



# COMMUNITY PROFILE REPORT

©2011 Affiliate of Susan G. Komen for the Cure®



# 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.

## **Prepared by:**

Northwest Ohio Affiliate of  
Susan G. Komen for the Cure®  
3100 West Central Avenue, Suite 235  
Toledo, Ohio 43606  
419-724-CURE (2873)  
1-877-604-CURE (2873)

Contact: Mary J. Westphal, Executive Director

## **Community Profile Team:**

Anne Loochtan, Ph.D., R.R.T.  
Vice President of Academic Affairs  
Dean of Faculty  
Mercy College of Northwest Ohio  
Member, Komen Board of Directors

Mary J. Westphal  
Executive Director  
Komen Northwest Ohio Affiliate

Rebecca Royer, M.P.H., C.H.E.S.  
Community Outreach, Graduate Assistant  
Komen Northwest Ohio Affiliate  
The University of Toledo

Krithica Kantharaj, M.B.A.  
Graduate Assistant  
Department of Geography and Planning  
The University Of Toledo

***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.

# TABLE OF CONTENTS

<b>Executive Summary .....</b>	<b>4</b>
The Promise .....	4
Introduction .....	4
Breast Cancer Impact in Affiliate Service Area .....	5
Health Systems Analysis of Target Communities .....	6
Breast Cancer Perspectives in Target Communities .....	7
Conclusions .....	8
<b>Introduction .....</b>	<b>11</b>
Affiliate History .....	11
Organizational Structure .....	11
Description of Service Area .....	12
Purpose of Report .....	13
<b>Breast Cancer Impact in Affiliate Service Area .....</b>	<b>14</b>
Methodology .....	14
Overview of Affiliate Service Area .....	14
Communities of Interest .....	18
Conclusions .....	22
<b>Health Systems Analysis of Target Communities .....</b>	<b>23</b>
Overview of Continuum of Care .....	23
Methodology .....	23
Overview of Community Assets .....	24
Legislative Issues .....	29
Key Informant Findings .....	30
Conclusions .....	32
<b>Breast Cancer Perspectives in Target Communities .....</b>	<b>34</b>
Methodology .....	34
Review of Quantitative and Qualitative Findings .....	34
Conclusions .....	36
<b>Conclusions: What We Learned, What We Will Do .....</b>	<b>37</b>
Review of Findings .....	37
Conclusions .....	37
Action Plan .....	38
References .....	40

# 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**



# INTRODUCTION

## **Affiliate History:**

Nancy G. Brinker promised her dying sister- Susan G. Komen- that she would do everything in her power to end breast cancer forever. In 1982 that promise became Susan G. Komen for the Cure®, which is the world's largest breast cancer organization and the largest source of nonprofit funds dedicated to the fight against breast cancer with more than \$1.9 billion invested to date.

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.

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 Northwest Ohio Affiliate has given more than \$7 million to fund breast cancer programs that directly benefit the 24 county service area. The Komen Northwest Ohio Affiliate is the only non-profit, breast cancer organization that distributes funding directly back to the local community through a grant process for breast health and breast cancer education, screening, and treatment. In 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.

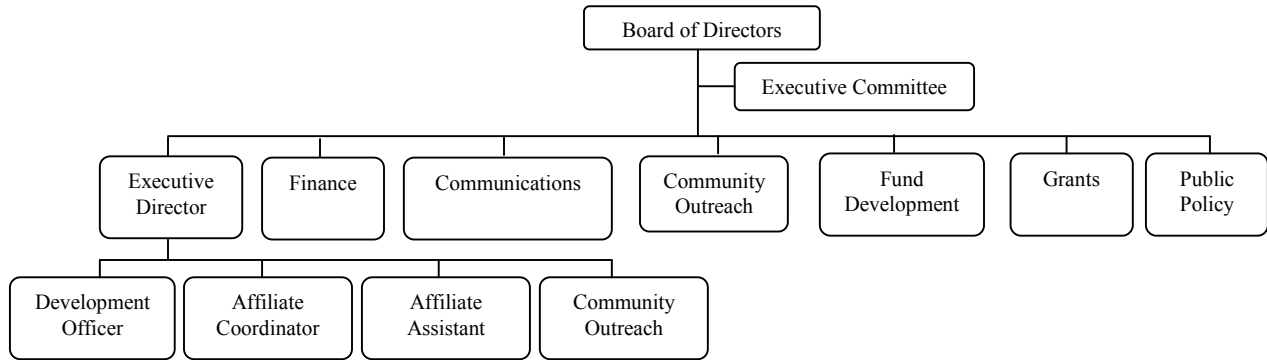
The remaining 25 percent is designated to the National Susan G. Komen for the Cure® Award and Research Grant Programs for energizing science to find the cures. These funds are used solely to fund research at the National level. In Ohio, these research funds have been awarded to the Case Western Reserve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

## **Organizational Structure:**

The organizational components of the Komen Northwest Ohio Affiliate are the Board of Directors, the Executive Committee, Sub-committees, and the Staff. The Komen Northwest Ohio Affiliate Board of Directors is committed to enhancing the public standing of the Affiliate by:

- Serving as ambassadors and advocates in the community.
- Ensuring a healthy and accurate public image.
- Participating in opportunities to inform the public about the Komen organization.

The Komen Northwest Ohio Affiliate Board of Directors consists of fifteen volunteer members with delegated job descriptions outlining general responsibilities of the position, as well as duties as an officer or committee member. The Board of Directors works with a staff of two full-time (Executive Director and Affiliate Coordinator) and two part-time (Development Officer and Affiliate Assistant) employees, one part-time Graduate Assistant (Community Outreach) and numerous volunteers to fulfill the Komen Promise (see Figure 1).

