or will be unable to afford the costs associated with breast health services (high deductible, no follow-up services, etc.). The Affiliate will maintain support of funding at the federal (and state when applicable) of NBCCEDP, BCCP, and the National Institutes of Health to ensure that these and all women continue to have access to potentially life-saving breast cancer early detection services and ground breaking research.

Qualitative Data Sources and Methodology Overview

Qualitative data was collected in an attempt to incorporate the breast health/breast cancer perspectives of individuals in the target counties. Key assessment questions included; what are the perceived barriers to breast health/breast cancer screening and treatment in the target counties and what can assist with improving breast health/breast cancer education, screening and treatment in the target counties. To assist in answering these questions, women living in the target counties and key community professionals within the target counties were solicited for input. Qualitative data was collected via a survey and key informant interviews in each of the three target counties.

The survey conducted in each target county expanded on the understanding of the previous Community Profile sections by gathering information from residents about service delivery gaps, needs and barriers. Women residing in the target counties were the population of interest. The survey was available in paper/pencil and web-based, via Survey Monkey, formats. A convenience sample from Komen Northwest Ohio's database was utilized for the survey disbursement. The survey link was emailed to individuals in the Affiliate's database residing in the target counties. Additionally, the Affiliate recruited survey respondents from the target counties via the Affiliate Facebook page, on the Affiliate website, cold calls to organizations/businesses (i.e., salons, libraries, health departments, etc.) residing in the target counties asking if they would like copies of the survey and/or promotional flyers, and via key informants. To ensure access to the general public, paper/pencil surveys including self-addressed, postage paid envelopes and flyers promoting the survey were distributed in health centers, nonprofit organizations, departments of health, businesses, and libraries.

The survey consisted of 59 multiple-choice, closed and open-ended questions. Prior to being directed into the survey, participants were provided with the purpose of the survey, why the information is important and how it will be used, an estimated length of time to complete the survey, and an emphasis on confidentiality and that participation is voluntary. Participants provided consent by clicking to enter the survey and could choose to not participate at any time. All data were kept on a secure system within the Affiliate.

Key informant interviews were conducted with key community professionals in each of the target counties in order to gain a better understanding of breast health/breast cancer issues in the community from informed community leaders and professionals. The Community Profile Team provided key informant recommendations and contact information. Additionally, contacts from the Health System Analysis review were taken into consideration and an internet search of businesses and organizations provided further contacts. Key informant interviews were conducted by Affiliate staff via telephone and included community leaders, health professionals, nonprofit professionals, state organizations and other individuals who have knowledge of the community. Many key informants provided recommendations of individuals to contact within the community.

The Affiliate staff, utilizing the interview tool, conducted key informant interviews. The interview tool included a scripted introduction which provided the purpose for the interview, explained why their cooperation is important in collecting the information needed, described how the collected

information will be used, emphasized that participation is voluntary, and allowed them to ask any questions they may have and also included eight open-ended questions. Verbal consent was requested, provided and recorded for each of the key informant participants. The interviews averaged 25 minutes with all interviews conducted over the phone. Interviewers took notes during the interview and directly after the interview to fill in details, expand on comments, and add important points made during the interview. Each key informant was asked if they would like to receive a copy of the full Community Profile report when it is available. After compiling the key informant data, all identifying information was removed and respondents were assigned a unique identifier. All data were kept on a secure system within the Affiliate.

Qualitative Data Overview

A total of one hundred fifty-six surveys were completed via online and in paper/pencil format for the three target counties. The Affiliate intern entered paper/pencil surveys into Survey Monkey manually. Fifty-four surveys were completed from Auglaize County, 61 from Erie County, and 26 from Shelby County and 15 surveys were completed by individuals residing outside the target counties. The surveys from outside the target counties were not included in the results. Analysis of the survey data occurred by reviewing the survey responses, coding the open-ended responses, reducing the codes to minimize redundancy and overlap, and identifying meaningful themes/categories of the responses.

The key informant interviews were conducted via telephone with Affiliate staff taking notes. Notes were taken during the interview and were then coded and reviewed for themes. Six key informant interviews were conducted in Auglaize, 11 from Erie, and five from Shelby County. It was the Affiliate's goal to conduct at least 12 key informants however individuals declined participating, some individuals did not respond to requests for participation, and, in the case of Auglaize and Shelby counties, there are a small and limited number of key informants available. Analysis of the key informant interview data occurred by reviewing the key informant responses, coding the responses, reducing the codes to minimize redundancy and overlap, and identifying meaningful themes/categories of the responses.

