

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



SUSAN G. KOMEN®
TIDEWATER

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Acknowledgments

The Community Profile Report could not have been accomplished without the exceptional work, effort, time and commitment from many people involved in the process.

Susan G. Komen® Tidewater would like to extend its deepest gratitude to the Board of Directors, Komen Tidewater staff and the following individuals who participated on the 2015 Community Profile Team:

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A special thank you to the Community Profile Team at Komen Headquarters for their guidance and training as well as their assistance with data collection and analyses.

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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.

Introduction

Affiliate History

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 first Komen Tidewater Race for the Cure® was held in October 2000 and, with approximately 3,400 participants, was the fifth largest inaugural race in Komen history. In the first year, the Affiliate awarded \$99,502 in grants and sent \$40,500 to the Komen Research Programs.

Funds raised on behalf of Susan G. Komen Tidewater in the local communities between 2000 and 2015 have provided over \$4 million to nonprofit organizations, hospitals, health departments and universities in the form of community grants. These grants provide breast cancer screening, diagnostics, treatment support, survivorship programs and education to those in need in the Komen Tidewater service area. Additionally, the Affiliate has contributed over \$1.3 million to breast cancer research through the Komen Research Programs.

In addition to raising money for community grants and research, Komen Tidewater performs valuable outreach to the community through a number of programs. Pink Sunday is a Komen program aimed at raising breast health awareness in the Black/African-American Community. While White women are more likely to have breast cancer, Black/African-American women are more likely to die from a breast cancer diagnosis. These programs seek to reverse this trend by empowering Black/African-American women to be aware of the elements of good breast health and to be ambassadors for awareness in their communities.

Komen Tidewater participates in educational events around the 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.

Recognizing the importance of public policy on all aspects of the fight against breast cancer, the Affiliate is a member of the Cancer Action Coalition of Virginia working on the Early Detection task force. Additionally, the Affiliate works with the Breast Cancer Coalition of Virginia to ensure that those who represent us have information regarding the impact of breast cancer in the state and local communities.

Affiliate Organizational Structure

The role of the Board of Directors is to provide guidance and strategic oversight to the Executive Director and staff (Figure 1.1). The Executive Director's responsibility is to oversee the day-to-day operations and staff of the Affiliate (Figure 1.2). The Mission Manager is responsible for grants, community assessment, advocacy and educational outreach. Special Events Manager is responsible for coordinating Tidewater Race for the Cure, Affiliate fundraising events, corporate sponsorships and third party events, Volunteer Coordinator is responsible for providing training for volunteers and assuring that all Affiliate and non-Affiliate events are staffed with volunteers as needed. Office Manager is responsible for keeping the office going and financials. Marketing Director, which is a volunteer position, is responsible for communication plans and social media.

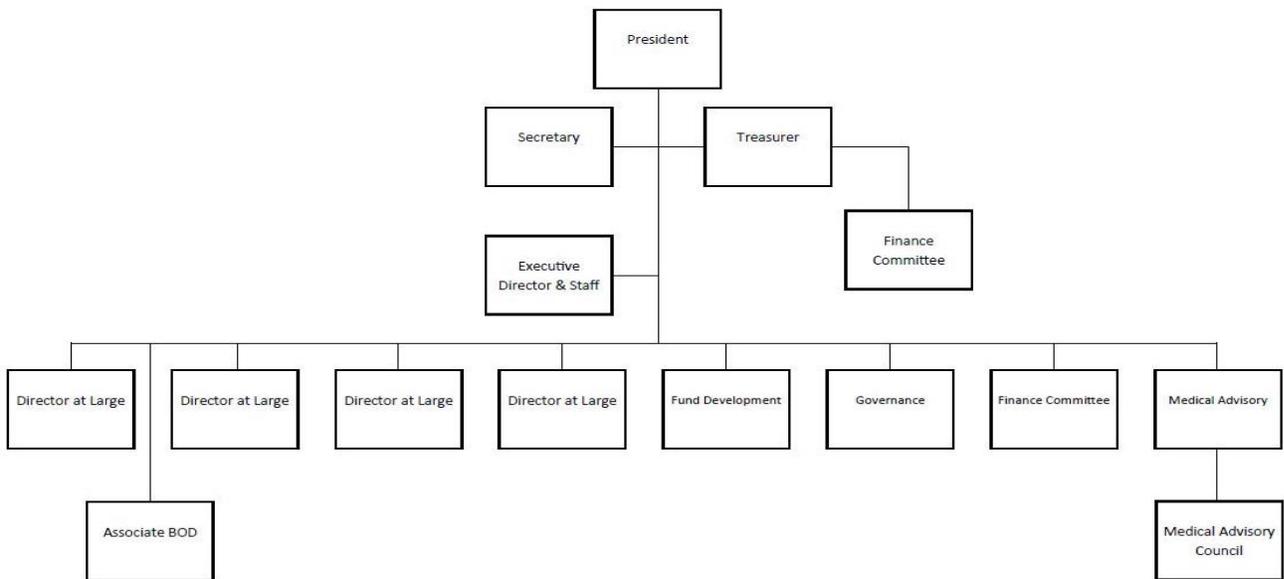


Figure 1.1. Komen Tidewater Board of Directors

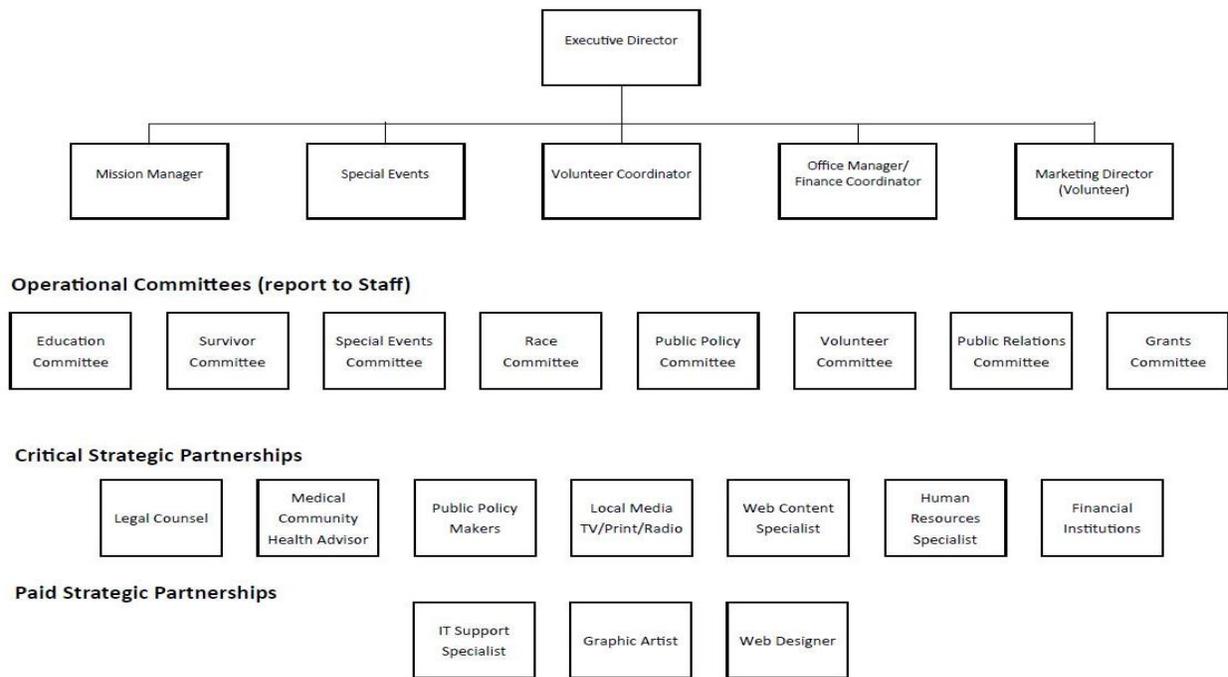


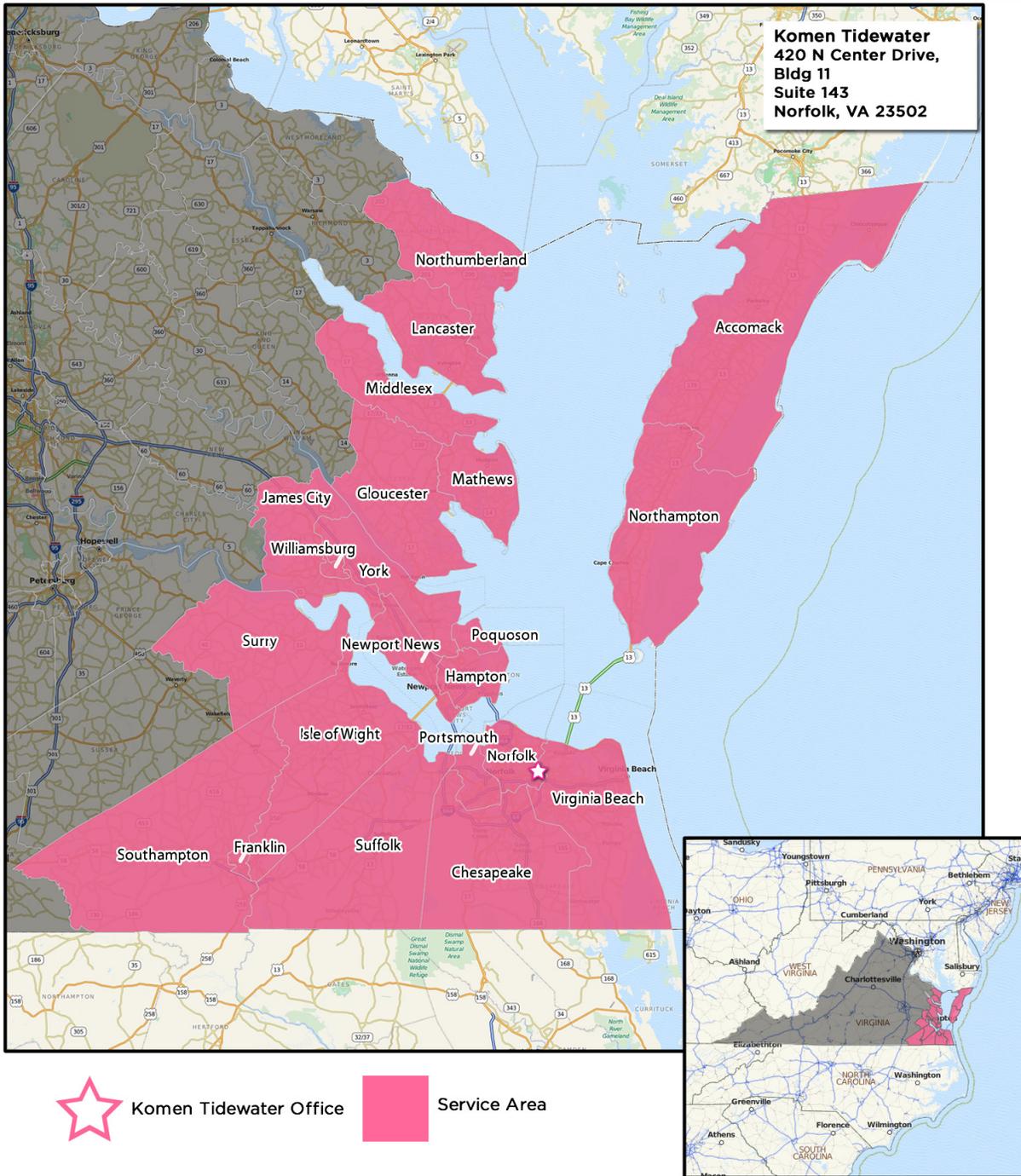
Figure 1.2. Komen Tidewater staffing

Affiliate Service Area

Komen Tidewater service area (Figure 1.3) is made up of twenty two cities and counties in southeastern Virginia. The service area includes the Eastern Shore, eastern part of the Northern Neck, the Middle Peninsula, the Peninsula, the Southside Hampton Roads and Western Tidewater. The area falls in the Coastal Plain (Tidewater) Region of Virginia –an area of low flat land that lies along the ocean. The bordering bodies of water are the Atlantic Ocean and the Chesapeake Bay. The largest rivers in the Affiliate service area are the James, Rappahannock, Elizabeth, York and Blackwater as well as the Intracoastal Waterway. The transportation system in the area includes tunnels and bridges to connect the communities. The Affiliate service area is home to twenty three military bases representing all five branches of the military. Among them is the largest US Naval base in the free world. The military provides health care for active duty and retired service members as well as their dependents.

The female population is approximately sixty one percent White, thirty four percent Black/African-American, one half percent American Indian/Alaska Native and four and a half percent Asian and Pacific Islander. The percentage of Black/African-American females in the Tidewater service area is substantially higher and the percentage of White females is substantially lower than in the US as a whole and Virginia as a whole. The women in the Tidewater service area are younger than the average for the state and the US. Although the percentage of women living in rural areas is substantially lower than the percentage in the US or in Virginia as a whole; a higher percentage live in medically underserved areas. Thirteen and a half percent of women in the Tidewater service area ages forty to sixty four do not have health insurance.

KOMEN TIDEWATER SERVICE AREA



Although Surry County is included in this map, it 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.

Figure 1.3. Komen Tidewater service area

Purpose of the Community Profile Report

The Community Profile is 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 Komen Tidewater align its community outreach, grantmaking and public policy activities towards the same Mission goal.

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

Quantitative Data Report

Introduction

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

The data provided in the report are used to identify priorities within the Affiliate's service area based on estimates of how long it would take an area to achieve Healthy People 2020 objectives for breast cancer late-stage diagnosis and death rates (<http://www.healthypeople.gov/2020/default.aspx>).