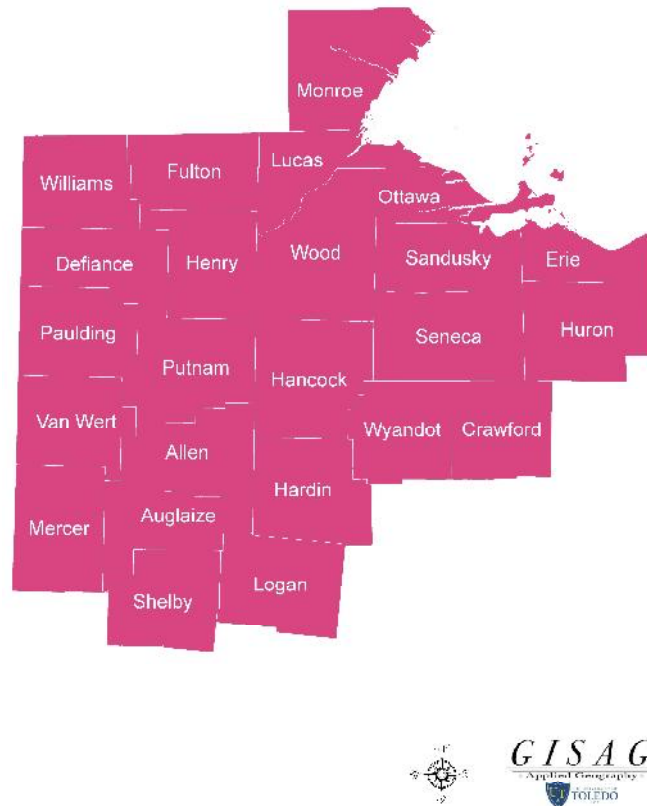


**Figure 1. Komen Northwest Ohio Affiliate organizational structure**

**Description of Service Area:**

Komen Affiliates are charged with furthering the promise of Susan G. Komen for the Cure® in a specific service area. A service area is the specific geographic region, as defined in the Affiliation Agreement, where the Affiliate conducts its initiatives, activities, fundraising, grants and operations. Affiliates are required to conduct these activities exclusively within the boundaries of the service area, taking care to cover the entire service area.

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 (see Figure 2). The service area consists of urban, suburban, and rural



**Figure 2. Northwest Ohio Affiliate service area**

counties whose major employers are based in agriculture, education, manufacturing and health care.

The Komen Northwest Ohio Affiliate's service area is home to approximately 1.7 million people (Thomson Reuters ©2010). The largest population counties are Lucas (435,766 residents), Monroe (Michigan) (148,276), Wood (122,475) and Allen (112,817). Southeast Michigan and Northwest Ohio population distribution by age mirror that of the United States with the greatest proportions being age ranges 35-54 (27.5 percent), 0-14 (19.5 percent), and 65+ (14.0 percent) (Thomson Reuters ©2010). Eighty-seven percent of the population in the service area classify themselves as White Non-Hispanic, 6.5 percent Black Non-Hispanic, 3.9 percent Hispanic, and 2.6 percent all others (Thomson Reuters ©2010). Service area counties with the largest non-Hispanic Black minority population are Lucas, (17.7 percent), Allen (10.7 percent) and Erie (8.1 percent). Service area counties with the largest Hispanic minority population are Defiance (8.2 percent), Sandusky (7.3 percent), Henry (6.4 percent) and Fulton (6.1 percent) (Thomson Reuters ©2010). Hancock (2.2 percent), Lucas (1.5 percent), Wood (1.3 percent) and Shelby (1.3 percent) counties have the largest Asian minority population in the service area (Thomson Reuters ©2010). The average yearly household income for the area is \$58,745 which is 15 percent less than the average income for the United States (Thomson Reuters ©2010). The average unemployment percentage is 4.7 percent with a majority (57 percent) of adults 25 years of age and older having a high school diploma or less (Thomson Reuters ©2010).

### **Purpose of the Report:**

A Community Profile is the process of gathering information and assigning priorities that the Komen Northwest Ohio Affiliate completes every two years in order to understand the state of breast health and breast cancer in Southeast Michigan and Northwest Ohio. A Community Profile provides information on the population to be served, access to services, location of services, barriers to services, and other breast health and breast cancer gaps. 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. The Community Profile allows the Affiliate to:

- Drive inclusion efforts throughout the Affiliate service area.
- Fund, educate, and build awareness in areas of greatest need.
- Make good decisions about how to use its resources in the best way- to make the greatest impact.
- Bring the message closer to home, into the community, to strengthen relationships with stakeholders- "Tell the Story"
- Provide information to public policymakers to focus legislation on breast cancer prevention, screening and treatment.
- Establish directions of marketing and outreach initiatives.
- Create synergy between strategic plans and operational activities.

# BREAST CANCER IMPACT IN AFFILIATE SERVICE AREA

## **Methodology:**

Community Profile data was collected from a variety of federal, state and local resources to characterize the demographic and 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 and 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.

There are limitations to the data utilized in this section. Thomson Reuters data was utilized in analyzing incidence rate, prevalence rate, mortality rate and mammography screening percentages for consistency. Thomson Reuters utilizes the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) data from 2001-2006 to develop estimates of breast cancer measures for Komen Affiliates. When SEER data was not available for counties, Thomson Reuters utilized SEER data to extrapolate rates and apply them to populations with similar demographics. Another limitation is that mortality data comes from death certificates that can be completed by funeral directors, attending physicians or medical examiners and may result in the data not being accurate and in Ohio death certificates are filed in the county in which the individual died in, not necessarily the county they reside in. Mammography data is collected through the Behavioral Risk Factor Surveillance System via telephone surveys. The data collected may not represent the population of a county and is accurate based on how well the participants can recall their health information. Data presented in this Community Profile should not be used in developing a causation relationship.

