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COMMUNITY PROFILE REPORT 2015

SUSAN G. KOMEN®
NORTH CENTRAL ALABAMA

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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® North Central Alabama would like to extend its deepest gratitude to the Board of Directors and the following individuals who participated on the 2015 Community Profile Team:

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Executive Summary

Introduction to the Community Profile Report

Thirty years ago, a young woman named Nancy G. Brinker promised her dying sister, Suzy Komen, that she would do everything in her power to end breast cancer. From that promise grew the Susan G. Komen® nonprofit organization which today works to end breast cancer through ground-breaking research, community health outreach, advocacy and programs in local communities and around the world. Locally, Susan G. Komen North Central Alabama has been a leader in the fight against breast cancer since its formation in 1994; putting the promise Nancy made to Suzy - to save lives and end breast cancer forever - into action each day in Alabama.

Part of the Susan G. Komen domestic Affiliate Network and the only Komen Affiliate in the State, Komen North Central Alabama works to fulfill the Komen Promise throughout its 38 county service area. Affiliate volunteers and staff work every day of every year to save lives in Alabama by serving women, men and families affected by breast cancer, by educating the community about the importance of screening and early detection and by providing access to life-saving services and treatment through financial funding and support. The Affiliate works collaboratively with community partners and agencies to ensure the best and most effective use of resources and develop and fund targeted outreach and navigation programs to improve the health of the community.

Up to seventy-five percent of funds raised locally are used to provide breast health and cancer screening, diagnostics, treatment and education services for women and men. Up to twenty-five percent of net proceeds support breast cancer research. Funding decisions are made locally to meet the local need. To date, Komen North Central Alabama has provided more than $5 million for local community services and programs and over $2 million for cutting-edge breast cancer research. This funding has provided more than 19,500 free mammograms for underserved women in Alabama since 2003, resulting in more than 300 breast cancer diagnoses.

To better understand the reality of breast cancer in Alabama and the community's knowledge, attitudes and behavior towards breast cancer, Komen North Central Alabama conducts an in-depth analysis or profile of its' service area every four years. Information gleaned from the Community Profile helps strengthen and improve current Affiliate programs and services and aids in identifying gaps, needs and barriers in programs and services. This information helps pinpoint where efforts will have the most impact, to ensure the most effective and targeted use of the Affiliate's resources. In addition, the Community Profile will be shared with community and partner agencies and the public and will serve as a catalyst for policy change at the local and state level and will create a framework for comprehensive, quality breast care in Alabama.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

Quantitative data are used to identify the highest priority areas for evidence-based breast cancer programs. Specifically, these data 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 (http://www.healthypeople.gov/2020).

Due to the large number of counties found to be in the most at-risk, or 'Highest', category during initial data analysis, the Affiliate's Community Profile Team felt it necessary to collect additional quantitative data prior to selecting the target communities. This additional data allowed for a more in-depth analysis of why so many counties within the Affiliate service area are not currently on track to meet the Healthy People 2020 targets for breast cancer late-stage diagnosis and death (Healthy People 2020, 2014). This also enabled the Community Profile Team to divide those counties identified as most at-risk into regional groupings that will be more manageable in regards to outreach efforts outlined in the Mission Action Plan. The Affiliate hopes that this additional data and the insight it has provided into the many social determinants of health that are impacting breast cancer outcomes in the service area will allow for more targeted and effective interventions.

Additional quantitative data were collected through two methods, extraction from internet-based data sets and partnership with the Alabama Department of Public Health (ADPH). In addition to breast cancer incidence rate, breast cancer death rate, late-stage diagnosis, and screening proportion data provided by the Affiliate's Quantitative Data Report and ADPH, the Community Profile Team also utilized Health Transportation Shortage Index scores and County Health Outcomes and County Health Factors rankings to choose the final target community regions. The Health Transportation Shortage Index (HTSI) scores were calculated by a member of the Affiliate's Community Profile Team using county population data from the US Census 2012 American Community Survey, child poverty data from the 2013 Alabama Kids Count Data Book, and county Health Provider Shortage Area (HPSA) and Federally Qualified Health Center (FQHC) data from the US Health Resources and Services Administration. County health outcomes and health factors rankings were provided by the 2014 Robert Wood Johnson Family Foundation County Health Rankings report for the state of Alabama.

Selection of Target Communities

The Quantitative Data Report for Komen North Central Alabama indicated that there were 12 highest priority counties (Jefferson County, Madison County, Marion County, Walker County, Winston County, Greene County, Hale County, Lamar County, Lawrence County, Perry County, Randolph County, and Tallapoosa County) and one high priority county (Calhoun County). In addition to those counties clearly categorized as either highest or high priority, the Affiliate's Community Profile Team determined that two other counties within the service area (Sumter County and Coosa County) should also be targeted though the counties had undetermined priority statuses. This brought the total number of potential target counties to 15 counties, located in various parts of the Affiliate service area. Target counties are those counties with cumulative key indicators which show an increased risk of vulnerable populations within them to experience gaps in breast health services and/or barriers to access to care.

Due to geographical, personnel, and funding constraints, Susan G. Komen North Central Alabama has chosen four target regions within the service area. The Affiliate will focus future funding priorities and education efforts on these target regions over the course of the next four years. When selecting target communities, the Affiliate's Community Profile Team reviewed the Healthy People 2020 breast health-related objectives. This federal health initiative provides specific health objectives for communities and the country as a whole. The breast health objectives specific to reducing breast cancer death rates and reducing the number of breast cancers found at a late-stage (regional and distant) were analyzed, and the time needed for

each county to meet the Healthy People 2020 targets in these two areas were used to identify areas of priority within the service area (Healthy People 2020, 2014).

Additional key indicators the Affiliate reviewed when selecting target counties and regions included, but were not limited to:

- Breast cancer incidence rates and trends
- Breast cancer-related death rates and trends
- Late-stage diagnosis rates and trends
- Below average breast cancer screening proportions
- County poverty levels
- County health outcomes rankings
- County health factors rankings
- Health transportation shortage index (HTSI) scores

The selected target regions are:

- Central (Region 1) – Jefferson, Walker, and Lamar counties
- North-Northwest (Region 2) – Madison, Lawrence, Marion, and Winston counties
- Southeast (Region 3) – Calhoun, Randolph, Tallapoosa, and Coosa counties
- Southwest (Region 4) – Sumter, Greene, Hale, and Perry counties

While the counties in the Southeast and Southwest regions are somewhat similar in terms of demographics and socioeconomic characteristics, the counties in the Central and North-Northwest regions are a great deal more varied. Regional groupings are based very heavily on geographic proximity and where women in each member county commonly go to seek breast cancer-related medical care. All of the counties present the most pressing breast health issues in the Affiliate service area.

Health System and Public Policy Analysis

The Health Systems and Public Policy Analysis found that much of the Affiliate service area has substantial breast health services needs that will need to be addressed through a complex combination of grassroots outreach, provider recruitment, and policy change. These needs are heightened in the areas identified as target regions by the analysis of the Quantitative Data Report. While the Central and North-Northwest regions have extensive breast health resources in their urban centers of Birmingham and Huntsville, respectively, the majority of those two regions resemble much of the rest of the target regions in their general lack of health care resources. Because of this lack of resources, many individuals seeking services and treatment in these regions must travel long distances to access care. Access to care barriers such as access to reliable, affordable transportation and provider shortages were identified as the most pressing issues to be addressed by public policy advocacy efforts.

Central Region, Alabama (Region 1)

Jefferson, Walker, Lamar Counties, Alabama

Jefferson County is home to three major health care systems: University of Alabama-Birmingham (UAB) Health System, St. Vincent's Health System, and Baptist Health System. UAB is home to one of the country's 68 National Cancer Institute Comprehensive Cancer Centers and some of the nation's leading cancer researchers. UAB has received millions of

dollars in research grant funding from Susan G. Komen since 1982. But while many health care resources are present in Jefferson County, there are still communities within the area that are medically underserved because of low health literacy rates, high poverty and uninsured levels, and access to care barriers. The remaining counties in this region, Walker and Lamar, have issues similar to those present within the underserved communities of Jefferson County. The Baptist Health System that is centered in Jefferson County extends out into neighboring Walker County, through the presence of the Walker Baptist Medical Center in Jasper, AL. Walker Baptist Medical Center and its oncology personnel also have a partnership with the Walker Cancer Center, a standalone cancer treatment clinic also located in Jasper. But while these resources are present within Walker County, more than 75 percent of the county's residents live outside of the Jasper area where the resources are located. This can create a substantial barrier for those women seeking care if they do not have the means to secure reliable transportation to and from Jasper. Lamar County has one health care center, the Vernon Health Center, which provides basic primary care services for residents of the county. This lack of cancer treatment resources causes residents of the county to travel to Birmingham or nearby Mississippi to seek care.

North-Northwest Region, Alabama (Region 2)

Madison, Lawrence, Marion, Winston Counties

Madison County is home to the Huntsville Hospital Health System. Huntsville Hospital is the second largest hospital in the state and one of the largest publicly owned health systems in the United States (Huntsville Hospital, n.d.). The Clearview Cancer Institute, Cancer Center of Huntsville, and Center for Cancer Care also provide other options for breast cancer patients seeking care in this area. Most women seeking breast health care and breast cancer treatment in the northernmost counties of Alabama, including those in Lawrence, Walker, and Lamar Counties, utilize the services of one of the Huntsville options for care. The only health care facilities present in the three rural counties of the North-Northwest region are health clinics, state health department sites, and small community hospitals with fewer than 100 beds. This forces women in these counties to seek care in Madison County, Jefferson County, or Mississippi in the case of Marion County. Much like what is seen in the Southwest Region, these women are faced with transportation barriers when seeking breast health services and cancer treatment. The day it takes to travel to and from appointments can also cause financial and family difficulties because of the required time away from work and family. Women who live in disparate communities within Huntsville face similar problems despite the fact that they live within close proximity to quality health care resources.

Southeast Region, Alabama (Region 3)

Calhoun, Randolph, Tallapoosa, Coosa Counties

The Regional Medical Center in Anniston, AL serves as the major health facility in this region. The Center's cancer program is accredited by the Commission on Cancer of the American College of Surgeons, one of only 22 such programs in the state of Alabama (Regional Medical Center, n.d.). The presence of the Regional Medical Center, while positive, has not translated into above average health outcomes in the overall region. Anniston is located in Calhoun County, the northernmost county within the Southeast Region. It does not share any borders with any of the remaining three counties in the region, which is an indication of the geographical barrier faced by many women within the region who would be seeking care at the Regional Medical Center. The distance between Anniston, in Calhoun County, and Tallassee, in the southern part of Tallapoosa County, is over 100 miles. Rather than drive nearly two hours to

receive care in Anniston, many women in this area would more than likely travel to Montgomery, AL for care. Women in other rural areas within the Southeast region may also travel to Montgomery, Birmingham, or possibly Georgia depending on where they live within the region. And while the trip to a provider in one of these areas may not be two hours, as in the case of Tallassee to Anniston, it is often at least 30 minutes one way. This is again an example of the substantial geographical barriers to quality breast health and breast cancer care that low-income women lacking reliable personal transportation face when seeking quality treatment and support services.

Southwest Region, Alabama (Region 4)

Sumter, Greene, Hale, Perry Counties

Women in the four Southwest Region counties face an access to care issue similar to those experienced by their peers in the rural counties of the other target regions – there is not a single major health facility in any of the counties. The closest facilities are located in cities as far as nearly 80 miles away. The counties do have community health clinics and the county health department sites that provide basic primary care services, but these facilities lack the resources to provide services beyond mammograms and clinical breast exams. Women in these counties face substantial access to care barriers due to the lack of local resources and a lack of personal transportation needed to receive more advanced breast health and breast cancer care. The region also lacks adequate public or shared transportation options to treatment centers in other counties or in neighboring Mississippi. The distance to the nearest health care facilities also often requires women to spend an entire day away from their hometown, which can cause additional issues related to securing childcare and taking time off from work.

The Affordable Care Act has increased access to care for many women in Alabama by reducing barriers to securing health coverage. But while the number of uninsured women has decreased in the state since the implementation of the Affordable Care Act, there are still many more who have remained uninsured. These women may have simply chosen not to take advantage of the insurance Marketplace options or may have still been unable to afford coverage premiums despite the lower Marketplace costs. The state's decision not to expand Medicaid has left a number of low-income and working poor women in the gap between being eligible for Medicaid assistance and having the financial means to obtain coverage through the Marketplace. This gap means that the Alabama Breast and Cervical Cancer Early Detection Program will remain a critical breast health resource for women in Alabama for years to come, and that the Affiliate will continue to support the program and its services.

The Health Systems and Public Policy Analysis found that much of the Affiliate service area has substantial breast health services needs that will need to be addressed through a complex combination of grassroots outreach, provider recruitment, and policy change. While the Central and North-Northwest regions have extensive breast health resources in their urban centers, the majority of both regions resemble much of the rest of the service area in their general lack of health care resources. The issues stemming from long distances between the homes of women seeking care and available health care resources will need to be addressed through improvements to state transportation system policies and the placement of additional providers and resources in underserved communities.

Qualitative Data: Ensuring Community Input

Just as it is important to have numbers and statistics to provide evidence of need, it is also important to have the insights and stories that speak to the issues reflected from the numbers. Qualitative data collection is used to provide a deeper examination of the community and, by directly involving the community in assessing its issues and needs, to answer questions the quantitative data cannot. To augment and further issues identified through the quantitative data analysis, the following key questions were utilized via three distinct but related collection tools: community surveys, key informant interviews, and focus groups.

- How is breast health and breast cancer information disseminated within the target regions? What is the level of breast health and breast cancer awareness in the target regions?
- How accessible are breast health services in the target regions?
- How often do women in the target regions access breast health resources? For what reasons?
- What resources are available for survivors in the target regions?
- What is the perceived quality of the available breast health resources in the target regions?

Findings from the qualitative data collected show a synergy with the quantitative data and the Health Systems and Public Policy Analysis and, in many ways, mirrors the quantitative data illustrating that financial resources, financial limitations, and concerns are the most common underlying factor in regard to breast health in the service area. While the data collected were synergistic with other data collected for the Community Profile, there were limitations that affected the scope of the data and analysis. The greatest limitation was that, while all target counties were represented by at least one survey or interview, the Community Profile Team was unable to meet best practice standards in regards to the amount of data collected from each target county.

With consideration of the limitations of the data, a commonality remains: the lack of finances for adequate breast health (including the lack of reliable transportation and the lack of insurance or underinsured). Approximately half of survey respondents indicate that women in their community are unable to pay for breast health services. One survey respondent commented “I go to my community clinic and get my mammograms, but people who have no insurance, just don’t get mammograms. [People] with insurance don’t have this problem.” Financial limitations create substantial, far-reach barriers affecting all aspects of the continuum of care (Screening, Diagnosis, Treatment and Follow-up). This is reflected in a high poverty level, late-stage diagnosis rates, and death rates in the target communities.

It is also clear from the data that education and awareness efforts, regarding basic breast health, screening recommendations, available community resources, and survivorship/quality of life issues, need to be increased, made readily available to those in need, and be more effectively marketed to the general public. Partnerships with school systems and the faith community will be critical, as they were cited as two important conduits of information across all target regions.

Through surveys, interviews, and focus groups conducted during the Qualitative Data Analysis process, a number of common findings among the target regions were identified:

- Resources were most often not offered to breast cancer patients by their providers post-treatment.
- Respondents felt that most women over the age of 40 were not getting their recommended mammography screening.
- A woman's family was rated most influential in her decision to get a screening mammogram.
- Family members were rated as the most credible source for general health information.
- No insurance/inability to pay, transportation barriers, and fear of results were the most frequent factors cited as the reason why women in the community were not getting recommended screenings.
- Places of worship, schools, and newspapers are trusted and effective conduits of information in the communities of the target regions.
- There is a general lack of awareness of available breast health resources.

Mission Action Plan

Analysis of the quantitative and qualitative data, along with the Health System and Public Policy analysis, showed that while each of the four regions had unique characteristics, they all shared underlying issues. These shared issues allowed for the use of a common problem statement.

Problem Statement: Target counties identified during Komen North Central Alabama Community Profile needs assessment are unlikely to meet the Healthy People 2020 targets for breast cancer death and late-stage diagnosis of breast cancer.

These shared issues also allowed for the use of a common and set of priorities as the foundation for the Mission Action Plan, which is divided into four unique components which correlate to each of the four target regions. Priorities for each region were pulled directly from the findings of the qualitative data analysis.

Priorities:

- Reduce the rates of breast cancer death and late-stage diagnosis of breast cancer by addressing ***transportation issues***
- Reduce the rates of breast cancer death and late-stage diagnosis of breast cancer by addressing ***cultural barriers***
- Reduce the rates of breast cancer death and late-stage diagnosis of breast cancer by ***building and strengthening partnerships***
- Reduce the rates of breast cancer death and late-stage diagnosis of breast cancer by ***expanding education and awareness outreach***

Differences between the regions and their unique needs are addressed in the objectives for each region. The objectives identified for each region are **s**pecific, **m**easurable, **a**chievable, **r**ealistic and **t**ime scaled (SMART) for the next three years (FY15-FY17). Transportation issues will be addressed through specific activities that include identification of current resources, collaboration with organizations and advocacy efforts. Cultural barriers will be addressed through expanding the Affiliate's Worship in Pink program, launching a new Circle of Promise program, and identifying and implementing a cultural competency program for Affiliate volunteers, staff and board and for health care professionals and providers. Partnerships will be

built and strengthened through the Worship in Pink program, collaboration with local Department of Public Health coordinators and county Health Department Directors to develop and implement screening navigation activities, expansion of the Community Grants program and advocacy efforts to support relationships with public officials and local government agencies. The need for expanded education outreach and awareness will be addressed by increasing the number of supporting activities in each target region/county.

