

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



SUSAN G. KOMEN®
TIDEWATER
EXECUTIVE SUMMARY

Acknowledgments

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Executive Summary

Introduction to the Community Profile Report

Nancy G. Brinker promised her dying sister, Susan G. Komen, that she would do everything in her power to end breast cancer forever. In 1982, that promise became Susan G. Komen® and launched the global breast cancer movement. Today Komen is the world's largest grassroots network of breast cancer survivors and activists.

In 1998, a core group of three volunteers had the vision for an Affiliate in the southeastern Virginia area and received Affiliate designation from Komen in 1999. The Affiliate covers twenty two cities and counties in southeastern Virginia; north to Northumberland County, south to the North Carolina border, east to the Eastern Shore of Virginia and west to Southampton County.

The first Komen Tidewater Race for the Cure® was held in October 2000. There were approximately 3,400 participants and was the fifth largest inaugural race in Komen history. In that first year, the Affiliate awarded \$99,502 in local community grants and sent \$40,500 to the Susan G. Komen Research Programs. Funds raised on behalf of the Affiliate from 2000 until 2015 have provided over \$4 million to nonprofit organizations, hospitals, health departments and universities that provide breast cancer/breast health services people in need in the local community. Additionally, the Komen Tidewater has contributed over \$1.3 million to breast cancer research.

Besides raising money for community grants and research, Komen Tidewater performs valuable outreach to the community through a number of programs. Worship in Pink is a Komen program aimed at raising breast health awareness in the Black/African-American community. The Komen Tidewater Survivor Advisory Council provides knowledgeable advocates to assist in raising awareness of the importance of early detection throughout the Komen Tidewater service area. The Affiliate raises awareness in the youth community through the I Am The Cure cheer teams at its Race for the Cure.

The Community Profile is the result of the assessment process that the Affiliate completes every four years in order to understand the state of the breast cancer burden and needs in the Komen Tidewater service area. The Community Profile will help the Affiliate align its community outreach, grantmaking and public policy activities with the Affiliate's Mission goals.

The Community Profile will allow the Affiliate to:

- Include a broad range of people and stakeholders in the Affiliate's work and become more diverse
- Fund, educate and build awareness in the areas of greatest need
- Make data-driven 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 and breast cancer needs of the community
- Provide information to public policymakers to assist focusing their work
- Strategize direction to marketing and outreach programs toward areas of greatest need
- Create synergy between Mission-related strategic plans and operational activities

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

The purpose of the quantitative data collection and analysis is to combine evidence from many credible sources and use the data to identify the highest priority area in the Komen Tidewater services area. The data provided in the report are used to identify priority communities within the Affiliate service area based on how long it would take an area to achieve Healthy People 2020 objectives for breast cancer late-stage diagnosis and death rates. Please note that Surry County became part of Komen Tidewater in 2014 after the Community Profile process began and therefore data for this county is not included in the 2015 Community Profile Report.

Overall the breast cancer incidence rate and trend in the Komen Tidewater service area were higher than that observed in the US as a whole. The incidence rate of the Affiliate service area was significantly higher than that observed for the State of Virginia. It is important to remember that an increase in breast cancer incidence could mean that more breast cancers are being found because more women are following the screening recommendations.

Overall the death rate in the Komen Tidewater service area was higher than that observed in the US as a whole. The death rate in the Affiliate service area, however, was not significantly different than that observed in the State of Virginia.

Overall the breast cancer late-stage incidence rate in the Komen Tidewater service area was slightly higher than that observed in the US as a whole. It was not significantly different that that observed in the State of Virginia.

Basic information about the women in each area in the Affiliate service area was compiled. This information included both demographic and socioeconomic measures. This data are used to identify which groups of women are most in need of health and to figure out the best ways to help them.

Proportionately, the Komen Tidewater service area has a substantially larger Black/African-American female population than the US as a whole. It also has a substantially smaller Hispanic/Latina female population. The Affiliate female population is slightly younger than that of the US as a whole. The education level and income level are slightly higher as well. There are a slightly smaller percentage of people who are unemployed in the Affiliate service area.