## **Overview of the Affiliate Service Area:**

Important breast health and breast cancer indicators that can assist in measuring the efficiency of the continuum of care cycle include incidence rate, mammography screening percentages, prevalence rate, and mortality rate.

## ***Incidence Rate:***

Incidence rate is a measure of the frequency with which a disease occurs in a population over a period of time. It is an estimate of the probability, or risk, of developing a disease during a specified period of time.

On a yearly basis, it is estimated that 156 women ages 18-44, 1,124 women ages 45-64 and 788 women ages 65 years and older may develop breast cancer in the Northwest Ohio service area (Thomson Reuters ©2010). In a five-year time period that equals 780 women ages 18-44, 5,620 women ages 45-64 and 3,940 women ages 65 years old and older. Overall, 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 highest incidence rates for women of all ages are Erie, Hardin, Logan, Wyandot, Auglaize, and Crawford. The counties with an incidence rate higher than the State of Ohio for age 45 and older are Allen, Auglaize,

Crawford, Erie, Hancock, Hardin, Huron, Logan, Putnam, Sandusky, Seneca, Shelby, and Wyandot (see Table 3).

**Table 3. Female incidence rate and estimated number of women at-risk of developing breast cancer in 2009 (per 100,000 population)**

<i>County</i>	<i>Incidence Rate Ages 45-64</i>	<i>At-Risk of Developing Breast Cancer (Ages 45-64)</i>	<i>Incidence Rate Ages 65 and older</i>	<i>At-Risk of Developing Breast Cancer (Ages 65+)</i>
	= County with an incidence rate higher than State of Ohio			
Allen	231.70	85	385.09	63
Auglaize	232.70	36	386.43	26
Crawford	219.00	33	363.37	27
Defiance	163.05	21	270.88	16
Erie	258.50	74	428.20	59
Fulton	171.45	30	284.42	19
Hancock	227.46	51	377.84	36
Hardin	262.78	25	435.91	19
Henry	176.25	17	293.09	13
Huron	232.33	48	385.66	31
Logan	250.15	42	415.46	29
Lucas	158.52	225	263.19	151
Mercer	193.72	26	321.98	19
Monroe (MI)	193.93	102	321.60	60
Ottawa	195.32	28	324.37	22
Paulding	169.99	11	282.75	7
Putnam	213.37	25	354.18	18
Sandusky	200.04	45	332.12	33
Seneca	204.22	42	339.27	32
Shelby	230.27	35	382.81	23
Van Wert	179.69	15	298.26	11
Williams	158.76	21	263.71	16
Wood	179.29	68	297.96	43
Wyandot	229.34	19	380.23	14
Northwest Ohio	196.51	1,124	327.55	788
Ohio	195.93	11,517	324.84	19,094
United States	210.02	643,973	343.42	1,053,010

Thomson Reuters ©2010.

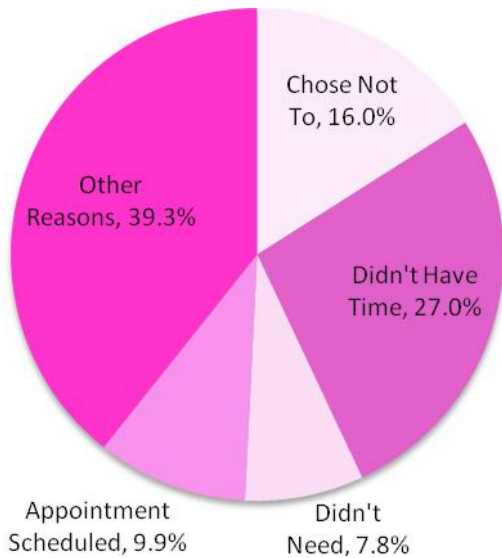
### ***Mammography Screening:***

For early detection of breast cancer, Susan G. Komen for the Cure recommends that beginning at age 40 women should receive a mammogram every 12 months. Furthermore, clinical breast exams should be performed by a medical professional at least once every three years between the ages of 20-39, and every year beginning at age 40.

On average, 37.7 percent of women ages 40 and older in Northwest Ohio did not receive a mammogram in the past 12 months (Thomson Reuters ©2010). 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) (see Table 4) (Thomson Reuters ©2010).

Of those that provided a reason as to why they did not receive a mammogram in the last 12 months, approximately 27 percent indicated they did not have time, 16 percent chose not to, 9.9 percent have an appointment scheduled, and 7.8 percent indicated that felt they did not need one (see Figure 3) (Thomson Reuters ©2010).



**Figure 3. Reasons why women are not receiving a mammogram.** Thomson Reuters ©2010

**Table 4. Percent of women over the age of 40 not receiving recommended mammograms in past 12 months**

County	No Mammogram in Past 12 months*
Allen	37.5 %
Auglaize	37.9 %
Crawford	40.4 %
Defiance	39.2 %
Erie	36.1 %
Fulton	38.6 %
Hancock	36.9 %
Hardin	41.1 %
Henry	38.8 %
Huron	41.0 %
Logan	38.8 %
Lucas	36.9 %
Mercer	37.9 %
Monroe (MI)	36.3 %
Ottawa	37.0 %
Paulding	39.7 %
Putnam	36.7 %
Sandusky	37.9 %
Seneca	40.6 %
Shelby	36.9 %
Van Wert	39.1 %
Williams	40.3 %
Wood	36.2 %
Wyandot	40.6 %
Ohio ** (past 2 years)	24.0 %
United States** (past 2 years)	24.0 %

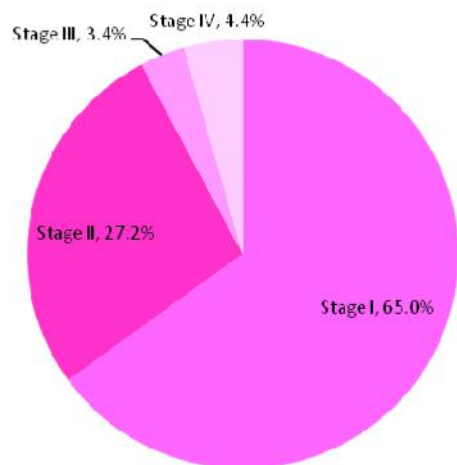
\* Thomson Reuters ©2010. \*\*Center for Disease Control and Prevention, 2008.