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

Breast Cancer Statistics

Incidence rates

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

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

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

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

- A negative value means that the rates are getting lower.
- A positive value means that the rates are getting higher.
- A positive value (rates getting higher) may seem undesirable—and it generally is. However, it's important to remember that an increase in breast cancer incidence could also mean that more breast cancers are being found because more women are getting mammograms. So higher rates don't necessarily mean that there has been an increase in the occurrence of breast cancer.

Death rates

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

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

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

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

Late-stage incidence rates

For this report, late-stage breast cancer is defined as regional or distant stage using the Surveillance, Epidemiology and End Results (SEER) Summary Stage definitions (<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

Population Group	Incidence Rates and Trends				Death Rates and Trends			Late-stage Rates and Trends		
	Female Population (Annual Average)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of Deaths (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)
US	154,540,194	198,602	122.1	-0.2%	40,736	22.6	-1.9%	70,218	43.7	-1.2%
HP2020	-	-	-	-	-	20.6*	-	-	41.0*	-
Virginia	3,993,827	5,420	124.8	1.3%	1,074	24.0	-1.9%	1,896	43.9	0.1%

Population Group	Female Population (Annual Average)	Incidence Rates and Trends			Death Rates and Trends			Late-stage Rates and Trends		
		# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of Deaths (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)
Komen Tidewater Service Area	888,078	1,246	130.4	1.5%	255	26.1	NA	443	46.6	-1.7%
White	543,379	849	132.1	1.4%	153	23.0	NA	277	43.6	-1.2%
Black/African American	303,853	362	130.9	1.8%	98	34.8	NA	151	54.1	-2.0%
American Indian/Alaska Native (AIAN)	4,660	SN	SN	SN	SN	SN	SN	SN	SN	SN
Asian Pacific Islander (API)	36,187	28	76.1	0.6%	4	10.8	NA	11	31.2	-14.4%
Non-Hispanic/ Latina	846,785	1,227	131.2	1.4%	252	26.3	NA	435	46.8	-1.8%
Hispanic/ Latina	41,292	19	91.4	7.7%	SN	SN	SN	8	33.4	7.3%
Accomack County - VA	17,477	34	134.5	-2.4%	7	25.3	-1.6%	12	49.4	-3.5%
Gloucester County - VA	18,519	30	131.1	15.4%	5	22.7	NA	11	49.5	6.8%
Isle of Wight County - VA	17,816	28	124.5	3.1%	7	32.9	-0.1%	11	50.2	-10.1%
James City County - VA	33,316	64	141.2	7.3%	12	24.5	NA	19	43.5	4.1%
Lancaster County - VA	6,069	14	128.1	-7.6%	4	32.8	-2.0%	6	58.8	-15.2%
Mathews County - VA	4,644	8	105.7	6.5%	SN	SN	SN	SN	SN	SN
Middlesex County - VA	5,440	12	128.2	4.6%	SN	SN	SN	4	45.1	31.6%
Northampton County - VA	6,563	13	115.2	-5.5%	3	33.0	NA	5	46.7	-6.3%
Northumberland County - VA	6,400	15	140.7	9.2%	SN	SN	SN	4	44.0	-5.6%
Southampton County - VA	8,838	13	115.9	4.9%	4	32.0	1.9%	4	37.5	1.0%
York County - VA	33,052	47	130.6	-2.2%	7	17.9	-3.6%	14	37.9	-4.1%
Chesapeake City - VA	112,816	159	136.0	2.5%	29	24.9	-1.5%	56	46.5	3.4%
Franklin City - VA	4,720	8	141.6	-13.0%	SN	SN	SN	SN	SN	SN
Hampton City - VA	72,181	103	134.4	-1.6%	20	24.9	-2.3%	34	44.9	-9.2%
Newport News City - VA	94,053	122	131.8	0.0%	26	27.5	-1.9%	40	44.0	0.6%
Norfolk City - VA	117,343	141	127.5	1.6%	32	27.8	-2.7%	53	47.7	-3.2%
Poquoson City - VA	6,130	11	146.4	2.0%	SN	SN	SN	4	49.5	-15.5%
Portsmouth City - VA	50,110	81	141.6	1.6%	19	31.9	0.3%	30	53.8	0.5%
Suffolk City - VA	42,862	53	119.4	5.5%	14	30.3	-2.2%	21	45.4	-10.3%
Virginia Beach City - VA	222,574	282	125.6	0.7%	54	24.0	-1.8%	107	47.4	-1.1%
Williamsburg City - VA	7,155	8	134.5	-11.1%	SN	SN	SN	SN	SN	SN

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.

*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 2005-2009 for incidence and late-stage data and 2006-2010 death data.

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 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 and the incidence trend was not significantly different than the State of Virginia.

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 slightly 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.

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

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 Tidewater service area was 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 Virginia.

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 substantially higher 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. Also, there were not enough data available within the Affiliate service area to report on Hispanics/Latinas so comparisons cannot be made for this group.

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

- Southampton County
- Portsmouth City

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 Tidewater service area was slightly higher than that observed in the US as a whole and the late-stage incidence trend was lower 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 Virginia.

For the United States, late-stage incidence rates in Blacks/African Americans are higher than among Whites. Hispanics/Latinas tend to be diagnosed with late-stage breast cancers more often than Whites. For the Affiliate service area as a whole, the late-stage incidence rate was higher among Blacks/African Americans than Whites and lower among 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 late-stage incidence rate among Hispanics/Latinas was lower than among Non-Hispanics/Latinas.

None of the counties in the Affiliate service area had substantially different late-stage incidence rates than the Affiliate service area as a whole.

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%
Virginia	2,644	2,156	79.8%	77.8%-81.7%
Komen Tidewater Service Area	540	458	81.5%	76.9%-85.4%
White	386	325	82.6%	77.3%-87.0%
Black/African American	129	111	78.5%	68.2%-86.1%

Population Group	# of Women Interviewed (Sample Size)	# w/ Self-Reported Mammogram	Proportion Screened (Weighted Average)	Confidence Interval of Proportion Screened
AIAN	SN	SN	SN	SN
API	SN	SN	SN	SN
Hispanic/ Latina	SN	SN	SN	SN
Non-Hispanic/ Latina	532	452	82.1%	77.5%-85.8%
Accomack County - VA	29	25	88.5%	62.8%-97.2%
Gloucester County - VA	23	18	75.0%	51.2%-89.6%
Isle of Wight County - VA	15	13	93.5%	64.3%-99.1%
James City County - VA	24	21	89.1%	64.3%-97.3%
Lancaster County - VA	SN	SN	SN	SN
Mathews County - VA	SN	SN	SN	SN
Middlesex County - VA	SN	SN	SN	SN
Northampton County - VA	SN	SN	SN	SN
Northumberland County - VA	SN	SN	SN	SN
Southampton County - VA	12	10	78.3%	49.1%-93.1%
York County - VA	18	17	83.3%	54.9%-95.3%
Chesapeake City - VA	72	65	90.5%	77.6%-96.3%
Franklin City - VA	SN	SN	SN	SN
Hampton City - VA	57	41	69.7%	53.9%-81.9%
Newport News City - VA	46	42	92.9%	78.1%-98.0%
Norfolk City - VA	93	80	79.8%	66.5%-88.7%
Poquoson City - VA	SN	SN	SN	SN
Portsmouth City - VA	28	26	92.4%	71.3%-98.3%
Suffolk City - VA	23	20	81.8%	54.1%-94.5%
Virginia Beach City - VA	94	75	74.1%	61.1%-83.8%
Williamsburg City - VA	SN	SN	SN	SN

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.

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 Tidewater 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 Virginia.

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. 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.

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 %
Virginia	71.9 %	21.1 %	0.6 %	6.5 %	92.3 %	7.7 %	48.5 %	33.9 %	13.9 %
Komen Tidewater Service Area	61.0 %	34.1 %	0.6 %	4.4 %	94.7 %	5.3 %	47.6 %	33.7 %	14.0 %
Accomack County - VA	68.5 %	30.1 %	0.6 %	0.8 %	92.1 %	7.9 %	57.7 %	45.0 %	21.0 %
Gloucester County - VA	88.9 %	9.3 %	0.5 %	1.4 %	97.4 %	2.6 %	55.7 %	40.5 %	16.6 %
Isle of Wight County - VA	71.8 %	26.5 %	0.4 %	1.3 %	97.9 %	2.1 %	57.3 %	41.1 %	16.7 %
James City County - VA	82.5 %	14.1 %	0.4 %	3.0 %	95.4 %	4.6 %	58.9 %	45.0 %	22.6 %
Lancaster County - VA	70.2 %	28.6 %	0.3 %	0.9 %	98.6 %	1.4 %	70.0 %	59.4 %	33.0 %
Mathews County - VA	89.2 %	9.8 %	0.2 %	0.8 %	98.6 %	1.4 %	66.1 %	52.7 %	26.9 %
Middlesex County - VA	81.6 %	17.5 %	0.3 %	0.6 %	99.0 %	1.0 %	67.4 %	54.9 %	27.6 %
Northampton County - VA	59.2 %	39.5 %	0.2 %	1.1 %	94.3 %	5.7 %	61.0 %	49.6 %	24.2 %
Northumberland County - VA	72.8 %	26.5 %	0.3 %	0.4 %	97.4 %	2.6 %	68.8 %	57.5 %	31.2 %
Southampton County - VA	61.2 %	38.0 %	0.4 %	0.4 %	98.8 %	1.2 %	55.5 %	40.0 %	17.7 %
York County - VA	77.6 %	15.1 %	0.6 %	6.7 %	95.3 %	4.7 %	51.0 %	34.6 %	13.6 %
Chesapeake City - VA	63.5 %	32.1 %	0.5 %	3.8 %	95.6 %	4.4 %	48.0 %	32.3 %	12.0 %
Franklin City - VA	40.3 %	58.3 %	0.4 %	1.0 %	98.1 %	1.9 %	53.9 %	41.2 %	19.4 %
Hampton City - VA	43.0 %	53.1 %	0.7 %	3.2 %	95.4 %	4.6 %	47.4 %	34.0 %	14.2 %
Newport News City - VA	51.2 %	44.3 %	0.7 %	3.9 %	92.8 %	7.2 %	43.0 %	30.1 %	12.5 %
Norfolk City - VA	47.0 %	48.1 %	0.7 %	4.2 %	94.0 %	6.0 %	40.3 %	28.8 %	11.6 %
Poquoson City - VA	95.4 %	1.4 %	0.3 %	2.9 %	97.9 %	2.1 %	56.9 %	40.2 %	17.1 %
Portsmouth City - VA	41.9 %	55.9 %	0.6 %	1.6 %	97.1 %	2.9 %	47.2 %	34.8 %	15.2 %
Suffolk City - VA	52.2 %	45.1 %	0.5 %	2.2 %	97.1 %	2.9 %	48.6 %	32.5 %	13.0 %
Virginia Beach City - VA	70.2 %	21.6 %	0.5 %	7.6 %	93.1 %	6.9 %	45.9 %	31.4 %	12.3 %
Williamsburg City - VA	77.7 %	15.5 %	0.4 %	6.4 %	93.4 %	6.6 %	32.8 %	26.2 %	13.6 %

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.

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 %
Virginia	13.4 %	10.7 %	26.9 %	6.5 %	11.0 %	2.7 %	24.5 %	27.2 %	13.3 %
Komen Tidewater Service Area	11.3 %	11.0 %	29.3 %	7.2 %	6.1 %	1.3 %	12.0 %	27.5 %	13.5 %
Accomack County - VA	21.6 %	18.7 %	44.0 %	7.6 %	6.7 %	2.6 %	100.0 %	100.0 %	19.4 %
Gloucester County - VA	12.9 %	8.3 %	28.6 %	5.2 %	1.8 %	0.0 %	64.6 %	26.3 %	14.4 %
Isle of Wight County - VA	14.0 %	9.5 %	24.5 %	6.3 %	2.1 %	0.1 %	57.4 %	100.0 %	11.7 %
James City County - VA	6.9 %	7.1 %	17.7 %	4.6 %	7.4 %	0.9 %	15.9 %	0.0 %	9.9 %
Lancaster County - VA	16.5 %	10.8 %	31.9 %	7.6 %	2.4 %	0.3 %	100.0 %	100.0 %	16.2 %
Mathews County - VA	13.9 %	8.0 %	30.4 %	5.8 %	1.9 %	0.1 %	100.0 %	100.0 %	15.4 %
Middlesex County - VA	13.8 %	7.5 %	31.6 %	4.1 %	2.1 %	0.7 %	100.0 %	100.0 %	16.4 %
Northampton County - VA	21.8 %	20.6 %	45.8 %	8.5 %	5.8 %	1.7 %	100.0 %	100.0 %	19.9 %
Northumberland County - VA	16.9 %	10.8 %	35.6 %	5.2 %	2.3 %	0.0 %	100.0 %	100.0 %	18.2 %
Southampton County - VA	26.1 %	16.1 %	39.7 %	6.4 %	1.2 %	0.2 %	98.0 %	100.0 %	15.0 %
York County - VA	5.3 %	4.1 %	15.5 %	4.5 %	6.9 %	1.2 %	6.1 %	4.5 %	9.6 %
Chesapeake City - VA	10.5 %	7.4 %	22.4 %	6.0 %	4.6 %	0.9 %	7.6 %	12.1 %	11.5 %
Franklin City - VA	23.2 %	22.3 %	45.6 %	13.8 %	2.8 %	0.0 %	3.3 %	100.0 %	16.1 %
Hampton City - VA	10.9 %	14.0 %	33.7 %	8.3 %	5.3 %	0.9 %	0.2 %	34.1 %	14.1 %
Newport News City - VA	10.8 %	14.4 %	35.5 %	8.8 %	7.0 %	2.5 %	0.0 %	18.1 %	15.5 %
Norfolk City - VA	15.2 %	17.1 %	42.9 %	10.4 %	6.8 %	1.9 %	0.0 %	36.1 %	17.7 %
Poquoson City - VA	6.9 %	4.3 %	14.2 %	4.7 %	4.8 %	1.4 %	6.5 %	0.0 %	8.9 %
Portsmouth City - VA	17.4 %	16.7 %	39.9 %	8.2 %	2.9 %	0.6 %	0.0 %	24.0 %	14.9 %
Suffolk City - VA	14.4 %	11.4 %	27.0 %	7.3 %	2.7 %	0.4 %	21.6 %	100.0 %	11.7 %
Virginia Beach City - VA	7.1 %	7.1 %	23.6 %	5.8 %	8.7 %	1.6 %	1.5 %	3.5 %	12.1 %
Williamsburg City - VA	6.4 %	16.1 %	27.0 %	6.5 %	10.3 %	1.9 %	0.0 %	0.0 %	11.9 %

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.

