



Susan G. Komen for the Cure®
Columbus Affiliate



2009

Executive Summary

Introduction

Susan G. Komen for the Cure began as a promise between two sisters and has become the global leader of the breast cancer movement, having invested more than \$1 billion since inception in 1982. As the world's largest grassroots network of breast cancer survivors and activists, Komen affiliates work together with local community partners to save lives, empower people, ensure quality care for all and energize science to find the cures.

The Community Profile assessment process provided an opportunity for the Columbus Affiliate of Susan G. Komen for the Cure to research and review existing data, explore the existing services and organizations that seek to improve breast health, learn more about the barriers and concerns of women in the community and synthesize all of our findings in order to develop a sound action plan for future outreach and mission activities.

Four target counties were identified in order to allow for further exploration and analysis; Franklin, Lawrence, Madison and Ross counties were selected because of alarming disparities and cultural subgroups that experience unique barriers.

Overview Demographic and Breast Cancer Statistics Key Findings

Understanding the socioeconomic and demographic statistics of the affiliate service area is critical to appreciating the breast health needs. The affiliate service area is made up of a generally homogenous and low-income population. Of our thirty counties, twenty-six have populations that are least 90% Caucasian, only four have more than an 8% black population and none have more than a 5% Hispanic population. Three-quarters of our entire service area population lives within ten counties: Clark, Delaware, Fairfield, Franklin, Licking, Marion, Muskingum, Ross, Scioto, and Washington.

Despite the apparent homogeneity of the area, it is important to note that areas of diversity and cultural differences do exist and should not be overlooked. Franklin County is home to an urban population of multiple ethnic, racial and social subgroups including the third largest population of Somalis in the world, a thriving homosexual community and several populations that encounter discrimination and language barriers. Seventeen of our counties are classified by the government as Appalachian; a geographic region characterized by isolation, poverty, lower educational attainment and social characteristics that affect health behaviors such as modesty and privacy.

Fourteen of our counties have more people below the poverty level than both the state and national average. Comparing rates of insurance, both private and Medicaid/Medicare, 77% of the affiliate service area has a higher proportion of uninsured females than the state average; thirteen of the affiliate counties have more uninsured females than the national average.

Two-thirds of the affiliate’s counties have higher rates of adults who did not complete high-school than both the state and national average, making literacy and knowledge of health issues and behaviors concerning.

Despite Ohio’s below average incidence rate of breast cancer, the state’s mortality ranks 4th in the nation, with three of the affiliate counties ranking highest in the state. The majority of the affiliate’s thirty counties exhibit below-average screening rates and above-average late-stage diagnoses are reported. Franklin, Lawrence, Madison and Ross counties report breast health statistics below both the state and national average for incidence, mortality, screening rates and late-stage diagnoses.