**Prevalence Rate:**

Prevalence rates measures the number of cases that are present at, or during, a specified period of time. Out of the 24 counties in the service area, 14 of them have prevalence rates higher than the State of Ohio. The prevalence rate for the Northwest Ohio Affiliate service area is 438.48 resulting in 3,833 women in 2009 being diagnosed with breast cancer. The average age of women being diagnosed with breast cancer 59.5 years which is comparable to the State of Ohio and the United States (Thomson Reuters ©2010). The counties with the highest prevalence rates are Erie, Hardin, Logan, Wyandot, Auglaize, Crawford and Allen, respectively (see Table 5). Of those diagnosed with breast cancer it is estimated 2,491 (65 percent) are Stage I, 1,043 (27.2 percent) are Stage II, 130 (3.4 percent) are Stage III and 169 (4.4 percent) are Stage IV (note: does not include Stage 0; therefore the numbers would be less if Stage 0 data was available) (See Figures 4 and 5) (Thomson Reuters ©2010).

<b>Stage 0</b>	Carcinoma in situ (non-invasive)
<b>Stage I, II, III</b>	Higher numbers indicate more extensive disease: Larger tumor size and/or spread of the cancer beyond the breast where it first developed to nearby lymph nodes and/or organs adjacent to the location of the primary tumor
<b>Stage IV</b>	The cancer has spread to another organ(s)

**Figure 4: Breast cancer staging**  
U.S. Institutes of Health, National Cancer Institute, 2010.



**Figure 5. Stage of breast cancer diagnosis**  
Thomson Reuters ©2010

**Table 5. Female prevalence rate and estimated number of women diagnosed with breast cancer in 2009 (per 100,000 population)**

= County with a prevalence rate higher than State of Ohio

<i>County</i>	<i>Prevalence Rate</i>	<i>Number of Diagnoses</i>	<i>Average Age of Diagnosis</i>
Allen	524.84	301	59.9
Auglaize	537.03	123	60.1
Crawford	533.67	123	60.4
Defiance	375.07	73	59.8
Erie	635.92	263	60.1
Fulton	380.03	95	59.2
Hancock	492.80	174	59.4
Hardin	556.03	91	59.2
Henry	406.38	59	60.0
Huron	493.28	155	59.2
Logan	554.36	14	59.5
Lucas	344.14	773	59.3
Mercer	435.27	88	60.0
Monroe(MI)	421.28	315	58.8
Ottawa	498.36	97	60.4
Paulding	392.73	35	59.7
Putnam	470.97	84	59.9
Sandusky	463.96	157	60.0
Seneca	475.70	149	60.0
Shelby	484.48	113	59.3
Van Wert	426.08	53	60.2
Williams	370.08	73	60.0
Wood	366.37	230	58.3
Wyandot	541.42	65	60.2

Northwest Ohio	438.48	3,833	59.5
Ohio	436.21	25,641	59.4
United States	444.77	691,507	59.0

Thomson Reuters ©2010.

***Mortality Rate:***

Mortality rate is the number of deaths that have occurred in a population from a specific disease or condition. The Northwest Ohio Affiliate’s service area has a crude mortality rate of 26.96 per 100,000 population (Thomson Reuters ©2010). The result is a total of 236 women (all races) dying from breast cancer in 2009. Over a five year period, it can be estimated that over 1,180 women (all races) in Northwest Ohio alone will die from breast cancer. Counties in Northwest Ohio Affiliate service area that had a mortality rate (all races) higher than the State of Ohio are Auglaize, Crawford, Defiance, Erie, Putnam, Sandusky, and Seneca (See Table 6) (Thomson Reuters ©2010).

Breast cancer impacts individuals of all ages, race and ethnicities. Race, however, is not considered a factor that might increase a woman’s chance of getting breast cancer but can affect the rates of developing and dying from breast cancer. Although White women tend to have a higher incidence rate, Black and Hispanic/Latina women are more likely to die from breast cancer. 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 (see Table 6) (Thomson Reuters ©2010). Furthermore, all other races (i.e. Native American, Asian, Pacific Islander) have mortality rates much lower than Black and White women in Northwest Ohio. The difference may be impacted by the race/ethnic distribution in Northwest Ohio (87 percent White, 6.5 percent Black, 3.9 percent Hispanic, 0.9 percent Asian/Pacific Islander, and 1.7 percent Other Races) (Thomson Reuters ©2010).