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 Tidewater service area has a substantially smaller White female population than the US as a whole, a substantially larger Black/African American female population, a slightly 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 younger 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 is a slightly smaller percentage of people who are unemployed in the Affiliate service area. The Affiliate service area has a substantially smaller percentage of people who are foreign born and a substantially smaller percentage of people who are linguistically isolated. There is a substantially smaller percentage of people living in rural areas, a slightly smaller percentage of people without health insurance, and a slightly larger percentage of people living in medically underserved areas.

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

- Northampton County
- Franklin City
- Hampton City
- Newport News City
- Norfolk City
- Portsmouth City
- Suffolk City

The following county has substantially larger API female population percentages than that of the Affiliate service area as a whole:

- Virginia Beach City

The following counties have substantially older female population percentages than that of the Affiliate service area as a whole:

- Accomack County
- James City County
- Lancaster County
- Mathews County
- Middlesex County
- Northampton County
- Northumberland County
- Franklin City

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

- Accomack County
- Lancaster County
- Northampton County
- Northumberland County
- Southampton County
- Franklin City
- Portsmouth City

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

- Accomack County
- Northampton County
- Southampton County
- Franklin City
- Norfolk City
- Portsmouth City

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

- Franklin City
- Norfolk City

The following counties have substantially larger percentage of adults without health insurance than does the Affiliate service area as a whole:

- Accomack County
- Northampton County

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 Tidewater service area are progressing toward these targets, the report uses the following information:

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

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

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

Identification of priority areas

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

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

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

Counties are classified as follows (Table 2.6):

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

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

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

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

Affiliate Service Area Healthy People 2020 Forecasts and Priority Areas

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

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

Trends can change for a number of reasons, including:

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

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

Table 2.7. Intervention priorities for Komen Tidewater 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
Gloucester County - VA	Highest	NA	13 years or longer	Rural
James City County - VA	Highest	NA	13 years or longer	Older
Middlesex County - VA	Highest	SN	13 years or longer	Older, rural, medically underserved
Southampton County - VA	Highest	13 years or longer	13 years or longer	Education, poverty, rural, medically underserved
Chesapeake City - VA	Highest	13 years or longer	13 years or longer	
Newport News City - VA	Highest	13 years or longer	13 years or longer	%Black/African American
Portsmouth City - VA	Highest	13 years or longer	13 years or longer	%Black/African American, education, poverty
Virginia Beach City - VA	High	9 years	13 years or longer	%API
Accomack County - VA	Medium High	13 years or longer	6 years	Older, education, poverty, rural, insurance, medically underserved
Isle of Wight County - VA	Medium High	13 years or longer	2 years	Rural, medically underserved
Lancaster County - VA	Medium High	13 years or longer	3 years	Older, education, rural, medically underserved
Suffolk City - VA	Medium High	13 years or longer	1 year	%Black/African American, rural, medically underserved

County	Priority	Predicted Time to Achieve Death Rate Target	Predicted Time to Achieve Late-stage Incidence Target	Key Population Characteristics
Hampton City - VA	Medium	9 years	1 year	%Black/African American, medically underserved
Norfolk City - VA	Medium	11 years	5 years	%Black/African American, poverty, employment, medically underserved
Northampton County - VA	Medium Low	NA	2 years	%Black/African American, older, education, poverty, rural, insurance, medically underserved
Northumberland County - VA	Medium Low	SN	2 years	Older, education, rural, medically underserved
Poquoson City - VA	Medium Low	SN	2 years	
York County - VA	Lowest	Currently meets target	Currently meets target	
Mathews County - VA	Undetermined	SN	SN	Older, rural, medically underserved
Franklin City - VA	Undetermined	SN	SN	%Black/African American, older, education, poverty, employment, medically underserved
Williamsburg City - VA	Undetermined	SN	SN	

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.

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. 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.

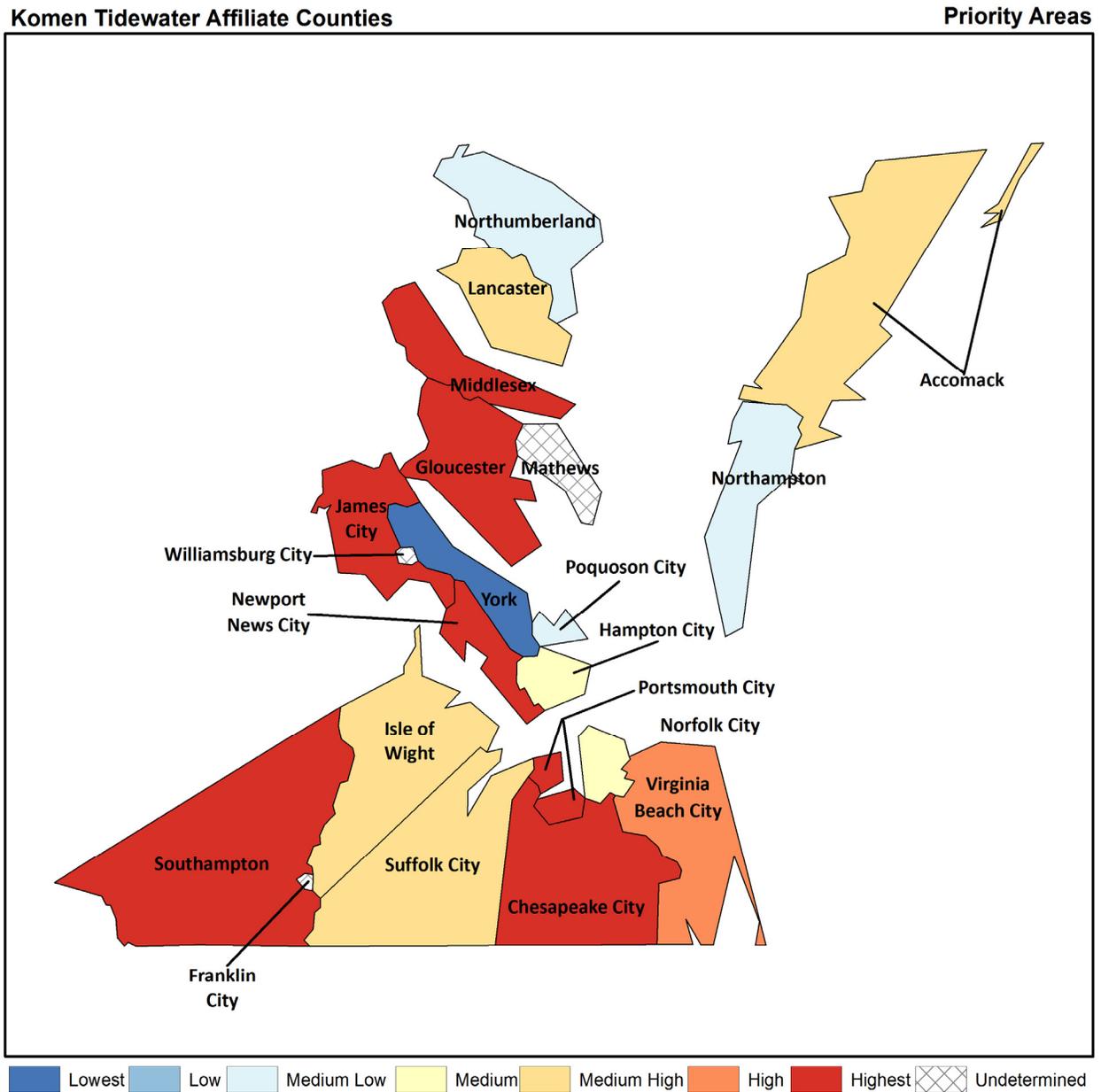


Figure 2.1. Intervention priorities.

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

Seven counties in the Komen Tidewater service area are in the highest priority category. Four of the seven, Southampton County, Chesapeake City, Newport News City and Portsmouth City, are not likely to meet either the death rate or late-stage incidence rate HP2020 targets. Three of the seven, Gloucester County, James City County and Middlesex County, are not likely to meet the late-stage incidence rate HP2020 target.

James City County has an older population. Middlesex County has an older population. Southampton County has low education levels and high poverty rates. Newport News City has a relatively large Black/African American population. Portsmouth City has a relatively large Black/African American population, low education levels and high poverty rates.

High priority areas

One county in the Komen Tidewater service area is in the high priority category. Virginia Beach City is not likely to meet the late-stage incidence rate HP2020 target.

Virginia Beach City has a relatively large API population.

Selection of Target Communities

In order to better understand the impact of breast cancer and the breast health of the Affiliate service area, Susan G. Komen Tidewater has chosen to target three cities for further study. These target cities' key indicators show their populations may have increased vulnerability and may be experiencing gaps in services and/or barriers in access to care.

The Affiliate reviewed Healthy People 2020 (HP2020), a major federal government program that has set specific targets (called objectives) for improving Americans' health by the year 2020. The quantitative data report shows whether cities/counties in the Komen Tidewater service area are likely to meet the two Healthy People 2020 objectives related to breast cancer; reducing breast cancer death rates and reducing the number of late-stage breast cancer diagnoses. Priority cities/counties are identified based on the amount of time it is predicted it will take to reach the HP2020 goals.

Additional key indicators were reviewed when selecting the target cities for further study including, but not limited to:

- Incidence rates and trends
- Death rates and trends
- Late-stage diagnosis rates and trends
- Race/ethnic make-up of the communities
- Education level
- Income levels
- Unemployment rates
- Numbers of medically uninsured

The selected target communities for further study are the cities of Chesapeake, Newport News and Portsmouth. Although these cities have been selected to investigate further, it should be noted that the incidence rate, death rate and late-stage diagnosis rate for the Komen Tidewater service area are all higher than the United States and the Commonwealth of Virginia as a whole. This makes the entire Affiliate service area more vulnerable for gaps in service and barriers to access of care. (The only exception is York County as it has met the HP2020 goals for both death rate and late-stage diagnosis.)

Komen Tidewater service area is also vulnerable to gaps in service and access to care because of the geography of the area. Tunnels and bridges are an integral part of the transportation system. They are perceived as barriers and dividers. As an illustration of this: although there are 21 cities and counties in the Affiliate service area, they are typically identified with one of five communities; Eastern Shore (Northampton Co. and Accomac Co.), Northern Neck (Northumberland Co., Lancaster Co), Middle Peninsula (Mathews Co., Middlesex Co. and Gloucester Co.), Peninsula (James City Co, York Co, Poquoson, Hampton, Newport News and Williamsburg), Western Tidewater (Southampton, Isle of Wight, Franklin City and Suffolk) and Southside (Norfolk, Portsmouth, Virginia Beach and Chesapeake). These communities are defined by the water that separates them.

Another factor that impacts health care in the Affiliate service area is the military presence. There are twenty three bases in the area representing all five branches of the military. Among

them is the largest US Naval base in the free world. The military provides health care for active duty and retired service members as well as their dependents.

Portsmouth

The City of Portsmouth has a female population of 50,110 on average. 41.9 percent are White, 0.6 percent are American Indian and Alaska Native, 1.6 percent are Asian and Pacific Islander, 2.9 percent are Hispanic/Latina while 55.9 percent of the female population is Black/African-American. The Black/African-American population in Portsmouth is substantially higher than the US at 14.1 percent, the Commonwealth of Virginia at 21.1 percent and the Komen Tidewater service area at 34.0 percent. This is noteworthy because of the high breast cancer death rate for Black/African-American women. Not surprisingly, the breast cancer death rate for Portsmouth is 31.9 per 100,000 as compared to the US rate of 22.6 per 100,000, Virginia rate of 20.6 per 100,000 and Affiliate service area rate of 24.0 per 100,000.

Socioeconomic characteristics that adversely affect Portsmouth are education level, poverty, unemployment and the percentage of medically underserved (Table 2.8). All of these characteristics are associated with higher death and late-stage diagnosis rates.

Table 2.8. Portsmouth socioeconomics characteristics

	Portsmouth	Komen Tidewater Service Area	Commonwealth of Virginia	United States
Less than high school education	17.4%	11.3%	13.4%	14.6%
Income below 100% of Poverty	16.7%	11.0%	10.7%	14.3%
Income Below 250% of Poverty	39.9%	29.3%	26.9%	33.3%
Unemployed	8.2%	7.2%	6.5%	8.7%
In Medically Underserved Areas	24.0%	27.5%	27.5%	23.3%

The City of Portsmouth has been chosen as a target community due to the incidence rate, the death rate as well as the late-stage diagnosis rate. Additionally, the trend data are rising. The incidence rate trend is not as much of a concern as the other two indicators as it may be due to more breast cancers being diagnosed. The proportion of women in Portsmouth who self-reported they had a screening mammogram in the last two years was 92.4 percent. This is higher than the US at 77.5 percent, Virginia at 79.8 percent and the Affiliate service area at 81.5 percent.

Portsmouth is also categorized as highest priority based on the number of years needed to reach the Healthy People 2020 goals for breast cancer death rate of 20.6 per 100,000 and late-stage diagnosis rate of 41.0 per 100,000. The health system analysis will take a deeper look at the available breast health services, accessibility of those services and the impact it has on breast health in Portsmouth.

