



# COMMUNITY PROFILE REPORT

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# 2011

# ACKNOWLEDGEMENTS

The Northwest Ohio Affiliate of Susan G. Komen for the Cure® sincerely appreciates all of the time and effort that our community partners, agencies, members and key individuals have offered to help provide the vast array of data and service information that is included in this document.

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*While we cannot name each person who contributed to this process, we would like to extend thanks to community members, survivors, and providers that participated in various aspects of the needs assessment.*

## **Disclaimer:**

The information in this Community Profile Report is based on the work of the Northwest Ohio Affiliate of Susan G. Komen for the Cure® in conjunction with key community partners. The findings of the report are based on a needs assessment public health model but are not necessarily scientific and are provided "as is" for general information only and without warranties of any kind. Susan G. Komen for the Cure and its Affiliates do not recommend, endorse or make any warranties or representations of any kind with regard to the accuracy, completeness, timeliness, quality, efficacy or non-infringement of any of the programs, projects, materials, products or other information included or the companies or organizations referred to in the report.

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# EXECUTIVE SUMMARY

## The Promise:

The promise of Susan G. Komen for the Cure® is to save lives and end breast cancer forever by empowering people, ensuring quality of care for all and energizing science to find the cure.

- **Empowering people** by educating them.
- **Ensuring quality care for all** by fighting for screening and treatment programs at the local, state, and federal level.
- **Energizing science** by awarding research grants and providing fellowships to recruit and retain scientists into the breast cancer field.

Susan G. Komen for the Cure® recommends a four-step approach to breast self awareness. As part of a total approach to breast health, it is important that women and men become familiar with their own bodies, play an active role in their own health, and develop a close partnership with their health care providers.

- **Know your risk** by learning about your family health history and talking to your health care provider about you own personal risk.
- **Get screened** by having a mammogram every year starting at 40 if you are at average risk. Have a clinical breast exam at least every 3 years starting at 20 and every year starting at age 40. Ask your doctor which screening tests are right for you if you are at a higher risk.
- **Know what is normal** for you and report any changes to your health care provider right away.
- **Make healthy lifestyle choices** that may reduce your risk of breast cancer

## Introduction:

Since 1994, the Northwest Ohio Affiliate of Susan G. Komen for the Cure has seen a presence of dedicated women and men in pursuit of Nancy Brinker's promise to save lives and end breast cancer forever. Toledo's first Race for the Cure® was held in 1994 with 600 participants and lead to the inception of the Northwest Ohio Affiliate of Susan G. Komen for the Cure® in 1999. In 2010, the Northwest Ohio Affiliate Race for the Cure® has grown to include more than 19,000 participants raising more than \$1 million annually. With the main office in Toledo (Lucas County), the Northwest Ohio Affiliate service area encompasses 24 counties including Monroe County in Southeast Michigan and the following counties in Ohio: Allen, Auglaize, Crawford, Defiance, Erie, Fulton, Hancock, Huron, Hardin, Henry, Logan, Lucas, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca, Shelby, Van Wert, Williams, Wood, and Wyandot.

Of the funding, up to 75 percent of all funds generated by the Komen Northwest Ohio Affiliate remains in Southeast Michigan and Northwest Ohio to support programs that deliver breast health and breast cancer education, screening and treatment services to women and men. Since 1994, the Komen Northwest Ohio Affiliate has given more than \$7 million to fund breast cancer programs that directly benefit the 24-county service area. The 2009-2010 Community Grants provided the following services that resulted in 52 women being diagnosed with breast cancer:

- 1,091 screening and diagnostic mammograms
- 578 breast cancer diagnostic procedures

- 254 units of complimentary therapy and/or psychosocial support
- 30 residents received assistance with breast cancer treatment
- 4,550 individuals received breast health information.

The remaining 25 percent is designated to the National Susan G. Komen for the Cure® Award and Research Grant Programs for energizing science to find the cures. These funds are used solely to fund research at the National level. In previous years, these research funds have been awarded to Case Western Reserve University, The Cleveland Clinic Foundation, The Ohio State University, and University of Cincinnati.

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

### **Breast Cancer Impact in Affiliate Service Area:**

Community Profile data was collected from a variety of federal, state and local resources to characterize the demographics in the Komen Northwest Ohio Affiliate service area. Quantitative data was obtained from Thomson Reuters, Center for Disease Control and Prevention, the Robert Wood Johnson Foundation, University of Wisconsin, U.S. Census Bureau, Ohio Department of Development, Ohio Department of Job and Family Services, City-Data.com, and Seneca County Health Alliance.