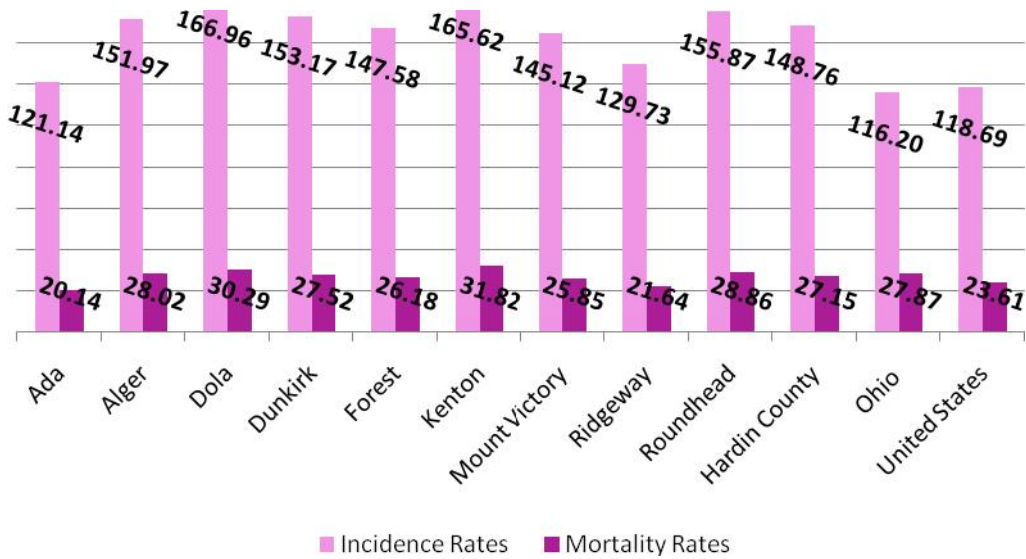
**Table 6. Female breast cancer crude mortality rate by county and ethnicity in 2009 (per 100,000 Population)**

<i>County</i>	<i>All Races</i>	<i>White</i>	<i>Black</i>	<i>Other</i>
	=County with a mortality rate higher than State of Ohio			
Allen	27.61	29.18	19.60	4.34
Auglaize	30.38	30.63	22.23	5.09
Crawford	30.41	30.65	14.36	5.21
Defiance	32.30	33.77	21.88	4.72
Erie	29.48	30.39	27.49	4.13
Fulton	23.32	23.93	27.14	4.95
Hancock	27.99	29.01	13.97	3.35
Hardin	27.15	27.36	11.77	4.70
Henry	24.84	25.60	14.40	4.36
Huron	22.70	23.22	29.39	3.18
Logan	26.96	27.47	18.41	4.11
Lucas	25.92	27.57	25.26	4.07
Mercer	27.60	27.87	7.43	5.27
Monroe (MI)	25.06	25.47	23.81	7.39
Ottawa	27.50	27.90	19.02	5.38
Paulding	24.69	25.11	8.28	4.64
Putnam	38.38	39.37	12.54	4.73
Sandusky	31.07	32.31	25.64	4.46
Seneca	29.24	29.79	30.76	4.27
Shelby	25.84	26.41	17.69	3.55
Van Wert	27.60	27.93	20.82	2.04
Williams	24.99	25.36	10.11	3.50
Wood	23.98	24.84	13.96	3.90
Wyandot	28.37	29.63	16.44	5.23
Ohio	28.81	28.81	27.85	4.84
United States	23.61	26.30	25.99	7.26

Thomson Reuters ©2010

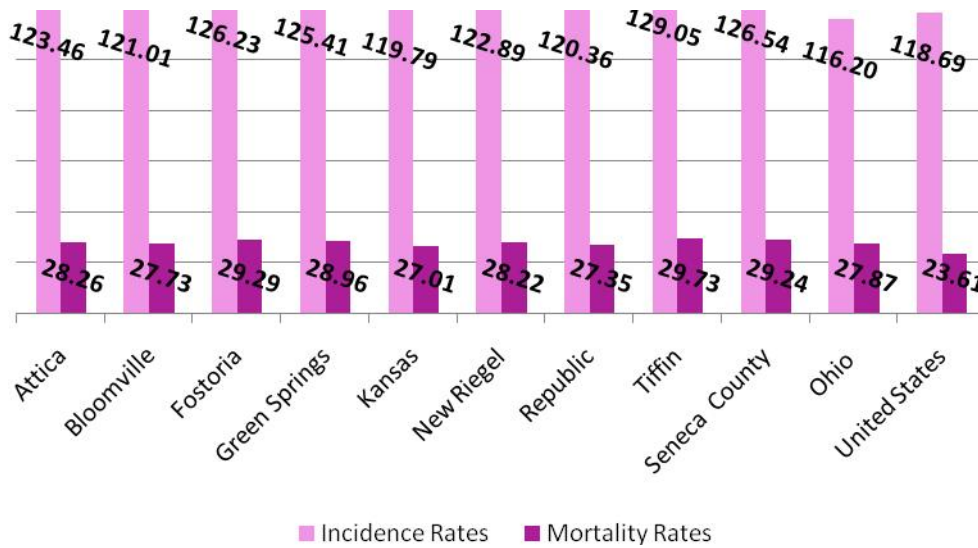
**Communities of Interest:**

When considering the Northwest Ohio Affiliates’ measures of breast cancer impact, two counties had rates consistently higher than the State of Ohio and other counties in Northwest Ohio, along with low mammography screening rates. Hardin County has the highest incidence rate (those at-risk) of all the counties in Northwest Ohio for women 45 years old and older, the second highest prevalence rate (those diagnosed with breast cancer) and the lowest percentage of women age 40 and above receiving recommended mammograms. All nine zip codes in Hardin County have a higher breast cancer incidence rate than the State of Ohio and the United States (see Figure 6). Furthermore, five out of nine have higher mortality rates than the State of Ohio, and eight out of nine have rates higher than the United States (see Figure 6).



**Figure 6. Incidence and Mortality Rates by Zip Code (Hardin County)**  
Thomson Reuters©2010

Seneca County has a higher than average breast cancer mortality rate coupled with an incident rate and prevalence rate higher than the State of Ohio, and the fourth lowest percentage of women age 40 and above receiving recommended mammograms. All eight zip codes in Seneca County have a higher breast cancer incidence rate than the State of Ohio and the United States (see Figure 7). Furthermore, five out of eight have higher mortality rates than the State of Ohio, and all nine have rates higher than the United States (see Figure 7).