Newport News

The average female population of Newport News is 94,053. The racial/ethnic makeup is 44.3 percent White, 0.7 percent American Indian and Alaska Native, 3.9 percent Asian and Pacific Islander, 7.2 percent Hispanic/Latina and 51.2 percent Black/African-American. This is substantially higher than the US proportion which is 14.1 percent, Virginia at 21.1 percent and the Komen Tidewater service area at 34.1 percent. Again this is noteworthy because the breast cancer death rate for Black/African-American women is so much higher than other populations. The breast cancer death rate for Newport News is 27.5 per 100,000 which is higher than the US rate of 22.6 per 100,000, Virginia rate of 24.0 per 100,000 and the Affiliate service area of 26.1 per 100,000.

Similar to Portsmouth, several socioeconomic characteristics adversely affect the women of Newport News; income, unemployment and lack of health insurance and the percentage of medically underserved (Table 2.9).

Table 2.9. Newport News socioeconomic characteristics

	Newport News	Komen Tidewater Service Area	Commonwealth of Virginia	United States
Income below 100% of Poverty	14.4%	11.0%	10.7%	14.3%
Income Below 250% of Poverty	35.5%	29.3%	26.9%	33.3%
Unemployed	8.2%	7.2%	6.5%	8.7%
No Health Insurance	15.5%	13.5%	13.3%	16.6%
In Medically Underserved Areas	18.1%	27.5%	27.5%	23.3%

The City of Newport News has been chosen as a target community due to, the death rate and the rising late-stage diagnosis rate. The breast cancer incidence rate trend is flat. The incidence rate trend may be due to the proportion of women in Newport News who self-reported they had a screening mammogram in the last two years which is 92.9 percent. This is higher than the US at 77.5 percent, Virginia at 79.8 percent and the Affiliate service area at 81.5 percent. Just as with Portsmouth, it is concerning that the screening mammogram rate is so high and the late- stage diagnosis rate is still rising.

Newport News is categorized as highest priority based on the number of years needed to reach the Healthy People 2020 goals for late-stage diagnosis rate of 41.0 per 100,000 for breast cancer and breast cancer death rate of 20.6 per 100,000. It expected that Newport News will take more than thirteen years to meet either one of these goals even with the current trend data showing it is favorable for the breast cancer death rate.

The health systems analysis will provide insight into possible gaps in the continuum of care and identify possible issues with access to care. Additionally, the analysis will look to identify factors that would explain why the late-stage diagnosis rate is rising when the mammogram screening level is so high. Routine screening mammograms have proven successful in diagnosing breast cancers at earlier stages as well as lowering the death rate from breast cancer.

Chesapeake

There are 112,816 women in the City of Chesapeake on average making it the third largest female population group in the Komen Tidewater service area. 63.5 percent of the women are White, 0.5 percent are American Indian and Alaska Native, 3.8 percent are Asian and Pacific Islander, 4.4 percent are Hispanic/Latina and 32.1 percent are Black/African-American. These numbers are not significantly different from those of the Affiliate service area as a whole.

Chesapeake is primarily an urban area with 7.6 percent considered rural. The population is relatively young with only 12 percent of the females being 65 years or older. There are fewer foreign born and linguistically isolated than that in the Affiliate service area, Virginia and the US.

The female population fairs better in the key socioeconomic characteristics than the Affiliate service area, the Commonwealth of Virginia and the US as a whole (Table 2.10).

Table 2.1.0 Chesapeake socioeconomic characteristics

	Chesapeake	Komen Tidewater Service Area	Commonwealth of Virginia	United States
Less than high school education	10.5%	11.3%	10.7%	14.6%
Income below 100% of Poverty	7.4%%	11.0%	10.7%	14.3%
Income Below 250% of Poverty	22.4%	29.3%	26.9%	33.3%
Unemployed	6.0%	7.2%	6.5%	8.7%
No Health Insurance	11.5%	13.5%	13.3%	16.6%
In Medically Underserved Areas	12.1%	27.5%	27.5%	23.3%

These characteristics are important because they help identify those groups of women who are most likely to be in need of services. They may also be used to explain why there are gaps in service or the continuum of care. Since all of the characteristics seem to have a smaller impact on Chesapeake than on the Affiliate service area as a whole, Virginia as a whole and the US as a whole; this data does not point to any one group of women who may be in need of services. Chesapeake is considered highest priority because it is predicted it will take more than 13 years to meet the HP 2020 breast cancer goals for death rate and late-stage diagnosis rate. The death rate trend is favorable in that it is decreasing at -1.5 percent. The incidence rate of 136 per 100,000 women is higher than the Affiliate service area at 130.4, Virginia at 124.8 and the US at 122.1. The incidence rate is increasing by 2.5 percent. The late-stage diagnosis rate trend is increasing at an even higher rate of 3.4 percent. This is most concerning as the self-reported screening mammography rate is quite high at 90.5 percent. The self-reported screening mammography rate for the Affiliate service area is 81.5 percent, the state is 79.8 percent and the rate for the US is 77.5 percent. Screening mammograms are considered the best way to detect breast cancer at earlier stages.

An in-depth analysis of the health care system is needed to provide some understanding of breast health needs and barriers and/or gaps in services in the City of Chesapeake. This will help identify which women are in need and what services are needed to decrease the predicted time it will take to meet the Healthy People 2020 goals.

Health Systems and Public Policy Analysis

Health Systems Analysis Data Sources

Various sources were used in the data collection of the facilities and services offered in the Komen Tidewater service area. The information from the Food and Drug Administration (FDA), Medicare, National Association of County and City Health Officials, Health and Human Services Administration and the National Association of Free and Charitable Clinics was used to identify FDA certified mammography centers, hospitals that are registered with Medicare, local health departments, community health centers, free clinics and other health facilities. Accreditations and certifications were identified using information from the following: American College of Surgeons Commission on Cancer, American College of Radiology Centers of Excellence, American College of Surgeons National Accreditation Program for Breast Centers (NAPBC) and National Cancer Institute Designated Cancer Centers in each selected target population. Komen Tidewater previously assembled a 2013 Breast Cancer Resource Guide for Southeastern Virginia, to provide a wide range of resources and information for women in the service area. This guide provided a beneficial cross reference to the resources listed above and presented local resources including: Hospitals/medical offices, free and low cost clinics, health departments, oncology, mammography, support groups, survivors lymphedema/therapy, hospice, home health, transportation, lodging, financial and legal assistance. Internet resources included education, survivor support, financial support, and the providers for Virginia's Every Women's Life program. Primarily internet searches were used to acquire the facilities' respective websites in order to determine the specific services offered at each location. When a facility's website was found lacking information regarding services, phone calls were used to acquire the information. Phone calls were especially useful in gathering information for the city health departments, free clinics and community health centers. Lastly, internet searches via Google were used to find Support and Survivorship Services for side effect management, such as mastectomy and prosthetic boutiques and federally approved hospice services.

Komen Tidewater Community Profile Team reviewed and analyzed the resources identified for each targeted city, 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 allowed the Community Profile Team to specifically examine any gaps or overlaps of services in the continuum of care (CoC). Additionally, the amount of services offered corresponding with the total population of each target population was also observed and compared between target populations. This allowed the Community Profile Team to discern 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 large military presence in the Affiliate service area and the services offered in the target populations that active or retired military exclusively have access to, and how that may impact the services in the CoC for civilians.

Health Systems Overview

The Breast Cancer Continuum of Care (CoC) is a model (Figure 3.1) that shows how a woman typically moves through the health care system for breast care. Ideally, a woman would move 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.

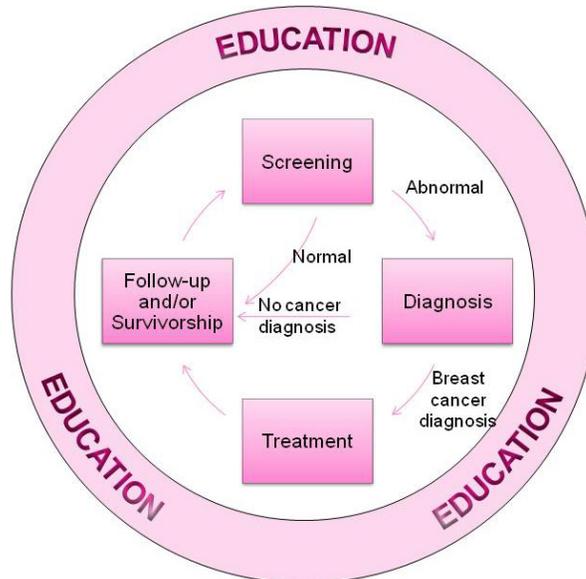


Figure 3.1. Breast Cancer Continuum of Care (CoC)

While a woman may enter the continuum at any point, ideally, a woman would 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 loop back into follow-up care, where she would get 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, possibly several, 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 age 40 or over. Education plays a role in communicating the importance of proactively getting test results, keeping follow-up appointments and understanding what it all means. Education can empower a woman and help manage anxiety and fear.

If breast cancer is diagnosed, she would proceed to treatment. Education can cover such topics as treatment options, how a pathology report 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 illustrates that follow up and survivorship come after treatment ends, they actually may occur at the same time. Follow up and survivorship may include things like navigating insurance issues, locating financial assistance, and symptom management such as pain, fatigue, sexual issues, bone health, etc. Education may 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 outcomes. There are also many reasons why a woman does not enter or continue in the breast cancer CoC. These barriers can include things such as lack of transportation, system issues including 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.

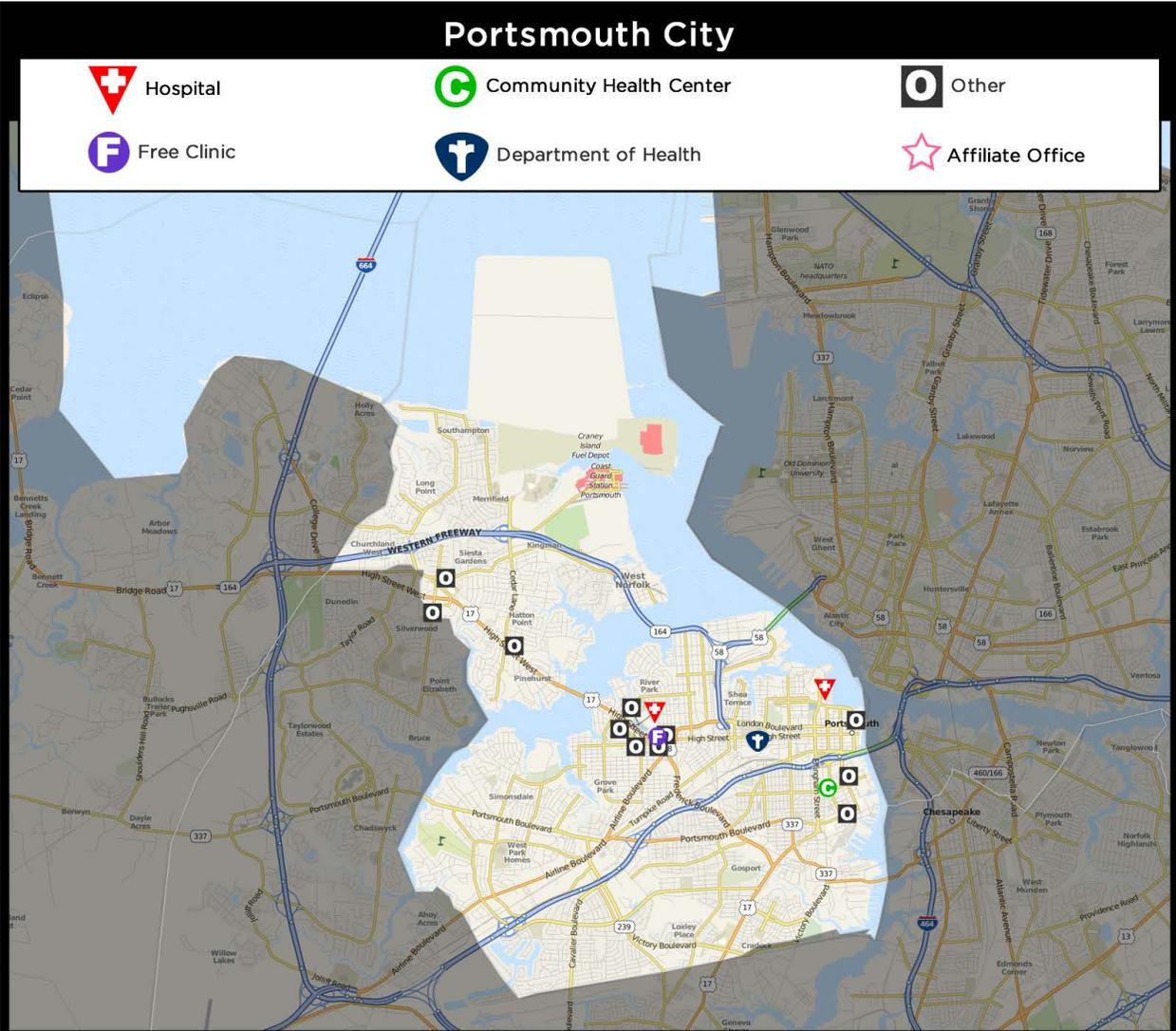
Portsmouth

The City of Portsmouth, VA has an annual average female population of 50,110. The services and facilities available for women's breast health across all levels of the CoC were documented (Figure 3.2). There are two hospitals that serve Portsmouth, Bon Secours Maryview Medical Center and Naval Medical Center Portsmouth. Naval Medical Center Portsmouth is a military facility that only serves active duty and retired military personnel and dependents; therefore civilians are not accepted at this hospital. Both Naval Medical Center Portsmouth and Bon Secours Maryview Medical Center offer services that span screening, diagnostics, treatment, and support and survivorship. In Portsmouth, there is one additional diagnostic facility; the Breast Care Center at Delta Oncology Associates. The Martha W. Davis Treatment Center, Bon Secours Maryview Medical Center Outpatient Infusion Center, and the Breast Care Center at Delta Oncology Associates are the three breast cancer treatment facilities in Portsmouth. However, the Outpatient Infusion Center only offers chemotherapy and radiation treatments. The Portsmouth Health Department provides screening by clinical breast exams, though does not offer screening mammogram services. The City of Portsmouth has one community health center, the Portsmouth Community Health Center, and one free clinic, Bon Secours Maryview Foundation Center, that offer screening clinical breast exams and financial assistance. Bon Secours Maryview Foundation Center also offers screening and diagnostic mammograms. In addition, there are three hospice and end of life care facilities in Portsmouth. Portsmouth also offers five locations with diverse support and survivorship services including exercise programs, nutrition counseling, and mastectomy and prosthesis boutiques.