Mission Action Plan – Region 1
Jefferson, Walker, and Lamar counties

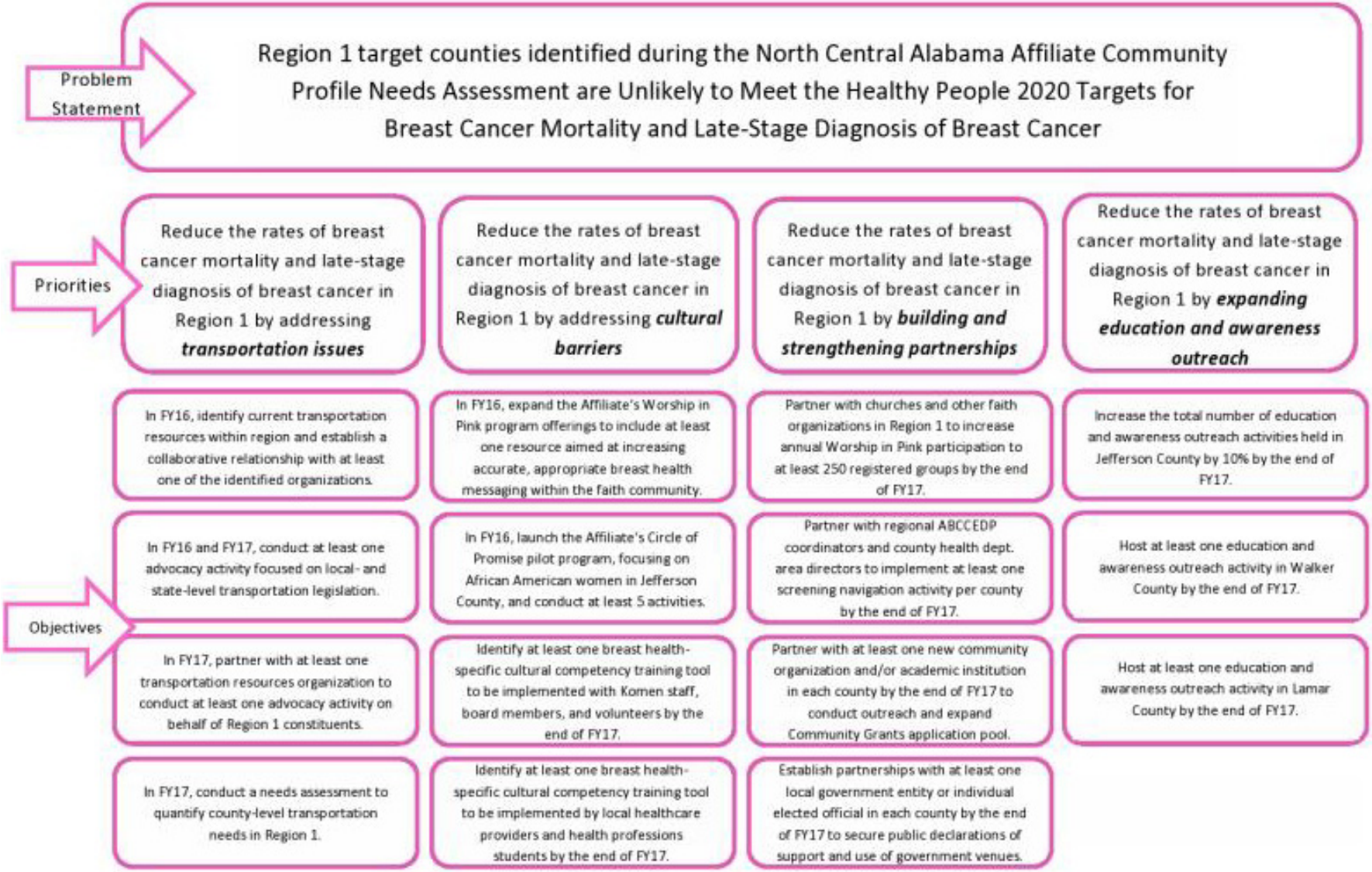

Figure 1. Region 1 Mission Action Plan

Mission Action Plan – Region 2
Madison, Lawrence, Marion, and Winston counties

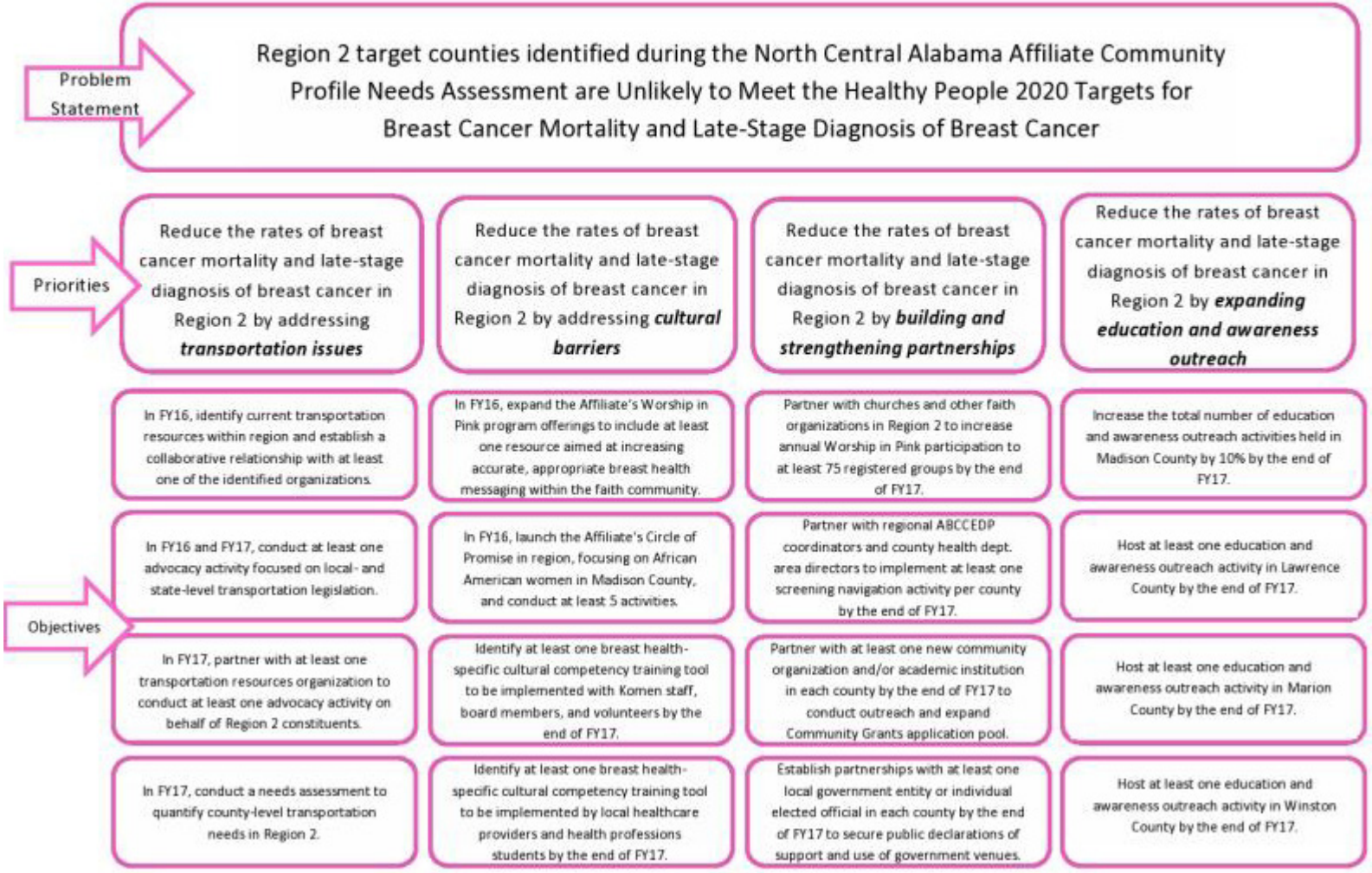

Figure 2. Region 2 Mission Action Plan

Mission Action Plan – Region 3
Calhoun, Randolph, Tallapoosa, and Coosa counties

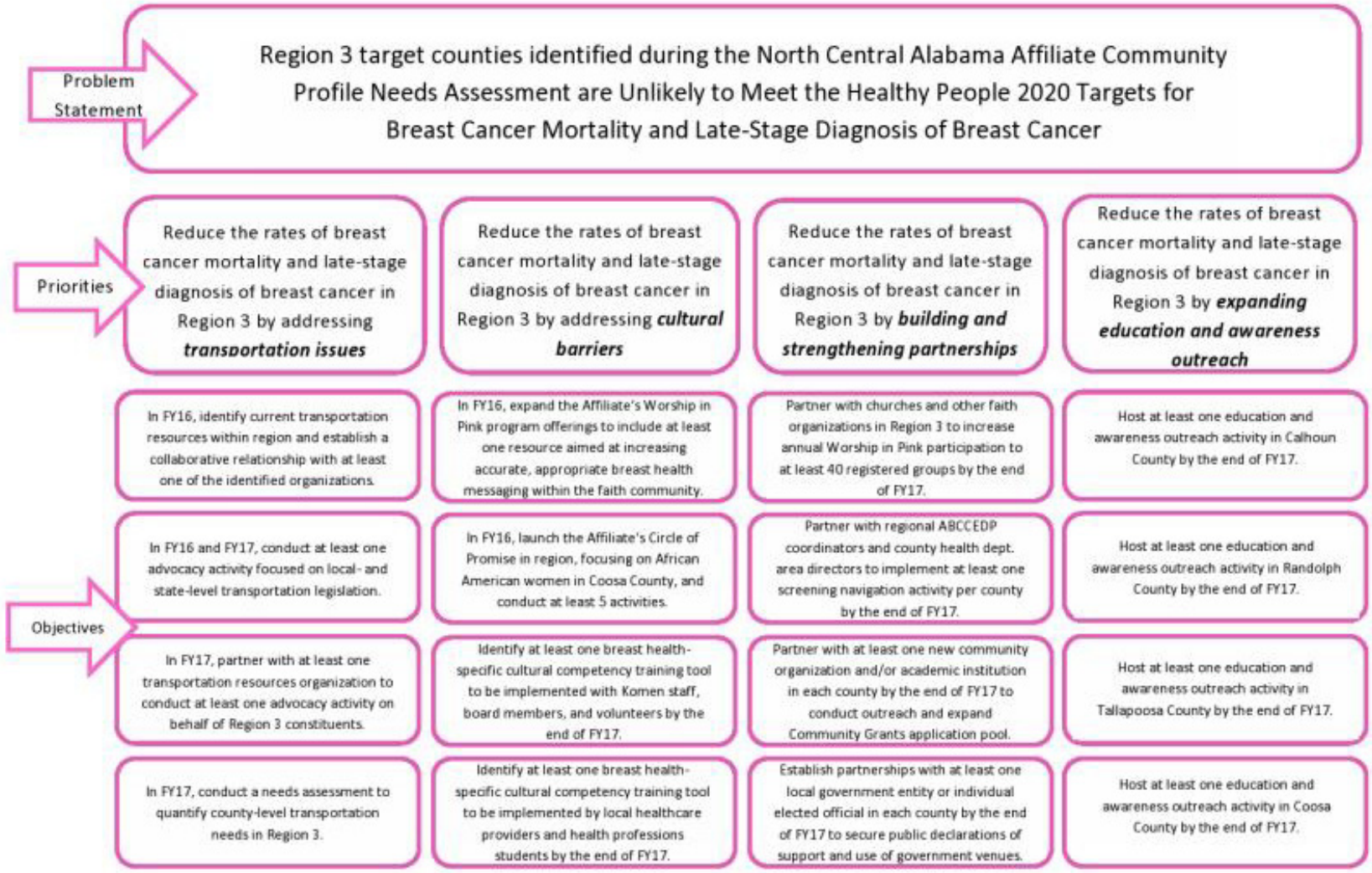

Figure 3. Region 3 Mission Action Plan

Figure 4. Region 4 Mission Action Plan

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

Introduction

Affiliate History

Thirty years ago, a young woman named Nancy G. Brinker promised her dying sister, Suzy Komen, that she would do everything in her power to end breast cancer. From that promise grew the nonprofit organization Susan G. Komen® which today works to end breast cancer through ground-breaking research, community health outreach, advocacy and programs in local communities and around the world. Locally, Susan G. Komen® North Central Alabama has been a leader in the fight against breast cancer for the past 20 years putting the promise Nancy made to Suzy - to save lives and end breast cancer forever - into action each day in Alabama.

Part of the Susan G. Komen domestic Affiliate Network and the only Komen Affiliate in the state of Alabama, Komen® North Central Alabama works to fulfill the Komen Promise throughout its 38 county service area. The Affiliate was formed in 1994 by a group of concerned professionals and breast cancer survivors who were committed to saving and improving the lives of those affected by breast cancer.

Affiliate Volunteers and Staff work every day of every year to save lives in Alabama by serving women, men and families affected by breast cancer, by educating the community about the importance of screening and early detection and by providing access to life-saving services and treatment through financial funding and support. The Affiliate works collaboratively with community partners and agencies to ensure the best and most effective use of resources and develop and fund targeted outreach and navigation programs to improve the health of the community.

Seventy-five percent of net funds raised locally are used to provide breast health and cancer screening, diagnostics, treatment and education services for women and men. Twenty-five percent of net proceeds support breast cancer research. Funding decisions are made locally to meet the local need. To date, Komen North Central Alabama has provided more than $5 million for local community services and programs and over $2 million for cutting-edge breast cancer research. This funding has provided more than 19,500 free mammograms for underserved women in Alabama since 2003, resulting in more than 300 breast cancer diagnoses.

Komen North Central Alabama has been a leader in the breast cancer movement in Alabama for more than 20 years. The Affiliate was nominated for the 2014 Birmingham Nonprofit of the Year Award, is a member of the Alabama Cancer Control Coalition and Young Breast Cancer Survivor Coalition and founder of the Alabama Black Belt Breast Cancer Coalition. The Affiliate has played a pivotal role in increasing access to screening and diagnostic services for women ages 40 to 49 and works closely with the Alabama Department of Public Health and other organizations to improve access to care and outcomes for women in its community. The dynamic Community Grants program provides vital funding for screening, education, and survivorship programs throughout north central Alabama.

Affiliate Organizational Structure

The Affiliate operates through a local board of directors, four full-time staff members, volunteer committee chairs and over 1,000 volunteers. The 10 member board of directors provides

financial and strategic oversight and direction to ensure the Affiliate's efforts work to achieve the Komen Promise and Mission. The board strives for diversity and inclusion and is currently 20 percent male and 20 percent Black/African-American. Fifty percent of the members of the board of directors are breast cancer survivors. See Figure 1.1 for the Affiliate organizational structure.

The Affiliate's four full-time employees include the executive director, outreach and grants manager, development manager and office manager. With a service area that covers more than half of the State's geographic area and population, the Affiliate operates out of Birmingham with a community office that includes a multipurpose conference room, a resource library, a meeting room, offices and warehouse/storage space.

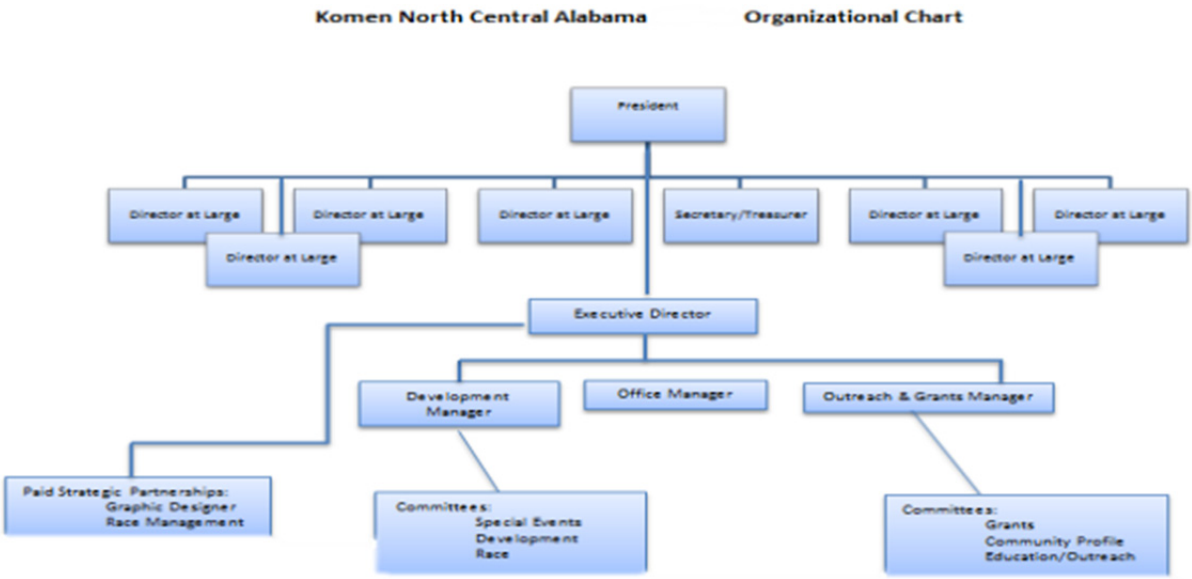

Figure 1.1. Susan G. Komen North Central Alabama Organizational Chart

Affiliate Service Area

Named after a noted southern American Indian tribe whose home was in what is now central Alabama, Alabama covers 50,744 square miles, with a 2013 estimated population of 4,833,722 people. According to the US Census Bureau, Alabama is ranked 23rd among US States for population and 30th among US States in geographic size. More than 95 percent of the land area of Alabama has rural status, while 59 percent of Alabamians live in urban areas and 41 percent in rural areas. The state's population is 69.8 percent White, 26.6 percent is Black/African-American, and 4.1 percent is of Hispanic/Latino origin.

Komen North Central Alabama is the only Komen Affiliate in the State. The Affiliate service area covers 57 percent of the state (38 counties). Counties comprising the service area are Bibb, Blount, Calhoun, Chambers, Cherokee, Chilton, Clay, Cleburne, Colbert, Coosa, Cullman, DeKalb, Etowah, Fayette, Franklin, Greene, Hale, Jackson, Jefferson, Lamar, Lauderdale, Lawrence, Limestone, Madison, Marion, Marshall, Morgan, Perry, Pickens, Randolph, Shelby, St. Clair, Sumter, Talladega, Tallapoosa, Tuscaloosa, Walker, and Winston. The demographic makeup of the region is predominately white (69.8 percent), female (51.5 percent), 19 -64 years of age (62.0 percent). The majority (83.1 percent) have a high school degree or higher and the average household income is $43,253. Over 40 percent of the population lives in seven

counties clustered in the north central part of the state. There are, however, great demographic disparities within the Affiliate service area, which includes some of the most populated, highest income counties and some of the least populated, lowest income counties, both rural and urban.

Figure 1.2. Susan G. Komen North Central Alabama Service Area

Purpose of the Community Profile Report

This assessment was designed to help the Affiliate better understand the reality of breast cancer in Alabama and the community's knowledge, attitudes and behavior towards breast cancer. While the Affiliate knows that there are some necessary and successful programs and services for breast health care currently in place, the profile will aid in identifying program and service gaps, as well as needs and barriers that exist in services and programs for breast cancer survivors and their families and loved ones. This information helps pinpoint where efforts will have the most impact, to ensure the most effective and targeted use of organization resources. In addition, the Community Profile will be shared with community and partner agencies and the public and will serve as a catalyst for policy change at the local and state level and will create a framework for comprehensive, quality breast care in Alabama.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

Quantitative Data Report

Introduction

The purpose of the quantitative data report Susan G. Komen® North Central Alabama 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 North Central Alabama'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

		Incidence Rates and Trends			Death Rates and Trends			Late-stage Rates and Trends		
Population Group	Female Population (Annual Average)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of Deaths (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)
US	154,540,194	182,234	122.1	-0.2%	40,736	22.6	-1.9%	64,590	43.8	-1.2%
HP2020	.	-	-	-	-	20.6	-	-	41.0	-
Alabama	2,426,817	3,333	118.7	-0.3%	674	23.3	-1.2%	1,307	47.3	-2.5%
Komen North Central Alabama Service Area	1,519,436	2,078	117.1	-0.7%	418	22.8	NA	829	47.4	-2.5%
White	1,137,025	1,621	113.9	-1.4%	310	20.9	NA	622	44.5	-2.5%
Black/African-American	354,522	425	125.6	2.8%	105	30.9	NA	199	58.6	-0.7%
American Indian and Alaska Native (AIAN)	9,727	SN	SN	SN	SN	SN	SN	SN	SN	SN
Asian and Pacific Islander (API)	18,162	13	93.4	9.0%	SN	SN	SN	4	28.1	-17.6%
Non-Hispanic/ Latina	1,468,505	2,067	118.0	-0.6%	417	23.0	NA	825	47.9	-2.4%
Hispanic/ Latina	50,931	12	62.0	-6.8%	SN	SN	SN	4	20.7	-18.6%
Bibb County - AL	10,580	15	118.0	12.2%	SN	SN	SN	5	44.5	-7.3%
Blount County - AL	28,581	31	88.4	-4.0%	6	17.6	-1.4%	12	34.4	-8.3%
Calhoun County - AL	60,720	80	110.5	-3.3%	16	21.1	1.8%	33	47.7	-1.9%
Chambers County - AL	18,062	23	102.5	-0.3%	6	22.1	-2.8%	10	44.9	-17.1%
Cherokee County - AL	12,949	17	97.4	-6.0%	3	16.5	NA	7	44.1	-6.4%
Chilton County - AL	21,806	25	98.4	1.7%	4	15.2	0.6%	8	34.2	-9.8%
Clay County - AL	7,163	12	133.2	-20.9%	SN	SN	SN	4	38.7	-17.9%
Cleburne County - AL	7,435	7	80.4	-2.4%	SN	SN	SN	4	43.0	-4.6%
Colbert County - AL	28,296	39	103.4	11.3%	8	21.1	-1.6%	17	47.3	3.0%
Coosa County - AL	5,764	8	97.1	-6.5%	SN	SN	SN	SN	SN	SN
Cullman County - AL	40,373	53	105.8	2.1%	12	22.5	-0.7%	20	42.7	-1.2%
DeKalb County - AL	35,478	41	99.8	-10.3%	12	27.6	0.8%	18	44.4	-12.4%
Etowah County - AL	53,744	74	106.5	-6.6%	17	24.8	0.5%	32	47.3	-6.7%
Fayette County - AL	8,862	17	140.2	-12.6%	4	30.9	NA	10	85.7	-15.6%
Franklin County - AL	15,744	25	126.5	-8.5%	5	23.8	0.2%	14	67.3	-14.4%
Greene County - AL	4,838	7	118.0	10.2%	SN	SN	SN	4	65.3	22.9%
Hale County - AL	8,454	12	132.1	2.7%	3	33.6	NA	6	62.3	0.6%
Jackson County - AL	27,227	42	123.8	-4.3%	8	23.6	-2.0%	24	71.7	-5.8%
Jefferson County - AL	346,120	551	139.7	0.9%	114	27.2	-1.2%	214	55.7	-1.0%
Lamar County - AL	7,574	14	145.2	9.8%	5	42.4	NA	9	92.7	11.4%
Lauderdale County - AL	47,883	59	98.7	-7.1%	16	23.5	-1.5%	25	43.0	-5.0%
Lawrence County - AL	17,495	20	92.4	8.8%	SN	SN	SN	9	40.4	13.0%
Limestone County - AL	38,729	44	99.6	-1.4%	6	13.6	-2.7%	23	51.3	0.4%

		Incidence Rates and Trends			Death Rates and Trends			Late-stage Rates and Trends		
Population Group	Female Population (Annual Average)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of Deaths (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)
Madison County - AL	164,734	234	128.9	4.2%	46	25.6	-0.8%	76	41.7	7.8%
Marion County - AL	15,475	23	110.2	-6.9%	6	26.3	2.2%	12	55.7	1.2%
Marshall County - AL	46,146	51	91.8	-6.3%	13	21.3	-1.1%	23	41.8	-6.0%
Morgan County - AL	59,820	84	117.1	-2.5%	14	20.2	-2.3%	30	41.8	-0.3%
Perry County - AL	5,688	9	128.0	13.7%	SN	SN	SN	3	48.3	4.1%
Pickens County - AL	10,429	17	130.8	4.0%	SN	SN	SN	7	54.2	-7.8%
Randolph County - AL	11,765	16	103.9	13.9%	4	22.5	NA	5	34.7	3.9%
St. Clair County - AL	40,151	43	94.3	6.0%	6	13.2	-1.8%	16	35.4	3.7%
Shelby County - AL	95,835	97	98.3	2.4%	21	22.0	1.0%	35	34.9	-1.2%
Sumter County - AL	7,577	9	94.1	-4.5%	SN	SN	SN	SN	SN	SN
Talladega County - AL	42,226	57	112.6	-8.4%	9	18.8	-3.3%	21	43.9	-12.3%
Tallapoosa County - AL	21,437	27	96.7	4.6%	5	15.0	NA	11	41.8	19.1%
Tuscaloosa County - AL	97,034	121	128.5	-2.1%	18	17.9	-4.2%	49	52.2	-6.2%
Walker County - AL	34,713	57	126.4	-4.5%	11	23.7	-0.8%	21	46.8	4.7%
Winston County - AL	12,528	19	115.6	-3.5%	5	28.7	1.2%	9	55.2	2.1%

NA – data not available
SN – data suppressed due to small numbers (15 cases or fewer for the 5-year data period)
Data are for years 2006-2010.
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: NAACCR – CINA Deluxe Analytic File.
Source of death rate data: CDC – NCHS death data in SEER*Stat.
Source of death trend data: NCI/CDC State Cancer Profiles.

Incidence rates and trends summary

Overall, the breast cancer incidence rate and trend in Komen North Central Alabama service area were lower than that observed in the US as a whole. The incidence rate and trend of the Affiliate service area were not significantly different than that observed for the State of Alabama.

For the United States, breast cancer incidence in Black/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 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 incidence rate among Hispanics/Latinas was lower than among Non-Hispanics/Latinas.

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

- Jefferson County
- Madison County

The incidence rate was significantly lower in the following counties:

- Blount County
- Cleburne County
- DeKalb County
- Lauderdale County
- Lawrence County
- Limestone County
- Marshall County
- St. Clair County
- Shelby County

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

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

Death rates and trends summary

Overall, the breast cancer death rate in Komen North Central Alabama service area was similar to 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 Alabama.

For the United States, breast cancer death rates in Blacks/African-Americans are substantially higher than in Whites overall. The most recent estimated breast cancer death rates for APIs and AIANs were lower than for Non-Hispanic Whites and Blacks/African-Americans. The most recent estimated death rates for Hispanics/Latinas were lower than for Non-Hispanic Whites and Blacks/African-Americans. For the Affiliate service area as a whole, the death rate was higher among Blacks/African-Americans than Whites. There were not enough data available within the Affiliate service area to report on APIs and AIANs so comparisons cannot be made for these racial groups. Also, there were not enough data available within the Affiliate service area to report on Hispanics/Latinas so comparisons cannot be made for this group.

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

- Jefferson County
- Lamar County

The death rate was significantly lower in the following counties:

- Limestone County
- St. Clair County

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

- Calhoun County

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

- Tuscaloosa County

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 North Central Alabama 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 Alabama.

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.

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

- Fayette County
- Franklin County
- Jackson County
- Jefferson County
- Lamar County

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

- Blount County
- St. Clair County
- Shelby County

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

- Chambers County

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

Mammography Screening

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

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

American Cancer Society	National Comprehensive Cancer Network	US Preventive Services Task Force
Informed decision-making with a health care provider at age 40 Mammography every year starting at age 45 Mammography every other year beginning at age 55	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

*As of October 2015

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

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

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

- The number of women living in an area 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%
Alabama	4,006	3,128	78.0%	76.2%-79.7%
Komen North Central Alabama Service Area	2,258	1,764	78.7%	76.4%-80.9%
White	1,759	1,353	78.1%	75.5%-80.5%
Black/African-American	461	381	81.6%	76.1%-86.1%
AIAN	14	12	92.0%	46.5%-99.3%
API	SN	SN	SN	SN
Hispanic/ Latina	34	28	75.8%	51.6%-90.2%
Non-Hispanic/ Latina	2,209	1,728	78.8%	76.5%-81.0%
Bibb County - AL	35	30	89.6%	64.5%-97.6%
Blount County - AL	32	28	86.4%	64.4%-95.7%
Calhoun County - AL	125	82	63.8%	51.6%-74.4%
Chambers County - AL	36	28	86.1%	65.2%-95.4%
Cherokee County - AL	11	10	95.3%	56.6%-99.7%
Chilton County - AL	34	28	83.8%	61.2%-94.4%
Clay County - AL	14	11	83.8%	51.3%-96.2%
Cleburne County - AL	SN	SN	SN	SN
Colbert County - AL	66	55	73.6%	57.5%-85.1%
Coosa County - AL	SN	SN	SN	SN
Cullman County - AL	38	26	74.1%	54.5%-87.3%
DeKalb County - AL	26	16	52.4%	29.1%-74.7%
Etowah County - AL	108	78	73.8%	61.6%-83.2%

Population Group	# of Women Interviewed (Sample Size)	# w/ Self-Reported Mammogram	Proportion Screened (Weighted Average)	Confidence Interval of Proportion Screened
Fayette County - AL	27	23	85.4%	65.3%-94.8%
Franklin County - AL	38	27	78.5%	57.8%-90.7%
Greene County - AL	SN	SN	SN	SN
Hale County - AL	25	20	86.2%	58.7%-96.5%
Jackson County - AL	21	14	68.0%	41.6%-86.4%
Jefferson County - AL	358	302	84.1%	78.8%-88.3%
Lamar County - AL	20	15	61.4%	32.3%-84.2%
Lauderdale County - AL	116	89	73.6%	61.9%-82.7%
Lawrence County - AL	21	15	71.2%	45.2%-88.1%
Limestone County - AL	30	22	77.6%	55.2%-90.7%
Madison County - AL	200	165	81.8%	73.9%-87.7%
Marion County - AL	48	34	70.1%	54.4%-82.2%
Marshall County - AL	38	28	76.6%	56.3%-89.3%
Morgan County - AL	44	31	66.6%	47.6%-81.4%
Perry County - AL	SN	SN	SN	SN
Pickens County - AL	24	19	66.4%	34.3%-88.2%
Randolph County - AL	22	11	50.8%	27.0%-74.3%
St. Clair County - AL	63	48	75.3%	59.6%-86.3%
Shelby County - AL	133	115	88.9%	80.1%-94.1%
Sumter County - AL	29	19	71.0%	47.7%-86.8%
Talladega County - AL	95	72	75.8%	62.5%-85.4%
Tallapoosa County - AL	52	40	83.4%	67.6%-92.4%
Tuscaloosa County - AL	192	161	84.5%	75.7%-90.5%
Walker County - AL	93	73	83.4%	70.8%-91.3%
Winston County - AL	35	27	84.0%	64.3%-93.9%

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 Komen North Central Alabama 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 Alabama.

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 and not significantly

different among AIANs than Whites. There were not enough data available within the Affiliate service area to report on APIs so comparisons cannot be made for this racial group. The screening proportion among Hispanics/Latinas was not significantly different than among Non-Hispanics/Latinas.