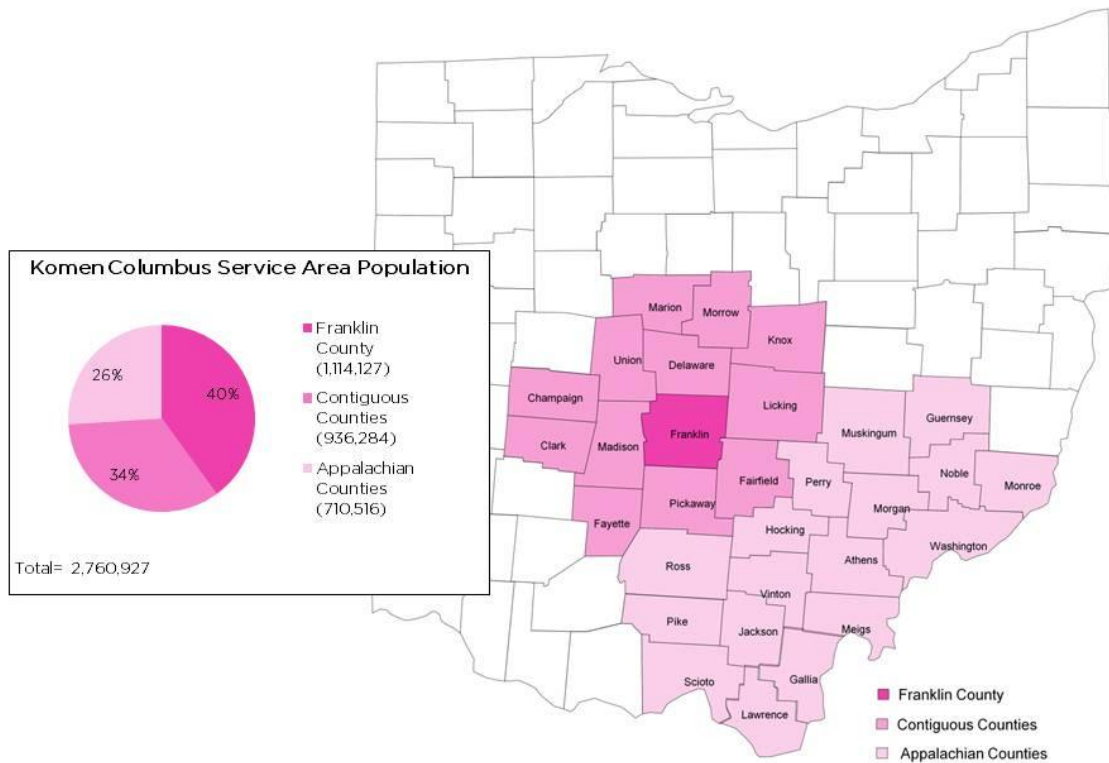


Figure 1: Columbus Affiliate Service Area and Population Map

Table 1. Breast Cancer Statistics

County	Prevalent Cases	Incidence Rate	Mortality Rate	% Late Stage and Unknown Stage Diagnosis	% Had mammogram in last 2 years
U.S. Total	673,111	126.1	25.0	31.5%	n/a
Ohio Total	26,286	121.9	27.5	32.0%	52.2%
Athens	111	118.7	14.4	36.2%	49.4%
Champaign	105	108.7	17.7	31.3%	50.8%
Clark	406	119.0	24.6	32.8%	52.8%
Delaware	308	134.4	31.9	33.3%	52.7%
Fairfield	216	122.4	30.0	28.9%	53.9%
Fayette	57	123.0	27.9	27.2%	46.3%
Franklin	2,045	131.0	27.8	31.8%	52.2%
Gallia	83	83.9	10.8	26.1%	60.5%
Guernsey	103	127.6	21.7	32.5%	55.5%
Hocking	52	117.0	27.5	32.4%	51.2%
Jackson	69	101.6	21.6	24.6%	48.8%
Knox	165	124.2	25.8	35.7%	52.7%
Lawrence	161	125.0	37.1	38.3%	48.8%
Licking	310	123.8	34.0	32.4%	58.8%
Madison	103	113.6	40.1	39.4%	49.9%
Marion	181	109.6	20.6	35.9%	53.0%
Meigs	55	85.9	19.3	20.5%	52.1%
Monroe	38	100.9	13.1	28.5%	46.6%
Morgan	28	140.0	14.6	29.4%	50.2%
Morrow	63	89.6	18.4	36.0%	50.8%
Muskingum	194	121.2	24.5	29.3%	57.2%
Noble	23	69.5	16.3	38.3%	52.8%
Perry	72	122.4	20.9	35.9%	49.9%
Pickaway	90	106.0	25.4	34.9%	51.1%
Pike	46	85.8	32.7	35.5%	54.2%
Ross	129	129.7	37.7	33.3%	50.7%
Scioto	165	106.2	27.3	35.0%	46.5%
Union	83	124.7	27.8	39.5%	49.5%
Vinton	25	119.6	18.5	35.9%	47.2%
Washington	154	112.1	33.7	27.5%	51.3%

Sources: Ohio Department of Health, Ohio Cancer Incidence Surveillance System (OCISS) County Cancer Profiles and Ohio KePro CMS Claims. [1] Source of Ohio data: Ohio Cancer Incidence Surveillance System, Chronic Disease and Behavioral Epidemiology Section and the Vital Statistics Program, Ohio Department of Health, 2008. [2] Source of U.S. data: Surveillance, Epidemiology and End Results Program, National Cancer Institute, 2008, and the National Center for Health Statistics, 2006. [3] Rates are per 100,000 and were calculated using vintage 2006 postcensal estimates for July 1, 2001-2005, (U.S. Census Bureau, 2007)

Overview of Programs and Services Key Findings

The Columbus affiliate is home to many state-of-the-art hospitals and healthcare facilities, as well as the largest university in the nation, The Ohio State University. The populations residing in or around Franklin County have access to an abundance of cancer specialists, renowned healthcare professionals and facilities, leading researchers and complementary therapy experts.

Outside of Franklin County, hospitals and comprehensive healthcare systems are relatively scarce, and absent in five of the counties served by the affiliate. While each county has a health district or health department operated by state and federal funds, not all of these offer women's health services including breast health screenings. The rural and Appalachian counties within the service area face the greatest problems with access to providers and facilities offering breast health services.

Non-profit community organizations and potential partners in the fight against breast cancer exist in each county the affiliate serves; however, it may be most effective for the affiliate to partner with public school districts, local libraries and faith-based organizations in rural and Appalachian counties, as they are often the only visible or trusted organization operating in some communities.