All the cities and counties in the Komen Tidewater service area, with the exception of York County, are not expected to achieve one or more breast cancer targets for Healthy People 2020. However, looking at the data for each of the twenty two cities and counties, four counties and three cities were identified as highest priority because of the predicted time to achieve the breast cancer death rate target and the breast cancer late-state incidence target as defined by Healthy People 2020.

In order to better understand the impact of breast cancer and the breast health of the Komen Tidewater service area, the Affiliate chose the three cities of highest priority for further study. Those cities are Portsmouth, Newport News and Chesapeake.

Portsmouth has a substantially higher Black/African-American female population than the Affiliate service area as a whole. The female population has a higher percentage of women with

less than a high school education: a higher rate of women living below 100 percent of poverty; a higher percentage of women living at 250 percent of poverty. The unemployment percentage for women in Portsmouth is higher than the Affiliate service area and higher than the State of Virginia as a whole. Although Portsmouth is not considered a rural area, 24.0 percent of women in Portsmouth are considered to live in a medically underserved area. All of these factors put women in Portsmouth at greater risk of experiencing gaps in services and/or barriers in access to care.

Newport News has a substantially higher Black/African-American female population than the Affiliate service area as a whole. There are a higher percentage of women in Newport News living below 100 percent of poverty and below 250 percent of poverty as compared to the Affiliate service area and the State of Virginia as a whole. Both the unemployment percentage and the uninsured percentage for women in Newport News are higher than that of the Affiliate service area the State of Virginia as a whole. These characteristics make women in Newport News more likely to experience gaps in services and/or barriers in access to care.

The data for Chesapeake, unlike Portsmouth and Newport News, does not appear to be substantially different from that of the Affiliate service area as a whole. The data shows that the women in Chesapeake are slightly better educated than women in the Affiliate service area, the State of Virginia and the US as a whole. The percentage of women living below 100 percent of poverty and 250 percent of poverty is less that of the Affiliate service area, the State of Virginia and the US as a whole. The percentage of unemployed and uninsured women is less than that of the Affiliate service area, the State of Virginia and the US as a whole. Even though the data for Chesapeake does not reveal any of the usual characteristics associated with increased risk of experiencing gaps in services and/or barriers in access to care, Chesapeake is not expected to achieve the breast cancer late-stage diagnosis and death rate goals set for Healthy People 2020. In fact, the trend data (using five years of annual data) shows that the percentage of late-stage incidence is increasing.

Health System and Public Policy Analysis

The breast health/breast cancer resources for each targeted city were identified; specifically noting the location of services offered stratifying by zip code in each target population. Observing the target populations by the services offered per zip code was critical in the analysis of findings as it assisted in identifying any gaps or overlaps of services in the continuum of care (CoC). Additionally, identifying the number of services in each target population assisted in discerning whether a target population provides an adequate amount of services, and how that may impact the constituents of the populations regarding the choice of treatment facilities in the target populations. The total services offered in each target population also led to discussions of possible outsourcing of medical care to facilities in nearby cities that could potentially be more convenient to women of the service area. It is also important to note the geography of the Komen Tidewater service area makes it more vulnerable to gaps in service and access to care. Tunnels and bridges are an integral part of the transportation system. These can present both physical and psychological barriers.

The target communities of Portsmouth, Newport News and Chesapeake collectively are in need of more widespread locations of health systems in their respective cities, among all levels of the CoC. Newport News and Chesapeake both have an adequate number of facilities accessible to

women; however, they are centralized in locations that may not be convenient for all women of their communities. Portsmouth lacks facilities and providers throughout the CoC compared with Newport News and Chesapeake. Many women in Portsmouth and Chesapeake may use resources in other locations, such as Norfolk. Portsmouth could also potentially benefit from additional facilities that serve civilians, as one of the major providers in Portsmouth is exclusive to the military and dependents. Also, Chesapeake and Portsmouth each have only one community health center and free clinic, which may not be sufficient to serve the low-income and under/ uninsured in the communities. Newport News has several facilities that offer financial assistance, such as free clinics and community health centers, but may need additional resources as well. Public transportation is available in all target communities, although the scheduled routes and times to major hospitals and providers are not sufficient for the large communities that public transportation systems serve.