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

- Calhoun County
- DeKalb County
- Randolph County

The remaining counties had screening proportions that were not significantly different 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 %
Alabama	70.0 %	27.9 %	0.7 %	1.4 %	96.5 %	3.5 %	49.2 %	35.8 %	15.6 %
Komen North Central Alabama Service Area	74.3 %	23.6 %	0.7 %	1.3 %	96.0 %	4.0 %	49.7 %	36.1 %	15.8 %
Bibb County - AL	80.2 %	19.2 %	0.3 %	0.2 %	98.7 %	1.3 %	50.6 %	36.0 %	16.4 %
Blount County - AL	96.9 %	2.0 %	0.6 %	0.4 %	92.5 %	7.5 %	50.4 %	36.7 %	16.5 %
Calhoun County - AL	76.3 %	22.1 %	0.5 %	1.1 %	97.0 %	3.0 %	50.1 %	37.3 %	16.4 %
Chambers County - AL	58.8 %	40.3 %	0.2 %	0.7 %	98.7 %	1.3 %	54.1 %	40.9 %	19.2 %
Cherokee County - AL	93.8 %	5.3 %	0.5 %	0.4 %	98.5 %	1.5 %	56.5 %	43.3 %	20.0 %
Chilton County - AL	88.2 %	10.7 %	0.5 %	0.6 %	93.5 %	6.5 %	48.4 %	35.3 %	15.6 %
Clay County - AL	83.5 %	15.8 %	0.4 %	0.3 %	97.7 %	2.3 %	54.7 %	40.8 %	20.2 %
Cleburne County - AL	95.1 %	4.3 %	0.4 %	0.3 %	98.1 %	1.9 %	53.0 %	38.9 %	18.0 %
Colbert County - AL	81.5 %	17.4 %	0.5 %	0.6 %	98.1 %	1.9 %	54.4 %	40.8 %	19.5 %
Coosa County - AL	66.7 %	32.4 %	0.5 %	0.4 %	98.3 %	1.7 %	56.4 %	41.3 %	15.3 %
Cullman County - AL	97.2 %	1.5 %	0.6 %	0.6 %	96.1 %	3.9 %	52.3 %	38.9 %	18.3 %
DeKalb County - AL	93.9 %	2.4 %	2.5 %	1.2 %	87.0 %	13.0 %	48.4 %	35.0 %	15.7 %
Etowah County - AL	81.9 %	16.5 %	0.5 %	1.1 %	96.9 %	3.1 %	52.4 %	39.2 %	17.9 %
Fayette County - AL	87.2 %	12.1 %	0.4 %	0.4 %	98.7 %	1.3 %	56.3 %	42.6 %	20.5 %
Franklin County - AL	93.5 %	4.6 %	1.3 %	0.5 %	87.0 %	13.0 %	49.2 %	36.2 %	17.2 %
Greene County - AL	17.8 %	81.9 %	0.2 %	0.1 %	99.0 %	1.0 %	55.1 %	42.3 %	18.0 %
Hale County - AL	39.1 %	60.3 %	0.2 %	0.4 %	99.1 %	0.9 %	51.8 %	38.4 %	17.5 %
Jackson County - AL	93.5 %	3.9 %	1.9 %	0.6 %	97.7 %	2.3 %	54.4 %	40.9 %	18.7 %
Jefferson County - AL	53.9 %	44.1 %	0.4 %	1.6 %	96.7 %	3.3 %	48.5 %	35.5 %	15.1 %
Lamar County - AL	87.1 %	12.6 %	0.2 %	0.1 %	99.0 %	1.0 %	56.0 %	43.2 %	21.2 %
Lauderdale County - AL	87.7 %	11.1 %	0.3 %	0.9 %	97.8 %	2.2 %	52.7 %	39.7 %	18.8 %
Lawrence County - AL	80.4 %	12.8 %	6.5 %	0.3 %	98.3 %	1.7 %	53.1 %	37.7 %	16.5 %
Limestone County - AL	84.4 %	13.2 %	0.9 %	1.6 %	94.9 %	5.1 %	49.3 %	34.2 %	14.0 %
Madison County - AL	69.9 %	26.2 %	0.9 %	3.0 %	95.8 %	4.2 %	48.6 %	33.5 %	13.9 %
Marion County - AL	95.6 %	3.7 %	0.3 %	0.4 %	97.9 %	2.1 %	55.8 %	42.0 %	20.7 %
Marshall County - AL	95.4 %	2.5 %	1.2 %	0.9 %	88.9 %	11.1 %	49.7 %	36.4 %	16.9 %
Morgan County - AL	84.8 %	13.2 %	1.1 %	0.9 %	93.3 %	6.7 %	50.8 %	36.6 %	16.0 %
Perry County - AL	29.9 %	69.6 %	0.2 %	0.3 %	98.8 %	1.2 %	48.5 %	37.5 %	17.9 %
Pickens County - AL	55.4 %	43.9 %	0.2 %	0.5 %	98.6 %	1.4 %	54.2 %	40.4 %	19.1 %
Randolph County - AL	77.9 %	21.3 %	0.4 %	0.4 %	97.6 %	2.4 %	53.7 %	40.2 %	19.0 %
St. Clair County - AL	90.4 %	8.4 %	0.4 %	0.8 %	97.9 %	2.1 %	49.9 %	35.7 %	15.0 %
Shelby County - AL	85.4 %	12.0 %	0.4 %	2.2 %	94.8 %	5.2 %	47.3 %	32.1 %	12.0 %
Sumter County - AL	25.0 %	74.4 %	0.2 %	0.4 %	99.3 %	0.7 %	49.6 %	38.1 %	17.5 %
Talladega County - AL	66.0 %	33.1 %	0.4 %	0.5 %	98.4 %	1.6 %	50.8 %	37.2 %	16.0 %
Tallapoosa County - AL	70.5 %	28.5 %	0.4 %	0.6 %	97.8 %	2.2 %	54.8 %	41.7 %	19.3 %
Tuscaloosa County - AL	66.4 %	31.9 %	0.3 %	1.4 %	97.4 %	2.6 %	41.1 %	29.7 %	12.4 %
Walker County - AL	92.5 %	6.6 %	0.4 %	0.5 %	98.3 %	1.7 %	53.9 %	40.5 %	18.6 %
Winston County - AL	97.3 %	1.3 %	0.9 %	0.5 %	97.5 %	2.5 %	56.0 %	42.1 %	20.1 %

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 %
Alabama	18.1 %	17.6 %	40.1 %	9.6 %	3.4 %	1.3 %	41.0 %	61.3 %	15.9 %
Komen North Central Alabama Service Area	18.2 %	16.6 %	38.9 %	9.5 %	3.7 %	1.5 %	42.0 %	55.3 %	15.4 %
Bibb County - AL	24.1 %	15.7 %	45.2 %	9.6 %	1.3 %	0.3 %	68.4 %	100.0 %	15.5 %
Blount County - AL	26.8 %	13.7 %	40.9 %	9.1 %	4.5 %	2.7 %	90.0 %	100.0 %	17.8 %
Calhoun County - AL	22.1 %	20.4 %	42.8 %	12.0 %	2.3 %	1.1 %	33.7 %	100.0 %	15.4 %
Chambers County - AL	25.8 %	21.0 %	51.2 %	14.9 %	1.1 %	0.3 %	49.1 %	30.1 %	17.6 %
Cherokee County - AL	26.5 %	20.8 %	44.9 %	12.9 %	0.8 %	0.0 %	85.7 %	100.0 %	17.0 %
Chilton County - AL	25.2 %	17.4 %	44.4 %	11.1 %	4.4 %	1.7 %	86.7 %	0.0 %	19.5 %
Clay County - AL	27.2 %	18.7 %	47.1 %	10.9 %	2.2 %	1.4 %	100.0 %	100.0 %	18.2 %
Cleburne County - AL	27.0 %	16.8 %	47.1 %	12.5 %	1.2 %	0.6 %	100.0 %	100.0 %	16.8 %
Colbert County - AL	19.2 %	16.5 %	40.5 %	8.5 %	1.7 %	0.6 %	43.9 %	100.0 %	13.7 %
Coosa County - AL	23.8 %	18.8 %	45.6 %	13.8 %	1.9 %	0.0 %	100.0 %	100.0 %	14.4 %
Cullman County - AL	23.4 %	17.6 %	44.1 %	8.8 %	2.7 %	1.2 %	73.2 %	100.0 %	18.0 %
DeKalb County - AL	29.7 %	19.8 %	52.4 %	9.9 %	7.3 %	3.9 %	90.1 %	100.0 %	23.7 %
Etowah County - AL	18.3 %	18.0 %	45.7 %	10.2 %	2.2 %	0.9 %	37.5 %	76.7 %	15.9 %
Fayette County - AL	25.4 %	19.7 %	48.1 %	7.0 %	0.6 %	0.6 %	80.2 %	100.0 %	16.7 %
Franklin County - AL	28.4 %	20.1 %	50.8 %	8.1 %	8.0 %	5.2 %	70.4 %	100.0 %	21.7 %
Greene County - AL	27.0 %	31.7 %	62.5 %	21.3 %	0.0 %	0.2 %	100.0 %	100.0 %	18.1 %
Hale County - AL	29.0 %	25.9 %	54.7 %	15.4 %	0.9 %	0.1 %	89.2 %	100.0 %	19.2 %
Jackson County - AL	25.6 %	17.1 %	45.0 %	8.6 %	1.7 %	0.6 %	77.0 %	100.0 %	18.4 %
Jefferson County - AL	13.3 %	16.2 %	37.4 %	9.3 %	4.2 %	1.5 %	9.8 %	14.8 %	14.4 %
Lamar County - AL	23.7 %	19.1 %	47.8 %	9.8 %	0.3 %	0.0 %	100.0 %	100.0 %	16.1 %
Lauderdale County - AL	17.1 %	17.4 %	39.8 %	8.3 %	1.9 %	0.6 %	49.3 %	23.3 %	14.0 %
Lawrence County - AL	22.3 %	14.4 %	44.3 %	10.9 %	1.3 %	0.1 %	91.3 %	100.0 %	18.0 %
Limestone County - AL	19.6 %	13.8 %	33.3 %	7.7 %	3.8 %	2.5 %	57.6 %	79.0 %	14.9 %
Madison County - AL	11.1 %	12.4 %	27.1 %	9.0 %	5.3 %	1.6 %	16.4 %	18.1 %	13.8 %
Marion County - AL	30.8 %	20.3 %	49.7 %	9.0 %	1.1 %	0.5 %	88.9 %	100.0 %	17.5 %
Marshall County - AL	25.5 %	19.7 %	44.8 %	8.0 %	8.2 %	4.3 %	53.3 %	100.0 %	19.7 %
Morgan County - AL	18.1 %	14.9 %	36.3 %	9.4 %	5.2 %	2.4 %	38.6 %	4.8 %	16.6 %
Perry County - AL	28.3 %	25.4 %	67.9 %	15.2 %	0.7 %	0.2 %	100.0 %	100.0 %	19.1 %
Pickens County - AL	23.0 %	27.7 %	51.8 %	14.0 %	0.4 %	0.5 %	100.0 %	100.0 %	17.2 %
Randolph County - AL	28.8 %	23.6 %	48.7 %	10.5 %	1.9 %	1.4 %	81.3 %	100.0 %	19.2 %
St. Clair County - AL	20.1 %	13.4 %	36.5 %	9.7 %	1.9 %	0.6 %	72.8 %	100.0 %	15.2 %
Shelby County - AL	8.6 %	7.2 %	21.8 %	6.5 %	5.9 %	1.9 %	22.9 %	100.0 %	11.4 %
Sumter County - AL	24.6 %	38.0 %	61.0 %	18.4 %	0.3 %	0.3 %	100.0 %	100.0 %	17.5 %
Talladega County - AL	23.4 %	21.7 %	47.6 %	13.6 %	1.7 %	0.7 %	55.8 %	100.0 %	15.3 %
Tallapoosa County - AL	22.4 %	17.1 %	45.3 %	10.2 %	1.8 %	0.6 %	74.2 %	100.0 %	15.0 %
Tuscaloosa County - AL	14.7 %	19.9 %	37.6 %	7.3 %	3.5 %	1.5 %	25.5 %	26.6 %	13.4 %
Walker County - AL	24.0 %	19.7 %	45.6 %	12.9 %	1.2 %	0.3 %	74.1 %	0.0 %	15.1 %
Winston County - AL	29.1 %	21.2 %	51.4 %	8.9 %	1.3 %	0.5 %	84.9 %	100.0 %	17.1 %

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, Komen North Central Alabama service area has a slightly smaller White female population than the US as a whole, a substantially larger Black/African-American female population, a substantially smaller Asian and Pacific Islander (API) female population, a slightly smaller American Indian and Alaska Native (AIAN) female population, and a substantially smaller Hispanic/Latina female population. The Affiliate's female population is slightly older than that of the US as a whole. The Affiliate's education level is slightly lower than and income level is slightly lower than those of the US as a whole. There are a slightly larger percentage of people who are unemployed in the Affiliate service area. The Affiliate service area has a substantially smaller percentage of people who are foreign born and a substantially smaller percentage of people who are linguistically isolated. There are a substantially larger percentage of people living in rural areas, a slightly smaller percentage of people without health insurance, and a substantially 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:

- Chambers County
- Coosa County
- Greene County
- Hale County
- Jefferson County
- Perry County
- Pickens County
- Sumter County
- Talladega County
- Tuscaloosa County

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

- Lawrence County

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

- DeKalb County
- Franklin County
- Marshall County

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

- Lamar County

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

- Bibb County
- Blount County
- Chambers County
- Cherokee County

- Chilton County
- Clay County
- Cleburne County
- Coosa County
- Cullman County
- DeKalb County
- Fayette County
- Franklin County
- Greene County
- Hale County
- Jackson County
- Lamar County
- Marion County
- Marshall County
- Perry County
- Randolph County
- Sumter County
- Talladega County
- Walker County
- Winston County

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

- Greene County
- Hale County
- Perry County
- Pickens County
- Randolph County
- Sumter County
- Talladega County

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

- Chambers County
- Cherokee County
- Coosa County
- Greene County
- Hale County
- Perry County
- Pickens County
- Sumter County
- Talladega County
- Walker County

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

- DeKalb County
- Franklin 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: 20.6 per 100,000 women).
- Reducing the number of breast cancers that are found at a late-stage (Target: 41.0 cases per 100,000 women).

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

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

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

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

Identification of priority areas

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

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

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

Counties are classified as follows (Table 2.6):

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

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

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

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

Affiliate Service Area Healthy People 2020 Forecasts and Priority Areas

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

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

Trends can change for a number of reasons, including:

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

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

Table 2.7. Intervention priorities for Komen North Central Alabama 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
Greene County - AL	Highest	SN	13 years or longer	%Black/African-American, education, poverty, employment, rural, medically underserved
Hale County - AL	Highest	NA	13 years or longer	%Black/African-American, education, poverty, employment, rural, medically underserved
Jefferson County - AL	Highest	13 years or longer	13 years or longer	%Black/African-American
Lamar County - AL	Highest	NA	13 years or longer	Older, education, rural, medically underserved
Lawrence County - AL	Highest	SN	13 years or longer	%AIAN, rural, medically underserved
Madison County - AL	Highest	13 years or longer	13 years or longer	
Marion County - AL	Highest	13 years or longer	13 years or longer	Education, rural, medically underserved
Perry County - AL	Highest	SN	13 years or longer	%Black/African-American, education, poverty, employment, rural, medically underserved
Randolph County - AL	Highest	NA	13 years or longer	Education, poverty, rural, medically underserved
Tallapoosa County - AL	Highest	NA	13 years or longer	Rural, medically underserved
Walker County - AL	Highest	13 years or longer	13 years or longer	Education, employment, rural
Winston County - AL	Highest	13 years or longer	13 years or longer	Education, rural, medically underserved
Calhoun County - AL	High	13 years or longer	8 years	Medically underserved
Colbert County - AL	Medium High	2 years	13 years or longer	Medically underserved
Cullman County - AL	Medium High	13 years or longer	4 years	Education, rural, medically underserved
DeKalb County - AL	Medium High	13 years or longer	1 year	%Hispanic/Latina, education, rural, insurance, medically underserved
Etowah County - AL	Medium High	13 years or longer	3 years	Medically underserved

County	Priority	Predicted Time to Achieve Death Rate Target	Predicted Time to Achieve Late-stage Incidence Target	Key Population Characteristics
Franklin County - AL	Medium High	13 years or longer	4 years	%Hispanic/Latina, education, language, rural, insurance, medically underserved
Jackson County - AL	Medium High	7 years	10 years	Education, rural, medically underserved
Lauderdale County - AL	Medium	9 years	1 year	Rural
Limestone County - AL	Medium	Currently meets target	13 years or longer	Rural, medically underserved
St. Clair County - AL	Medium	Currently meets target	13 years or longer	Rural, medically underserved
Shelby County - AL	Medium	13 years or longer	Currently meets target	Medically underserved
Bibb County - AL	Medium Low	SN	2 years	Education, rural, medically underserved
Chambers County - AL	Medium Low	3 years	1 year	%Black/African-American, education, employment, rural
Cherokee County - AL	Medium Low	NA	2 years	Education, employment, rural, medically underserved
Cleburne County - AL	Medium Low	SN	1 year	Education, rural, medically underserved
Fayette County - AL	Medium Low	NA	5 years	Education, rural, medically underserved
Marshall County - AL	Medium Low	4 years	1 year	%Hispanic/Latina, education, rural, medically underserved
Pickens County - AL	Medium Low	SN	4 years	%Black/African-American, poverty, employment, rural, medically underserved
Morgan County - AL	Low	Currently meets target	6 years	
Talladega County - AL	Low	Currently meets target	1 year	%Black/African-American, education, poverty, employment, rural, medically underserved
Tuscaloosa County - AL	Low	Currently meets target	4 years	%Black/African-American
Blount County - AL	Lowest	Currently meets target	Currently meets target	Education, rural, medically underserved
Chilton County - AL	Lowest	Currently meets target	Currently meets target	Education, rural

County	Priority	Predicted Time to Achieve Death Rate Target	Predicted Time to Achieve Late-stage Incidence Target	Key Population Characteristics
Clay County - AL	Lowest	SN	Currently meets target	Education, rural, medically underserved
Coosa County - AL	Undetermined	SN	SN	%Black/African-American, education, employment, rural, medically underserved
Sumter County - AL	Undetermined	SN	SN	%Black/African-American, education, poverty, employment, rural, medically underserved

NA – data not available.
SN – data suppressed due to small numbers (15 cases or fewer for the 5-year data period).

Map of Intervention Priority Areas

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

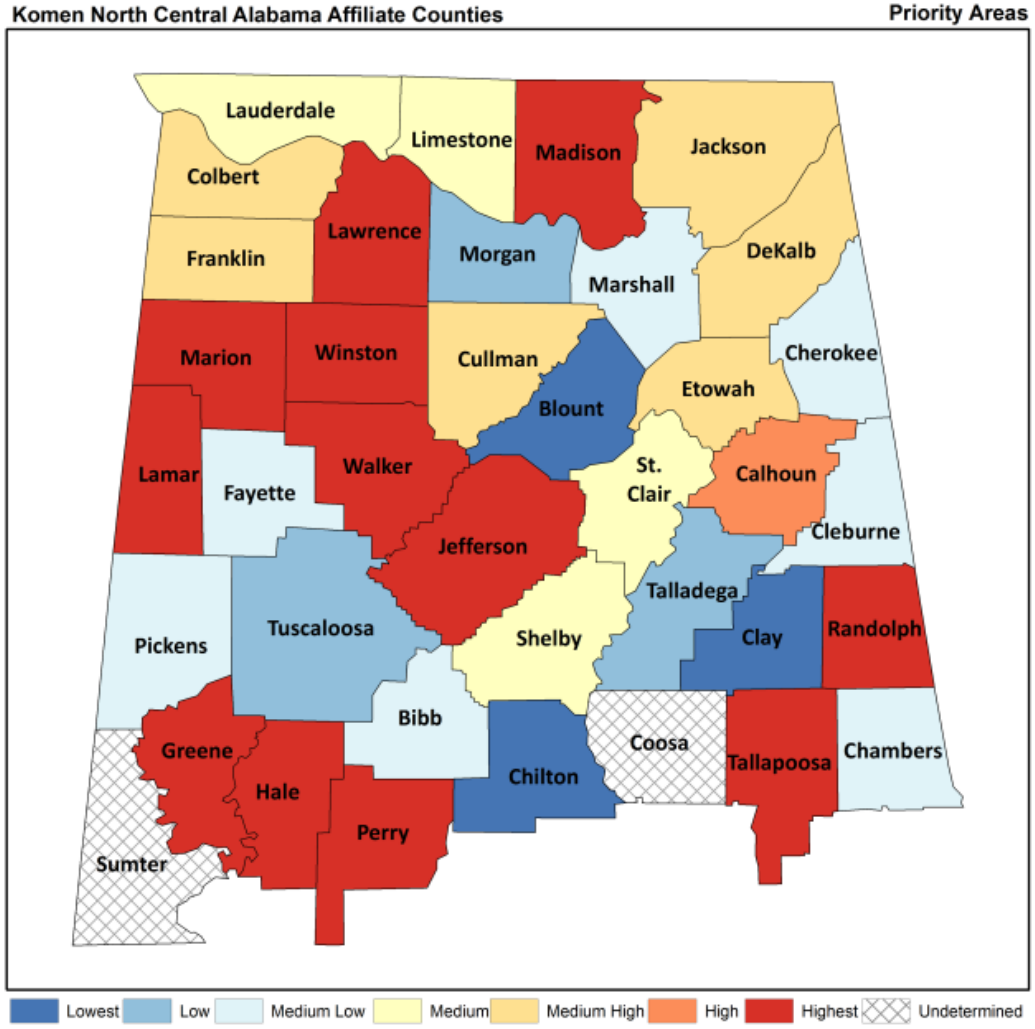

Figure 2.1. Intervention priorities

Data Limitations

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

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

Quantitative Data Report Conclusions

Highest priority areas

Twelve counties in the Komen North Central Alabama service area are in the highest priority category. Five of the 12, Jefferson County, Madison County, Marion County, Walker County and Winston County, are not likely to meet either the death rate or late-stage incidence rate HP2020 targets. Seven of the 12, Greene County, Hale County, Lamar County, Lawrence County, Perry County, Randolph County and Tallapoosa County, are not likely to meet the late-stage incidence rate HP2020 target.

The incidence rates in Jefferson County (139.7 per 100,000) and Madison County (128.9 per 100,000) are significantly higher than the Affiliate service area as a whole (117.1 per 100,000). The death rates in Jefferson County (27.2 per 100,000) and Lamar County (42.4 per 100,000) are significantly higher than the Affiliate service area as a whole (22.8 per 100,000). The late-stage incidence rates in Jefferson County (55.7 per 100,000) and Lamar County (92.7 per 100,000) are significantly higher than the Affiliate service area as a whole (47.4 per 100,000). Screening percentage in Randolph County (51.0 percent) are significantly lower than the Affiliate service area as a whole (79.0 percent).

Greene County has a relatively large Black/African-American population, low education levels, high poverty level and high unemployment. Hale County has a relatively large Black/African-American population, low education levels, high poverty level and high unemployment. Jefferson County has a relatively large Black/African-American population. Lamar County has an older population and low education levels. Lawrence County has a relatively large AIAN population. Marion County has low education levels. Perry County has a relatively large

Black/African-American population, low education levels, high poverty level and high unemployment. Randolph County has low education and high poverty levels. Walker County has low education levels and high unemployment. Winston County has low education levels.

High priority areas

One county in the Komen North Central Alabama service area is in the high priority category. Calhoun County is not likely to meet the death rate HP2020 target.

Screening percentage in Calhoun County (64.0 percent) are significantly lower than the Affiliate service area as a whole (79.0 percent).

Additional Quantitative Data Exploration

Due to the large number of counties found to be in the most at-risk, or 'Highest', category during initial data analysis, the Affiliate's Community Profile Team felt it necessary to collect additional quantitative data prior to selecting the target communities. This additional data allowed for a more in-depth analysis of why so many counties within the Affiliate service area are not currently on track to meet the Healthy People 2020 targets for breast cancer late-stage diagnosis and death (Healthy People 2020, 2014). This also enabled the Community Profile Team to divide those counties identified as most at-risk into regional groupings that will be more manageable in regards to outreach efforts outlined in the Mission Action Plan. The Affiliate hopes that this additional data and the insight it has provided into the many social determinants of health that are impacting breast cancer outcomes in the service area will allow for more targeted and effective interventions.

Additional quantitative data were collected through two methods, extraction from internet-based data sets and partnership with the Alabama Department of Public Health (ADPH). In addition to breast cancer incidence rate, breast cancer death rate, late-stage diagnosis, and screening proportion data provided by the Affiliate's Quantitative Data Report and ADPH, the Community Profile Team also utilized Health Transportation Shortage Index scores and County Health Outcomes and County Health Factors rankings to choose the final target community regions. The Health Transportation Shortage Index (HTSI) scores were calculated by a member of the Affiliate's Community Profile Team using county population data from the US Census 2012 American Community Survey, child poverty data from the 2013 Alabama Kids Count Data Book, and county Health Provider Shortage Area (HPSA) and Federally Qualified Health Center (FQHC) data from the US Health Resources and Services Administration. County health outcomes and health factors rankings were provided by the 2014 Robert Wood Johnson Family Foundation County Health Rankings report for the state of Alabama.

The Health Transportation Shortage Index (HTSI) was developed by the Children's Health Fund as a public health tool that can be used to assess a community's level of access to health care services, as well as an indicator of the community's overall stability. The Index is calculated using five factors: area population, child poverty level, public transportation availability, HPSA designation, and FQHC presence (Children's Health Fund, 2012). Population size is often a good proxy for the amount of rural area within the total area being surveyed. Rural communities often have considerable issues with transportation barriers to access to care. And even in more urban areas, if there is not a public transportation system present, transportation can still be a

substantial barrier to health care access. The access to personal transportation, either through automobile ownership or the ability to secure transportation from friends and family, is greatly decreased in both rural and urban communities with high poverty areas. An area's child poverty rate can be used to estimate the community's general poverty level, and therefore, its rates of automobile ownership and access to personal transportation (Children's Health Fund, 2012). Those communities with substantial transportation barriers and high poverty levels are often designated as Health Provider Shortage Areas (HPSAs) because such areas often lack large or multiple medical facilities and struggle to recruit health care providers to the area (Health Resources and Services Administration [HRSA], n.d). The US government attempts to correct such issues by funding Federally Qualified Health Centers (FQHCs) that increase access to care and allow for more effective recruitment of primary care providers through loan forgiveness programs (HRSA, n.d.).