The following key assessment questions were of interest to the Community Profile Team and guided the survey and key informant interviews; what are the perceived barriers to breast health/breast cancer screening and treatment in the target counties and what can assist with improving breast health/breast cancer education, screening and treatment in the target counties.

Overall the survey respondents and key informants in the target counties reported a variety of reasons for women not accessing screening and treatment services. For all three counties women least likely to receive breast health/breast cancer services and resources were said to most likely be uninsured/underinsured, low income, with low literacy and education, and those without a medical home.

Auglaize County

In Auglaize County, for both the key informants and survey respondents, the most cited barriers to screening were access issues, screening not being a priority, and lack of knowledge. Access issues cited include financial/insurance (uninsured/underinsured) and transportation barriers. Individuals who are low income and/or uninsured/underinsured were perceived to be less likely to receive a breast health/breast cancer screening as well as those who lack reliable

transportation. Respondents also indicated that breast health/breast cancer screenings are not a priority as individuals have “other things to worry about”, are “taking care of others”, can’t take off work, and that “other areas of life are more important.” Lastly, lack of knowledge was mentioned as a barrier in that individuals may not be aware of the recommend screening guidelines or of breast cancer risk and may not be familiar or comfortable with breast cancer signs and symptoms.

Similar to barriers to screening, the most cited barriers to treatment were access issues and lack of knowledge. Key informants and survey respondents believe that low income and/or uninsured/underinsured individuals and those without reliable transportation are less likely to access treatment services. Additionally, lack of knowledge with regards to navigating the system and awareness of available treatment services are perceived as barriers to treatment.

In order to improve breast health/breast cancer education, screening and treatment in Auglaize County, key informants and survey respondents recommended providing education and awareness of the breast health/breast cancer screening and treatment services/programs, offering breast patient navigation to those diagnosed with breast cancer, and assisting with transportation needs of those in need of screenings and/or treatment services.

Erie County

In Erie County, the barriers to screening, reported by most key informants and survey respondents, were access issues, lack of knowledge, and fear. Both key informants and survey respondents reported financial/insurance (uninsured/underinsured) and transportation issues as access barriers. Those who are low income and/or uninsured/underinsured, those who lack reliable transportation, and those who can’t take off work were perceived to be less likely to access breast health/breast cancer screening. Lack of knowledge was also perceived to be a barrier to screening in that individuals may not be aware of breast health/breast cancer screening resources/services, may not be familiar or comfortable with breast cancer signs and symptoms, and are not informed on breast health/breast cancer screening guidelines.

As with Auglaize County, the most cited barriers to treatment for Erie County, per the key informants and survey respondents, were access issues and lack of knowledge. Key informants and survey respondents reported that individuals who are low-income and/or are uninsured/underinsured are less likely to access treatment services in addition to transportation which was another access issue reported as a barrier to treatment. Lastly, lack of knowledge on how to navigate the system and of available breast cancer resources/services are perceived as barrier to treatment for Erie County individuals.

Key informants and survey respondents recommended the following as ways to improve breast health/breast cancer education, screening and treatment in Erie County; provide patient navigation to individuals throughout the continuum of care, increase breast health/breast cancer education, provide education awareness of breast health/breast cancer resources/services, and provide breast health/breast cancer services through a mobile unit.

Shelby County

The most cited barriers to breast health/breast cancer screening in Shelby County key informants and survey respondents were lack of knowledge, access issues, physician/health system issues and screening not being a priority. Lack of knowledge was the most mentioned

barrier with respondents believing that individuals may not be aware of the recommended breast health/breast cancer screening guidelines, may not be familiar or comfortable with breast cancer signs and symptoms, are not familiar with breast cancer risks, and are unsure of breast health/breast cancer resources/services available in the county. The second most mentioned barrier was access issues which include, transportation and financial/insurance (uninsured/underinsured). It was perceived that individuals with these access issues are less likely to receive breast health/breast cancer screening. Lastly, physician/health system issues and screening not being a priority were reported as barriers to breast health/breast cancer screening. Respondents reported that individuals not accessing screenings are those without a primary care doctor/without a medical home and those that do not make screening a priority because they "don't think about breast cancer until it happens" and that their money "goes to kids needs."