Portsmouth is divided into seven different zip code areas. The majority of services in Portsmouth are centralized in the 23707 zip code. A major weakness in Portsmouth is the lack of facilities and services available to women, which offer few options and choices. The lack of services could be a potential reason for outsourcing to medical treatment to different cities and be a contributing factor to possible gaps in the CoC.

Residents of the City of Portsmouth use services at Sentara Norfolk General Hospital and Eastern Virginia Medical School (EVMS) both located in the City of Norfolk. There is no Every Woman's Life (Virginia's BCCEDP program) provider in Portsmouth; EVMS, in Norfolk, is the designated provider. In order to access these resources one must cross the Elizabeth River using two different tunnels that lead from Portsmouth to Norfolk. This has become a more substantial issue as there are now tolls on both tunnels. Additionally, there is limited public transportation to Norfolk from Portsmouth which could be a major contributor to the gaps throughout the CoC in Portsmouth.

The key partner in Portsmouth that provides screening and diagnostic mammograms is Bon Secours Maryview Foundation Center, which is associated with Bon Secours Maryview Hospital. Although not physically located in Portsmouth, Sentara Norfolk General Hospital, through their community grants, is also a key partner in the Affiliate's efforts to meet the breast health needs of the under- and uninsured in Portsmouth. Eastern Virginia Medical School, located in Norfolk, is the Every Women's Life provider for Portsmouth. Twenty churches in Portsmouth provide information and education regarding breast health through their participation in health fairs and Pink Sunday events. The Affiliate continues to work toward identifying additional resources to meet the needs in Portsmouth, as well as providing grant opportunities for those resources that are currently available in Portsmouth.



Statistics

Total Locations in Region: 16

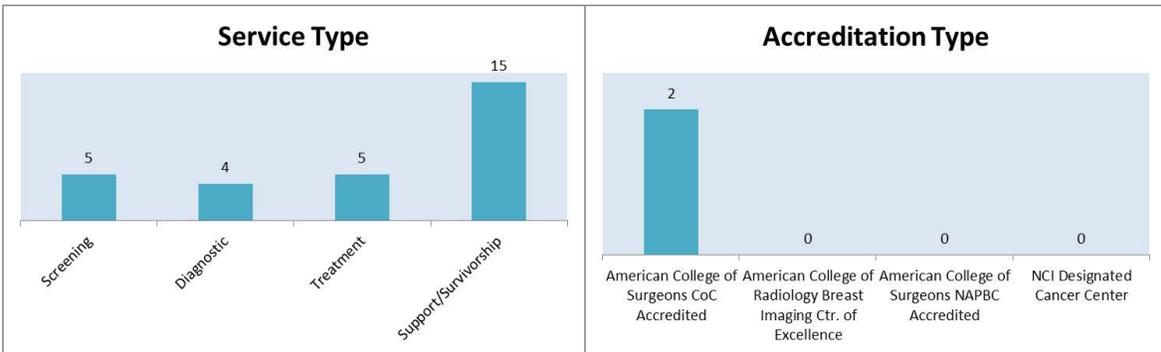


Figure 3.2. Breast cancer services available in Portsmouth

Newport News

The annual average female population in the City of Newport News, VA is 94,053 women. The breast health services and facilities available in Newport News were documented among all levels of the CoC (Figure 3.3). There are three hospitals, Riverside Regional Medical Center, Bon Secours Mary Immaculate Hospital, and McDonald Army Community Hospital located in the City of Newport News. Riverside Regional Medical Center and Bon Secours Mary Immaculate Hospital both offer a full range of services among all levels of the CoC including: screening, diagnostic, treatment, patient navigation and support and survivorship. Riverside Regional Medical Center is both American College of Surgeons Commission on Cancer accredited and American College Surgeons NAPBC accredited. McDonald Army Community Hospital also offers screening, diagnostics, treatment, and support and survivorship; however only serves active duty or retired military and dependents. In addition to all three hospitals, there are five screening and diagnostic centers in Newport News including: the Dorothy G. Hoefer Comprehensive Breast Center, Riverside Diagnostic and Breast Imaging Center, Virginia Oncology Associates at Port Warwick III, Mid-Atlantic Imaging Center, and TPMG Imaging Center. The Dorothy G. Hoefer Comprehensive Breast Center is an American College of Radiology Breast Imaging Center of Excellence and American College of Surgeons NAPBC accredited and Riverside Diagnostic and Breast Imaging Center is also an American College of Radiology Breast Imaging Center of Excellence. Besides the three hospitals, Virginia Oncology Associates at Port Warwick III is the only additional treatment center in Newport News. The Newport News Health Department provides screening by clinical breast exams, however does not offer screening mammogram services. There are four community health centers in Newport News that are branches of Southeastern Virginia Health System: Peninsula Institute for Community Health: 48th Street, Stoneybrook Physicians, East End Physicians, and Healthcare for the Homeless. Furthermore, in Newport News there are two free clinics, Community Free Clinic of Newport News and Peninsula Christian Free Clinic, and seven hospice and end of life care facilities. Additionally, there are eight facilities that offer support and survivorship services that range from physical therapy and nutrition counseling to mastectomy and prosthetic boutiques.

The City of Newport News contains eight areas with different zip codes. Breast health services and providers were dispersed among the different zip codes with the exception of the 23604 zip code. However, a weakness of Newport News breast health services is the majority of services are clustered in the 23601 and 23606 zip code areas, which is evident of gaps in locations of services across the city. A key strength of the City of Newport News is that the city contains various options for services, ranging the entire CoC, with many different facilities for women to choose from. Also, there are various providers that offer financial assistance, such as free clinics and community health centers.

Riverside Hospital, Sentara Dorothy G. Hoefer Comprehensive Breast Center and Southeastern Virginia Health Systems are the key partners in Newport News. These partners provide or have provided direct services such as screening, diagnostics and treatment support. The Newport News City Jail partners with Komen Tidewater allowing volunteers to provide breast self-awareness training to the inmates once a month. Twenty-six churches in Newport News partner with the Affiliate by educating their congregations through health fairs and Pink Sunday events. Lackey Free Clinic (located in Yorktown) is another key mission partner that serves the Newport News community. Komen Tidewater also partners with Sisters Network to provide breast self-

awareness information to underserved populations in Newport News. The Affiliate will continue to partner with all of the resources in the city through grant opportunities and assisting with educational outreach.

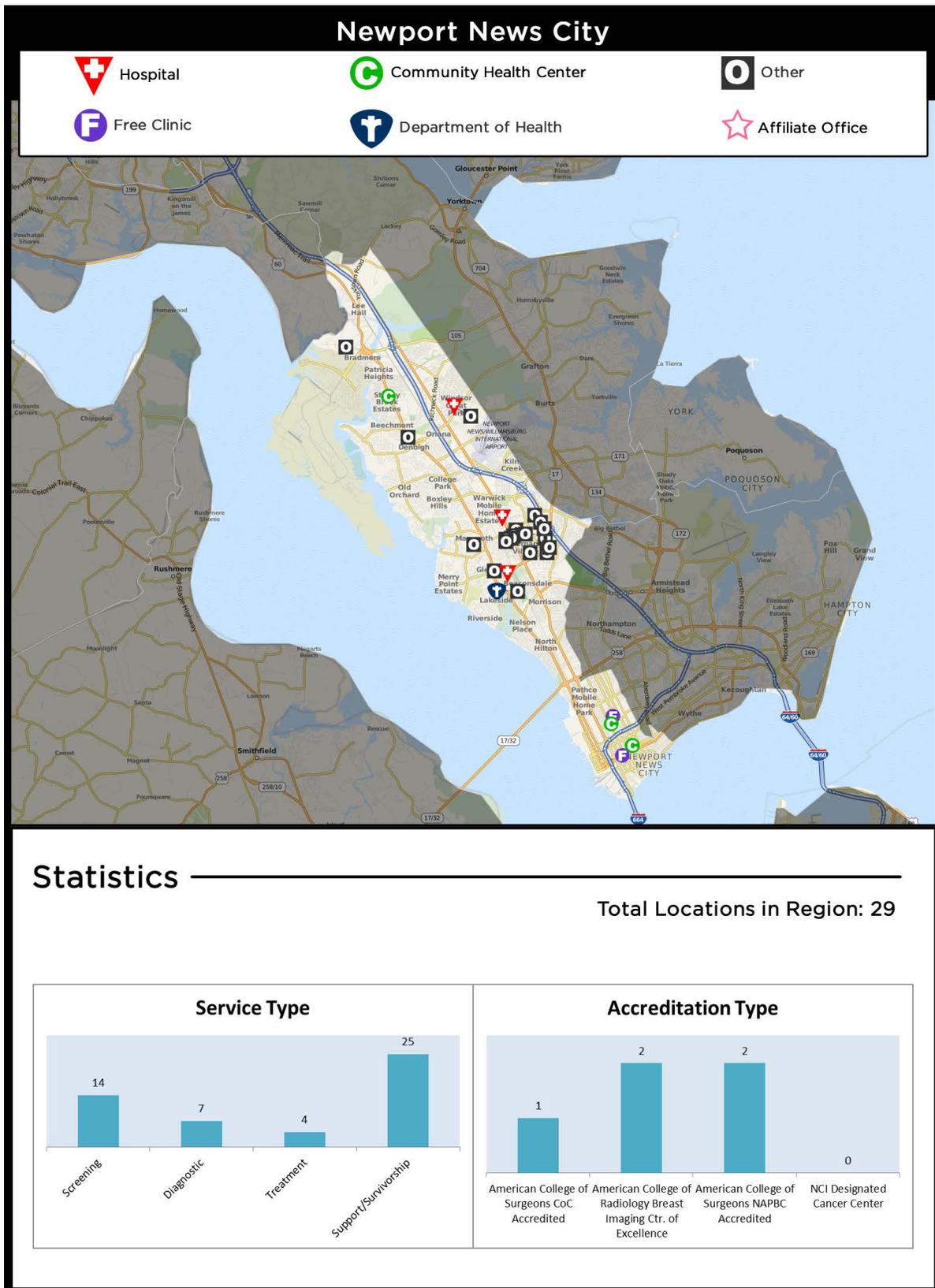


Figure 3.3. Breast cancer services available in Newport News

Chesapeake

In the City of Chesapeake, VA the annual average female population is 112,816 women. The facilities and breast health services available that are accessible to women in Chesapeake, among all levels of the CoC, were identified (Figure 3.4). In Chesapeake, there is one hospital that serves the entire city, Chesapeake Regional Medical Center, which encompasses The Breast Center and the Sidney M. Oman Cancer Center. Chesapeake Regional Medical Center offers services that include screening, treatment, patient navigation and support and survivorship and is accredited by the American College of Surgeons Commission on Cancer and the American College of Surgeons NAPBC. However, the Chesapeake Regional Medical Center has an outpatient diagnostic center, The Diagnostic Center of Chesapeake, which houses The Breast Center which is an American College of Radiology Breast Imaging Center of Excellence. There are three additional diagnostic centers in Chesapeake; Delta Oncology Associates, Sentara Advanced Imaging Center, and Mid-Atlantic Imaging Center. Also, there are two additional treatment centers, Delta Oncology Associates and Virginia Oncology Associates. The Chesapeake Health Department offers screening clinical breast exams and screening mammograms. There are nine facilities that offer support and survivorship services that range from physical therapy and nutrition counseling to mastectomy and prosthesis boutiques. Chesapeake's only free clinic, Chesapeake Cares, participates in the Every Women's Life program which provides screening clinical breast exams and mammograms. Also, the only community health center, Chesapeake Community Health Center, offers screening clinical breast exams on a sliding scale payment system. Additionally, there are five hospice and end of life care facilities in Chesapeake. Tricare Prime Chesapeake is also a screening facility that performs mammograms and clinical breast exams onsite, however only active or retired military and dependents have access to this facility.

The City of Chesapeake is divided into six zip-code areas. Chesapeake Regional Medical Center and all additional screening, diagnostic and treatment centers are all located in the 23320 zip-code area. The Chesapeake Health Department is also located in the 23320 zip-code area. Several support and survivorship services are located in the 23321 and 23322 zip codes. The major weakness found in the City of Chesapeake was the location of the services; the majority of all services are centrally located in the vicinity of Chesapeake Regional Medical Center, allowing for potential gaps and outsourcing of patients to more conveniently located facilities among the other five zip-code areas. Another potential weakness is that there is only one hospital in the City of Chesapeake, and it is an independent organization that is not part of the two main health care systems in the Tidewater Area, Riverside and Sentara. Some patients in Chesapeake may have to travel to Norfolk and Suffolk where the services they need are covered by their health system. Important strengths of the City of Chesapeake are the several choices and options for women regarding facilities and services at each level of the CoC.

Chesapeake Regional Medical Center and the Chesapeake Health Department are key partners for Komen Tidewater in Chesapeake. Both have received community grant funding for screenings, diagnostics and survivorship programs in the past. Additionally, the Affiliate partners, on an ongoing basis, with 15 churches in Chesapeake that participate in Pink Sundays which educate and advocate for breast self-awareness and early detection. Komen Tidewater will continue to collaborate with Chesapeake Regional Medical Center and the Chesapeake Health Department by offering grant opportunities and assisting with educational outreach. The

Affiliate will work to strengthen its relationship with the community health center and free clinic by offering grant opportunities and developing an effective referral program.