The Robert Wood Johnson Family Foundation *County Health Rankings and Roadmaps* program produces annual reports of state county rankings that the Foundation develops through a partnership with the University of Wisconsin Population Health Institute. A county health rankings report is produced for each state in the US and contains data supporting two categories of county ranks: County Health Outcomes and County Health Factors. County health outcomes rankings take into account factors that impact length of life and quality of life for people living in a county (University of Wisconsin Population Health Institute, 2014). County health factors rankings take into account the many social determinants of health that impact a county's population. These factors are grouped into four categories: health behaviors, clinical care, social and economic factors, and physical environment (University of Wisconsin Population Health Institute, 2014). The sub-rankings for each of the four categories are weighed differently in the calculation of the overall county health factors ranking, with the social and economic factors category carrying the most weight (40 percent) and the physical environment category carrying the least (10 percent) (University of Wisconsin Population Health Institute, 2014).

The Affiliate's Community Profile Team felt that the additional data provided by the Health Transportation Shortage Index scores and County Health Rankings enhanced the Quantitative Data Report (QDR) in two distinctive ways. Because much of the Affiliate service area is rural, many of the county data points provided in the QDR were missing due to small sample sizes. This was particularly troublesome to the Community Profile Team because two of the most disadvantaged counties in the Affiliate service area, Sumter County and Coosa County, were not included in the Quantitative Data Report's county priority rankings. These two counties were included at the bottom of the priority ranking chart (Table 2.7) in the priority category labeled 'Undetermined'. Further exploration of the additional data showed that both Sumter County and Coosa County have breast cancer and quality of life issues similar to those seen in the Affiliate's Highest and High priority counties. Without the addition of this data to fill the gaps in information, these two counties and the women in them would have been overlooked during the course of the Community Profile development process. The additional data, and the information gleaned from it, also enhances the QDR by providing the most recent data available for the Affiliate's counties and focusing the picture painted in the Report by providing a more detailed overall health outcomes landscape in which to interpret the breast health data and outcomes.

Selection of Target Communities

The Quantitative Data Report for Komen North Central Alabama indicated that there were 12 highest priority counties (Jefferson County, Madison County, Marion County, Walker County, Winston County, Greene County, Hale County, Lamar County, Lawrence County, Perry County, Randolph County, and Tallapoosa County) and one high priority county (Calhoun County). In addition to those counties clearly categorized as either highest or high priority, the Affiliate's Community Profile Team determined that two other counties within the service area (Sumter County and Coosa County) should also be targeted though the counties had undetermined priority statuses. This brought the total number of potential target counties to 15 counties, located in various parts of the Affiliate service area. Target counties are those counties with cumulative key indicators which show an increased risk of vulnerable populations within them to experience gaps in breast health services and/or barriers to access to care.

Due to geographical, personnel, and funding constraints, the Susan G. Komen North Central Alabama has chosen four target regions within the service area. The Affiliate will focus future funding priorities and education efforts on these target regions over the course of the next four years. When selecting target communities, the Affiliate's Community Profile Team reviewed the Healthy People 2020 breast health-related objectives. This federal health initiative provides specific health objectives for communities and the country as a whole. The breast health objectives specific to reducing breast cancer death rates and reducing the number of breast cancers found at a late-stage (regional and distant) were analyzed, and the time needed for each county to meet the Healthy People 2020 targets in these two areas were used to identify areas of priority within the service area (Healthy People 2020, 2014).

Additional key indicators the Affiliate reviewed when selecting target counties and regions included, but were not limited to:

- Breast cancer incidence rates and trends
- Breast cancer-related death rates and trends
- Late-stage diagnosis rates and trends
- Below average breast cancer screening proportions
- County poverty levels
- County health outcomes rankings
- County health factors rankings
- Health transportation shortage index (HTSI) scores

The selected target regions are:

- Central Region (Region 1) – Jefferson, Walker, and Lamar Counties
- North-Northwest Region (Region 2) – Madison, Lawrence, Marion, and Winston Counties
- Southeast Region (Region 3) – Calhoun, Randolph, Tallapoosa, and Coosa Counties
- Southwest Region (Region 4) – Sumter, Greene, Hale, and Perry Counties

While the counties in the Southeast and Southwest regions are somewhat similar in terms of demographics and socioeconomic characteristics, the counties in the Central and North-Northwest regions are a great deal more varied. Regional groupings are based very heavily on geographic proximity and where women in each member county commonly go to seek breast

cancer-related medical care. All of the counties present the most pressing breast health issues in the Affiliate service area, as seen in the following charts and tables (Figures 2.2, 2.3, 2.4 and 2.5 and Tables 2.8, 2.9, 2.10 and 2.11).

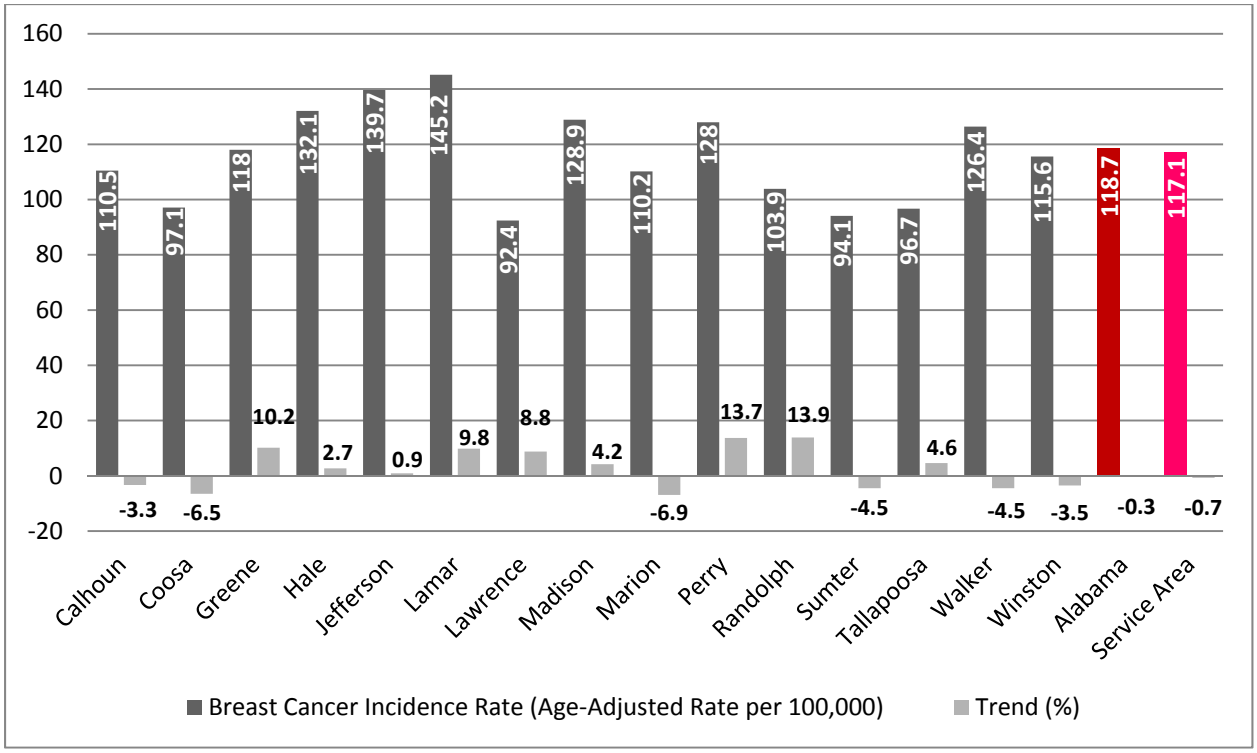

Figure 2.2. Breast Cancer Incidence in Target Communties

Breast cancer incidence is the number of newly diagnosed cases of breast cancer in a given time period. The average breast cancer incidence rate for the Affiliate service area (117.1 cases per 100,000 women) is slightly lower than that of the national average (122.1 cases per 100,000 women). The trend, or annual percent change, of -0.7 percent also shows that the rate of newly diagnosed cases is, on average, decreasing at a faster rate than that of the nation (-0.2 percent). The service area's rate and trend percentage is also higher than that of the state of Alabama as a whole (118.7 and -0.3 percent, respectively).

Hale County (132.1), Jefferson County (139.7), Lamar County (145.2), Madison County (128.9), Perry County (128.0), and Walker County (126.4) all have breast cancer incidence rates that are higher than the national average. The trends in Greene County, Hale County, Jefferson County, Lamar County, Lawrence County, Madison County, Perry County, Randolph County, and Tallapoosa County all indicate that the breast cancer incidence rates within these counties are on the rise, especially in Greene, Lamar, Lawrence, Perry, and Randolph counties. The increasing trend of breast cancer diagnoses in these areas is of note because of the barriers their residents face in accessing any form of health care, not to mention the specialized care required to battle breast cancer. Breast cancer treatment centers are often hours away from the homes of women living in the target regions.

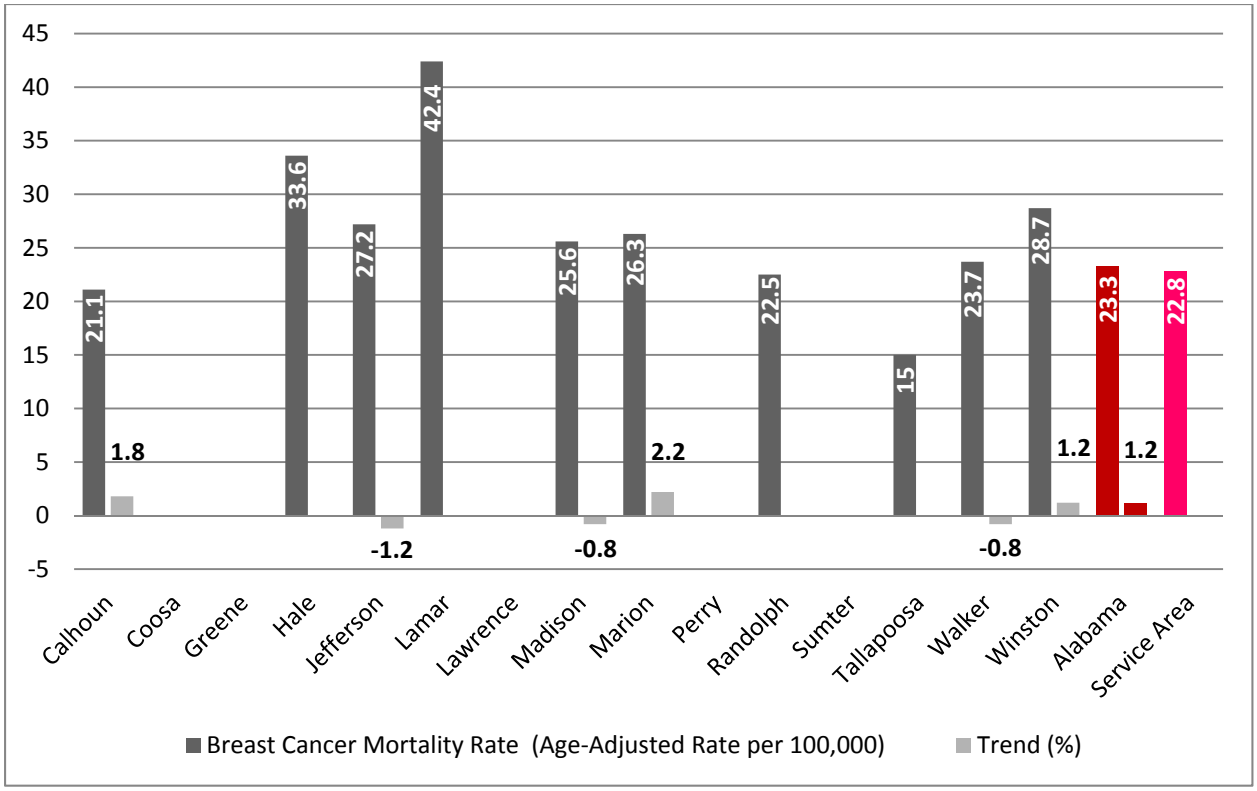

Figure 2.3. Target Community Breast Cancer Death Rate and Trends

Breast cancer death is the number of breast cancer-related deaths in a given time period. As with the average breast cancer incidence rate, the average breast cancer death rate for the Affiliate service area (22.8 breast cancer deaths per 100,000 women) shows that the area is doing, on average, better than the rest of the state (23.3 breast cancer deaths per 100,000 women) in this outcome measure. Nevertheless, the death rate is still slightly higher than the national average (22.6 breast cancer deaths per 100,000 women) and also higher than that set as the Healthy People 2020 target (20.6 breast cancer deaths per 100,000 women) (Healthy People 2020, 2014).

Again, further analysis of the county-level data found that several of the counties within the Affiliate service area have breast cancer death rates higher than even the state average. Hale County (33.6), Jefferson County (27.2), Lamar County (42.4), Madison County (25.6), Marion County (26.3), Walker County (23.7), and Winston County (28.7) fall within this category. Calhoun County, Marion County, and Winston County also have annual change trends that indicate breast cancer death rates are increasing within those counties. It is also very important to highlight the fact that sufficient breast cancer death rate data analysis was not possible for Coosa County, Greene County, Lawrence County, Perry County, and Sumter County due to small sample sizes. Trend data were also missing for a number of the target counties because this had been an issue for data analysis of those counties in years past. Gaps in death data are particularly troubling when it is taken into account that many of these areas have high breast cancer incidence rates.

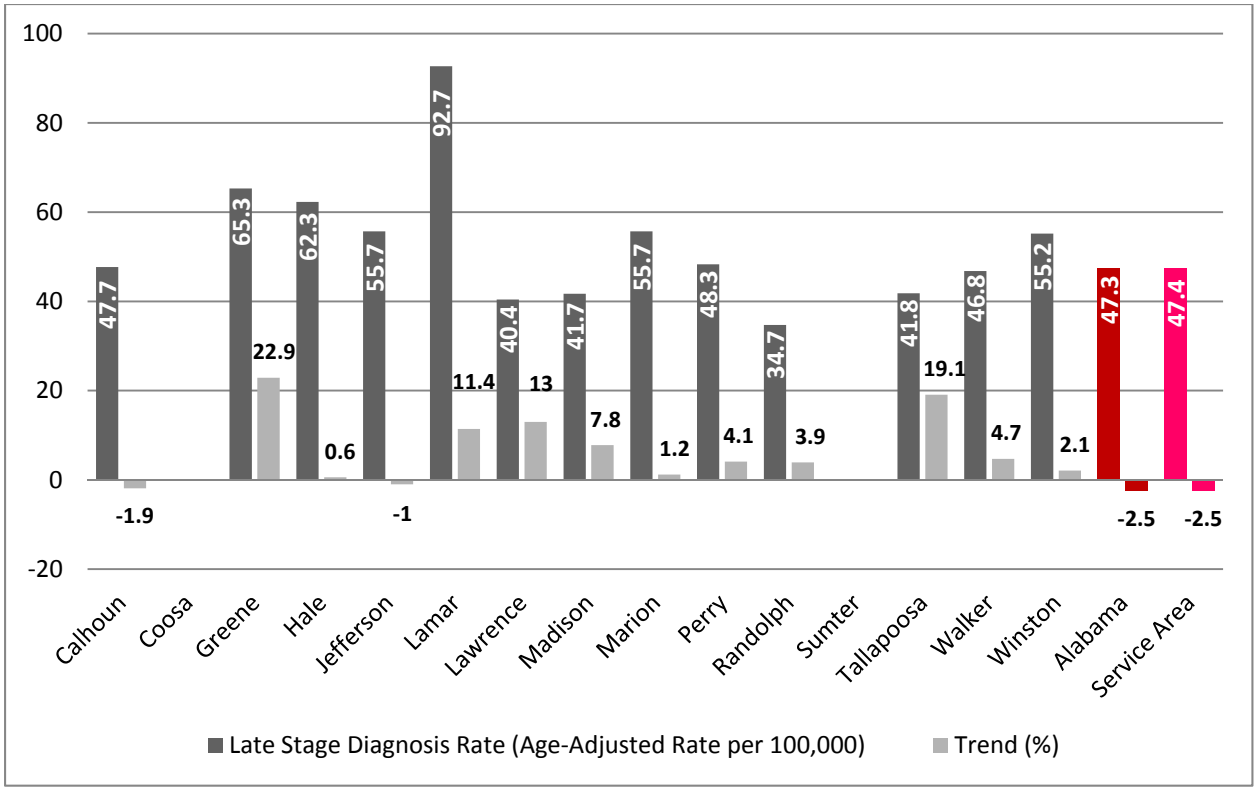

Figure 2.4. Target Community Late-stage Diagnosis Rates and Trends

Early detection of breast cancer is key in terms of treatment success and survivorship. Late-stage diagnoses are those new breast cancer cases diagnosed at the regional or distant stage. The Healthy People 2020 target for late-stage diagnosis rates was set at 41.0, with the current national average at 43.8. Even with a current negative annual trend of -2.5 percent, the state of Alabama still has a good deal of work ahead in lowering its average late-stage diagnosis rate of 47.3 in order to reach the HP 2020 target in the next five years. The Affiliate service area average is currently at 47.4, slightly higher than the state average and higher than the HP 2020 target rate.

Calhoun County (47.7), Greene County (65.3), Hale County (62.3), Jefferson County (55.7), Marion County (55.7), Perry County (48.3), and Winston County (55.2) have late-stage diagnosis rates that are higher than the Affiliate service area average. Five of these counties (Greene, Hale, Marion, Perry, and Winston) also have positive annual trends that indicate that the rates will continue to go up in future years unless effective intervention is implemented. Greene County, as well as Tallapoosa County, have positive annual trends that are particularly alarming because they show around a 20 percent or more increase in each county's rate each year if not reversed. Calhoun County and Jefferson County both have negative annual trends that seem to indicate that late-stage diagnosis rates in those areas are headed in the right direction. Further exploration of mammography screening in those two counties may shed some light on effective screening outreach and intervention methods. The one outlier in this group, not counting the two counties with no reported data, is Lamar County. The late-stage diagnosis rate for Lamar County, at 92.7, is nearly twice as high as the Affiliate service area rate. This again highlights that access to care may play a role in breast cancer survivorship in the more rural counties of the service area.

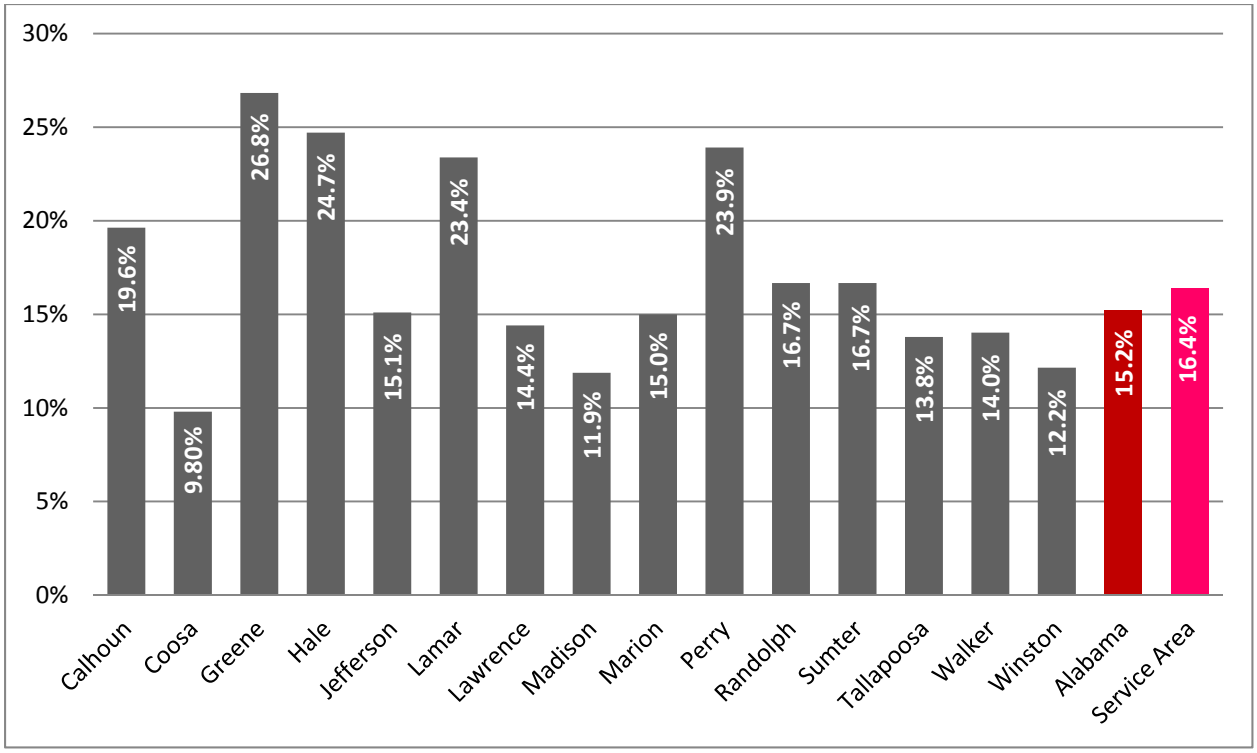

Figure 2.5. Target Community Late-Stage Diagnosis (Total Percent)

While breast cancer late-stage diagnosis rate data were not available for Coosa County and Sumter County, the Alabama Department of Public Health was able to provide the Affiliate's Community Profile Team with late-stage diagnosis data calculated as a percentage of total breast cancer diagnoses for each county. Data obtained included in situ cases, in addition to invasive breast cancers. Of the total number of new breast cancer cases in the Affiliate service area, 16.4 percent of the cases were diagnosed at either Stage III or Stage IV, or late-stage. This percentage is higher than that of the state average of 15.2 percent of all new breast cancer diagnoses. Of the 15 target counties, data from seven counties show that late-stage breast cancer diagnoses account for a larger percentage of total newly diagnosed breast cancer cases than that seen in the Affiliate service area as a whole.

Calhoun County (19.6 percent), Greene County (26.8 percent), Hale County (24.7 percent), Lamar County (23.4 percent), Perry County (23.9 percent), Randolph County (16.7 percent), and Sumter County (16.7 percent) all reported higher percentage of late-stage diagnoses than the service area average. Greene County, Hale County, Lamar County, and Perry County all have late-stage diagnosis percentages that indicate that about a quarter or more of all new breast cancer cases are not found until the cancer has progressed to stages that are often very difficult to successfully treat. Further analysis of the availability of medical care services in these counties will be helpful in identifying why so many women are getting diagnosed so much later.

Table 2.8. Percentage of Population Medically Underserved

County	Percentage of Population Medically Underserved (%)
Calhoun	100.0
Coosa	100.0
Greene	100.0
Hale	100.0
Jefferson	14.8
Lamar	100.0
Lawrence	100.0
Madison	18.1
Marion	100.0
Perry	100.0
Randolph	100.0
Sumter	100.0
Tallapoosa	100.0
Walker	0.0
Winston	100.0
Alabama	*61.3*
Komen NCA Service Area	*55.3*

An area receives a 'medically underserved' designation from the US Health Resources and Services Administration if it is found to have too few primary care providers, high infant death, a high poverty level, and/or a large elderly population (HRSA, n.d.). Much of the Affiliate service area, like the state of Alabama in general, is substantially medically underserved. In the target counties selected, the entire population of 12 out of the 15 counties is considered to be medically underserved. And while small portions of the populations of Jefferson County and Walker County are considered medically underserved, there are still communities in which women experience substantial barriers to access to care that are related to transportation, employment, and social support.

Table 2.9. Self-reported screening percentages of women, ages 50-74

County	Self-Reported Screening (%)
Calhoun	63.8
Coosa	SN
Greene	SN
Hale	86.2
Jefferson	84.1
Lamar	61.4
Lawrence	71.2
Madison	81.8
Marion	70.1
Perry	SN
Randolph	50.8
Sumter	71.0
Tallapoosa	83.4
Walker	83.4
Winston	84.0
Alabama	*78.0*
Komen NCA Service Area	*78.7*

At least six of the target counties screening percentages are below the averages for the Affiliate service area, the state, and the US, based on self-reported data gathered from interviews conducted through the Behavioral Risk Factor Surveillance System (BRFSS). BRFSS is an on-going health behavior survey conducted every year, through a partnership between the Centers for Disease Control and Prevention (CDC) and state health departments (CDC, 2014). The data shown here reflect the answers given by women ages 50-74 who reported having a mammogram in the past two years. While these data are helpful, indicating that Calhoun County, Lamar County, Lawrence County, Marion County, Sumter County, and particularly Randolph County have lower than average screening percentage in this population, they do not paint a completely accurate picture of breast cancer screening because a substantial portion of women were not represented by the survey due to their age.

Table 2.10. County Health Outcomes and County Health Factors Rankings

County	RWJF County Health Rankings Health Outcomes (Out of 67)	RWJF County Health Rankings Health Factors (Out of 67)
Calhoun	40	29
Coosa	49	57
Greene	63	62
Hale	64	59
Jefferson	25	10
Lamar	46	34
Lawrence	41	41
Madison	5	2
Marion	30	37
Perry	65	66
Randolph	35	53
Sumter	52	52
Tallapoosa	47	48
Walker	66	27
Winston	56	50

In trying to keep the larger picture of health and wellness in mind when analyzing breast health issues and breast cancer outcomes in the Affiliate service area, the Community Profile Team referred to the Robert Wood Johnson Family Foundation County Health Rankings for perspective. The Health Outcomes rankings, which take into account length of life and quality of life data, place 12, or 80 percent, of the target counties in the 50th percentile or lower in the state. The Health Factors rankings explore a much broader scope of population health indicators, including access to care, the quality of that care, income, family and social support, community, and housing and transit, among other factors. The composite Health Factors rankings indicate that 11 of the target counties fall at or below the 50th percentile. Two counties, Walker and Perry, can be highlighted here because they both have the unfortunate designation of ranking second to last in the Health Outcomes and Health Factors categories, respectively. Perry County also ranked 65th out of 67 counties in the Health Outcomes rankings. The two counties ranked last in the two categories, Lowndes County and Bullock County, are not located within the Affiliate service area. These rankings show that in addition to the difficulties a breast cancer diagnosis brings to a woman's life, many of the women located within the Affiliate service area are already dealing with numerous health and quality of life issues.