In determining potential target geographic areas for action, the Community Profile Team utilized commonalities in the each of the key breast health and breast cancer indicators that included incidence rate, prevalence rates, mortality rates, mammography screening percentages, poverty levels, insurance status, and demographic profiles.

- The incidence rate for females of all ages is 116.78 for Northwest Ohio, which is similar to the State of Ohio (116.20) and slightly less than the United States (118.69). The counties with an incidence rate higher than the State of Ohio for women ages 45 and older are Allen, Auglaize, Crawford, Erie, Hancock, **Hardin**, Huron, Logan, Putnam, Sandusky, **Seneca**, Shelby, and Wyandot.
- On average, 37.7percent of women ages 40 and older in Northwest Ohio did not receive a mammogram in the past 12 months. The six counties with the greatest percentage of women over the age of 40 not receiving a recommended mammogram are **Hardin** (41.1 percent), Huron (41.0 percent), Wyandot (40.6 percent), **Seneca** (40.6 percent), Crawford (40.4 percent) and Williams (40.3 percent).
- The prevalence rate for the Northwest Ohio Affiliate service area is 438.48 resulting in approximately 3,833 women in 2009 being diagnosed with breast cancer. The average age of a woman being diagnosed with breast cancer is 59.5 years which is comparable to the State of Ohio and the United States. The counties with the highest prevalence rates are Erie, **Hardin**, Logan, Wyandot, Auglaize, Crawford and Allen, respectively.

- The Northwest Ohio Affiliate’s service area has a crude mortality rate of 26.96 per 100,000 females. Counties in the Northwest Ohio Affiliate service area that had a mortality rate for all races is higher than the State of Ohio are Auglaize, Crawford, Defiance, Erie, Putnam, Sandusky, and **Seneca**.

Breast cancer impacts individuals of all ages, race and ethnicities and social economic statuses. Race is not considered a factor that might increase a woman’s chance of getting breast cancer; however, the rates of developing and dying from breast cancer differs among ethnic groups (Susan G. Komen for the Cure, 2010). Although White women tend to have a higher incidence rate, Black and Hispanic/Latina women are more likely to die from breast cancer (Susan G. Komen for the Cure, 2010). In Northwest Ohio, there are two counties that have higher mortality rates for Black women than the State of Ohio: Huron County and Seneca County. In Northwest Ohio, social economic status has been impacted by an increase in unemployment rates (i.e. downsizing and business closings) and has resulted in an increase in women living below poverty level, and becoming uninsured. As one individual pointed out, women have to make a decision on (1) having shelter and food for the family, or (2) getting a mammogram.

The data were examined in a variety of ways to identify target areas for further study. Based on county demographics and breast cancer statistics, the Community Profile Team, along with the Executive Committee of the Board of Directors, prioritized Hardin County and Seneca County for further assessment (see Table 1).

<b>Table 1: Demographic Snapshot of Hardin County and Seneca County</b>		
	<b>Hardin County</b>	<b>Seneca County</b>
Female Population	16,132	28,357
Race/Ethnicity	97.8% White 1.2% Hispanic	95.2% White 3.4% Hispanic
Percent that does not understand English when it is second language	27%	29%
Affiliated with a religious congregation	40%	65.98%
Median household income	\$34,440/year	\$38,037/year
Age 25 and older without a high school diploma	13%	12%
Age 25 and older with a bachelor’s degree or higher	15%	16%
Unemployment	12%	12.6%
Uninsured	13%	11%
Percent living in poverty	16%	11%
Percent of families in poverty with a female householder	27%	30%
Percent of hospital visits outside of county	90.6%	70.2%
Rank for clinical health care factors (out of 88)	82	70
Rank for mortality health outcomes (out of 88)	73	40

**Health Systems Analysis of Target Communities:**

The Northwest Ohio Affiliate’s inventory of breast health and breast cancer services in the service area was completed using a variety of resources. Medical providers and Women’s Health Clinics were identified via an internet search, the U.S. Department of Health and Human Services, regional Breast and Cervical Cancer Prevention (BCCP) offices, and through key informant interviews with local medical professionals. Health insurance data was gathered from

the Ohio Department of Development, Robert Wood Johnson Foundation, and Thomson Reuters. Information on the Breast and Cervical Cancer Programs in Michigan and Ohio were gathered through the Michigan Department of Community Health, Ohio Department of Health, and local BCCP offices. Certified mammography facilities were located through the U.S. Food and Drug Administration (FDA). Cancer treatment centers were identified utilizing the American College of Surgeons (ACS) and National Cancer Institute (NCI) databases. Services were mapped using ArcMAP by the University of Toledo Geographical Information Sciences and Applied Geographics. Health system information for Hardin and Seneca counties were gathered through key informant interviews with local hospitals, health departments, social service organizations, and medical professionals.