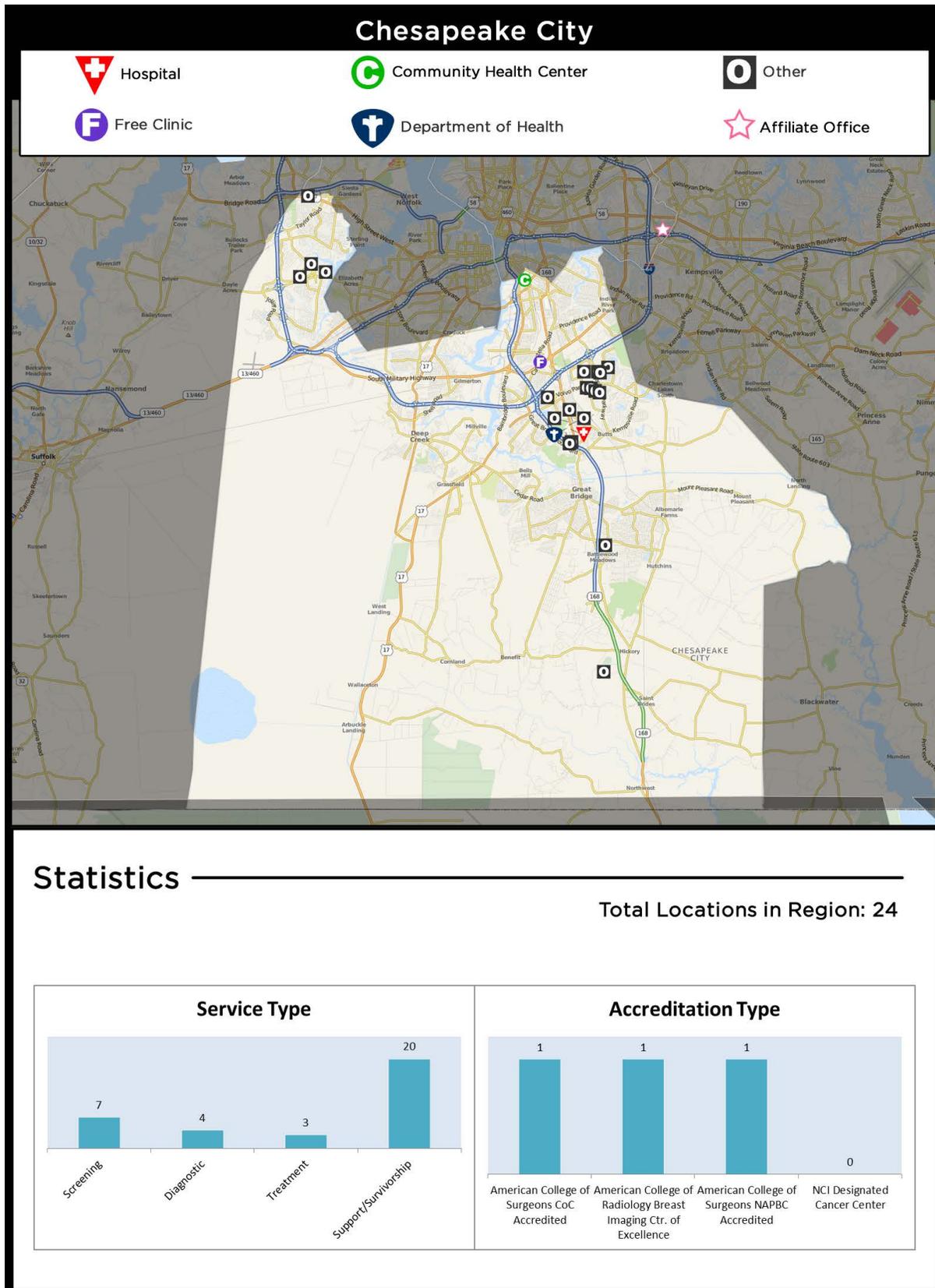


Figure 3.4. Breast cancer services available in Chesapeake

Public Policy Overview

National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

The Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354) established the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The program provides breast and cervical cancer screening exams to underserved women, including those who are older, have low incomes, or are members of racial and ethnic minority groups. The program operates in all 50 states, the District of Columbia, five US territories, and 11 American Indian/ Alaska Native organizations.

Virginia Breast and Cervical Cancer Early Detection Program

The Virginia Breast and Cervical Cancer Early Detection Program, also known as Every Woman's Life (EWL), has been screening women since 1997. The mission of the program is to provide high-quality breast and cervical screening, diagnostic and health services to low-income, uninsured women in the most cost efficient manner.

To be eligible to receive screening services, women must live in Virginia, be between the ages of 18-64, have no health insurance or be underinsured, and have an annual income at or below 200 percent of the Federal Poverty Level (FPL). In July 2006, the program expanded services to younger women, ages of 18-39, that are symptomatic for breast and/or cervical cancer. All other eligibility criteria

Women 40-64 years of age can receive routine breast and cervical screening exams, including a clinical breast exam and mammogram. Women with an abnormal screening result receive additional diagnostic tests to rule out the presence of cancer. If pre-cancer or cancer is diagnosed, women are referred to the Breast and Cervical Cancer Prevention and Treatment Act (BCCPTA) for complete Medicaid coverage. In contrast, women 18-39 years of age are enrolled into the program only if they have an abnormal breast or cervical screening result (e.g., palpable mass confirmed through a clinical breast exam) and are in need of further diagnostic procedures. If pre-cancer or cancer is diagnosed, the woman is referred for treatment coverage under the BCCPTA.

The program is operated through 33 local providers with statewide oversight provided by EWL staff at the Virginia Department of Health. Local EWL providers include health departments, free clinics, federally qualified health centers and large health systems. The 33 providers in turn have an extensive network of sub-providers that provide screening and diagnostic services in almost every locality across the state. There are eight EWL providers in the Affiliate service area. Chesapeake Health Department and Chesapeake Care Free Clinic are providers in Chesapeake. Riverside Cancer Services and Southeastern Virginia Health Systems provide EWL services to residents of Newport News. There are no EWL providers in Portsmouth. Portsmouth residents are referred to Eastern Virginia Medical School in Norfolk for services. Women in need of EWL services can locate a provider through the toll free line 1-866-395-4968 (1-866-EWL-4YOU).

EWL services are funded through the CDC's National Breast and Cervical Cancer Early Detection Program and state general funds. Virginia receives approximately \$2.4 million annually in grant funds to implement EWL. Approximately 88 percent of grant funds (\$2.1

million) are passed directly on to EWL providers to provide screening and diagnostic services to low-income, uninsured or underinsured women 40-64.

It is estimated that 58,297 women age 40-64 in Virginia are eligible for the EWL program, but funding will allow for only 6,767 – or 12 percent - to be served in 2014. Through the Komen Community Grants program, Komen Affiliates have worked to fill the remaining need by supporting providers who offer the EWL Program. Southeastern Health Systems and Riverside Cancer Services (both located in Newport News) are 2014 Tidewater Komen Community Grantees whose grants augment the EWL program to increase the number of women served.

Breast and Cervical Cancer Prevention and Treatment Act

The Breast and Cervical Cancer Prevention and Treatment Act (BCCPTA) was signed into law in 2000, establishing a new state coverage option under Medicaid. This important legislation permitted states to extend Medicaid to uninsured women under 65 who were screened and/or diagnosed with breast or cervical cancer under the Centers for Disease Control and Prevention (CDC) funded National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The BCCPTA Medicaid coverage option was a groundbreaking effort to use population-wide public health screening programs like the NBCCEDP as pathways for publicly funded health insurance, such as Medicaid, for uninsured women diagnosed with an illness. Women in Virginia must be screened and/or diagnosed through the Virginia Breast and Cervical Cancer and Early Detection Program (VABCCEDP, known as EWL in Virginia) in order to be eligible for treatment under the BCCPTA.

Komen Tidewater works with the Every Woman's Life providers in the Affiliate service area by providing grant funding to ensure that as many women as possible will be screened and, when necessary, receive diagnostic services.

State Cancer Control Programs

The Center for Disease Control started the National Comprehensive Cancer Control Program (NCCCP) to help states, tribes, and territories form coalitions to fight cancer. State Comprehensive Cancer Control (CCC) program activities include: implementation of strategies designed to reduce cancer risk, promote healthy lifestyles, ensure access to screenings/diagnostic technologies and improve the quality of treatment and support services to enhance survivorship.

A key element of CCC is the formation and ongoing work of a CCC coalition. In Virginia, the Cancer Action Coalition of Virginia (CACV) consists of diverse organizations who are involved in cancer control and who commit to work together in order to:

- Leverage their collective strengths and resources
- Document areas of greatest need and gaps in cancer related efforts
- Identify efforts that no one organization would do alone, and
- Avoid duplication of activities

CACV was organized by the Virginia Department of Health in 1998 for the purpose of writing a statewide cancer plan. Today, CACV not only develops the state cancer plan, but meets quarterly to inform organizations and individuals about current cancer issues and facilitates statewide collaborations focused on the objectives in the state plan. The plan includes goals which are managed by four multi-organization action teams: Prevention, Early Detection,

Treatment, and Survivorship and Palliative Care. Komen Affiliates in Virginia are members of the Coalition and are represented on the Early Detection Action Team.

Early detection means finding cancer when there are no symptoms or signs of a problem. For many types of cancer, it is easier to treat and cure cancer if it is found early. Members of the Early Detection Action Team work collaboratively towards the goal, for all Virginians, of being diagnosed with cancer at its earliest (local), most curable stage. Populations that are medically underserved and socioeconomically disadvantaged with respect to access to care are priorities. Based on Virginia incidence and death data, the Early Detection Team focuses on four cancers: breast, cervical, colon, and prostate. The priority objectives for Early Detection in the 2013-2017 Virginia Cancer Plan are to:

- Increase cancer screening rates among Virginians by 10 percent.
- Increase the dissemination of public information of age-appropriate, evidence-based, comprehensive cancer screening guidelines and resources and encourage an increase in educational activities in the Virginia health districts with the highest death rates.

The mission work of Susan G. Komen aligns with the early detection activities of the Virginia Cancer Plan by empowering people with the knowledge of breast health and ensuring access to quality care for all.

Besides membership in the Cancer Action Coalition of Virginia, Komen Tidewater is also a member of the Peninsula Cancer Action Coalition whose primary function is to identify and disseminate information regarding local efforts and events in the Tidewater area that promote early detection and screening.

The Affordable Care Act

In 2010, the Patient Protection and Affordable Care Act (ACA) was enacted to provide the following benefits to patients:

- Preventive services including mammograms are available at no cost through Medicare and through some new private insurance companies.
- Medicare participants receive help with their drug costs.
- Young adults can stay on their parents' insurance policies until age 26.
- No lifetime limits on health coverage.
- Americans are able to purchase health insurance through a health marketplace exchange.
- It is illegal to deny adults (in addition to the earlier provision for children) insurance coverage because of a pre-existing condition.
- Every state will have the option to expand the Medicaid program to cover all low-income individuals at or below 133 percent of the federal poverty level (FPL) (\$15,282 for an individual in 2013).

According to a report on Virginia's uninsured prepared by The Urban Institute (2014) for The Virginia Health Care Foundation, prior to the enactment of the Affordable Care Act:

- An estimated 14.3 percent of Virginians under the age of 65, or 984,000 individuals, were without health insurance.
- Nonelderly adults (age 19 to 64) constituted 89.0 percent of the uninsured in Virginia.
- More than 71 percent of the uninsured were part of a working family.

- Over 70 percent of uninsured Virginians were living in families with incomes at or below 200 percent of the federal poverty level.
- Just under half of the uninsured in Virginia were Non-Hispanic White (47.1 percent); 23.0 percent were Black/African American; and 19.2 percent were Hispanic/Latino.

Virginia elected the implementation of a federally-facilitated marketplace insurance exchange, which currently includes nine insurers for enrolling citizens of Virginia. As of April 19, 2014, 26.3 percent of the estimated potential enrollees, or 216,356 individuals, had selected insurance plans through the exchanges (The Henry J Kaiser Family Foundation, 2014).

Virginia currently offers Medicaid coverage for all children up to 133 percent of the federal poverty level, but the State only covers parents up to 30 percent of the federal poverty level (approximately \$6,600 in income for a family of four) and offers no coverage to childless adults (The Commonwealth Institute, 2010).

As of July 2014, the Virginia General Assembly has not opted to expand Medicaid coverage to an estimated 400,000 low income citizens by approving a budget that did not include funds for Medicaid expansion. The Governor of Virginia intends to expand health coverage, with or without legislative approval, using federal funds that are available under the Affordable Care Act.

All of the hospital systems in Virginia have advocated for the expansion of Medicaid, because they recognize that everyone should have a medical home where they can receive consistent care. The lack of Medicaid expansion and the coverage of health care costs can potentially result in these outcomes:

- The health of uninsured individuals can suffer severely: lower five-year survival rates, higher late-stage diagnosis rates of cancers, and lower rates for screening tests (Virginia Breast Cancer Foundation 2014).
- Medical needs are unmet: 60 percent of low income uninsured had unmet needs, because of financial difficulty in paying for health care (The Urban Institute, 2014).
- The uninsured receive less preventive care and recommended screenings than the insured. Uninsured older adults (ages 50-64) were far less likely than their insured counterparts to report having been screened for cancer in the past five years (The Henry J Kaiser Family Foundation, 2013).