Table 2.11. Health Transportation Shortage Index Scores

County	Health Transportation Shortage Index Scores
Calhoun	8
Coosa	12
Greene	10
Hale	11
Jefferson	4
Lamar	12
Lawrence	11
Madison	2
Marion	12
Perry	11
Randolph	11
Sumter	11
Tallapoosa	10
Walker	9
Winston	13

Health Transportation Shortage Index (HTSI) scores for the target counties indicate that all but two of the counties selected have health transportation shortages. The scores, which are based on a scale of 0 to 14, were very important to include in the quantitative data analysis portion of this Community Profile because much of the Affiliate service area is rural. Few cities within the state of Alabama have public transportation and when public transportation is present, it is often operated on a limited schedule within a limited service area. Public transportation that is provided outside of the larger cities is offered on a paratransit basis, with clients being required to make appointments and be at the mercy of fellow clients' schedules and needs.

While many of the target counties have double digit HTSI scores, Winston County's score of 13 ranked as the highest score in the group. This county has a small population, is split down the middle by a National Forest, and has only one major roadway. Winston County is the perfect example of how an area's geography and infrastructure can make traveling for medical care difficult in the state. The two counties that have major metropolitan areas within their borders, Jefferson County (Greater Birmingham area) and Madison County (Greater Huntsville area), did very well on the Health Transportation Shortage Index. But it is important to note that even within these counties, while the county as a whole may not be a health transportation shortage area there are communities within the counties that do encounter health transportation issues.

Regional Snapshots

Central Region, Alabama (Region 1)

Jefferson, Walker, Lamar Counties, Alabama

While grouped into a region for the purposes of this Community Profile and the resulting Mission Action Plan, demographics and barriers differ greatly within the member counties. While Walker County and Lamar County are rural counties with few health care resources, Jefferson County is the most populous county in the state and is home to the state's leading medical and research facilities. Lamar County is located along the western border of the state, bordering Mississippi. It is sparsely populated and is served by one small federally qualified health center (FQHC). Women seeking breast health care in this county most likely seek care in Birmingham,

AL (Jefferson County) or in a nearby Mississippi health care facility. Walker County has a slightly larger population but is still considered to be rural. Health Care resources in this county are centralized in Jasper, AL, which is the county seat of Walker County. Women seeking highly specialized breast health care and breast cancer treatment are most likely to travel to neighboring Jefferson County. Both Walker County and Lamar County have largely homogeneous, White populations and high rates of poverty.

Jefferson County, on the other hand, is very diverse in terms of its racial and ethnic makeup, as well as income level. The county has a relatively even mix of White and Black/African-American residents, with a growing Hispanic/Latino community. The presence of the University of Alabama-Birmingham (UAB), a large medical and research-focused institution, has also attracted smaller communities representing other racial and ethnic groups. This diversity calls for varied, culturally sensitive breast health and screening intervention methods. Income levels vary greatly from zip code to zip code within Jefferson County, with pockets of substantial poverty spread throughout.

North-Northwest Region, Alabama (Region 2)

Madison, Lawrence, Marion, Winston Counties, Alabama

The North-Northwest Region is anchored by the most populous county of the four, Madison County. The county seat, Huntsville, AL, is the fourth largest city in the state. Racial and ethnic diversity within the region is concentrated almost solely in Madison County, due in large part to the presence of the major metropolitan area of Huntsville and the NASA Marshall Space Flight Center. The Flight Center, and its emphasis on advanced engineering and the physical sciences, is often cited as the cause for Madison County's relatively large Asian population. This community is more than double the state average. Outside of the Greater Huntsville area, the population of the North-Northwest Region is largely White and located in rural areas. The one exception to this is Lawrence County, which has an American Indian/Alaskan Native population that is nearly five times the national average. Lawrence County has the largest American Indian/Alaskan Native population in the state, including the members of the Blue Clan of the Echota Cherokee Tribe of Alabama (Echota Cherokee Tribe of Alabama, n.d.).

Like most of the state of Alabama, Winston, Marion, and Lawrence counties are entirely rural, with many communities having high poverty and unemployment rates. These factors often combine to result in low educational attainment and health literacy as well.

Southeast Region, Alabama (Region 3)

Calhoun, Randolph, Tallapoosa, Coosa Counties, Alabama

The four counties of the Southeast Region are located in the southern half of the Affiliate service area, in the part of the state that borders Georgia. The city of Anniston, AL, located in Calhoun County, is the most populous area in the Southeast Region. Much of the rest of the region is very rural, with small communities located in somewhat isolated areas. All four counties rank very low in overall health and health factors analysis, and breast cancer incidence and death rates still remain a critical concern (University of Wisconsin Population Health Institute, 2014).

High rates of poverty and unemployment, as well as low educational attainment and health literacy, play a large role in breast health outcomes in this region. Breast health messaging in this area must take into consideration these socioeconomic factors because so often health can take a backseat to more pressing issues, such as attaining stable employment and income. And

while the area is largely White, minority groups within this region encounter unique challenges because they are often poorer and less educated than the overall population even when that population has high poverty and low education attainment rates.

Southwest Region, Alabama (Region 4)

Sumter, Greene, Hale, Perry counties, Alabama

The counties of Sumter, Greene, Hale, and Perry, Alabama are located within the state's Black Belt. Alabama's Black Belt is part of the larger Southern Black Belt region that stretches from Maryland to Texas. The Black Belt region gets its name from the dark, rich soil that allowed the plantation system of agriculture to prosper in the 18th and 19th centuries. Alabama's Black Belt was also the center of the Civil Rights Movement in the 1950s and 1960s (Winemiller, 2009). Because the area's background is so deeply rooted in the history of slavery and the social oppression that led to the Civil Rights Movement, the Black Belt region of Alabama has since struggled to overcome the resulting problematic socioeconomic conditions. A depressed economy, bleak employment landscape, and underdeveloped infrastructure have impacted Black Belt communities in a number of ways, one of which being in regards to health outcomes (Winemiller, 2009).

These counties were grouped into a region based upon their geographical proximity and the combination of at-risk socioeconomic conditions and poor health outcomes. All of the counties in the Southwest Region are considered rural, medically underserved, and poor. These counties are also predominantly Black/African-American, as much as 81.9 percent in Greene County, making much of the female population more at risk for aggressive forms of breast cancer. This risk is compounded by lower than average screening percentages and low health literacy.

Health Systems Analysis Data Sources

The Affiliate's Community Profile Team conducted the health systems portion of this analysis as a group in order to best assess the breast health resources and services available in each region. The regions were divided between team members, with Regions 1 and 2 being divided between multiple team members due to the large number of resources and services available in Birmingham (Region 1) and Huntsville (Region 2). The group was also assisted by the Affiliate's Komen Community Health Advisors (KCHAs). The KCHAs assisted with data collection in the Black Belt counties of Region 4.

The team utilized a number of sources to obtain program and services data from the four target communities. These sources included:

- Alabama Department of Public Health – website and county offices
- Alabama Breast and Cervical Cancer Early Detection Program – program staff and leadership
- Google Search Engine
- Health Resources and Services Administration Data Warehouse website
- University of Alabama-Birmingham Health System – websites, practitioners, and administrative staff
- Whatley Health Services website

Once each team member completed data collection for their assigned area, they analyzed the data and compiled a snapshot of the area that highlighted strengths and weaknesses, gaps in services, and unmet community needs. They also listed current Affiliate community partners and summarized opportunities for future partnership building. Those snapshots were then collected and reviewed by Affiliate staff for consistency and accuracy.

Health Systems Overview

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

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. 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.

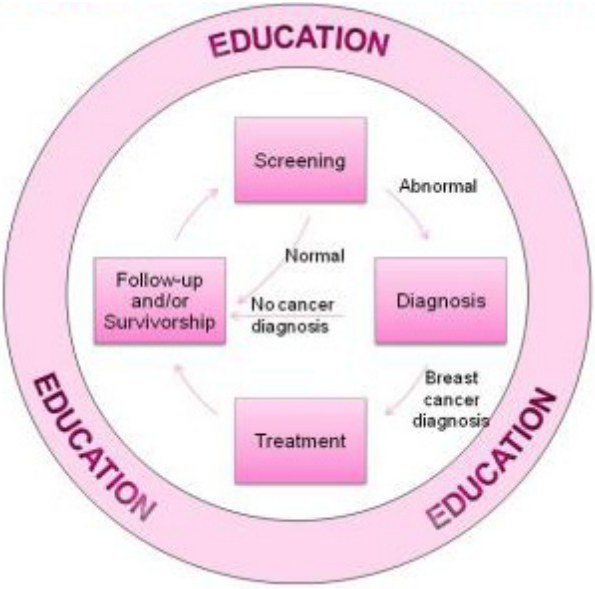

Figure 3.1. Breast Cancer Continuum of Care (CoC).

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

For some breast cancer patients, treatment may last a few months and for others, it may last years. While the CoC model shows that follow up and survivorship come after treatment ends, they actually may occur at the same time. Follow up and survivorship may include things like navigating insurance issues, locating financial assistance, symptom management, such as pain, fatigue, sexual issues, bone health, etc. Education 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.

Central Region, Alabama (Region 1)
Jefferson, Walker, Lamar Counties, Alabama

Health System Strengths and Weaknesses
Jefferson County is home to three major health care systems: University of Alabama-Birmingham (UAB) Health System, St. Vincent's Health System, and Baptist Health System (Figure 3.2). UAB is home to one of the country's 68 National Cancer Institute Comprehensive Cancer Centers and some of the nation's leading cancer researchers. UAB has received millions of dollars in research grant funding from Susan G. Komen since 1982. But while many health care resources are present in Jefferson County, there are still communities within the area that are medically underserved because of low health literacy rates, high poverty and uninsured levels, and substantial access to care barriers. The remaining counties in this region, Walker and Lamar, have issues similar to those present within the underserved communities of Jefferson County. The Baptist Health System that is centered in Jefferson County extends out into neighboring Walker County, through the presence of the Walker Baptist Medical Center in Jasper, AL. Walker Baptist Medical Center and its oncology personnel also have a partnership with the Walker Cancer Center, a standalone cancer treatment clinic also located in Jasper. But while these resources are present within Walker County, more than 75 percent of the county's residents live outside of the Jasper area where the resources are located. This can create a substantial barrier for those women seeking care if they do not have the means to secure reliable transportation to and from Jasper. Lamar County has one health care center, the Vernon Health Center, which provides basic primary care services for residents of the county. This lack of cancer treatment resources causes residents of the county to travel to Birmingham or nearby Mississippi to seek care.

Key Partnerships
The Affiliate has a number of key partnerships with organizations that are based within the Central Region. These partnerships are some of the strongest the Affiliate has established to date, primarily because the Affiliate's community offices are located in the Jefferson County city of Birmingham. The Affiliate has a well-established relationship with the University of Alabama-Birmingham (UAB). A number of the Affiliate's past and current Community Grants grantees are housed within the UAB system, whether in the academic departments or within the UAB Hospital health system. There are also a number of UAB researchers and scientists who currently have, or have previously had, funding awarded through the Komen Research Programs. The Affiliate also has established relationships with St. Vincent's Health System and Baptist Health System, as well as the county health departments. Though the state health department is headquartered outside of the Affiliate service area, in Montgomery, the Affiliate maintains a strong relationship with the Alabama Breast and Cervical Cancer Early Detection Program staff based both in Montgomery and across the Affiliate service area.

Other partnerships of note include the UAB Comprehensive Cancer Center, the Comprehensive Cancer Center's Deep South Network, the UAB School of Nursing's Young Breast Cancer Survivors Network, the Princeton Breast Care Center's Breast Cancer Survivorship Network, the local Alabama office of the American Cancer Society, and the Community Foundation of Greater Birmingham.

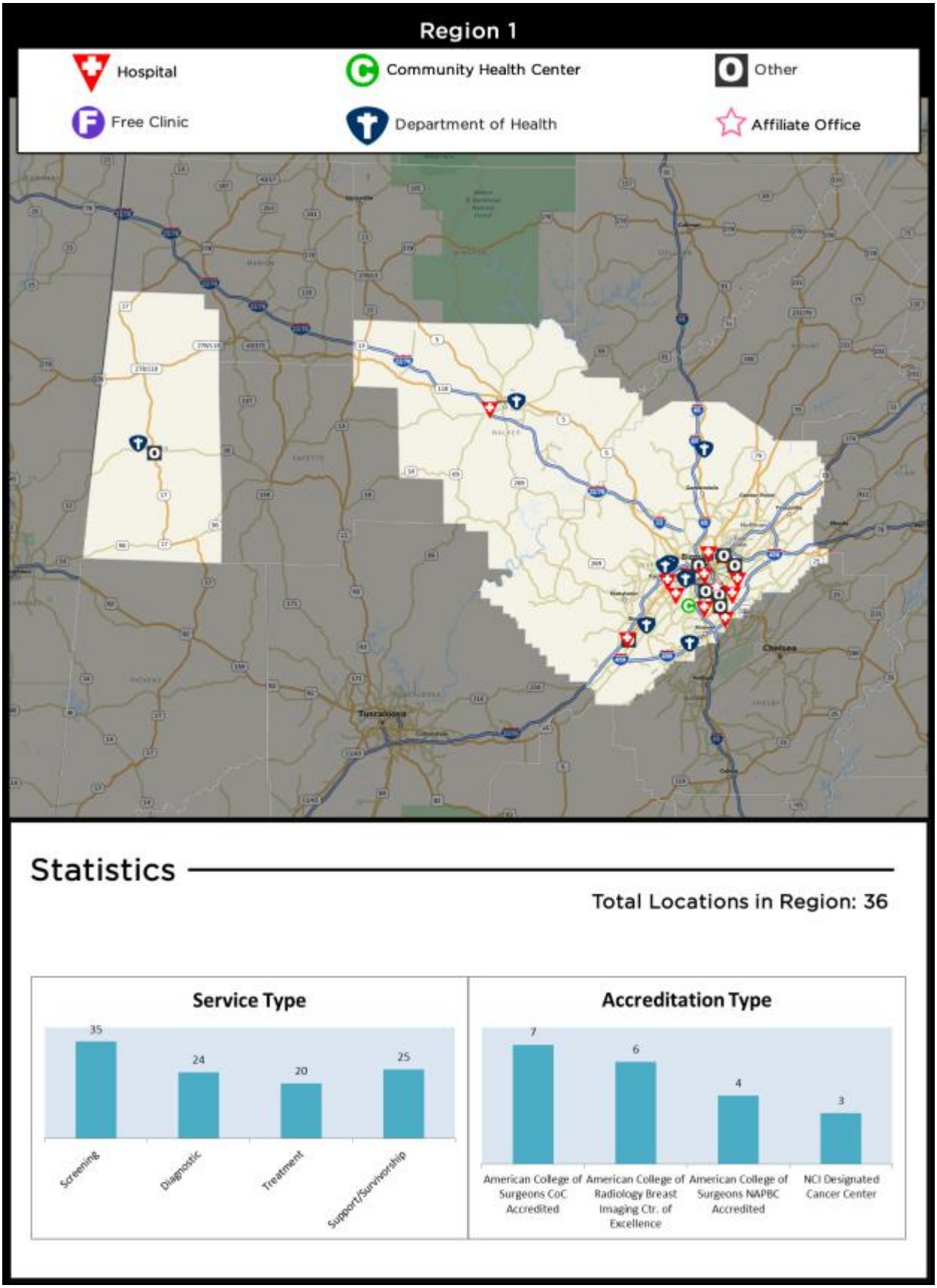

Figure 3.2. Breast Cancer Services Available in Region 1

North-Northwest Region, Alabama (Region 2)
Madison, Lawrence, Marion, Winston Counties

Health Systems Strengths and Weaknesses
Madison County is home to the Huntsville Hospital Health System. Huntsville Hospital is the second largest hospital in the state and one of the largest publicly owned health systems in the United States (Huntsville Hospital, n.d.) (Figure 3.3). The Clearview Cancer Institute, Cancer Center of Huntsville, and Center for Cancer Care also provide other options for breast cancer patients seeking care in this area. Most women seeking breast health care and breast cancer treatment in the northernmost counties of Alabama, including those in Lawrence, Walker, and Lamar Counties, utilize the services of one of the Huntsville options for care. The only health care facilities present in the three rural counties of the North-Northwest region are health clinics, state health department sites, and small community hospitals with fewer than 100 beds. This forces women in these counties to seek care in Madison County, Jefferson County, or Mississippi in the case of Marion County. Much like what is seen in the Southwest Region, these women are faced with transportation barriers when seeking breast health services and cancer treatment. The day it takes to travel to and from appointments can also cause financial and family difficulties because of the required time away from work and family. Women who live in disparate communities within Huntsville face similar problems despite the fact that they live within close proximity to quality health care resources.

Key Partnerships
The Affiliate has partnerships with many of the leading breast health providers and organizations in the North-Northwest Region, with many of the partner organizations being based in the Madison County city of Huntsville. Huntsville Hospital and its network of Affiliates provide breast health services to women throughout the northernmost part of the state, including Lawrence County. The hospital is a past recipient of the Affiliate's Community Grants program, and was an active member of the 2015 Community Profile Team. The HudsonAlpha Institute for Biotechnology in Huntsville is another Affiliate partner in the region. Dr. Richard Myers, president and director of the Institute, is the principal investigator of a $1 million Komen research grant-funded project that is studying estrogen receptor positive (ER+) breast cancer. The Affiliate has also partnered in the past with the Liz Hurley Breast Cancer Fund for the BMW Drive for the Cure event in Huntsville, AL. The Liz Hurley Breast Cancer Fund is the breast cancer-focused branch of the Huntsville Hospital Foundation and funds the purchase of diagnostic technology for breast centers at Huntsville and Madison Hospitals.

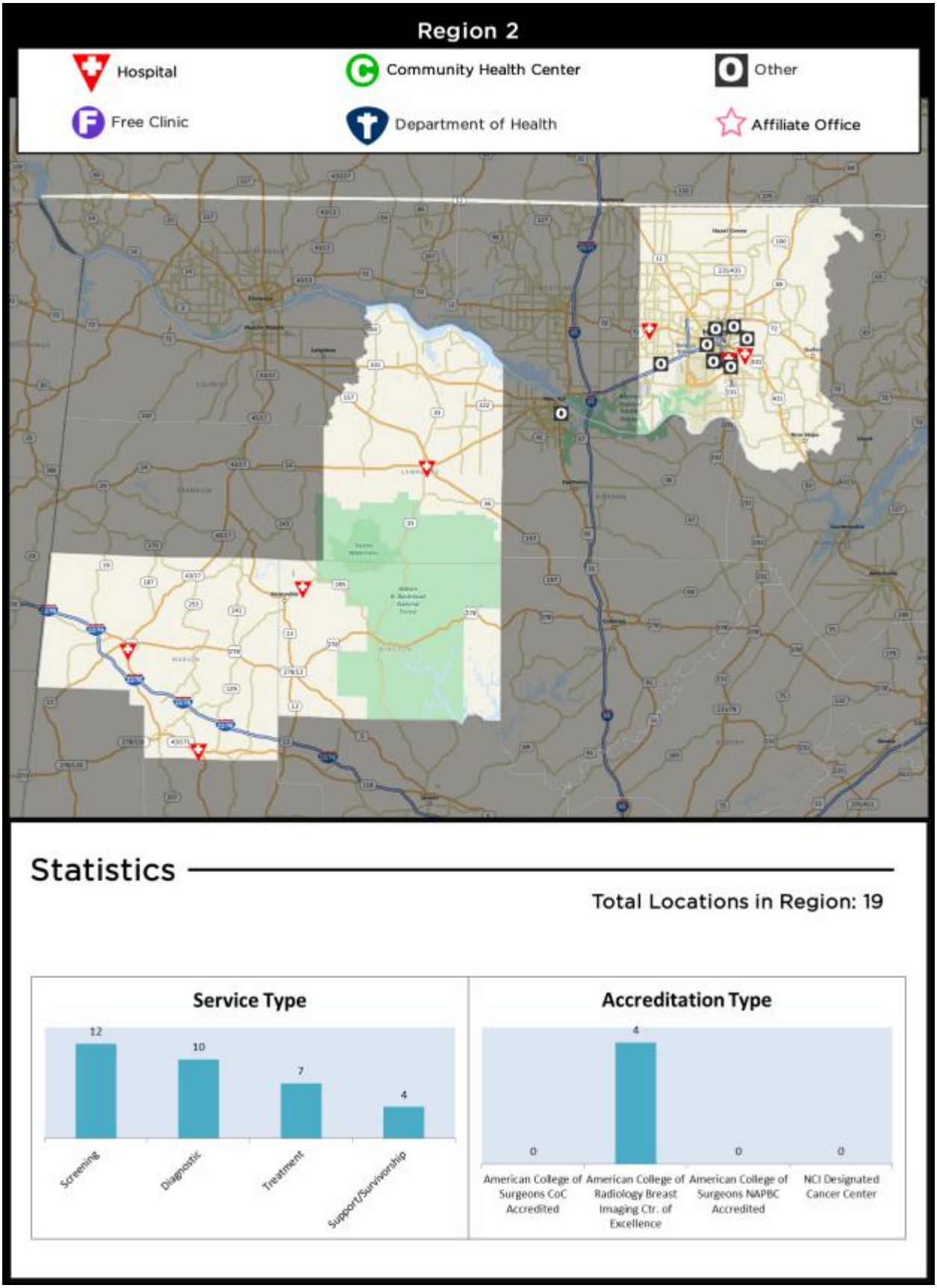

Figure 3.3 Breast Cancer Services Available in Region 2

Southeast Region, Alabama (Region 3)
Calhoun, Randolph, Tallapoosa, Coosa Counties

Health Systems Strengths and Weaknesses
The Regional Medical Center in Anniston, AL serves as the major health facility in this region (Figure 3.4). The Center's cancer program is accredited by the Commission on Cancer of the American College of Surgeons, one of only 22 such programs in the state of Alabama (Regional Medical Center, n.d.). The presence of the Regional Medical Center, while positive, has not translated into above average health outcomes in the overall region. Anniston is located in Calhoun County, the northernmost county within the Southeast Region. It does not share any borders with any of the remaining three counties in the region, which is an indication of the geographical barrier faced by many women within the region who would be seeking care at the Regional Medical Center. The distance between Anniston, in Calhoun County, and Tallassee, in the southern part of Tallapoosa County, is over 100 miles. Rather than drive nearly two hours to receive care in Anniston, many women in this area would more than likely travel to Montgomery, AL for care. Women in other rural areas within the Southeast region may also travel to Montgomery, Birmingham, or possibly Georgia depending on where they live within the region. And while the trip to a provider in one of these areas may not be two hours, as in the case of Tallassee to Anniston, it is often at least 30 minutes one way. This is again an example of the substantial geographical barriers to quality breast health and breast cancer care that low-income women lacking reliable personal transportation face when seeking quality treatment and support services.

Key Partnerships
The Affiliate's primary partnerships in this region are with the county health departments, Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP) regional coordinators, and ABCCEDP contracted providers. These partnerships allow the Affiliate to ensure that women in these counties are able to receive the breast health education, screening, and treatment they need.