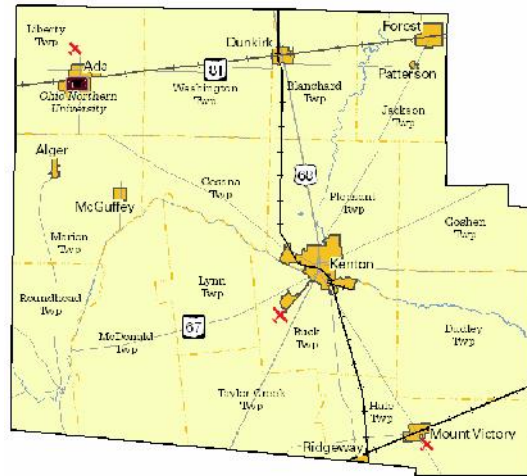
**Figure 7. Incidence and Mortality Rates by Zip Code (Seneca County)**  
Thomson Reuters©2010

**Hardin County:**

Hardin County has a total area of 470 square miles of which 80 percent is used for agriculture, and four percent is used for residential/ commercial/industrial purposes (see Figure 8) (Ohio Department of Development [ODOD], 2010). The population density of the county is 68 people

per square mile. The largest population centers in the county are Kenton City (8,363 residents) and Ada Village (5,577 residents) (ODOD, 2010). There is one private university located in Ada, Ohio: Ohio Northern University (3,570 students).

Hardin County is home to an estimated 31,945 individuals (50.5 percent female, 49.5 percent male) with 34.2 percent reported as being 45 years of age and older (ODOD, 2010). A total of 97.8 percent of the population classified themselves as White, 0.7 percent as Black, and 1.7 percent as another race (ODOD, 2010). A total of 1.2 percent classified their ethnicity as Hispanic (ODOD, 2010). Among individuals living in Hardin County that were at least five years old, four percent spoke a language other than English at home and 27 percent indicated that they did not speak English very well (U.S. Census Bureau, 2009). Over 40 percent of the residents of Hardin County are affiliated with a religious congregation with the most (30.8 percent) being affiliated with the United Methodist Church (City-Data.com- Hardin County, 2010). Hardin County is also home to a culturally isolated Old-Order Amish community, one of the most conservative sects in the United States that predominately resides in Buck Township located south of Kenton. It is estimated by HealthPartners of Western Ohio that the Amish population in Hardin County is between 1,200-1,500 individuals.



**Figure 8. Map of Hardin County**  
Ohio Department of Development, Office of Policy, Research and Strategic Planning, 2010.

The median household income is \$34,440 per year, which is lower than the State of Ohio average of \$40,956 per year (ODOD, 2010). Approximately 13 percent of the residents over the age of 25 did not have a high school degree and 15 percent had a bachelor's degree or higher. The most common industries for females are educational services (19 percent), health care (14 percent), accommodation and food services (9 percent), and transportation equipment (7 percent) (City-Data.com- Hardin County, 2010). The most common occupations for females are production occupations, secretaries/administrative assistants, teachers, assemblers/fabricators, cashiers, and record clerks (City-Data.com- Hardin County, 2010). For males the top two industries are transportation equipment (17 percent) and construction (10 percent) and the top two occupations are production occupations and metal/plastic workers (City-Data.com- Hardin County, 2010). The unemployment rate in 2009 was 12 percent, an almost five percent increase from 2008 (7.1 percent) (ODOD, 2010).

An estimated 13 percent (1,056 individuals) of the population ages 18-64 are without health insurance and 60 percent of adults are covered by employer-based insurance (ODOD, 2010; Robert Wood Johnson Foundation [RWJF], 2010). In 2005-2009, 16 percent of the residents in Hardin County were in poverty with 27 percent of families with a female householder (no husband) having an income below the poverty level (U.S. Census, 2009). According to the Ohio Medicaid Atlas, Hardin County has the highest percentage of adults between the ages of 19-64 in the State of Ohio with income at or below 90 percent of the Federal Poverty Level (Ohio

Department of Job and Family Services [ODJFS], 2010). An estimated 49 percent of residents receiving assistance through Hardin County Department of Job and Family Services (2009) did not own a vehicle and the most frequently reported need for transportation was to the doctor.

According to the County Health Ranking Snapshot 2010 for Hardin County developed by the Robert Wood Johnson Foundation and the University of Wisconsin (2010), Hardin County ranked 82<sup>nd</sup> out of 88 counties for clinical care health factors (i.e. percentage of uninsured adults, primary care provider rate, preventable hospital stays), and 73<sup>rd</sup> out of 88 for mortality health outcomes measuring the number of years of potential life lost before age 75. According to the Ohio Department of Job and Family Services (2009), 90.6 percent of hospital visits by Hardin County occur outside of the county.

### ***Seneca County:***

Seneca County has a total area of 552 square miles of which 80 percent is used for agriculture, and five percent is used for residential/commercial/industrial purposes (see Figure 9) (ODOD, 2010). The population density of the county is 107 people per square mile. The largest population centers in the county are Tiffin City (18,166 residents), Fostoria City (10,073 residents) and Clinton Township (4,168 residents)(ODOD, 2010). There are two private universities in Tiffin, Ohio: Heidelberg College (1,500 students) and Tiffin University (3,422 students).



**Figure 9. Map of Seneca County**  
Ohio Department of Development, Office of Policy, Research and Strategic Planning, 2010.

Seneca County is home to an estimated 56,152 individuals (50.5 percent female, 49.5 percent male) with 36.32 percent reported as being 45 years of age and older (ODOD, 2010). A total of 95.2 percent of the population classified themselves as White, 1.7 percent as Black, and three percent as another race (ODOD, 2010). A total of 3.4 percent (2,012 individuals) classified their ethnicity as Hispanic (ODOD, 2010). Among individuals living in Seneca County that were at least five years old, three percent spoke a language other than English at home and 29 percent indicated that they did not speak English very well (U.S. Census Bureau, 2009). Over 65.98 percent of the residents of Seneca County are affiliated with a religious congregation with the most (58 percent) being affiliated with the Catholic Church (City-Data.com-Seneca County, 2010).