Uninsured, resident women in Virginia have been routinely referred to the Every Woman's Life program, a breast and cervical cancer screening program for low income residents. The program works closely with Medicaid when a woman is diagnosed with cancer to cover all treatments. But due to limited government funding, it is estimated that only 12 percent – or 6,767 women in Virginia – who are eligible for the program will be served in 2014.

Through grant funding, Komen has provided much needed diagnostics and screening services for uninsured women in Virginia. However, Komen's grant funding does not nearly close the gap for the more than 51,000 remaining eligible women who cannot be served by the Every Woman's Life program.

Komen, along with other organizations, has advocated at the state legislative level for the expansion of Medicaid to close the health coverage gap. Until all Virginians have access to

affordable health care, Komen will continue its advocacy efforts to ensure the availability of the full-range of breast health services to low-income women, including cancer screening, diagnostics and treatment.

Affiliate Public Policy Activities

Susan G. Komen® recognizes that, in order to achieve its mission, scientific progress must be complemented by sound public policy. Through government action, broad, systemic, lasting change can be made in the fight against breast cancer. This means that Komen—as a patient advocacy organization with first-hand knowledge of how breast cancer touches local communities—must engage policymakers and government as partners in its efforts to end breast cancer forever.

Each year, Komen works to identify, through a broad-based, intensive vetting and selection process, the policy issues that have the greatest potential impact on Komen’s mission. This process includes the collection of feedback from Komen Headquarters leadership, policy staff, and subject matter experts; Komen Affiliates from across the country; advisory groups including the Public Policy Advisory Council (PPAC), Advocates in Science (AIS), and Komen Scholars; and other stakeholders with a vested interest in breast cancer-related issues. Komen’s state and federal advocacy priorities include, but not limited to:

- Protecting federal and state funding for the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), to ensure all women have access to potentially lifesaving breast cancer screening;
- Ensuring continued federal investment in cancer research through the National Institutes of Health (NIH), National Cancer Institute (NCI) and Department of Defense (DOD), to discover and deliver the cures;
- Requiring insurance companies provide coverage for oral anti-cancer drugs on a basis that is no less favorable than what’s already provided for intravenously administered chemotherapy, to protect patients from high out-of-pocket costs; and
- Expanding Medicaid coverage to ensure the availability of the full-range of breast health services to low-income women, including cancer screening, diagnostics and treatment.

In Virginia, Komen Affiliates work to inform their legislators and the wider community of the priority policy issues. Every year in February, the Affiliates join with the Virginia Breast Cancer Foundation, the American Cancer Society, the Sisters Network, and other breast cancer stakeholders for Lobby Day at the Virginia General Assembly. Meetings organized by the Virginia Breast Cancer Foundation are held with almost every Senator and Representative in the legislature. Teams of volunteers, survivors, and organization staff members share information about the importance of expanding Medicaid coverage and protecting funding for the NBCCEDP so that women will have access to breast health and breast cancer services (Priorities one and four). In 2013, Komen worked with its partner organizations to successfully gain coverage in Virginia for oral anti-cancer drugs.

Komen strives to raise awareness in the community about the priority public policy issues through email and social media communications with its partners and constituents. Every Komen Affiliate has access to a comprehensive Campaign Tool Kit that provides guidance on advancing advocacy efforts at the state level.

Komen Tidewater is a member of the Cancer Action Coalition of Virginia and continues to participate in the Early Detection Action Team. Additionally, the Affiliate is a member of the

Cancer Action Coalition for the Peninsula. The Affiliate collaborates with the Virginia Breast Cancer Foundation by participating in Virginia Lobby Day. The Affiliate uses social media (email, Facebook, etc.) to educate its volunteers on the advocacy priorities Komen has identified and to alert them to issues that need to be brought to the attention of legislators.

Komen Tidewater will continue to advocate for the expansion of Medicaid; the increase in funding of the NBCCDP and EWL at the state level and the continuation of federal investment in cancer research through the National Institutes of Health (NIH), National Cancer Institute (NCI) and Department of Defense (DOD).

Health Systems and Public Policy Analysis Findings

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. This could be especially important with diagnostics as all target communities have high levels of screening, but show high rates of late-stage diagnosis which is indicative of a gap in the CoC. Attempting to discover exactly where these gaps may be will be a goal of future qualitative data collection, in order to address the barriers women face at each stage (and transitions between stages) throughout the CoC. These barriers include transportation, system issues including long waits for appointments and inconvenient clinic hours, language barriers, fear, and lack of information - or inaccurate information. 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. Also, many of the women in Portsmouth 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. The geography of the Komen Tidewater service area provides both physical and psychological barriers/dividers between communities; tunnels and bridges are integral components of the transportation system. 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 need for reliable public transportation for people who need to access the health system is an important component that needs to be addressed.

Key partners in Portsmouth include Bon Secours Maryview Foundation Center, Sentara Norfolk General Hospital (although not physically in Portsmouth it is a major provider to the women in Portsmouth), and Eastern Virginia Medical School as the Portsmouth provider for Every Women's Life. Newport News provides many partners with the Affiliate including: Riverside Regional Medical Center, Sentara's Dorothy G. Hoefer Comprehensive Breast Center, Southeastern Virginia Health Systems, Newport News City Jail, Lackey Free Clinic (in Yorktown), and Sisters Network. Chesapeake Regional Medical Center and the Chesapeake Health Department are the Affiliate's key partners in Chesapeake. Komen Tidewater partners with churches in Portsmouth, Newport News and Chesapeake that participate in health and wellness fairs and Pink Sundays. Komen Tidewater will continue to seek out new partnerships,

particularly with free clinics and community health centers, in these communities as well as strengthen the existing partnerships by offering grant opportunities, educational outreach and developing effective referral programs.

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.

As a result of the Centers for Disease Control initiative to help states form coalitions to fight cancer, Virginia has organized the Cancer Action Coalition of Virginia (CACV). The coalition has four multi-organization action teams that deal with Prevention, Early Detection, Treatment and Survivorship/Palliative Care. The Virginia Komen Affiliates are members of the Early Detection Action Team. The mission work of Susan G. Komen Tidewater aligns with the early detection activities of CACV. Additionally, the Affiliate is a member of the Peninsula Cancer Action Coalition that includes stakeholders from Newport News.

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 August 1, 2014 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 means that the same low income women who didn't have insurance before the ACA was enacted still don't have it.

All the hospital systems in Virginia have advocated for the expansion of Medicaid. Komen Tidewater along with the other Komen Affiliates in Virginia and advocacy partners, Virginia Breast Cancer Foundation and American Cancer Society, are also advocating for the expansion of Medicaid. The Affiliate will continue to share information about the importance of Medicaid expansion and the importance of protecting the federal and state funding for the National Breast and Cervical Cancer Early Detection Program to ensure access to affordable health care and the availability of the full-range of breast health services for all Virginians. This includes breast cancer screening, diagnostics, treatment and follow-up and survivorship care.

Qualitative Data: Ensuring Community Input

Qualitative Data Sources and Methodology Overview

Methodology

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 key informant interviews allow collection of detailed data for each of the targeted communities from individuals who work directly with those populations. The interview process allows the key informant to provide detailed answers to questions and the interviewer to clarify answers, if necessary. These key informants were identified as informed community health professionals with diverse backgrounds and opinions who work directly with patients regarding breast health and breast cancer. 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. The interviewers were Eastern Virginia Medical School master's degree candidates. The questions and variables identified for the three target populations were regarding access to care, transportation issues, utilization of resources, the quality of care for all women and the impact of socioeconomic indicators on breast health and breast health services in the cities of Portsmouth, Newport News and Chesapeake.

The interview process allowed for open-ended questions which in turn encouraged in-depth discussion and permitted informants to clarify issues as needed. Additionally, the interview process provided interviewer flexibility in order to obtain as much information as possible.

Interviews with these key individuals afforded the Affiliate the opportunity to strengthen and build relationships with local community members. Key Informant interviews were conducted via telephone and face-to-face with breast health care providers/staff, nurse and patient navigators, and health department representatives. Interviews were conducted either individually or in a group setting. Interview responses were recorded via transcription on a laptop computer, as well as note taking when two team members were present for the interview. The key informants were sent the questions, prior to the interview to allow them to be better prepared to respond.

Sampling

A comprehensive list of key informants in each target area was developed using the information gathered in the Health System Analysis of the three target areas, Chesapeake, Newport News and Portsmouth. Convenience sampling was utilized to recruit key informants in each target area. The potential key informants were contacted via telephone and e-mail to encourage them to participate, following up to schedule a convenient time to conduct the interview if interested. A phone and e-mail script for both recruitment processes was used stressing the importance of key informants' input and limiting the interviews to 15-20 minutes. The sources of data collection included hospitals/medical offices, health departments, free and low cost clinics, community health centers, oncology facilities, mammography/breast care centers, and providers participating with Virginia's Every Woman's Life Program. The total sample included 14 interviews for Portsmouth, eight interviews for Newport News, and eight interviews for Chesapeake. The population of interest included all adult women living in the target areas, regardless of age, ethnicity, socioeconomic status, etc. Target populations were examined on all spectrums of the Breast Cancer Continuum of Care (CoC), including: women who have not

entered the CoC (have not been screened), women in different age classifications (e.g. 18-39 years, ages 40-65, 65+), women within high risk groups, minority populations, and community organizations. The informants were asked to answer the questions about each three target community individually. It was clarified prior to the interview that questions were regarding only the target communities and the women from those target communities. Examples, for questions such as “Do your patients reside in Newport News, Portsmouth or Chesapeake?”, “What do you think the reasons are for women to travel outside the city they live in for breast health services?” or “How does the geography of the area (bridges, tunnels, etc.) affect women, from the target communities, seeking access to breast health care?” the informants were asked to provide response for each of the target populations; if they worked with more than one. They were cautioned not to provide answers that were generalized for all the populations they serve.

Ethics

Confidentiality of data were ensured via verbal clarification before conducting key informant interviews. Consent forms were present and offered to the informants during face-to-face key informant interviews; however, no requests for a consent form were made. Before all phone interviews, verbal clarification of confidentiality was provided to the interviewees. All key informant interviews were kept confidential between the interviewers and interviewees. The transcripts and/or interview notes were secured on a locked laptop computer and only first initials were used to ensure confidentiality

Qualitative Data Overview

The format of the original data were extracted from verbatim transcripts, compiled with interview notes. Themes/categories were generated via qualitative coding methods. Codes were used to retrieve and organize the interview data for interpretation and drawing conclusions. Initial coding of the text resulted in over 50 codes. The data were reviewed again to narrow down themes into ten overall codes, with more specific sub-themes under each code. The ten major codes included the following themes: fear, knowledge deficit, breast health services not a priority, access to services, attitudes toward breast health, time frame in continuum of care, resources for screening, diagnosis, and treatment, medical complications, actions of health care providers, and communication between health care providers. In order to assist in identifying the major themes, SAS (data management software) was used to create frequency tables in each target area. Microsoft Excel was utilized to create bar graphs for each target area.

Although the key informant interview was an effective method of data collection for this report, there were some limitations or disadvantages. Convenience sampling was used to identify interviewees (data sources). Due to the small sample size per target area, the selection of the individuals may not be representative of the entire target areas (from diverse backgrounds and viewpoints). Another limitation was the subsequent lack of generalizability to the community as a whole. Limitations of the data sources included a low response rate, resulting in small sample sizes per target area.

The advantages to key informant interview data collection are that it is cost effective to execute, relatively easy to implement and manpower requirements were limited. More importantly, it allows the interviewer to explain or clarify questions, and to explore questions in depth.

A common theme identified in all three target populations (Portsmouth, Newport News and Chesapeake) was the difficulty of low-income, uninsured women to enter and stay in the continuum of care. Fear and lack of knowledge of breast cancer and breast cancer outcomes as well as the fear of lack of resources and funds were concerns that prevented people from entering and staying in the continuum of care in all three populations. The consensus of all informants was that in order to achieve quality care in these communities there must be effective collaboration and communication between providers including shared electronic records. Ideally there would be quality care provided by all regardless of insurance.

Qualitative Data Findings

Portsmouth

Transportation

The geography of the target area was cited as a major barrier to women seeking breast health services. Due to the high cost of tunnel tolls, women were unlikely to travel across the river to seek services. The poor public transportation system also contributed to the transportation barrier. Some breast health facilities have a van service for a low fare; however, the service only goes to certain areas of the city. Two hospitals service the entire City of Portsmouth, with one additional diagnostic facility and three additional treatment facilities. Portsmouth Naval Hospital is one of those hospitals; it serves the active and retired military personnel and their families. Civilians do not have access to the facility and the services it provides. Portsmouth also provides screening at the Health Department, one community health center, and one free clinic. However, the majority of breast health services in Portsmouth are centralized in one zip code, 23707. The major barrier for low-income, underinsured women is the lack of facilities available for their breast health needs. These women who meet the eligibility criteria are referred to Every Woman's Life (EWL), followed by an EWL participating surgeon/hospital if the patient is breast cancer positive. If breast cancer is diagnosed, women are referred to Breast and Cervical Cancer Mortality Prevention Act (BCCPTA) program for complete Medicaid coverage. However, one key informant noted that Every Woman's Life can only see a limited number of eligible 40-49 year olds due to lack of federal and state funding which unfortunately allows many women to slip through the cracks.

Socioeconomics

The socioeconomic characteristics that adversely affect Portsmouth contribute to women's overall breast health, especially in regards to high death rates and late-stage diagnosis rates. These include unemployment, low education level, poverty, and the percentage of medically underserved. The screening mammogram rate is high yet the late-stage diagnosis rate is rising. One key informant cited factors for late-stage diagnosis as a "lack of access to resources, fear for those who have waited a long time, and knowing who to call." Common barriers found among Portsmouth women for seeking breast health services included fear, lack of knowledge, breast health as a low priority, and the financial burden if uninsured/underinsured.