Key informants and survey respondents reported similar barriers for breast cancer treatment. The most cited barriers to treatment were physician/health system issues, access issues, and lack of knowledge. It was reported that individuals who do not have a primary care doctor/without a medical home and those having to travel outside the county for treatment (due to limited treatment offerings in the county) are less likely to utilize treatment services. Access issues such as financial/insurance (uninsured/underinsured), transportation, and limited patient assistance were reported as additional barriers to treatment. Individuals who are low-income and/or uninsured/underinsured, lack adequate transportation, and need patient assistance are individuals who are least likely utilize breast cancer treatment services. Lastly, respondents felt that individuals lack the necessary knowledge needed to access treatment services. For example, it was reported that individuals may not be aware of the treatment resources/services available and are "not sure where to go" if diagnosed.

For Shelby County, key informants and survey respondents recommended providing education and awareness of breast health/breast cancer screening and treatment services/programs, increase general breast cancer education and awareness, and offering breast health/breast cancer services through a mobile unit as ways to improve breast health/breast cancer education, screening and treatment.

Qualitative Data Findings

Qualitative data gathered from residents and key community professionals in the target counties reinforce the findings from the previous sections. Overall there is a need for resources that make access to receiving screening and treatment more accessible and there is a need for breast health/breast cancer education and awareness. Improving these areas may assist in breaking down the barriers to breast health/breast cancer risk reduction, detection, treatment and support. These needs were made evident by the high breast cancer late-stage diagnosis and death rates as well as the lack of eligible residents participating in BCCP, and the limited breast health/breast cancer service/program options in the target counties as reported in previous sections.

Qualitative data is important in developing a comprehensive assessment of the community by providing insights into the community's attitudes, beliefs, and behaviors as well as perspectives about disparities, access, utilization, and any additional breast health/breast cancer issues.

There are a number of strengths and weaknesses related to qualitative data collection, specifically key informant interviews and survey collection. Key informant interviews allowed for in-depth exploration and understanding of the breast health/breast cancer issues in the target counties. Conducting key informant interviews also provided the Affiliate with an opportunity to strengthen and build relationships in the target counties. Additionally, by collecting data through survey, individuals may have felt more comfortable sharing information anonymously and allowed the Community Profile Team to reach a larger sample than other data collection methods.

There are also weaknesses to these data collection methods which should be considered when reviewing the findings. These limitations include; results cannot be viewed as representative of individuals outside of the participants included in the interviews and survey, the interview and survey can only be taken at one point in time and may only reflect the respondents' viewpoint at that particular time, respondents willing to participate may differ from individuals who are not, data is self-reported and thereby subject to social desirable responses, and, given the small number of interviews conducted and surveys completed, results are not able to be generalized to the greater population of the target counties.

Breast Health and Breast Cancer Findings of the Target Communities

To identify target counties for which the Community Profile would focus, the Affiliate reviewed the HP2020 goals for women's breast cancer death and late-stage breast cancer diagnosis, as well as incidence rates and trends, death rates and trends, late-stage rates and trends, population demographics, and socioeconomic indicators. The Affiliate identified Auglaize, Erie, and Shelby counties as the target counties. These counties are considered to be of highest priority as it is predicted that they will not meet the HP2020 targets for breast cancer late-stage diagnosis rates and breast cancer death rates.

A health systems and public policy analysis provided a deeper look at the availability of breast health/breast cancer services in the target counties. While each county has breast health service providers, the analysis revealed a limited number of breast health service providers offering services throughout the continuum of care (screening through survivorship) within all three of the target counties. Additionally, public policy issues were taken into consideration when assessing the availability of the breast health services. The Affordable Care Act and Ohio's Medicaid expansion have increased access to mammography coverage however many women will remain uninsured and/or will be unable to afford the costs associated with breast health services (high deductible, no follow-up services, etc.).

To further assess the target counties breast health/breast cancer gaps and needs as well as to incorporate the breast health/breast cancer perspectives of target county residents, qualitative data was gathered from residents and key community professionals. Two key assessment questions were considered; what are the perceived barriers to breast health/breast cancer screening and treatment in the target counties and what can assist with improving breast health/breast cancer education, screening and treatment in the target counties. Results of the qualitative analysis indicated a need for resources that make screening and treatment more accessible as well as a need for breast health/breast cancer education and awareness. Improving breast cancer screening and treatment access and breast health/breast cancer education may assist in breaking down the barriers to breast health/breast cancer risk reduction, detection, treatment and support within the target counties.