Although the Affiliate service area is serviced by 54 FDA certified mammography facilities and 17 ACS accredited cancer programs and centers, they are not equally distributed throughout the service area. Hardin County has one mammography facility and no accredited cancer programs or centers located within the county. Individuals who are in need of diagnostic testing and cancer treatment must travel out of the county for services, which supports the fact the over 90 percent of residents receive health care service outside of Hardin County. In Seneca County, there are two mammography facilities and one accredited ACS hospital center that residents may have access to that are either in, or on the border, of the county. However, over half of Seneca County residents seek health care services outside of the county. To seek treatment at a National Cancer Institute Designated Center, residents of both counties must travel between 65 – 147 miles one-way.

Hardin and Seneca counties have struggled during the recent economic downturn with an increase in factory and business closings that have resulted in rising unemployment rates, median household incomes below the state average, and an increase in the number of residents being uninsured. Both counties are serviced by a Breast and Cervical Cancer Program; however, only 1-2 percent of the eligible population has received services in the past. Hardin County is designated as a Primary Care Health Professional Shortage Area and has only eight full-time equivalent medical providers (only three accept Medicaid). Low-income, uninsured residents of Seneca County have access to two community clinics for health care, but access to reduced cost mammography services are limited. Both counties have access to a Federally Qualified Healthcare Center; however, they must travel out of the county to receive services.

As one key informant indicated, Hardin County is “very underserved in breast health and breast cancer” and needs culturally appropriate information on prevention, early detection opportunities and treatment access. This theme (lack of education and access to screening) was common in all key informant interviews for both counties. Barriers that were common in both counties included financial limitations (poverty levels), lack of health insurance, lack of knowledge about breast health, and fear.

### **Breast Cancer Perspectives in Target Communities:**

A variety of qualitative and quantitative methods were incorporated into the Community Profile to attempt at obtaining the perspectives of women in the Affiliate service area and target communities. Qualitative data was collected via focus groups in Hardin and Seneca County with breast cancer survivors. Quantitative data was obtained using a 79-question, 3-wave, mailed

survey based on the Protection Motivation Theory to 200 randomly selected breast cancer survivors that were registered with the local Affiliate to gather their perspectives about beliefs, behaviors, intentions, spirituality, and physician-patient communication.

Quantitative and qualitative data gathered from local breast cancer survivors reinforce previously reported data in that there is a need for breast health and breast cancer education and awareness, along with resources that make access to receiving screening and treatment more accessible for all women (i.e. insured, uninsured, low-income, middle-income). In Hardin County, breast cancer survivors indicated a need to increase awareness of breast cancer screening recommendations, reduce barriers to access (i.e. transportation and financial limitations), and access to mammograms without having to travel outside of the county. In Seneca County, breast cancer survivors indicated a need for an increase in community resources (i.e. financial, treatment and post-treatment supplies) and a need for more education and awareness about breast health and breast cancer. In both counties, these needs are evident through low mammogram screening percentages, high incidence rates, lack of eligible residents participating in BCCP, and limited screening and treatment options in the respective counties.

### **Conclusions: What We Learned, What We Will Do:**

Breast cancer quantitative and qualitative data gathered through primary and secondary sources were reviewed, compared and contrasted, and prioritized. The Northwest Ohio service area experiences a slightly higher female breast cancer incidence rate and prevalence rate than the State of Ohio for women 45 years of age and older, a higher mortality rate than the United States, and an average of 38 percent of the recommended population (women ages 40 and older) did not receive a mammogram in the past 12 months.

The Community Profile process in 2009 identified four priorities that guided strategic planning by the Board of Directors. The four priorities identified were (1) support services, (2) communication, (3) inclusion, and (4) outreach. The Community Profile Team, after analyzing the data selected two priorities (outreach and support services) from the 2009 Community Profile for expansion in 2011-2013:

- **Breast Health/Breast Cancer Education and Awareness:** There is a need for increased breast health/breast cancer education and awareness, including prevention and screening recommendations. Additional information is needed for breast cancer survivors on how to handle a diagnosis, life during treatment, life after treatment, and recurrence.
- **Access to Breast Health and Breast Cancer Services:** There is a need for an increase in resources to reduce the barriers associated with breast cancer screening, diagnosis and treatment, especially in rural areas where there are limited health care services. Barriers that impede access to breast cancer services include transportation and financial limitations.