The National Breast and Cervical Cancer Early Detection Program is known as Every Woman's Life (EWL) in Virginia. It is funded through the Center for Disease Control and the state's general fund. Women in Virginia who are between the ages of 18-64, have no health insurance or are underinsured and have an annual income at or below the Federal Poverty Level are eligible for the program. Women 18-39 must be symptomatic for breast cancer to be eligible. Women 40-64 years of age are eligible for annual clinical breast examinations and screening mammograms. If pre-cancer or cancer is diagnosed while enrolled in ELW the women can be automatically enrolled in Medicaid as a result of the Breast and Cervical Cancer Prevention and Treatment Act (BCCPTA). There are EWL providers in Newport News and Chesapeake. There is no EWL provider in Portsmouth. Eastern Virginia Medical School, in Norfolk, is responsible for serving the residents of Portsmouth. Although this program has a substantial impact; there are only funds to serve about 12 percent of the eligible women. Komen Tidewater has provided grant funding to these providers in order to increase the number of eligible women served through EWL.

One of the key elements to the Patient Protection and Affordable Care Act (ACA) was the option to expand Medicaid to cover all low-income individuals at or below 133 percent of the federal poverty level (FPL). As of April 2015, the Virginia General Assembly had not opted in. Currently Medicaid covers all children who live in a household of 133 percent of the FLP. It covers parents up to 30 percent of the FLP and doesn't cover childless adults. This is important as it means that the same low income women who didn't have insurance before the ACA was enacted still cannot afford it.

In summary, the health systems analysis for the target cities of Portsmouth, Newport News and Chesapeake found that Newport News and Chesapeake may have adequate number of medical facilities available to women. However, they may not be accessible to women. Portsmouth is lacking in both medical facilities and accessibility. Lower income women must go to Norfolk to take advantage of the EWL services. The geography of the area provides both physical and psychological barriers to services. Additionally, women with low paying jobs are most at risk for being uninsured. Without the expansion of Medicaid in Virginia, there is little change in the number of women that are underinsured or uninsured. Komen Tidewater along with other nonprofits and all the hospital systems in Virginia will continue to advocate for expansion to ensure access to affordable health care and the full range of breast health services for all Virginians.

Qualitative Data: Ensuring Community Input

In order to better understand the quantitative data from the three target populations in the Komen Tidewater service area, interviews were conducted with key informants. The interview consisted of thirteen questions covering accessibility of services (both screening and treatment), barriers to entering (and continuing in) the continuum of care, and the effects of being under or uninsured.

The key informants who participated in the interview process were breast cancer patient/nurse navigators, Every Woman's Life coordinators and breast center patient coordinators who work with patients from Portsmouth, Newport News and Chesapeake. The interviews were conducted by Eastern Virginia Medical School master's degree candidates.

Through the interviews with key informants the barriers to screening, diagnosis, and treatment among all three target areas (Portsmouth, Newport News and Chesapeake) were identified as: fear, financial cost, lack of knowledge, lack of free time, and access to resources. A common theme identified in all three target areas was the difficulty of low-income, uninsured women to enter and stay in the continuum of care based on multiple life circumstances. Despite grants, financial assistance, and community partnerships dedicated for this vulnerable target population, access, quality, and utilization of care will be much more difficult than for insured, middle and upper income women.

Mission Action Plan

The Mission Action Plan is the culmination of the Community Profile. It answers the question, based on the data gathered; what are the breast cancer priorities in the target communities and how can the Affiliate have a positive impact on these. The data gathered in the quantitative report, the health systems and public policy analysis, the qualitative report are reviewed and evaluated. Priorities and objectives are identified. The objectives are specific, measurable, achievable, realistic and timely.

The Mission Action Plan provides priorities that guide the Affiliate's Mission operational and strategic planning and objectives that provide focus for all Mission-related work. Komen Tidewater has identified five priorities.