The federal and state governments have provided funding for many of the women the affiliate serves through the Ohio BCCP Program and the affiliate intends to continue its advocacy efforts to ensure the appropriated funds are utilized effectively. The affiliate has access to dozens of elected officials from both political parties and has either established relationships with each, or will be working to do so.

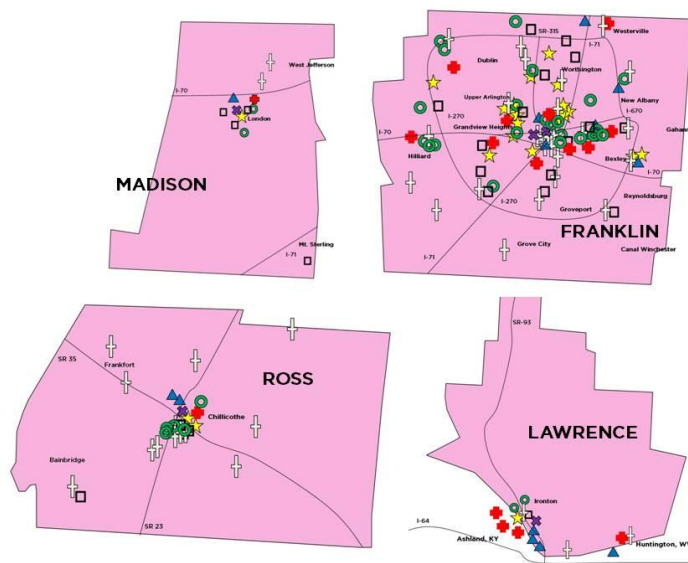


Figure 2. Target Areas: Asset Map of Existing Programs and Services

Overview of Exploratory Data Key Findings

Surveys and focus groups were utilized to gain additional knowledge and understanding of the barriers to care, existing healthcare facilities, common health practices and behaviors, as well as opinions about the affiliates outreach and funding priorities.

The surveys targeted three general groups of constituents: healthcare providers and community activists, breast cancer survivors, and community members or “the average woman at-risk.” The focus group participants represented women from five specifically targeted groups: Franklin County African Americans, Franklin County Hispanics, Survivors, Madison County women, and Ross County women.

Financial barriers were overwhelmingly identified as the main issue preventing women from accessing needed breast health services. Participants and respondents identified the under/uninsured, working poor, minorities and low-literacy populations as the women most in need of breast health assistance. Screening, specifically mammography, was the recommended priority for affiliate community grant funding, followed by education and awareness initiatives. Mobile mammography units, media campaigns about breast cancer risk factors, and increased communication with healthcare providers were all suggested as possible solutions to the existing barriers.

The exploratory research also highlighted the need for the affiliate to expand its reach beyond Franklin County and its signature fundraising event, the Race for the Cure; while the affiliate serves each county in the service area with community grant programs, few women outside of Columbus have significant knowledge of what the affiliate does and/or how the affiliate can help their community.

Narrative of Affiliate Priorities

The following priorities were established to guide the Columbus Affiliate’s outreach, mission, and grant program activities in the following years:

- 1. Increase screening of high-risk populations** especially the under/uninsured and African Americans in Franklin, Lawrence, Madison, and Ross counties.
- 2. Increase breast health education and awareness** specifically for expansion counties, minority communities, young women, and rural or Appalachian regions.
- 3. Maintain survivorship support** specifically among Franklin County supporters, underserved, and expansion counties.

Affiliate Action Plan

The Affiliate will utilize several tactics and strategies to meet the established priorities and subsequent goals. All affiliate staff and Board members will be involved in assuring that committee and volunteer involvement is conducive to meeting these priorities.

The following measureable objectives will enable the affiliate to monitor its progress and upon completion of the action plan, the affiliate will be able to re-evaluate the state of breast health in the service area and adjust the outreach and mission activities accordingly.

1. Screening of high-risk populations

- By October 2009, host grant writing workshop to inform organizations of our mission to fund screening initiatives for high-risk populations; invite integral potential partners to attend.
- By October 2009, update 2009 RFP to highlight screening as Affiliate's top priority.
- By April 2010, establish working relationship with BCCP/Medicare programs to assist with referral process.

2. Increase breast health education and awareness

- By April 2010, establish advisory council of medical professionals representing various counties/organizations/ populations to identify best strategies and partnerships.
- By April 2010, initiate poster/media campaign throughout 30 county service area to distribute educational materials and mammogram referral information.

3. Maintain survivorship support

- By October 2009, update survivorship grant programs of Affiliate's top survivorship priority: lymphedema and evidence-based programs; and work with them to plan programs accordingly.
- Throughout 2009 and 2010, complete focus groups and surveys in additional counties to enhance the next Community Profile assessment.

While certainly not exhaustive or comprehensive, this action plan will facilitate resourceful and effective use of the Columbus Affiliate's fundraising dollars in order to implement necessary initiatives.