The Community Profile team acknowledges that these two priorities are appropriate for Affiliate activities in all twenty-four counties. The Community Profile Team used further analysis of qualitative and quantitative data to focus on Hardin County and Seneca County (see Table 2).

**Table 2: Snapshot of Breast Cancer Impact for Target Communities**

	Hardin County	Seneca County
Incident rate higher than NW Ohio average	X	X
Higher mortality rate than Ohio (All Races and Blacks)		X
Prevalence rate higher than NW Ohio average	X	X
Rank of percentage of women <b>not</b> receiving mammogram at age 40 (out of 24)	1st	4th
Rank for clinical health care factors (out of 88)	82	70
Rank for mortality health outcomes (out of 88)	73	40
Number of FDA facilities	1	2
Number of ACS hospital cancer programs	0	1
Community perception of needs	Education/Awareness Access to screening services Resources for assistance	Education/awareness Resources for assistance Access to services
Komen grant funding in county	One-located out of the county	None

**Northwest Ohio Affiliate 2011-2013 Community Profile Action Plan:**

Building upon the 2009 Affiliate Action Plan, upon recommendation from the Community Profile Team, the Board of Directors selected the following priorities for Hardin County and Seneca County for activities from 2011-2013.

**Hardin County Action Plan:**

**Priority 1:** Partner with community-based outreach/health organizations to effectively promote awareness on breast health education and services in Hardin County.

- **Objective 1:** By December 2011, the Northwest Ohio Affiliate will meet with primary care providers in Hardin County to introduce the mission and vision of Susan G. Komen for the Cure and provide breast health and breast cancer educational materials for distribution to women in Hardin County.
- **Objective 2:** By September 2012, the Northwest Ohio Affiliate will meet with the Kenton-Hardin County Health Department, Health Partners of Western Ohio and Hardin County Memorial Hospital to plan an educational campaign for Breast Cancer Awareness Month (October 2012).
- **Objective 3:** By March 2013, the Northwest Ohio Affiliate will participate in at least two events in Hardin County promoting breast health and breast cancer education and awareness.
- **Objective 4:** By October 2012, the Northwest Ohio Affiliate will meet with State and Federal Legislators of Hardin County to advocate for women's health (i.e. Breast and Cervical Cancer Project, Re-authorization of the Breast Cancer Postage Stamp, and Congressional Resolution on Breast Cancer).

**Priority 2:** Increase the number of breast health services within Hardin County by identifying health system partnerships to increase access to services.

- **Objective 1:** By July 2011, the Northwest Ohio Affiliate will contact the hospital, health department, public health care clinic and social service agencies in Hardin County to provide information about the 2012-2013 Community Grants Request for Application.
- **Objective 2:** By September 2011, the Affiliate will hold one grant writing workshop in Hardin County aimed at the hospital, health department, public health care clinic, and social service organizations.

### **Seneca County Action Plan:**

**Priority 1:** Partner with community-based outreach/health organizations to effectively promote awareness on breast health education and services in Seneca County.

- **Objective 1:** By June 2012, the Northwest Ohio Affiliate will meet with primary care providers in Seneca County to introduce the mission and vision of Susan G. Komen for the Cure and provide breast health and breast cancer educational materials for distribution to women in Hardin County.
- **Objective 2:** By September 2012, the Northwest Ohio Affiliate will meet with the Seneca County Health Department, Fostoria Hospital and Mercy Tiffin Hospital to plan an educational campaign for Breast Cancer Awareness Month (October 2012).
- **Objective 3:** By March 2013, the Northwest Ohio Affiliate will participate in at least four events in Seneca County promoting breast health and breast cancer education and awareness.
- **Objective 4:** By October 2012, the Northwest Ohio Affiliate will meet with State and Federal Legislators of Seneca County to advocate for women's health (i.e. Breast and Cervical Cancer Project, Re-authorization of the Breast Cancer Postage Stamp, and Congressional Resolution on Breast Cancer).

**Priority 2:** Increase the number of breast health services within Seneca County by identifying health system partnerships to increase access to services.

- **Objective 1:** By July 2011, the Northwest Ohio Affiliate will contact the hospital, health department, public health care clinic, social service agencies in Seneca County and the Region 5 BCCP project director to provide information about the 2012-2013 Community Grants Request for Application.
- **Objective 2:** By December 2012, the Affiliate will actively participate on the Seneca County Health Alliance.
- **Objective 3:** By September 2012, the Affiliate will hold one grant writing workshop in Seneca County aimed at the hospital, health department, public health care clinic, and social service organizations.

**TOGETHER,**

**WE CAN MAKE AN**