Problem Statement

Women in the target community of Portsmouth have a late-stage incidence rate and death rate that are higher than the Affiliate service area as a whole, higher than Virginia as a whole, and higher than the US as a whole. The health system analysis found that breast health services were limited in Portsmouth. Breast health care providers indicated that transportation issues, socioeconomic characteristics and attitudes toward breast health were adversely affecting their entering and staying in the continuum of care.

Priority

Reduce the late-stage diagnoses and death rates for breast cancer in Portsmouth by improving access to breast health services for the under and uninsured.

Objectives

1. Starting in 2016, the Affiliate will increase its educational outreach through the Worship in Pink program and other public forums in Portsmouth by at least five percent each year.
2. By 2017, develop collaborative relationships with at least two community-based health care providers serving Portsmouth to encourage them to apply for Komen Community Grant funding to increase services offered in Portsmouth.
3. By 2017, Komen Tidewater Request for Application will require the inclusion of transportation services for all applications directed toward Portsmouth.

Problem Statement

The late-stage incidence rate and death rate for women in the target community of Newport News are higher than the Affiliate service area as a whole, Virginia as a whole, and the US as a whole. The health systems analysis found that there are services and access to services throughout the city. The qualitative data indicated that there is a lack of understanding of the importance of early detection and a fear of breast cancer that is preventing Newport News women from entering and staying in the continuum of care.

Priority

Reduce the late-stage incidence and death rates for breast cancer in Newport News by educating women about the importance of breast health services available in Newport News.

Objectives

1. Beginning in 2016, Komen Tidewater Request for Application will require the inclusion of an educational component in all applications directed toward Newport News.
2. Starting in 2016, the Affiliate will increase its educational outreach through the Worship in Pink program and other public forums in Newport News by at least five percent each year.

Problem Statement

The late-stage incidence rate and death rate for women in the target community of Chesapeake are higher than the Affiliate service area as a whole, Virginia as a whole and the US as a whole. The health system analysis found that the breast health/breast cancer services in Chesapeake are located in the vicinity of the hospital. The qualitative data indicated that there are transportation and insurance issues that prevent women from accessing the continuum of care.

Priority

Reduce the late-stage incidence and death rates for breast cancer in Chesapeake by improving access to breast health services for the under and uninsured and increasing educational outreach.

Objectives

1. Starting in 2016, the Affiliate will increase its educational outreach through the Worship in Pink program and other public forums by five percent each year.

2. By 2017 Komen Tidewater Request for Application will require inclusion will require inclusion of transportation services for all applications directed toward Chesapeake.

Problem Statement

Aside from York County, none of the communities in the Affiliate service area are expected to reach the Healthy People 2020 goals for either late-stage incidence or the death rates for breast cancer.

Priority

Provide funding for services that will contribute to a reduction of the late-stage incidence and death rates for breast cancer for the Affiliate service area as a whole.

Objectives

1. Continue to provide funding for services through Komen Community Grants to any population in the service area that is not meeting the Healthy People 2020 goals for late-stage incidence and death rates for breast cancer, while focusing on those considered highest priority.
2. By 2016, increase educational outreach to the service area as a whole by five percent through the Worship in Pink program.
3. By 2017, develop and implement a social media educational campaign for the Tidewater service area to provide the general public with information regarding the importance of early detection.

Problem Statement

The State of Virginia has not expanded Medicaid as of April 2015. As a result, the low income, under- insured or uninsured populations in the Affiliate service area do not have access to health care.

Priority

Advocate for the expansion of Medicaid in Virginia so that the most vulnerable populations in the community will have access to breast health services.

Objectives

1. Continue to provide education to elected officials regarding the importance of Medicaid expansion and early detection by attending the Breast Cancer Awareness Day (organized by Virginia Breast Cancer Foundation) at the General Assembly each February.
2. By 2016, provide each elected official, from the Tidewater service area, a copy of the Susan G. Komen Tidewater 2015 Community Profile.
3. Continue to actively participate with the state and local Cancer Action Coalitions by attending at least 75 percent of meetings and participating on the Cancer Prevention Action Committee.

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