Komen Northwest Ohio's Community Outreach Manager and the Strategic Mission Committee, along with input from the Community Profile Team members selected the following priorities to be included in the Mission Action Plan (MAP) for Auglaize, Erie and Shelby Counties. The Affiliate Board of Directors reviewed and approved the MAP which will inform Komen Northwest Ohio's strategic planning, Requests for Applications (RFA), and other mission and non-mission related efforts. The Affiliate acknowledges that these priorities are appropriate for and may be applied to Affiliate activities in all 24 counties.

Mission Action Plan

Problem: Auglaize, Erie and Shelby Counties are unlikely to meet the HP2020 targets for breast cancer late-stage incidence and breast cancer death.

Priority 1: **Increase and strengthen access to direct breast health/breast cancer services in Auglaize, Erie and Shelby counties:** The quantitative and qualitative data revealed a need to increase and strengthen resources to reduce the barriers associated with breast cancer screening, diagnosis and treatment in all three of the target counties.

- **Objective 1:** By September 2015, Komen Northwest Ohio will revise Small and Community grant RFA's to focus on increasing access to breast health/breast cancer services in Auglaize, Erie and Shelby Counties by including patient navigation, patient assistance, and mobile mammogram as well as evidence-based practices that result in documented linkages to breast cancer screening, diagnostic, and/or treatment services as funding priorities.

- **Objective 2:** For the next four years (FY16-FY19), Komen Northwest Ohio will hold a grant writing workshop in Auglaize County or Shelby County (a combined workshop) and Erie County to encourage grant applications for evidence-based breast health/breast cancer education, programs and services in Auglaize, Erie and Shelby Counties.

- **Objective 3:** In 2016, engage in at least three meetings with the Breast and Cervical Cancer Project (BCCP) to improve the communication about BCCP and the process for enrolling in the BCCP program in Auglaize, Erie and Shelby Counties.

- **Objective 4:** By 2017, Komen Northwest Ohio will have established a breast health/breast cancer collaborative/coalition in Auglaize and Shelby Counties (one combined group) and Erie County to foster the discussion around how to improve the health care system's capacity to provide quality breast health care and increase access to services.

Priority 2: **Implement and strengthen breast health/breast cancer education, awareness and outreach in Auglaize, Erie and Shelby Counties.** The quantitative and qualitative data revealed a need for breast health/breast cancer education and awareness, including risk reduction and screening recommendations for all three target counties. Additionally, awareness is needed regarding available breast health/breast cancer resources throughout the continuum of care in each of the target counties.

- **Objective 1:** In 2016, Komen Northwest Ohio will provide a minimum of two primary care providers in Auglaize, Erie and Shelby Counties information regarding Susan G. Komen and breast health/breast cancer educational materials based on the providers needs for distribution to women in the target counties.

- **Objective 2:** In 2017, add a medical, public health, or nonprofit professional from one of the target counties (Auglaize, Erie and Shelby Counties) to the Affiliate's Board of Directors.

- **Objective 3:** In 2017, Komen Northwest Ohio will hold a rural breast cancer summit with providers in Auglaize and Shelby Counties to discuss possible partnership opportunities with the goal of increasing access to and progression through the breast health continuum of care.

- **Objective 4:** By 2017, at least one discussion about how to improve breast health/breast cancer education and increase awareness of available local breast health/breast cancer resources will occur at the Auglaize and Shelby Counties and Erie County breast health/breast cancer collaborative/coalition meetings.

- **Objective 5:** By November 2019, Komen Northwest Ohio will collaborate with key organizations (health departments, public health care clinics, nonprofits, and social service agencies) to implement an educational campaign for Breast Cancer Awareness Month in each of the target counties (Auglaize, Erie and Shelby).

- **Objective 6:** By March 2019, Komen Northwest Ohio will participate in at least three events in each of the target counties (Auglaize, Erie and Shelby) to promote breast health/breast cancer awareness and education.

- **Objective 7:** For the next four years (FY16-FY19), Komen Northwest Ohio will mandate that best practices and evidence-based programs be incorporated into all grant programs servicing Auglaize, Erie and Shelby Counties and require that all funded education programs demonstrate how their activities will lead to action, such as participants obtaining a mammogram.

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