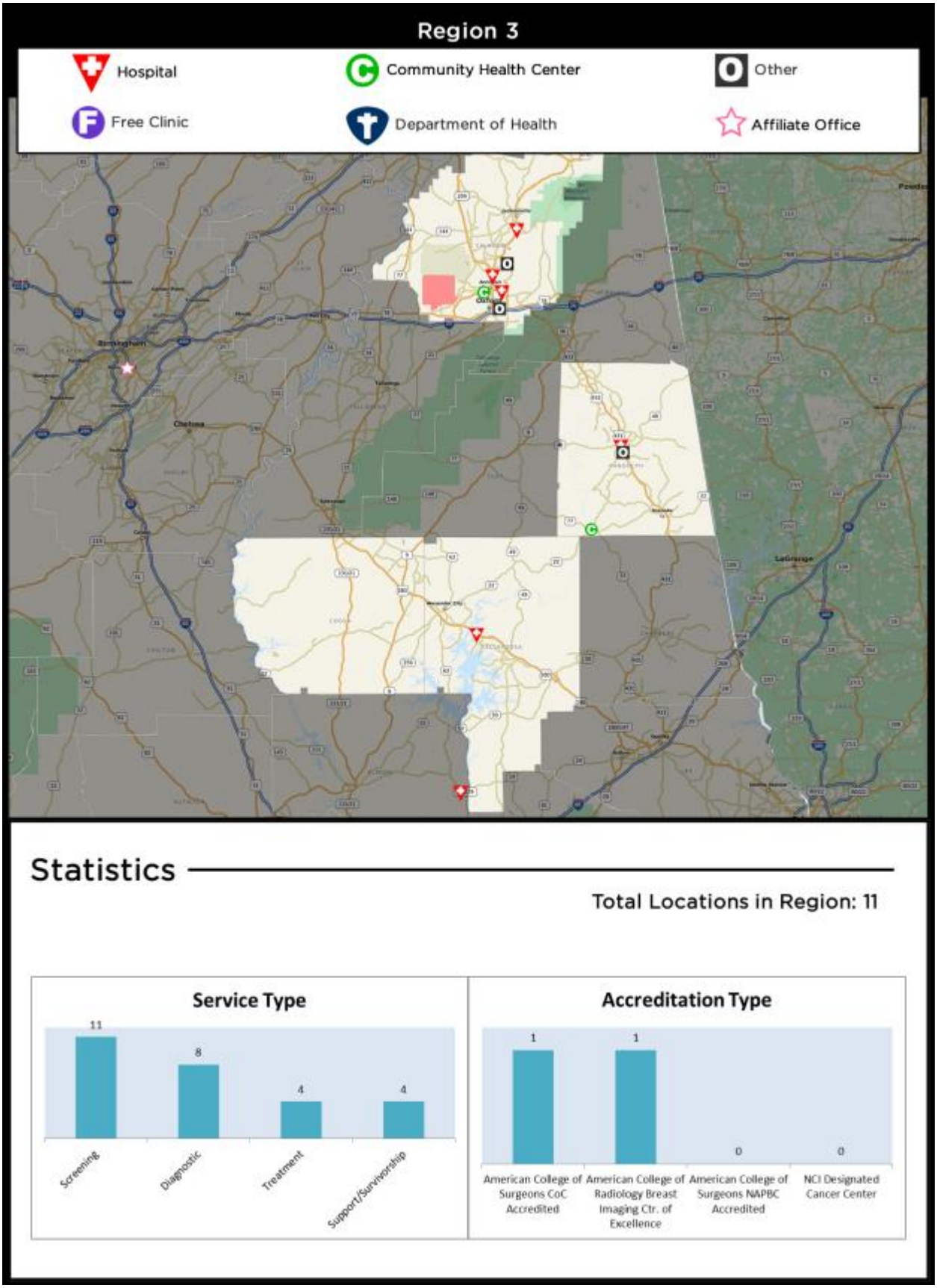

Figure 3.4. Breast Cancer Services Available in Region 3

Southwest Region, Alabama (Region 4)
Sumter, Greene, Hale, Perry Counties

Health Systems Strengths and Weaknesses
Women in the four Southwest Region counties face an access to care issue similar to those experienced by their peers in the rural counties of the other target regions – there is not a single major health facility in any of the counties (Figure 3.5). The closest facilities are located in cities as far as nearly 80 miles away. The counties do have community health clinics and the county health department sites that provide basic primary care services, but these facilities lack the resources to provide services beyond mammograms and clinical breast exams. Women in these counties face substantial access to care barriers due to the lack of local resources and a lack of personal transportation needed to receive more advanced breast health and breast cancer care. The region also lacks adequate public or shared transportation options to treatment centers in other counties or in neighboring Mississippi. The distance to the nearest health care facilities also often requires women to spend an entire day away from their hometown, which can cause additional issues related to securing childcare and taking time off from work.

Key Partnerships
Despite the overall lack of resources in the Southwest Region, the Affiliate has been able to leverage its partnership with the UAB Comprehensive Cancer Center's Deep South Network to reach the underserved women of this area. Through this partnership, the Affiliate has been able to fund the training and continued support of a group of local women who provide breast health education and patient navigation in this region. These Komen Community Health Advisors, or KCHAs, have been a great support of the Affiliate's mission in the counties of the Southwest Region. Komen North Central Alabama has also been able to build partnerships in the region since having received funding from Komen Headquarters in 2013 to establish a community coalition in some of the state's Black Belt counties. The coalition has allowed the Affiliate to build new partnerships and strengthen those that were already present. Some of these partners include the Health & Wellness Education Center and the University of West Alabama in Sumter County, Sowing the Seeds of Hope in Perry County, and Whatley Health Services, which operates community health clinics in Sumter, Greene, and Hale counties.

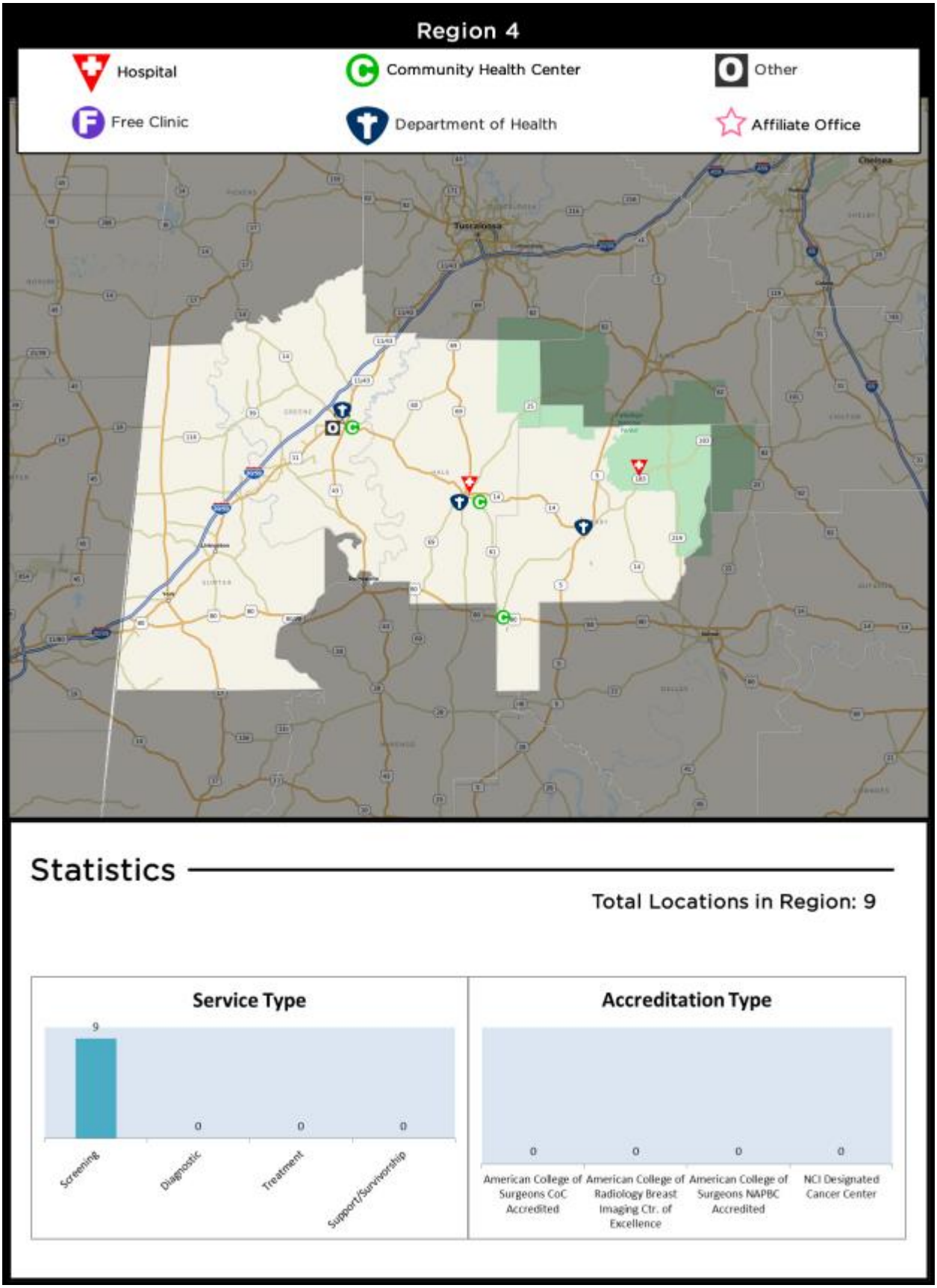

Figure 3.5. Breast Cancer Services Available in Region 4

Partnership and Collaboration Opportunities in Target Communities
The Affiliate is committed to providing women throughout its entire service area with the breast health awareness, education, resources, and support they need. This commitment has been somewhat hindered in the past due to the extensive geographical area covered by the Affiliate. As a result of prior difficulties in providing equal outreach and support across the service area, the Affiliate and its Board have included expanded outreach into the Affiliate service area as a priority area in the newest strategic plan. Over the next three years, the Affiliate will be engaged in partnership building activities throughout the target regions and others in the service area. By engaging with regional hospitals, community organizations, breast cancer advocates, Alabama Breast and Cervical Cancer Early Detection Program regional coordinators and contracted providers, and public policymakers, the Affiliate hopes to further extend its reach and impact into the regions and communities currently experiencing breast health disparities.

One objective included in the 2015-2017 Komen North Central Alabama Strategic Plan that directly supports these efforts is the establishment of the Faces of Komen Ambassadors program. Komen Ambassadors will be survivors, co-survivors, advocates, and others who live in these target regions and want to help the Affiliate make an impact in their community. Ambassadors will be trained to carry out the Komen Mission in their assigned region – hosting and attending health fairs, acting as a resource for local survivors and co-survivors, raising breast cancer awareness in their communities, and more. The Affiliate will also work with each Ambassador to build relationships with local community organizations, public officials, health care providers, and others to ensure that the unique needs of each region are met using interventions that best fit each community.

Public Policy Overview

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP)
The Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP) provides free breast and cervical cancer screening and diagnostic care to underserved women statewide. In order to be eligible, women must be 40-64 years of age, have no insurance or are under-insured, and have an income at or below 200 percent of the poverty level. Services are delivered through over 400 contracted providers. In order to enroll, a woman must make an appointment with one of the ABCCEDP contracted primary care providers. Women can contact their local health department for assistance in connecting with a regional ABCCEDP coordinator. Women can also get connected with regional ABCCEDP coordinators by calling the program's 1-800 number. The regional ABCCEDP coordinator will then assist the woman in identifying an ABCCEDP contracted provider in her area. Once enrolled, the woman will receive a breast exam and a referral for a mammogram. If needed, diagnostic testing including diagnostic mammogram, ultrasound, and biopsy are provided at no charge.

ABCCEDP is supported by funding from the Centers for Disease Control and Prevention (CDC), the Joy to Life Foundation, the National Breast Cancer Foundation, the State of Alabama, and the Affiliate. Because of the funding provided by the Affiliate, the Joy to Life Foundation, and the National Breast Cancer Foundation, ABCCEDP is able to provide mammography services to women ages 40-49. Without these funds, women in this age group would not be eligible to enroll in the program and receive mammography services due to their age.

The Alabama Breast and Cervical Cancer Treatment Program provides free treatment through Medicaid for eligible women who have been diagnosed with breast cancer. In order to be eligible for treatment, a woman must have a diagnosis of breast cancer, be under the age of 65, have no insurance or be underinsured, and have an income at or below 200 percent of the poverty level. Medicaid rules regarding citizenship also apply. In order to enroll, the woman's physician must contact the program and complete a referral form. Program staff will confirm eligibility and forward an application for Medicaid.

The Alabama Breast and Cervical Cancer Early Detection Program has a close working relationship with the Alabama Medicaid Agency. ABCCEDP confirms patient eligibility for treatment, obtains a completed Medicaid application, refers the patient to Medicaid and provides case management annually to determine continued eligibility. In addition, the agencies work together to promote the importance of mammograms to the public.

The Affiliate has a strong relationship with the Alabama Breast and Cervical Cancer Early Detection Program. The program has been a long-term grantee, receiving funding that allows for the inclusion of women ages 40-49 in the program's criteria and outreach. The Affiliate has also been able to assist the program in leveraging additional resources in order to meet certain benchmarks outlined by the CDC, therefore increasing the level of funding ABCCEDP receives from the CDC. The Affiliate's grant support of the program has allowed for the funding of over 19,543 mammograms and the diagnosis of over 150 cases of breast cancer.

The Affiliate and ABCCEDP staff also partner on a number of community education and outreach initiatives, including participation in a regional community breast cancer coalition and Affiliate referral of women to the program. The Affiliate plans to continue to support ABCCEDP over the next four years through grant funding, partnership in the community, and as a conduit for open discussion of quality assurance between the program staff, enrollees, and potential enrollees. The Affiliate is dedicated to the ABCCEDP program and identifying the best and most effective methods of service delivery. The Affiliate will continue to assist the program leadership in assessing needs and ensuring that services are reaching the women who need them. The Affiliate will also continue to participate in state coalitions and other groups that support the work and goals of the program.

State Comprehensive Cancer Control Coalition

The Alabama Comprehensive Cancer Control Coalition (ACCCC) is a statewide network of physicians, organizations, medical groups, cancer patients, cancer survivors, and interested individuals dedicated to reducing the impact and burden of cancer on Alabama (ADPH, 2012). The mission of the ACCCC is to develop and sustain a coordinated, integrated approach to reducing cancer incidence, morbidity, and death, and to improve the quality of life and care for cancer survivors, their families, and their caregivers.

Alabama Comprehensive Cancer Control Plan Breast Cancer Objectives

- C-AL-2011-2015-1: By 2015, increase from 74.1 percent to 79.0 percent the percentage of Alabama women 50 and older who report having had a mammogram in the past two years.
- C-AL-2011-2015-2: By 2015, increase by five percent the utilization of mammography services by medically underserved women enrolled in the ABCCEDP.

- C-AL-2011-2015-3: By 2015, increase from 65.9 percent to 70.0 percent the proportion of Alabama's breast cancer cases that are diagnosed as in situ or localized disease.

The Affiliate is a member of the Alabama Comprehensive Cancer Control Coalition and has chaired the Coalition's breast health committee. The Affiliate will continue to participate in and support the Coalition's breast health goals and objectives through its work in the communities of its service area. As opportunities arise, the Affiliate will assume coalition leadership positions related to breast health in the future.

The Affordable Care Act

Alabama is one of 15 states who opposed expanding Medicaid coverage to low-income adults and has defaulted to the federally-facilitated health insurance exchange. The state Medicaid agency has delegated authority to the Marketplace to make determinations of eligibility for Medicaid and CHIP (Centers for Medicare & Medicaid, 2014). Prior to Marketplace open enrollment in fall 2014, there were an estimated 660,000 uninsured individuals in Alabama (Kaiser Family Foundation, 2014).

According to the US Department of Health and Human Services, from October 1, 2013 to March 31, 2014, 195,779 individuals in Alabama were determined eligible to enroll in a Marketplace plan and 105,059 were determined eligible to enroll in a Marketplace plan with financial assistance (Office of the Assistant Secretary for Planning and Evaluation, 2014). Another 22,564 individuals were determined eligible for Medicaid / CHIP by the Marketplace (ASPE, 2014). Out of the 300,838 individuals determined eligible to enroll in Marketplace plans, 97,870 individuals selected a plan from the Marketplace (ASPE, 2014). There was also a reported 24,883 increase in Medicaid/CHIP enrollment during the time period of October 1, 2013 to March 31, 2014 (ASPE, 2014). While these enrollment numbers indicate a decrease in the number of uninsured Alabamians, final estimates of the number of individuals still uninsured in the state are currently unavailable.

As the number of individuals utilizing the insurance Marketplace to obtain health insurance increases, it is anticipated that there will be a reduction in the need for the direct services provided by the Alabama Breast and Cervical Cancer Early Detection Program. The program will continue to serve low-income women, specifically those who fall into the eligibility gap created by the state's decision not to expand Medicaid and who may have additional barriers to health care access. In addition, the program will move toward increasing the screening percentages and ensuring quality health care through population-based and health systems change activities.

It is also anticipated that health care providers will see an increase in the number of patients seeking care due to increased access to health insurance. This influx of newly insured individuals will likely result in an increased need for providers throughout the state. Areas of Alabama that are already experiencing long-standing health care provider shortages, such as the Black Belt counties and other rural areas, will be in even greater need as the number of insured individuals seeking medical care continues to grow.

The Affiliate will continue to advocate for increased funding of the Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP) and support community education about the availability of health coverage options through the new insurance Marketplace. Education about

the Marketplace and other resources stemming from the Affordable Care Act will assist in decreasing the number of uninsured women in the Affiliate service area. But due to the state's decision not to expand Medicaid, some women will be unable to utilize the Marketplace and remain uninsured. Therefore, ABCCEDP will continue to be a critical resource for women in the state who need to access breast health care. The Affiliate also plans to continue to raise awareness about the need for additional breast health care resources in underserved areas throughout its service area and the rest of Alabama.

Komen North Central Alabama Public Policy Activities

The Affiliate engages in a number of public policy and advocacy activities every year. These activities allow the Affiliate to raise awareness and garner support for issues that impact the status of breast health in the state of Alabama. At the annual Race for the Cure® event, the Affiliate hosts a Komen Advocacy tent. The materials presented in the tent inform Race attendees about the advocacy work of the Affiliate and Komen Headquarters, as well as about the organization's stances on important breast health issues.

The Affiliate has also made a conscious effort to include public policy activities in its work in the communities of North Central Alabama. Advocacy has been included as a focus area in the Affiliate's newest strategic plan. The strategic plan, developed to guide the Affiliate's mission for the next three years, includes public policy objectives and activities. Some of these activities include continued advocacy for increased funding of the Alabama Breast and Cervical Cancer Early Detection Program, partnership building with local and state public officials, and advocating for better transportation systems and resources for underserved communities.

Health Systems and Public Policy Analysis Findings

Target Community Needs

The Health Systems and Public Policy Analysis found that much of the Affiliate service area has substantial breast health services needs that will need to be addressed through a complex combination of grassroots outreach, provider recruitment, and policy change. While the Central and North-Northwest regions have extensive breast health resources in their urban centers, the majority of both regions resemble much of the rest of the service area in their general lack of health care resources. The issues stemming from long distances between the homes of women seeking care and available health care resources will need to be addressed through improvements to state transportation system policies and the placement of additional providers and resources in underserved communities.

Key Partnerships and Opportunities for New Partners

The Affiliate has strong partnerships with the leading breast health and cancer organizations, researchers, institutions, and providers. These partnerships have allowed the Affiliate to maintain a Community Grants program that has had great impact across the service area over the years. The Affiliate has been able to support some of the state's most innovative breast health interventions through the Community Grants program, and have been able to positively impact some of the state's most vulnerable populations by doing so. Partnerships with institutions such as UAB and Hudson Alpha have allowed the Affiliate to stay knowledgeable on the latest breakthroughs in breast cancer research. The potential for new partnerships has the Affiliate poised to expand its already strong network into regions of the service area that have been previously unreached by consistent outreach.

Impact of Public Policy on Breast Health Care

The Affordable Care Act has increased access to care for many women in Alabama by reducing barriers to securing health coverage. But while the number of uninsured women has decreased in the state since the implementation of the Affordable Care Act, there are still many more who have remained uninsured. These women may have simply chosen not to take advantage of the insurance Marketplace options or may have still been unable to afford coverage premiums despite the lower Marketplace costs. The state's decision not to expand Medicaid has left a number of low-income and working poor women in the gap between being eligible for Medicaid assistance and having the financial means to obtain coverage through the Marketplace. This gap means that the Alabama Breast and Cervical Cancer Early Detection Program will remain a critical breast health resource for women in Alabama for years to come, and that the Affiliate will continue to support the program and its services.

Affiliate Policy Work

Komen North Central Alabama takes a stand on issues of importance to cancer survivors, advocates and others involved in the breast cancer movement. As part of this outreach, various events and activities are held that help community members become active participants in the public discourse on cancer and health care. These programs/events include:

1. Race for the Cure – Public Policy tent at the Race informs people of the issues and provides the opportunity to sign petitions that go straight to the U. S. Congress concerning funding and research. Advocacy has been included as a focus in the Affiliate's new strategic plan.
2. State Lobby Day/Breast Cancer Awareness Rally – held at the State Capital in Montgomery to advocate for importance of early detection and state funding for the Alabama Breast & Cervical Cancer Early Detection Program (ABCCEDP).
3. National Lobby Day (when available) – on Capitol Hill brings survivors and supporters from across America to lobby Congress for those issues before the House and Senate that affect breast cancer.

As previously stated, the Alabama Breast and Cervical Cancer Early Detection Program will remain one of the Affiliate's primary advocacy issues in the coming years. The program will continue to play an important role in breast health care in the state and its resources will remain the sole source of services for low-income women. The Affiliate will continue to advocate for increased funding for the program and support its efforts to enroll eligible women. Through work with a community coalition in the Black Belt counties, the Affiliate also has the opportunity to strengthen relationships with public officials in that region and address transportation-related access to care issues by advocating for policy change.

Qualitative Data: Ensuring Community Input

Qualitative Data Sources and Methodology Overview

Quantitative and qualitative data are equally important in developing a comprehensive assessment of a community. Just as it is important to have numbers and statistics to provide evidence of need, it is also important to have the insights and stories that speak to the issues reflected from the numbers. Qualitative data collection is used to provide a deeper examination of the community and, by directly involving the community in assessing its issues and needs, to answer questions the quantitative data cannot.

Methodology

Analysis of quantitative data collected early in the Community Profile process indicated that a number of factors impact the state of breast health in the Affiliate service area. The subsequent qualitative data collection process further explored these factors using the following key assessment questions:

- How is breast health and breast cancer information disseminated within the target regions? What is the level of breast health and breast cancer awareness in the target regions?
- How accessible are breast health services in the target regions?
- How often do women in the target regions access breast health resources? For what reasons?
- What resources are available for survivors in the target regions?
- What is the perceived quality of the available breast health resources in the target regions?

Qualitative data were collected using three distinct but related collection tools: community surveys, key informant interviews, and focus groups. The three tools all included questions covering the five influential factor categories, with the key informant interviews and focus groups exploring these factors in greater detail than the community survey. The community survey was made available in both print and electronic form. A hardcopy version of the community survey was mailed to women participating in the Alabama Breast and Cervical Cancer Early Detection Program and was given to residents of counties within the Southwest target region who were attending the 2014 UAB Comprehensive Cancer Center Deep South Network Institute held in Birmingham, Alabama. An electronic version of the survey was created via SurveyMonkey, and made available to survivors, co-survivors, providers, and the general public and was disseminated through the Affiliate's e-newsletter, website, social media accounts, and a direct email campaign. Key informant interviews were conducted via telephone, and focus groups were conducted at both the Komen North Central Alabama Community Offices and at the Deep South Network Institute. The community survey was utilized in all four of the identified target regions, and key informant interview tools were utilized in three of the identified target regions. The Community Profile Team originally planned to host focus groups in each of the target regions but encountered difficulties in doing so due to geographic constraints and low recruitment rates in two of the regions. Thus, focus groups were only held with groups representing the Central and Southwest target regions.

The Affiliate Community Profile Team chose to utilize the community survey and key informant interviews for a number of reasons. Because the Affiliate service area covers such a large

geographical area, it is often very difficult for the Affiliate's staff and volunteers to reach very distant and very rural areas with outreach efforts. The survey and key informant phone interview tools were chosen because they could be easily administered, regardless of a participant's physical location. The community survey also provided a certain level of flexibility to the data collection process because it could be accessed online, as well as be printed and mailed to individuals without access to a computer or the internet. While the community survey was capable of collecting large amounts of high level data, it was necessary to utilize the follow-up key informant interview tool in order to collect more in-depth information about breast health awareness and services utilization. The focus groups also served the purpose of collecting in-depth information from very specific and targeted populations within the target regions.

All aspects of the qualitative data collection portion of the Community Profile were primarily implemented by members of the Affiliate's Community Profile Team. While no outside consultants were engaged for this portion of the assessment process, additional volunteers were added to the team in order to complete the key informant interviews. The Community Profile Team met in August to discuss ways in which to market the community survey and to identify potential key informants. After review, it was decided that the community survey utilized for the 2011 Community Profile would be used to collect qualitative data, allowing for direct comparison between the two data sets. This 68 question survey collected information from respondents about general health and breast health awareness/information dissemination (11 questions), access to breast health resources (21 questions), utilization of breast health resources (seven questions), the quality of breast health resources and information dissemination (four questions), and survivorship (nine questions). General demographic information and specific questions for breast cancer survivors and co-survivors were also included at the beginning of the survey.

Affiliate staff activated the 2014 survey in the SurveyMonkey system, and posted the survey link on the Affiliate website and its social media accounts. The SurveyMonkey link was also included in the September, October, and November Affiliate e-newsletters, and sent out in personalized emails to 2014 Race for the Cure registrants who were residents of counties within the target regions. Non-staff members of the Community Profile Team sent out the survey link in personalized emails to their personal and professional contacts. The Affiliate was also able to leverage its partnership with the Alabama Department of Public Health (ADPH) and its Breast and Cervical Cancer Early Detection Program (ABCCEDP) to solicit community survey and key informant interview participation from program providers and enrollees. ABCCEDP receives funding from the Affiliate to provide screening, diagnostic, treatment, and patient navigation services to women 40-49 years of age who meet the program's eligibility criteria and live within the Affiliate 38 county service area. The ABCCEDP staff mailed 60 printed copies to women who had been enrolled in the program in 2013 and 2014, and provided postage-paid envelopes for easy return to the Affiliate. They also provided the Affiliate Community Profile Team with their current program provider contact list. An Affiliate staff member was also able to disseminate hardcopies of the community survey to attendees of the 2014 UAB Comprehensive Cancer Center Deep South Network Institute. Completed surveys were collected over the course of the three day conference. All subsequent data were recorded in the online SurveyMonkey system. Data from surveys completed via the SurveyMonkey website were automatically recorded and stored in the system. Data from hardcopy community surveys were recorded manually in the SurveyMonkey system by Affiliate staff members, and the physical copies were stored in a secure location at the Affiliate offices.