The median household income is \$38,037 per year, which is lower than the State of Ohio average of \$40, 956 per year (ODOD, 2010). Approximately 12 percent of the residents over the age of 25 did not have a high school degree and 16 percent had a bachelor's degree or higher (ODOD, 2010). The most common industries for females are healthcare (18 percent), educational services (12 percent), and accommodations and foodservices (8 percent) (City-Data.com-Seneca, 2010). The most common occupations for females are secretaries/administrative assistants, production occupations, and assemblers/fabricators. For males the top three industries are construction (10 percent), machinery (7 percent) and transportation equipment (7 percent) and the top two occupations are metal/plastic workers and production occupations (City-Data.com-

Seneca, 2010). The unemployment rate in 2009 was 12.6 percent, a 5.6 percent increase from 2008 (7.0 percent) (ODOD, 2010).

In 2005-2009, 11 percent of the residents in Seneca County were in poverty with 30 percent of families with a female householder (no husband) having an income below the poverty level (U.S. Census Bureau, 2009). In Seneca County, 18.2 percent of adults between the ages of 19-64 had incomes at or below 90 percent of the Federal Poverty Level (ODJFS, 2010). Twenty-seven percent of adults with incomes below \$25,000 per year needed assistance with meeting daily needs (i.e. food, clothing, shelter, utility bills) (Seneca County Health Alliance [SCHA], 2009).

Approximately 70 percent of the residents in Seneca County have insurance through their employer, 19 percent are covered by government-based insurance (i.e. Medicare, Medicaid, VA, IHS), and 11 percent are uninsured (SCHA, 2009). Twenty-nine percent of adults with an income below \$25,000 are uninsured (SCHA, 2009). Residents reported being uninsured because they had lost their job or changed employers (47 percent), could not afford the insurance premiums (2 percent), ineligible (16 percent), employer does not/stopped offering coverage (12 percent), or became a part-time or temporary employee (7 percent) (SCHA, 2009).

According to the County Health Ranking Snapshot 2010, Seneca County ranked 70<sup>th</sup> out of 88 counties for clinical care health factors (i.e. percentage of uninsured adults, primary care provider rate, preventable hospital stays), and 40<sup>th</sup> out of 88 for mortality health outcomes measuring the number of years of potential life lost before age 75 (RWJF, 2010). Only 86 percent of the population reported a usual primary care provider with 52 percent of adults indicating that they have visited a doctor in the past year (SCHA, 2009). Approximately 51 percent of Seneca County adults sought health care services outside of the county. According to the Ohio Department of Job and Family Services (2009), 70.2 percent of hospital visits for residents occur outside of Seneca County. Approximately 16 percent of adults could not access the care they needed in the past year because of financial limitations, increasing to 34 percent for those with incomes less than \$25,000 a year and those under 30 years of age (SCHA, 2009). In terms of social connections, Seneca County adults indicated they would have a problem finding someone to loan them \$50.00 (12 percent), helping them if they were sick in bed (11 percent), to take them to a clinic or appointment (8 percent) and to talk to about their problems (7 percent) (SCHA, 2009).

### **Conclusions:**

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

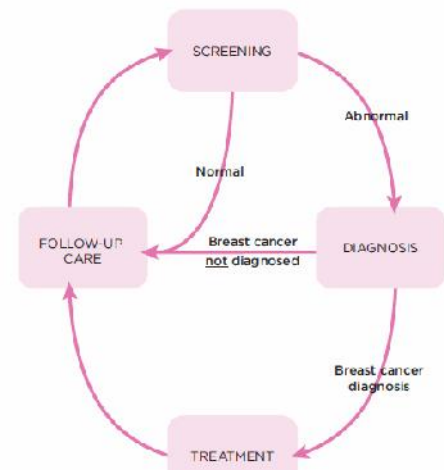
- **Hardin County Breast Cancer Impact Summary:**
  - Highest incidence rate (those at-risk) of all the counties in Northwest Ohio for women 45 years old and older.
  - Second highest prevalence rate (those diagnosed with breast cancer).
  - All nine zip codes in Hardin County have a higher breast cancer incidence rate than the State of Ohio and the United States.
  - Five out of the nine zip codes have mortality rates higher than the State of Ohio.
  - Eight out of nine zip codes have mortality rates higher than the United States.

- Lowest percentage of women age 40 and above receiving recommended mammograms.
  - Ranked 82<sup>nd</sup> out of 88 counties for clinical care health factors (i.e. percentage of uninsured adults, primary care provider rate, preventable hospital stays).
  - Ranked 73<sup>rd</sup> out of 88 for mortality health outcomes measuring the number of years of potential life lost before age 75.
- **Seneca County Breast Cancer Impact Summary:**
    - Higher than average breast cancer mortality rate.
    - Higher mortality rate for Black women than the State of Ohio.
    - Incident rate is higher than the State of Ohio.
    - All eight zip codes in Seneca County have a higher breast cancer incidence rate than the State of Ohio and the United States.
    - Five out of the eight zip codes have higher mortality rates than the State of Ohio.
    - All nine zip codes have mortality rates higher than the United States.
    - Prevalence rates higher than the State of Ohio.
    - Fourth lowest percentage of women age 40 and above receiving recommended mammograms.
    - Ranked 70<sup>th</sup> out of 88 counties for clinical care health factors (i.e. percentage of uninsured adults, primary care provider rate, preventable hospital stays).