One key informant explained how lack of insurance affects Portsmouth women's decisions to seek breast health services because "there is intermittent or late screening done, because either they don't know of the free services available, or they can't afford services. Once they are diagnosed, it's not an issue because they can get into EWL; however, they frequently miss years of screenings, and so when it's caught, it's usually in the later stages."

Other Barriers

Other barriers found for Portsmouth women for staying in the continuum of care (CoC) included: cost and availability of transportation, financial burdens, lack of knowledge about breast health, and inability to take off work for breast health services. One key informant explained, “Most of the patients don’t have jobs, and are barely getting by with their jobs to make enough to qualify for Affordable Care Act private insurance.” Attitudes toward breast health were cited as barriers to seeking care as well, including fatalism, faith, and varying cultural perceptions of breast cancer. These were noted as common themes among Black/African-American women.

Newport News

Availability of Multiple Resources

Unlike Portsmouth and Chesapeake, geography does not play a role for Newport News women, with the majority of them staying on that side of the water for breast health services. Various breast health service facilities are available for screening, diagnosis, and treatment, including three hospitals, five screening and diagnostic centers, four community health centers, the health department, and one treatment facility in addition to the three hospitals. Breast health services and providers are available in all eight zip codes. Newport News has a large-spanning public transportation system as well. EWL serves low-income, uninsured patients that meet eligibility criteria. If breast cancer is diagnosed, women are referred to BCCPTA for complete Medicaid coverage.

Barriers in the Continuum of Care

Similar to Portsmouth, several socioeconomic characteristics adversely affect the women of Newport News: income, unemployment, and lack of insurance. Barriers identified for Newport News women accessing breast health care included: being uninsured/low-income, fear, busy with work, unreliable transportation, and breast health as low priority. One key informant explained the barriers women face throughout the continuum of care.” For instance, if they’re the breadwinner of the family, they’ll have a hard time getting off work for a mammogram and/or diagnostics or treatment. Especially if they’re diagnosed, how are they going to work and pay the bills?” Another key informant explained barriers contributing to late-stage diagnosis include lack of education and fear. “We see intelligent people with breast cancers coming out oozing.” Another key informant who also noted lack of education as a factor contributing to late-stage diagnosis explained, “People don’t get mammograms because they think they have no family history so they don’t have to worry about it. Also, they may think it’s a normal lump or that time of the month. It all depends on education. We’re our own health advocates.” Cultural/language barriers were also noted as barriers for women seeking care. However, most facilities have translation services, including bilingual staff and phone interpreters.

Emphasis on Preventive Care

Multiple key informants emphasized the need for preventive breast health for Newport News women. The lack of preventive breast health may be a contributing factor toward the rising late-stage diagnosis rate, despite high screening mammogram rates. Those that are uninsured are less likely to get preventive screening for any kind of disease, including breast cancer, because they can’t afford it. One key informant explained, “if it’s breast cancer or any cancer, they’ll end up going to the emergency room and they’ll get diagnosed and be at a higher stage than an insured person. If you’re insured you’re going to do everything you can.” Another theme identified was the need for breast health providers to emphasize preventive care over treating

the disease. One key informant elaborated: “If they get cancer, at least they’ll know early on. Before health care was based on diagnosis, cure, and treat, with no focus on preventing health. What we’re not seeing is the cost-benefit of taking care of these things in advance. We have to pay on the backside for that cancer, when we need to pay for the initial screening.”

Chesapeake

Access to Care

One major barrier identified for Chesapeake women was the lack of conveniently located breast health resources for the sparse proximity of the various zip codes in Chesapeake. Chesapeake Regional Medical Center is the only hospital to service the entire city’s six zip codes for screening, diagnosis, and treatment, which is an independent organization separate from the two main health care systems in the area. Another barrier identified was the poor public transportation system running to all sections of the city, especially in remote areas like Great Bridge and Western Branch. One key informant explained that, for women living in these areas, “certain parts of the city have no bus service. Some women have to take four busses to get to their appointment, which can take hours.” Bus passes are available for patients through some facilities.

There are three additional diagnostic centers and two additional treatment centers. The Chesapeake Health Department offers screening mammograms. Chesapeake’s only free clinic, Chesapeake Cares, participates in the EWL program for low-income, uninsured women who meet eligibility criteria. If breast cancer is diagnosed, women are referred to BCCPTA for complete Medicaid coverage. However, one key informant explained that EWL does not accept non-US citizens or illegal residents who have not paid into Social Security or middle-income women who don’t have health insurance but make too much money to qualify for EWL.

Inability to take off work for breast health appointments

Besides geography, other barriers identified for women seeking breast health services included financial burdens, uninsured/low-income, and inability to take off work for breast health services. One key informant explained that, “a lot of these women work, and if they miss work, they don’t get paid. Some have jobs where they can’t come in late or they get dismissed the whole day. We’ve seen a lot where women diagnosed with breast cancer lose their job, unless they’ve worked there for a certain amount of time.” In addition to time missed from work, childcare is an issue, especially for women who are single mothers or primary caregivers.

Other Barriers to Screening and Treatment

Chesapeake’s late-stage diagnosis rate is increasing, despite a high screening mammography rate. Lack of insurance, resulting in high financial costs, was the primary factor key informants listed for high late-stage diagnosis. Common attitudinal barriers toward screening mammograms included fear, low health literacy, and denial/ignorance. One key informant explained that, “a lot of our patients are fearful and believe ignorance is best. We suggest more diagnostic testing to rule it out (breast cancer) and they’re like [I don’t have cancer so I don’t need that done.]” Also, one key informant explained that different cultures have different perceptions of seriousness about breast health. “Some African-American women will either jump to the conclusion they have breast cancer when they have an abnormal mammogram, or they simply refute the positive diagnosis. It’s a faith thing- they think if they accept it, then they’re accepting something that’s from the devil or evil.” One key informant addressed the impact of low socioeconomic status on Chesapeake women’s likelihood to seek out breast health services. She explained, “A

lot of these women aren't accustomed to stringent planning; they haven't lived a life where that's the usual approach- things come up at the last minute and it's no big deal and there's no plan B. Their lives are so filled with inconsistencies and lack of certainty, so there's no drive on their part to take charge of the situation."

Conclusions

The qualitative data collection findings are linked to the Quantitative Data findings, as well as the Health Systems and Public Policy Analysis for the three target areas. Chesapeake, Newport News, and Portsmouth are not likely to meet either the death rate or late-stage incidence rate Healthy People 2020 targets. Through the interviews with key informants (health professionals working directly with the women) the barriers to screening, diagnosis, and treatment among all three target areas 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

Breast Health and Breast Cancer Findings of the Target Communities

An analysis of quantitative data were completed to identify the impact of breast cancer in the communities that make up the Komen Tidewater service area. The communities were ranked based on the amount of time it is estimated it will take to achieve the Healthy People 2020 (HP2020) goals for late-stage diagnosis and death rates for breast cancer. Those communities that are not predicted to reach those goals by 2020 are designated highest priority. Only one community in the Affiliate service area is expected to reach their goals by 2020. The other twenty-one cities and counties are at higher risk than Virginia as a whole or the United States as a whole for not reaching those goals. Three cities of highest priority in the Affiliate service area are Portsmouth, Newport News and Chesapeake. These three communities make up twenty-nine percent of the female population (of women over the age of 40) for the Komen Tidewater service area. The Affiliate studied these areas in order to identify where there may be gaps in services and/or barriers in access to care or other factors that make these cities more vulnerable.

The Affiliate gathered additional data on these three communities in order to better understand the factors that may impact the ability of these counties to reach the HP2020 targets. An analysis of the health care providers in each community was conducted to understand the availability and accessibility of breast health services, including any gaps in the breast cancer continuum of care. In addition, interviews were conducted with health care providers servicing each community to better understand the specific attitudes, and barriers that contribute to delays in seeking breast health care services including screening, diagnostic services and treatment.

The City of Portsmouth has a substantially higher Black/African-American female population (55.9 percent) than the Affiliate service area, Virginia or the United States as a whole. This is noteworthy as it is known that Black/African-American women have a substantially higher (44 percent) chance of dying from breast cancer than White women even though Black/African-American women are less likely to have breast cancer. Income and education levels are substantially lower in Portsmouth than the Affiliate service area or Virginia as a whole. Even though Portsmouth is not a rural area, twenty-four percent of people in Portsmouth are living in medically underserved areas. Additionally, the trend data shows that late-stage diagnosis and death rates in Portsmouth are rising rather than falling.

There are two hospitals in Portsmouth: Bon Secours Maryview Medical Center and the US Naval Medical Center. Both hospitals offer services that span screening, diagnostics, treatment, and support and survivorship. However, it should be noted that the Naval Medical Center serves only active and retired military personnel and their families from across the Affiliate service area. This hospital and its services are not available to the general population. There is one free clinic and one community health center that provide services for the under-insured or uninsured patients in Portsmouth. Like the Health Department, the free clinic and the community health center refer their patients to other facilities for mammography, diagnostics and treatment. The general lack of services within Portsmouth results in the outsourcing of medical treatment to different cities.

There were several issues identified from the qualitative data. One indicates that access to care is compromised because of transportation issues. Many women in Portsmouth are required to seek medical care outside the city. In order to get to Norfolk (where additional medical services are available), for instance, they incur tunnel tolls. Bus transportation is available to the hospitals and treatment centers but on a limited basis. Another issue is the lack of insurance. This has an adverse effect on uninsured women in Portsmouth decision to seek health care. They put off screening and not following through with diagnostics for fear of not being able to afford the services or losing their jobs because of taking time off. The qualitative data also indicated that attitudes toward breast health were barriers to seeking care as well.

Taken together, the health systems analysis and qualitative data suggest that there is a lack of accessible breast health services available within Portsmouth, especially for the under-insured and uninsured. Limited public transportation options and financial barriers further exacerbate this issue, making it difficult for women to access care outside of Portsmouth, which contributes to the higher rates of late-stage diagnosis and deaths from breast cancer in this community.

The City of Newport News has a substantially higher Black/African-American female population (51.2 percent) than the Komen Tidewater service area, Virginia or the United States as a whole. (Table 1) This is noteworthy as it is known that Black/African-American women have a substantially higher (44 percent) chance of dying from breast cancer than White women even though Black/African-American women are less likely to have breast cancer. Socioeconomic factors such as lower income levels, unemployment rates, lack of health insurance and medically underserved area all adversely affect the women of Newport News. The trend data indicates that the late-stage diagnosis rates are increasing in Newport News and the death rate is declining by 1.9 percent.

The health systems analysis within Newport News revealed that there are three hospitals in this community: Riverside Regional Medical Center, Bon Secours Mary Immaculate Hospital and McDonald Army Medical Community Hospital. McDonald Army Medical Community Hospital provides services only for active duty and retired military and their dependents. It is not available to the general population. There are also five screening and diagnostic centers, four community health centers, two free clinics and the Peninsula Health District located in Newport News. These facilities provide clinical breast exams as well as referrals to patients for mammograms and diagnostics. Although Newport News does not appear to have a lack of facilities or transportation needs, several of the issues identified by health care providers within this community were similar to those in Portsmouth. Low incomes, unemployment and lack of insurance are identified as barriers to entering the continuum of care. Lack of breast health/breast cancer education and fear of breast cancer outcomes were identified as reasons for delaying screening and/or diagnostics.

The City of Chesapeake has the third largest female population in the Komen Tidewater service area. The demographics are not significantly different than the service area as a whole. The Black/African-American population (32.1 percent) is higher than Virginia as a whole and the US as a whole. The socioeconomics characteristics are not significantly different than the Affiliate service area as a whole.

Chesapeake Regional Medical Center is the only hospital in Chesapeake. It is a local independent medical center. It is not Affiliated with either of the two main health care systems in the area. This means that some women in Chesapeake may not be able to receive breast health services in Chesapeake. There are four diagnostic centers and two treatment centers in addition to those that are part of the hospital. There is one free clinic and one community health center in Chesapeake. The Chesapeake Health Department offers clinical breast exams but does not offer mammograms or diagnostics.

The majority of health care services are offered in the vicinity of the Chesapeake Regional Medical Center. Interviews with health care providers in Chesapeake identified the lack of conveniently located breast health resources as a barrier to access to care. Public transportation is not convenient for patients to travel to some parts of the city, therefore limiting access to care because of the time it takes to get to an appointment as well as the distance. Fear of high costs for those without health insurance is a deterrent to getting screened. The qualitative data also suggests that the attitude toward breast health in general was a deterrent to accessing and staying in the continuum of care. Thus, the lack of conveniently-located breast health services combined with limited public transportation options and financial barriers make it difficult for women to access care within Chesapeake. When combined with community attitudes about breast health, these barriers contribute to the higher rates of late-stage diagnosis and death from breast cancer in this community.

Mission Action Plan

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. The Mission Action Plan was developed by a committee consisting of the Mission Manager, Executive Director, Board President and key volunteers.

The Mission Action Plan priorities were developed using summations of all the data for the targeted communities and for the Affiliate service area as a whole. The priorities, along with an understanding of the capacity of the Affiliate, were used to establish the objectives for each of the priorities.

In each of the three targeted communities late-stage diagnosis and death rates were identified as priorities. In all three communities lack of understanding of the importance of early detection and fear of breast cancer diagnosis were identified as issues that may contribute to higher late-stage diagnosis and higher death rates. In Chesapeake and Portsmouth access to care was also identified as a possible contributing factor. As a result objectives were established that increase educational efforts in the targeted communities. Increasing transportation resources for the targeted populations in Portsmouth and Chesapeake were identified as an objective as well.

All the communities in the Komen Tidewater service area (with the exception of York County) are at risk for not reaching the Healthy People 2020 goals. The continuation of funding breast health programs throughout the service area is therefore a priority.

The goal of the Susan G. Komen Tidewater is to save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to find the cures. With

this in mind, the final priority is to advocate for the expansion of Medicaid in Virginia which will increase access to care for the most vulnerable populations in the Affiliate service area.

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.

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