The community survey also played a key role in the recruitment of key informants to participate in the interview process. At the beginning of the survey, respondents were asked whether they would be interested in being contacted at a future date to participate in a one-on-one follow-up interview. Respondents indicating interest were then added to a list of key informants and contacted to schedule the interview. Individuals from the original key informant list crafted by the Community Profile Team were also contacted via email and asked to complete the community survey and participate in a follow-up interview. Key informant interviews were scheduled and conducted by a member of the Community Profile Team and volunteers the team member recruited through their professional network. Prior to conducting the interviews, these sub-team members were provided with copies of their assigned key informants' survey responses, a template in which to record their interview notes, a list of interview questions, and instructions to collect any missing survey data during the interview. All key informant interviews were conducted by phone at the convenience of the key informants. The Affiliate representatives began each interview by identifying themselves, stating the purpose of the call, providing more information about the Community Profile and its importance, and confirming that the individual was still interested in participating as a key informant.

Once consent was obtained, the interviewers led the key informants through a review of their community survey responses. Any missing responses were revisited and those data were recorded in the interview notes template. Once all missing information was collected, interviewers asked key informants to expound upon the six open-ended questions found at the end of the community survey. These questions inquired about the key informants' opinions about breast health resources and the health care system, breast health and breast cancer awareness, the most pressing breast health and breast cancer issues, and how these issues would best be addressed. The interviewers recorded all key informant data into Microsoft Word documents using the provided template as a guide. Once all key informant surveys were completed, the Community Profile Team lead for this portion of the process compiled all interview notes into one Microsoft Word document and sent them to the Affiliate for analysis. The document was then printed and filed in a secure location at the Affiliate offices.

The Community Profile Team had originally planned to conduct a series of focus groups with members of four special interest populations: Black/African-American women (survivors and non-survivors), women and providers from the Southwest target region (Black Belt counties), young survivors (survivors who were diagnosed before the onset of menopause), and women who had received assistance from the Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP) in the last two years. The team had also hoped to possibly host a series of focus groups with co-survivors if time, resources, and community interest allowed. The Community Profile Team began this portion of the qualitative data collection process by attempting to recruit participants from each special interest population within communities throughout the Affiliate service area. Recruitment was carried out via the Affiliate's e-newsletter, website, and social media accounts. The team also depended upon word-of-mouth communication within the Affiliate support community and general public to spread awareness about the focus group opportunities. The Affiliate was also able to once again leverage its partnership with the Alabama Department of Public Health and the ABCCEDP staff to reach out to past program enrollees about the opportunity to participate in a focus group. This group of women was contacted via telephone and mail.

The Affiliate has historically encountered difficulties when attempting outreach efforts beyond the Greater Birmingham area (Jefferson, St. Clair, Shelby, Blount, and Walker counties), where its offices are located, due to the large geographical area it serves. These difficulties were once again encountered during focus group recruitment. There was little response from individuals residing outside of the Greater Birmingham area, which led the Community Profile Team to adjust its plans for the focus group portion of the qualitative data process. At the conclusion of the recruitment process, the Community Profile Team was able to successfully recruit for and conduct two focus groups – one focus group with Black/African-American women and one focus group with residents from the Southwest (Black Belt) target region. The focus group with Black/African-American women was held at the Affiliate's community offices on Tuesday, November 6, 2014. The Black Belt focus group was held during the UAB Comprehensive Cancer Center Deep South Network's Institute conference on Tuesday, November 11, 2014. Prior to the focus groups, Affiliate staff members compiled lists of questions that would be appropriate for each of the two unique groups, as well as related to the five identified influential factors - Awareness/Information Dissemination, Access to Breast Health Services, Utilization of Breast Health Services, Survivorship Resources, and Quality of Breast Health Services. The Affiliate utilized Komen HQ-provided templates and sample documents in the creation of the question lists, consent forms, and introduction scripts used to conduct the focus groups.

At the beginning of each focus group, participants were asked to read and sign a consent form upon entering the room where the session was to be held. They were then encouraged to get refreshments and mingle with each other before the session officially began. Once everyone was settled and all consent forms had been signed and returned, a member of the Affiliate staff began the session by making introductions and briefly explaining the Community Profile process and its importance. The Affiliate moderator also explained to the group that the session would be taped using a digital voice recorder and that they, the moderator, would be recording notes on a laptop during the session. The moderator then started the voice recorder and proceeded to ask the group the first pre-determined question in order to get the conversation started. As the discussion moved forward, the moderator asked the group additional questions from the list as it seemed appropriate and beneficial to the flow of conversation. Once all questions had been asked, the moderator asked the group for any last comments about any of the topics that had been discussed or about any breast health issue in general. At the completion of the session, the moderator thanked the participants for their time and support of the Affiliate and its mission in the service area. After turning off the voice recorder, the moderator invited the participants to take any remaining refreshments and one of the displayed appreciation gifts. Following each focus group, the moderator reviewed the session recordings and made any additional notes necessary in order to ensure all important data had been adequately recorded for each session. The moderator notes and digital recordings were saved in secure electronic files controlled solely by members of the Affiliate staff. Hard copies of the notes and recording transcriptions were printed and filed in a secure location at the Affiliate offices.

Sampling

Analysis of the Quantitative Data and Health Systems and Public Policy sections indicated a number of special interest populations within each of the target communities. These populations were found to be at increased risk for lower screening percentages, higher late-stage diagnosis rates, and higher breast cancer-related death rates. They were also found to be at increased risk for inadequate access to breast health and breast cancer resources, including education and awareness outreach efforts. These special interest populations were identified as:

- Black/African-American women
- Residents of rural areas, especially within the Black Belt counties of the Southwest target region
- Low-income individuals
- Young women, under 40, who may not view breast cancer as a disease that can affect women their age
- Co-survivors

The Affiliate and Community Profile Team attempted to collect data from each of the four identified target communities through the use of a community survey, key informant interviews, and focus groups. Sources of data included Komen North Central Alabama supporters, survivors and co-survivors, individuals involved in community breast health and breast cancer education and outreach programs, and health care providers who either resided in or served the target communities.

Source samples for the community survey, key informant interviews, and focus groups were selected using both the convenience and snowball sampling techniques. The Community Profile Team initially recruited participants for all three data collection tools using the convenience sampling technique. With this technique, the investigator – in this case, the Community Profile Team – relies on easily accessible populations for participant recruitment (Susan G. Komen, 2014).

The Community Profile Team determined past key informants, constituents from the Komen North Central Alabama database, Affiliate social media followers, current and past Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP) enrollees, and representatives from community partner organizations and health care facilities to be easily accessible populations. When individuals from these groups were contacted and invited to participate in the qualitative data collection process, they were also encouraged to identify and invite others to participate as well. They were given the option to either have those individuals contact the Affiliate for additional information, forward the information on to potential participants on their own accord, or provide the potential participants' contact information to the Community Profile Team representative for follow up. This process illustrates how the Community Profile Team incorporated the snowball sampling technique into their qualitative data collection process. The snowball sampling technique is utilized by investigators when they feel as though potential participants may be useful in identifying additional participants (Susan G. Komen, 2014).

The initial groups of data sources – past key informants, constituents from the Komen North Central Alabama database, Affiliate social media followers, current and past Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP) enrollees, and representatives from community partner organizations and health care facilities – were selected because they were established stakeholders, with proven interest in breast health and breast cancer issues and in finding effective ways in which to address these issues. The Community Profile Team felt that individuals from these groups would be knowledgeable about these issues and the current state of breast health within the Affiliate service area, more inclined to participate once invited, and more able and willing to identify additional participants. The team also felt that by utilizing this expansive network, they would be able to successfully recruit the required number of participants from each of the counties within the four target regions. After concluding the first

round of data collection efforts, the Community Profile Team conducted a second round of data collection outreach to an expanded group of data sources that included ABCCEDP providers and members of the state nursing associations. This second attempt was deemed necessary after initial analysis of the data collected indicated that some of the target counties were not represented in the initial data set.

Ethics

At the onset of each of the three qualitative data collection methods, participants were given information about the Community Profile process, the importance of and rationale behind the Community Profile, and how the Affiliate plans to use the information collected during the course of the process. For the community survey, consent was obtained by the participant on the first page of the survey. Participants were thanked for agreeing to participate in the survey before they were asked to complete the first question. It was then understood that the participant had given their consent by moving forward with the survey questions, thus opting in to participate. Key informant consent was obtained verbally by the interviewer at the beginning of interview. Once the interviewer explained the reason for their call and explained how the interview would be conducted, they asked each participant if they were interested in proceeding with the interview process. The Community Profile Team utilized the consent form template and suggested introduction script provided by the Komen Headquarters staff to obtain consent from focus group participants, as well as to explain the focus group process and its purpose. Consent forms were collected and compared against the number of participants in attendance to ensure that consent had been documented for each participant.

No names or other identifying information was included in the reporting of any data collected during this portion of the Community Profile process. All quotes from the open-ended portions of the community survey were reported as anonymous statements. Data collected during the course of key informant interviews were recorded using only the key informant's respondent number and initials. Data collected during the course of focus groups were recorded without any accompanying identifiers. All focus group data were recorded as general statements gathered during the course of each session.

Data collected during the qualitative data collection process were made available only to members of the Affiliate Community Profile Team and designated volunteers who assisted in the process. This access was extended to non-Affiliate staff members of the Community Profile Team as was necessary for the effective completion of their duties. Thus, team members who

were tasked with conducting key informant interviews did not have access to information related to individual focus group participants and vice versa. Once analyzed for inclusion in the final Community Profile Report, data recorded in printed form were stored in a secure location at the Affiliate community offices. These data will be kept for five years, per policies set in place by the Komen Headquarters staff tasked with overseeing the Community Profile process. Data that were recorded digitally were secured in password-protected files on Affiliate-controlled servers. These data will also be kept for a minimum of five years from the time of collection.

Qualitative Data Overview

The Affiliate Community Profile Team was able to successfully collect 89 completed community surveys from within the target regions. This total includes eight additional surveys, three of

which were from Alabama Breast and Cervical Cancer Early Detection Program regional coordinators who provide services for multiple target counties, which were obtained following analysis of the 81 complete surveys from those regions collected during initial data collection efforts. The Komen Headquarters Community Profile Team granted the Affiliate an extension that allowed for a second phase of data collection efforts. The exact breakdown on completed surveys by county within each target region can be found below in Chart 5. Community survey data were recorded in one of two formats: electronic data files (database entries and PDF files) if submitted through the SurveyMonkey website or handwritten answers recorded on physical copies of the survey. The handwritten answers were later entered manually into the SurveyMonkey database for the 2015 Community Profile by members of the Affiliate staff.

Data collected during the key informant interview process were recorded by interviewers using a template created in Microsoft Word. Data collected during the two focus group sessions were recorded in two formats. A digital voice recorder was used to record each session and the session moderator manually recorded notes during each session using Microsoft Word. After each session, the moderator reviewed each recording and made additional notes in the corresponding Microsoft Word document.

Due to the fact that the Affiliate had limited funds to support Community Profile activities, it was very important for members of the Community Profile Team to choose quality data management tools which were inexpensive as well as effective. SurveyMonkey was identified as a suitable choice for the execution of the community survey due to the Affiliate's familiarity with the website and its software, as well as the fact that many of its data collection and analysis features can be accessed at no cost. Data from the key informant interviews and focus groups were managed using Microsoft Office software, namely Microsoft Word and Microsoft Excel. These were readily accessible software programs that could easily be sent between team members for edits, follow-up, and storage. The digital voice recorder was provided by a member of the Community Profile Team who had previously performed focus groups for their own research.

There were many common findings within the qualitative data collected from the community survey, key informant interviews, and focus groups. Many of the common findings could be found among all three data collection methods. The Affiliate Community Profile Team was unable to conduct the required three focus groups in each county of the four target regions, as is required in order to meet best practice standards. Two focus groups were conducted in Jefferson County, though one of the sessions focused on women from the Southwest target region counties of Perry, Greene, Sumter, and Hale. The Southwest target region focus group was hosted as a breakout session during the 2014 UAB Comprehensive Cancer Center Deep South Network Institute on November 11, 2014. The group consisted of thirteen women – 10 residents from the target counties and three health care providers who serve residents from those counties. The other focus group conducted in Birmingham was hosted at the Komen Community Offices and focused on Black/African-American women. This group consisted of 11 women, including a Komen North Central Alabama board member and the chair of the Affiliate's Worship in Pink committee.

Qualitative Data Findings

Table 4.1. Common Findings – All Target Counties

Resources were most often not offered to breast cancer patients by their providers post-treatment.
Respondents felt that most women over the age of 40 were not getting their recommended mammography screening.
A woman's family was rated most influential in her decision to get a screening mammogram.
Family members were rated as the most credible source for general health information.
No insurance/inability to pay, transportation barriers, and fear of results were the most frequent factors cited as the reason why women in the community were not getting recommended screenings.
There is a general lack of awareness of available breast health resources.
Perception of health care system's effectiveness is greatly influenced by insurance coverage/ability to pay and geographic access to care.

Central Region, Alabama (Region 1)

Jefferson, Walker, Lamar Counties, Alabama

The main key questions formed for this region after the analysis of the quantitative data were related to whether lack of access to breast health resources was the most influential factor in determining breast health outcomes in this region. The Health Systems and Public Policy Analysis revealed that availability of resources was an issue in Walker and Lamar counties, but Jefferson County was found to have an abundance of screening, diagnosis, treatment, and survivorship resources. The qualitative data collected supported a link between the quantitative data findings and the key questions for those areas (Table 4.2).

The data for Jefferson County showed that, despite the presence of numerous breast health resources in the area, there are a number of barriers to accessing these resources for many county residents. Many respondents reported that they believed that the quality of breast health services an individual received in Jefferson County was dependent upon whether that individual had the financial resources and health insurance coverage necessary to pay for quality care. The ability to access these resources at all was also shown to be linked to ability to pay, as was suggested by quantitative data showing the socioeconomic diversity within Jefferson County. Cultural barriers, which vary greatly within the community due to its very diverse socioeconomic and racial and ethnic makeup, were also cited as barriers to access to breast health resources in the county. Respondents from Walker and Lamar counties reported that the rural nature of their counties posed the greatest barrier to accessing care, both because of a general lack of resources within the counties and difficulties securing transportation to services within and outside of their counties.

Table 4.2. Common Findings – Central Target Region (Jefferson, Walker, and Lamar Counties)

Cancer, stress, obesity, hypertension/heart disease, substance abuse, and STDs/STIs were the top choices for most pressing health issue in the community.
Medical doctors, breast cancer survivors, family members, friends, and nonprofits/community organizations were the top choices for most credible sources for breast health information.
Television, the internet, brochures and pamphlets, newspapers, schools, church bulletins/announcements and health fairs and other community events were the top choices for the most effective way to disseminate breast health information in the community.
Lack of public transportation, being uninsured/underinsured, fear of having cancer, influence of myths and false information, lack of trust in medical community, affordability of care, and the tendency to put off medical procedures were the top choices for factors impacting access to and the utilization of breast health resources.
It should be noted that respondents from rural areas within this region (Walker and Lamar counties) indicated that the rural nature of their community was a major factor impacting access to and the utilization of breast health resources.
Utilization of breast health services is greatly impacted by the ability to pay. Private insurance, Medicaid or Medicare, and unable to pay were the top choices in this region.
Personal appearance services, bone health services, nutrition counseling, spirituality programs, lymphedema counseling, exercise/fitness programs, and prosthesis services were the top choices for most important survivorship resources.
Breast health resources are most often accessed at health care sites within Walker and Jefferson counties.

North-Northwest Region, Alabama (Region 2)

Madison, Lawrence, Marion, Winston Counties, Alabama

As seen in the quantitative data analysis portion of this report, this region is very similar to the Central region in that it includes one county that has a diverse, urban city at its heart while the rest of its counties are rural and breast health resource-poor. The quantitative data indicated that there may be a relationship between the general lack of breast health resources in the region and its breast health outcomes. The Health Systems and Public Policy Analysis revealed that availability of resources was an issue in Lawrence, Marion, and Winston counties, but Madison County was found to have an abundance of screening, diagnosis, treatment, and survivorship resources. The qualitative data collected supported the relationship between the quantitative data findings and the key questions formed after the quantitative data analysis process (Table 4.3).

Qualitative data for this region was similar to that collected for the Central region. The data for Madison County showed that, despite the presence of numerous breast health resources in the area, there are a number of barriers to accessing these resources for many county residents. Many respondents reported that they believed that the likelihood of an individual successfully accessing breast health services in Madison County was dependent upon their ability to pay and access reliable transportation. Cultural barriers, which vary greatly within the community due to its very diverse socioeconomic and racial and ethnic makeup, were also cited as barriers to access to breast health resources in the county. Respondents from Lawrence, Marion, and Winston counties reported that the rural nature of their counties posed the greatest barrier to accessing care, because of both a general lack of resources within the counties and difficulties securing transportation to services within and outside of their counties.

Table 4.3. Common Findings – North-Northwest Target Region (Madison, Lawrence, Marion, and Winston Counties)

Cancer, stress, obesity, hypertension/heart disease, substance abuse, smoking, and STDs/STIs were the top choices for most pressing health issue in the community.
Medical doctors, nurse practitioners, breast cancer survivors, family members, friends, religious leaders, county health departments, and nonprofits/community organizations were the top choices for most credible sources for breast health information.
Television, the internet, brochures and pamphlets, newspapers, schools, church bulletins/announcements, billboards, and health fairs and other community events were the top choices for the most effective way to disseminate breast health information in the community.
Lack of public transportation, being uninsured/underinsured, fear of having cancer, influence of myths and false information, lack of trust in medical community, affordability of care, low health literacy, and the tendency to put off medical procedures were the top choices for factors impacting access to and the utilization of breast health resources.
It should be noted that respondents from rural areas within this region (Lawrence, Marion, and Winston counties) indicated that the rural nature of their community was a major factor impacting access to and the utilization of breast health resources.
Utilization of breast health services is greatly impacted by the ability to pay. Private insurance, Medicaid or Medicare, unable to pay, and charities were the top choices in this region.
Personal appearance services, spirituality programs, bone health services, financial counseling, nutrition counseling, exercise/fitness, genetic testing and counseling, psychological testing, and prosthesis services were the top choices for most important survivorship resources.
Breast health resources are most often accessed at health care sites within Walker, Jefferson, Madison, and Morgan counties.

Southeast Region, Alabama (Region 3)

Calhoun, Randolph, Tallapoosa, Coosa Counties, Alabama

Like the Central and North-Northwest regions, the Southeast region contains one major breast health resource center, in Anniston, AL, and the remaining counties are largely rural. Outside of Anniston in Calhoun County, much of the Southeast region is rural, sparsely populated, and has few breast health resources. Because of this, many women in the region rely on county health departments and rural health clinics for their breast health care. The qualitative data collected for the Southeast region supported the relationship between the quantitative data findings and the key questions formed after the quantitative data analysis process – specifically, that the poor breast health outcomes seen in this region are related to a general lack of resources and substantial access to care barriers (Table 4.4).

Table 4.4. Common Findings – Southeast Target Region
(Calhoun, Randolph, Tallapoosa, Coosa Counties)

Cancer, diabetes, obesity, hypertension/heart disease, and smoking were the top choices for most pressing health issue in the community.
Medical doctors, breast cancer survivors, nurse practitioners, family members, friends, county health departments, and nonprofits/community organizations were the top choices for most credible sources for breast health information.
Television, the internet, schools, brochures and pamphlets, newspapers, church bulletins/announcements, friends/word of mouth, and health fairs and other community events were the top choices for the most effective way to disseminate breast health information in the community.
Lack of public transportation, low health literacy, being uninsured/underinsured, fear of having cancer and test results, not aware of community resources, influence of myths and false information, affordability of care, and the tendency to put off medical procedures were the top choices for factors impacting access to and the utilization of breast health resources.
It should be noted that respondents from rural areas within this region (most notably Randolph, Tallapoosa, and Coosa counties) indicated that the rural nature of their community was a major factor impacting access to and the utilization of breast health resources.
Utilization of breast health services is greatly impacted by the ability to pay. Private insurance, Medicaid or Medicare, and charities were the top choices in this region.
Personal appearance services, genetic testing and counseling, bone health services, palliative care services (including pain/symptom management), financial counseling, heart health programs, spirituality programs, psychological counseling, and prosthesis services were the top choices for most important survivorship resources.
Breast health resources are most often accessed at health care sites in the Calhoun County city, Anniston, local hospitals, rural clinics, or county health department locations.

Southwest Region, Alabama (Region 4)

Sumter, Greene, Hale, Perry counties, Alabama

The impact of the lack of access to breast health resources on outcomes was questioned for this region as well. Quantitative data analysis concluded that this region experienced high late-stage diagnosis rates and lower than average screening percentages. The analysis of the region's health systems and public policy revealed that the region was very resource-poor, with one hospital and the county health departments being the only available breast health resources for the region's four counties. Analysis of the qualitative data collected indicates that this lack of local resources does indeed play a role in breast health outcomes for this region's residents. Qualitative data analysis also supported quantitative data that suggested that the region's socioeconomic and cultural characteristics negatively impacted certain aspects of breast health resources utilization. Lack of health insurance coverage and general inability to pay for breast health services was identified as a barrier to access of resources, as well as fear, shame, and stigmas associated with breast cancer within these communities.

Table 4.5. Common Findings – Southwest Target Region
(Sumter, Greene, Hale, and Perry Counties)

Hypertension/heart disease, cancer, obesity, diabetes, HIV, and smoking were the top choices for most pressing health issue in the community.
Medical doctors, county health departments, nurse practitioners, hospital staff, religious leaders, and friends were the top choices for the most credible sources for breast health information.
Church bulletins/announcements, brochures and pamphlets, newspapers, health fairs/community events, schools, and friends/word of mouth were the top choices for the most effective way to disseminate breast health information in the community.
Living in a rural area, transportation barriers, limited hours of operation of medical facilities, being uninsured/underinsured, fear of having cancer, influence of myths and false information, concerns about privacy, low health literacy, conflict of medical perspective and religious beliefs, and the tendency to put off medical procedures were the top choices for factors impacting access to and the utilization of breast health resources.
Utilization of breast health services is greatly impacted by the ability to pay. Medicaid or Medicare, unable to pay, private insurance, and assistance from charities were the top choices in this region.
Most residents in this region utilize breast health resources located in neighboring counties.
Palliative care services (including pain/symptom management), nutrition counseling, exercise and fitness programs, financial counseling, bone health programs, spirituality programs, lymphedema counseling, genetic testing and counseling, personal appearance services, prosthesis services, and psychological counseling were the top choices for the most important survivorship resources.

Strengths and Weaknesses of data sources and collection methods

One of the greatest strengths of the qualitative data collection process was the fact that the Community Profile Team was able to secure representation from each of the four target regions by utilizing the community survey (Figure 4.1). Unfortunately, not all of the target counties produced at least three complete surveys. This was the minimum requirement in order for the data collected from the surveys to be used as an accurate representation of each county within each target region. This less than ideal response rate from the majority of the 15 counties within the target regions illustrates the major weakness of the qualitative data collection process. While the team was able to collect data from each of the 15 target counties, it was unable to meet the best practice standard of at least three data sources for each county.

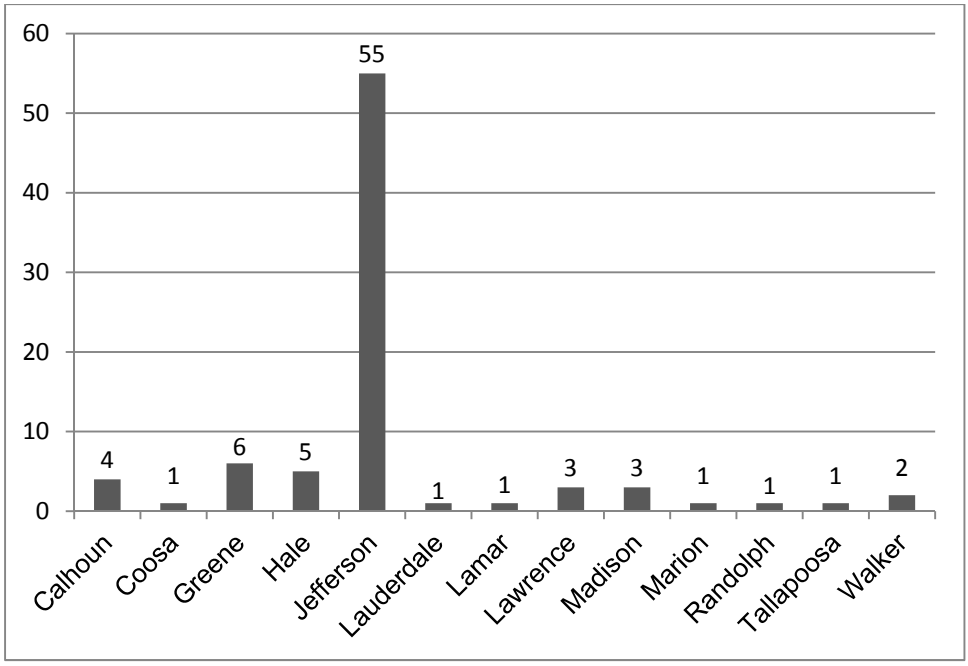

Figure 4.1. Number of Community Surveys by County

A less than ideal response rate from counties outside of Jefferson County also impacted data collection via the key informant interviews and focus groups. Again, while a total of 15 key informant interviews were conducted, adequate participation in the key informant interview process was only secured in three out of the 15 target counties (Figure 4.2). The Community Profile Team interviewers were able to successfully conduct five key informant interviews with Jefferson County residents, three key informant interviews with Greene County residents, and three key informant interviews with Hale County residents.

The Community Profile Team was unable to successfully recruit for and conduct the required number of focus groups, though two were held in Jefferson County. Discussion at both focus groups that were held centered heavily on the influence of faith and religion on the health decision making of breast cancer survivors, particularly those who are Black/African-American. Many of the participants shared their stories about how prayer and the support of members of their church leadership and congregations helped them through the especially difficult aspects of breast cancer, namely receiving the diagnosis and the journey through treatment. The important role of the faith community was also highlighted in the community survey findings, as noted previously. Another common finding between the two groups was the emphasis placed on shame, concern about the impact a breast cancer diagnosis would have on a survivor's family, and the need for maintaining privacy. The majority of participants at the focus groups expressed that these three factors were very influential on their behavior and decision-making as breast cancer patients. The data collected during those two sessions was very insightful and will be utilized by the Community Profile Team in the development of the Affiliate Mission Plan.

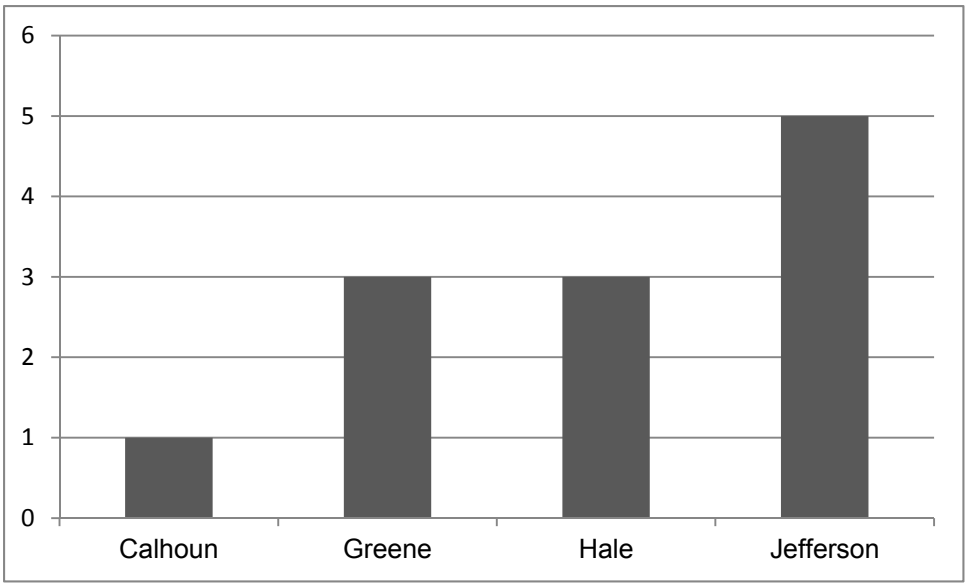

Figure 4.2. Number of Key Informant Interviews by County

As previously mentioned, the Affiliate often encounters difficulty when attempting to conduct outreach efforts in regions of the service area beyond the Greater Birmingham area, which is centered in Jefferson County. The use of the convenience and snowball sampling techniques, although the most appropriate for the Affiliate because of this knowledge, were not as effective as planned in obtaining the required amount of representation across each of the target regions. This fact manifested itself in the previously stated weaknesses found in the data sources. Dependence on the Affiliate's established network of identified constituents, volunteers, active survivors and co-survivors, and community partners – a network heavily centered in Jefferson County – resulted in the Community Profile not being able to adequately utilize data sources in many of the target counties outside of Jefferson County. Much of the Affiliate Mission Plan will focus on ways in which to better develop the Affiliate's network and presence beyond Jefferson County.

Conclusions

Findings from the qualitative data collected show a synergy with the quantitative data and the Health Systems and Public Policy Analysis and, in many ways, mirrors the quantitative data illustrating that financial resources, financial limitations, and concerns are the most common underlying factor in regard to breast health in the service area. While the data collected were synergistic with other data collected for the Community Profile, there were limitations that affected the scope of the data and analysis. The greatest limitation was that, while all target counties were represented by at least one survey or interview, the Community Profile Team was unable to meet best practice standards in regards to the amount of data collected from each target county.

With consideration of the limitations of the data, a commonality remains: the lack of finances for adequate breast health (including the lack of reliable transportation and the lack of insurance or underinsured). Approximately half of survey respondents indicate that women in their community are unable to pay for breast health services. One survey respondent commented "I go to my community clinic and get my mammograms, but people who have no insurance, just don't get mammograms. [People] with insurance don't have this problem." Financial limitations

create substantial, far-reach barriers affecting all aspects of the continuum of care (Screening, Diagnosis, Treatment and Follow-up). This is reflected in high poverty level, late-stage diagnosis rates, and death rates in the target communities.

Financial assistance and transportation resources are two priority areas that must be addressed in the Affiliate Mission Action Plan. It is also clear from the data that education and awareness efforts, regarding basic breast health, screening recommendations, available community resources, and survivorship/quality of life issues, need to be increased, made readily available to those in need, and be more effectively marketed to the general public. Partnerships with school systems and the faith community will be critical, as they were cited as two important conduits of information across all target regions.

Breast Health and Breast Cancer Findings of the Target Communities

The Quantitative Data Report for Komen North Central Alabama indicated that there were 12 highest priority counties (Jefferson County, Madison County, Marion County, Walker County, Winston County, Greene County, Hale County, Lamar County, Lawrence County, Perry County, Randolph County, and Tallapoosa County) and one high priority county (Calhoun County). These classifications were based upon data indicating that the counties currently have breast cancer death rates and late-stage breast cancer diagnosis rates that are not on track to meet the respective Healthy People 2020 targets. Highest priority counties were projected to need at least 13 years to meet the Healthy People 2020 targets, while the high priority county was projected to need between seven and 12 years to do so.

In addition to those counties clearly categorized as either highest or high priority, the Affiliate's Community Profile Team determined that two additional counties within the service area (Sumter County and Coosa County) should also be targeted though the counties had undetermined priority statuses due to insufficient data on breast cancer death and late-stage diagnosis rates. Analysis of demographic data for Sumter County and Coosa County found that the counties were medically underserved, rural, impoverished, and had low educational attainment rates, which are all risk factors for poor health outcomes. The large Black/African-American populations in these counties were also a factor in the decision to include them in the Affiliate's target communities as Black/African-American women, both in the Affiliate service area and across the United States in general, are more likely to receive a late-stage diagnosis of and die from breast cancer than White or Hispanic/Latina women (Susan G. Komen, 2014).

The Health Systems and Public Policy Analysis found that much of the Affiliate service area has considerable breast health services needs that will need to be addressed through a complex combination of grassroots outreach, provider recruitment, and policy change. These needs are heightened in the areas identified as target regions by the analysis of the Quantitative Data Report. While the Central and North-Northwest regions have extensive breast health resources in their urban centers of Birmingham and Huntsville, respectively, the majority of those two regions resemble much of the rest of the target regions in their general lack of health care resources. Because of this lack of resources, many individuals seeking services and treatment in these regions must travel long distances to access care. Access to care barriers such as access to reliable, affordable transportation and provider shortages were identified as the most pressing issues to be addressed by public policy advocacy efforts.

Through surveys, interviews, and focus groups conducted during the Qualitative Data Analysis process, a number of common findings among the target regions were identified:

- Resources were most often not offered to breast cancer patients by their providers post-treatment.
- Respondents felt that most women over the age of 40 were not getting their recommended mammography screening.
- A woman's family was rated most influential in her decision to get a screening mammogram.
- Family members were rated as the most credible source for general health information.

- No insurance/inability to pay, transportation barriers, and fear of results were the most frequent factors cited as the reason why women in the community were not getting recommended screenings.
- Places of worship, schools, and newspapers are trusted and effective conduits of information in the communities of the target regions.
- There is a general lack of awareness of available breast health resources.
- Perception of health care system's effectiveness is greatly influenced by insurance coverage/ability to pay, and geographic access to care.

The analysis of qualitative data collected throughout the Affiliate service area also identified a number of unique cultural factors that impact health care seeking behaviors. Religious beliefs and the guidance of faith leaders were identified as very influential factors in a woman's decision whether to seek breast health resources. Concerns about privacy and causing stress and worry for family members and friends were also commonly cited as factors in breast health decision-making. These findings provided useful insight into why and how the target regions have come to have the breast health outcomes reported in the Quantitative Data Report, and helped the Affiliate Community Profile Team develop the Mission Action Plan priorities.

The need for transportation resources was found to be a priority area that must be addressed in the Affiliate Mission Action Plan. The qualitative data also made it clear that education and awareness efforts, regarding basic breast health, screening recommendations, available community resources, and survivorship/quality of life issues, need to be increased throughout the target regions and made available to those in need. These increased efforts also need to be more effectively marketed to the general public so as to effectively reach all individuals who can benefit from the information and resources. Local schools and places of worship within the target regions were highlighted as important opportunities for partnership for the Affiliate.

Mission Action Plan

As with the previous sections of this Community Profile, the Mission Action Plan is divided into four unique components which correlate to each of the four target regions (Figures 5.1, 5.2, 5.3 and 5.4). While each of the four regions had unique characteristics, they all shared underlying issues. These shared issues allowed the Community Profile Team to use a common problem statement and set of priorities as the foundation for the Mission Action Plan. Differences between the regions and their unique needs will be addressed during the implementation of the objectives in each region. The stated priorities were pulled directly from the findings of the qualitative data analysis, as previously detailed in this section of the report. The Mission Action Plan is outlined as follows:

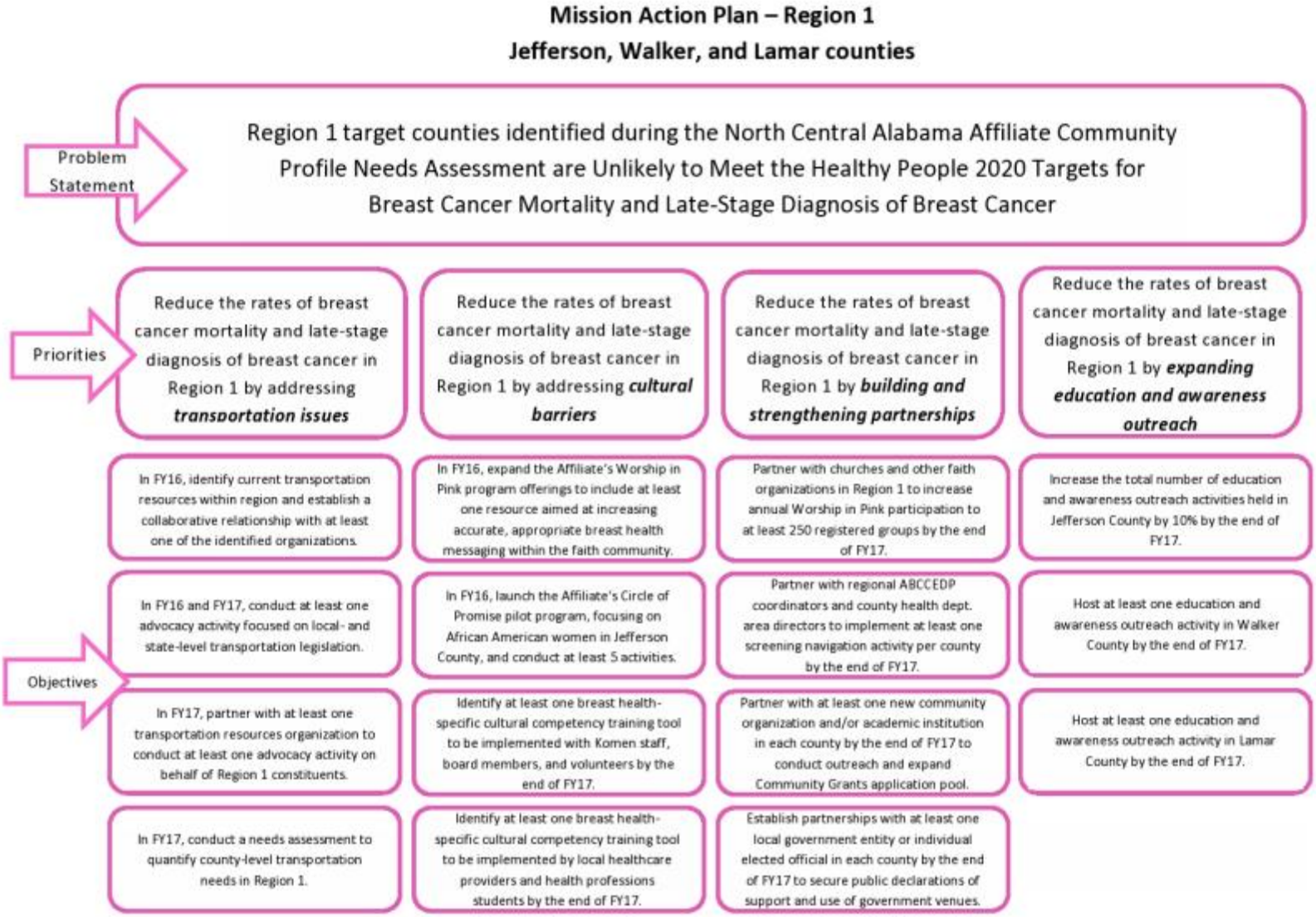

Figure 5.1. Region 1 Mission Action Plan

Mission Action Plan – Region 2
Madison, Lawrence, Marion, and Winston counties

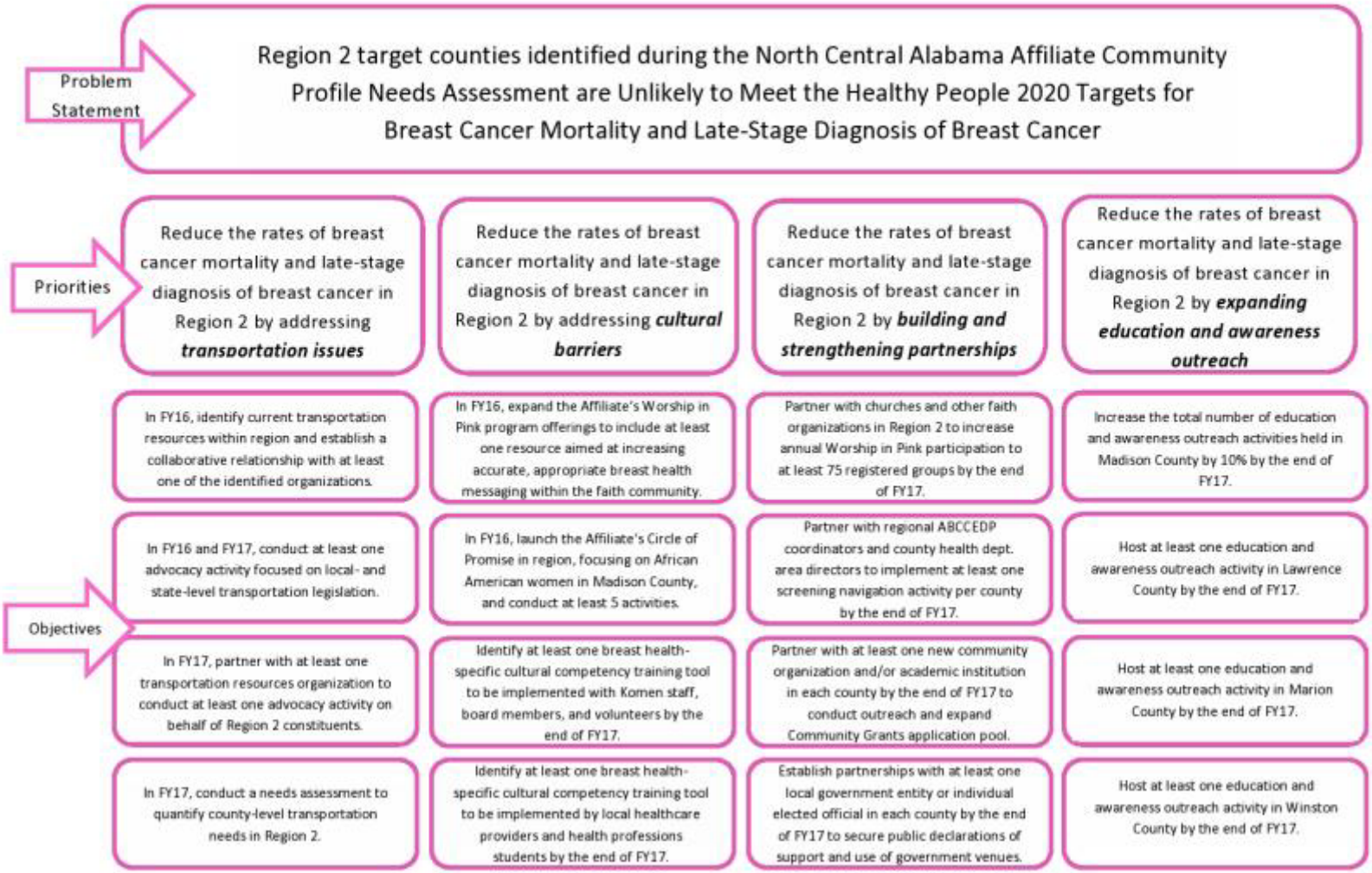

Figure 5.2. Region 2 Mission Action Plan

Mission Action Plan – Region 3
Calhoun, Randolph, Tallapoosa, and Coosa counties

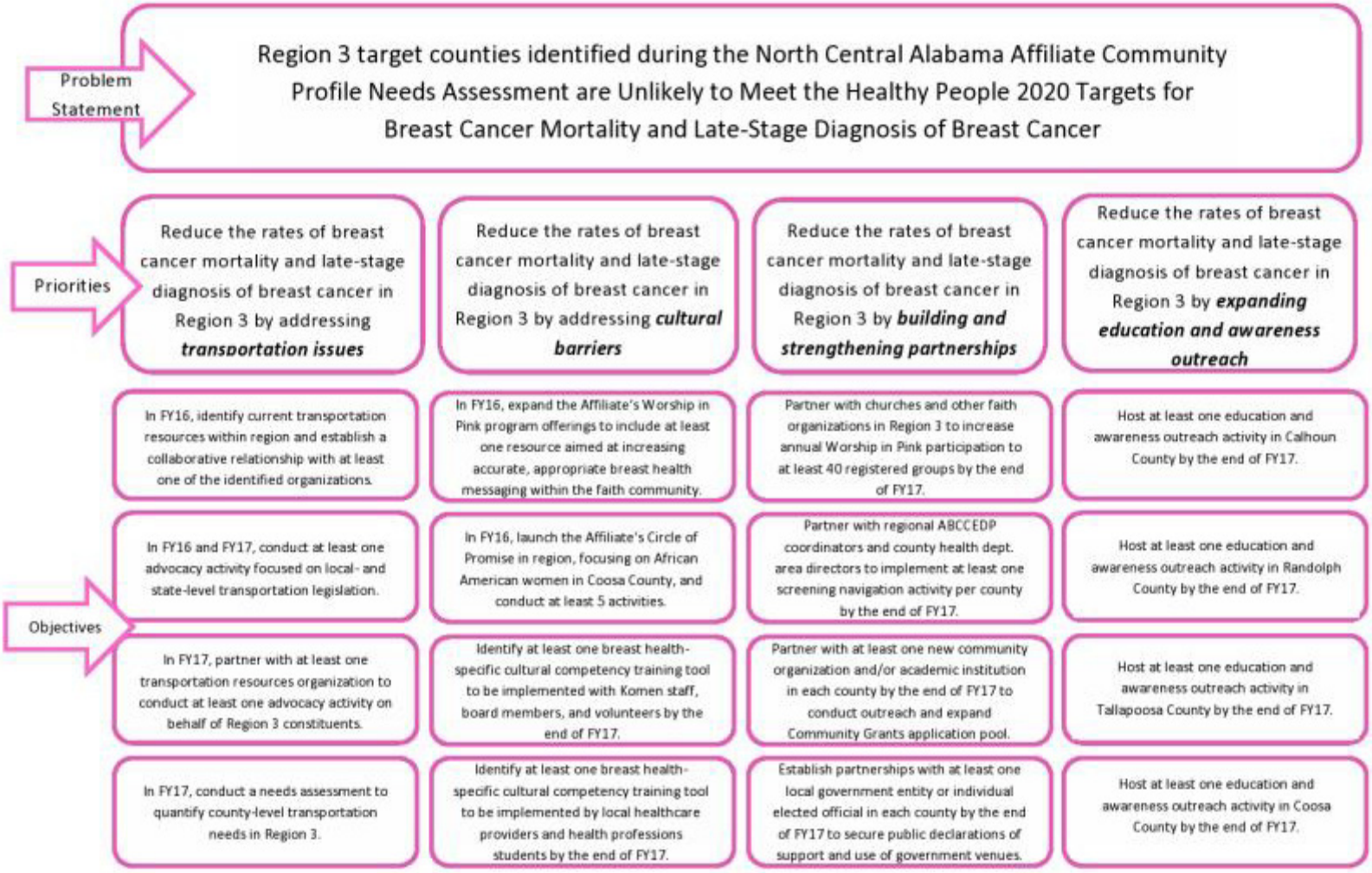

Figure 5.3. Region 3 Mission Action Plan

Mission Action Plan – Region 4
Sumter, Greene, Hale, and Perry counties

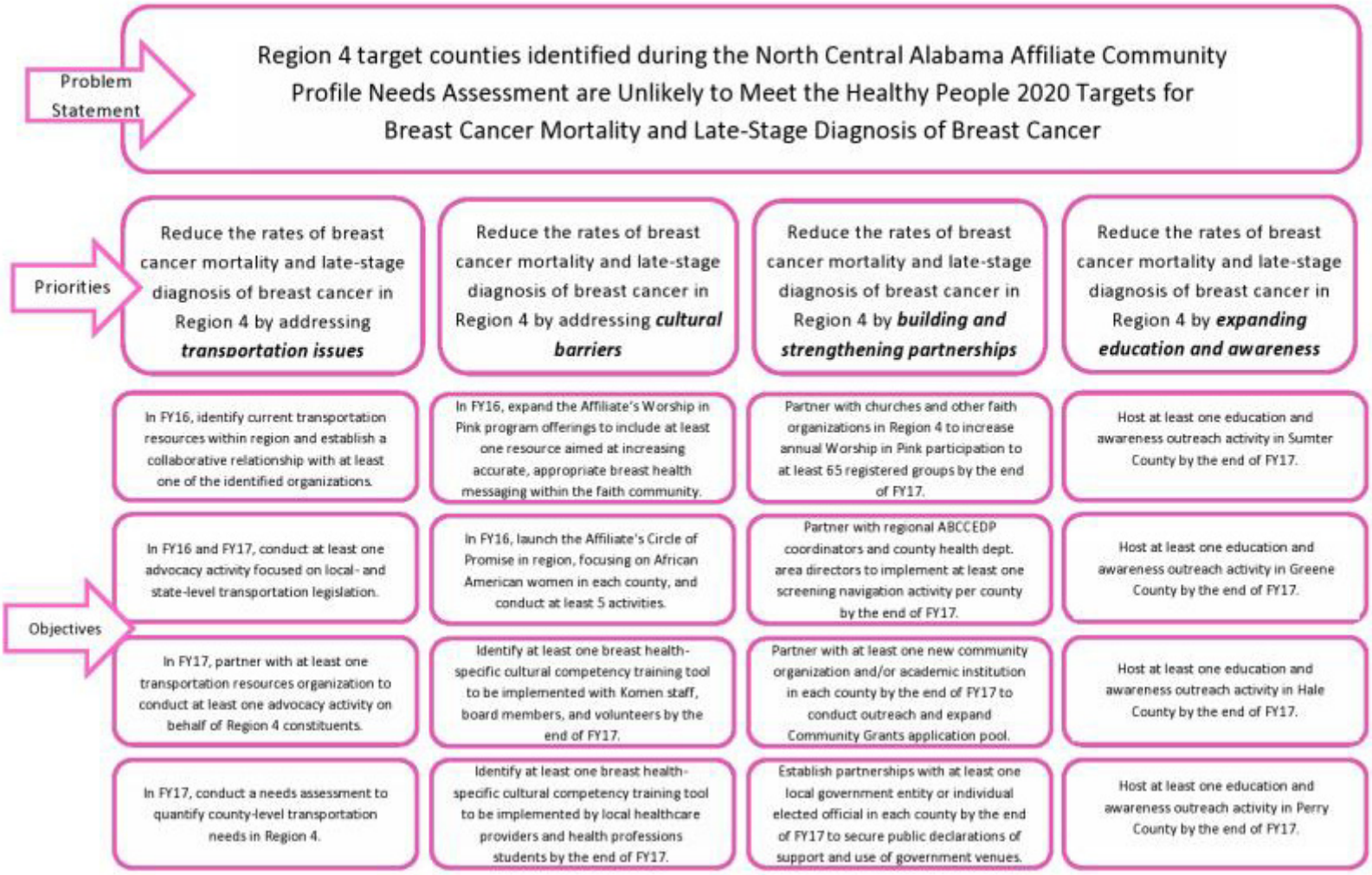

Figure 5.4. Region 4 Mission Action Plan

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