## HEALTH SYSTEM ANALYSIS OF TARGET COMMUNITIES

### Overview of Continuum of Care:

Continuum of care is a theoretical model that refers to the range of services available within, and outside, the health care sector to address health and wellness needs. The model involves an integrated system of care that guides and tracks patients over time through a comprehensive array of health services spanning all levels of intensity of care (Evaswick). Theoretically, patients enter care at the lowest level capable of addressing their problem, and advance to higher levels only as their problems become more complex and demanding. In regards to breast health and breast cancer, the continuum of care would begin with preventive public health services (i.e. education and outreach), the second level being medical professionals and facilities that are able to provide screening, diagnostic, and treatment services followed by the third level of ongoing management of patients (i.e. follow-up after screening, diagnostic and treatment services) (see Figure 10).



**Figure 10. Continuum of care model**

### Methodology:

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, 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 databases. Services were mapped using Geographical Information Systems by the University of Toledo Geographical Information Sciences and Applied Geographics (GISAG). 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.

Qualitative data provides insight into a community's attitudes, beliefs, and behaviors. Additionally, qualitative data provides the community perspective as to what is working, what isn't working and the various barriers that lead to gaps in access and services. Limitations of key informant interviews include informant bias, interviewer bias, and concern about validity and reliability of findings. The Community Profile Team designed the qualitative data collection by having one interviewer perform the key informant interviews using a question, response, and state response back format for consistency. Key informants were chosen through identification of medical services and resources in the target counties. If requested, key informants were provided the questionnaire for review prior to the interview.

### **Overview of Community Assets:**

#### ***Medical Providers (M.D.s and D.O.s)***

Hardin County is designated as a Primary Medical Care Health Professional Shortage Area (HPSA) by the U.S. Department of Health and Human Services (2011). Furthermore, the county has three federally designated Medically Underserved Areas. There are only eight fulltime equivalent medical providers to provide healthcare to the 31,945 residents of Hardin County. Of those, only three accept Medicaid and were located outside of the largest population center in Hardin County. There is one hospital in the county with a total of 25 beds. There are 49 medical providers to provide healthcare to the 56,152 residents of Seneca County. Seneca County also has two public hospitals with a total of 162 beds.

#### ***Women's Health Clinics***

In Hardin County, women without a family physician and/or limited financial resources can receive a health examination and clinical breast exam at Hardin Memorial Hospital (Kenton, Ohio). Through collaboration with the local health department, beginning in 2011 family planning services, including clinical breast exams, will be provided by the Kenton-Hardin Health Department. Residents of Hardin County may also travel to a Federally Qualified Healthcare Center in Lima, Ohio (Allen County) for services at the Health Partners of Western Ohio- Dr. Gene Wright Community Health Center.

In Seneca, women without a family physician and/or limited financial resources can receive a health examination (which may include a clinical breast exam) at three locations:

- Fostoria Hospital Family Health Connection (Fostoria, Ohio)

- Mercy Family Care-McAuley Center (Tiffin, Ohio)
- Seneca County General Health District (Tiffin, Ohio)

Seneca County residents may also receive services at Community Health Services- The Center for Women's Health which is a Federally Qualified Healthcare Center located in Fremont, Ohio (Sandusky County). Community Health Services also provides services at a satellite facility located in Willard, Ohio (Huron County) that Seneca County residents may utilize.

### ***Breast and Cervical Cancer Project***

The Breast and Cervical Cancer Mortality Act was signed into Public Law (101-354) in 1990. As a result of the law, the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) was developed. The purpose of the program is to provide access to life-saving cancer screening services, follow-up care and treatment to low-income, uninsured women. Through the program, women who have breast and cervical cancer will be identified at earlier stages of disease, when treatment is less expensive and prognosis more favorable. Through collaboration within the health care system, medical providers and local health agencies ensure that the highest quality breast and cervical cancer services are available to women ages 40 through 64.

- In Michigan, the NBCCEDP operates under the name of the Breast and Cervical Cancer Control Program (BCCCP). The program began in 1991 through allocation of federal funding. Today, breast and cervical cancer services are available through local health departments and over 700 contracted BCCCP providers across the State of Michigan (Michigan Department of Community Health [MDCH], 2011).
- In 1994, the NBCCEDP began in Ohio under the name of the Breast and Cervical Cancer Project (BCCP) and operated by 11 Regional Enrollment Agencies. Since 1994, the BCCP program has been funded by federal funds and in 2007 started receiving funding from the State of Ohio General Revenue Funds to provide high quality breast and cervical cancer screening, diagnostic testing, and case management services at no cost to eligible women through a network of 630 medical, clinical and laboratory providers (Ohio Department of Health [ODH], 2008)

The Northwest Ohio Affiliate service area is located within five Regional Enrollment Agencies:

- *Lenawee County Health Department* services Monroe County, Michigan
- *Region 2 Breast and Cervical Cancer Early Detection Project, Premier Community Health* services the following counties in Ohio: Logan and Shelby.
- *Region 3 Women's Preventive Healthcare Project, Allen County Health Department* services the following counties in Ohio: Allen, Auglaize, Hancock, Hardin, Mercer, Putnam and Van Wert.
- *Region 4 A Woman First, Fulton County Health Department* services the following counties in Ohio: Defiance, Erie, Fulton, Henry, Lucas, Ottawa, Paulding, Sandusky, Wood and Williams.
- *Region 5 Breast and Cervical Health Screening Project, Mansfield Ontario Richland County Health Department* services the following counties in Ohio: Huron, Seneca, Wyandot and Crawford.

Hardin County is serviced by Region 3. As of January 2011, Hardin County had three offices with a total of eight medical professionals that are approved BCCP providers. There is one

hospital in Hardin County that is also an approved BCCP provider. The hospital provides mammography, breast ultrasound, and MRI services. Further services for diagnosing and treating breast cancer must be received outside of the county. According to the Ohio Department of Health (2008), a total of 70,117 residents have been serviced through BCCP from March 1994-April 2010; however, only 280 Hardin County residents (an average of 18 women per year) have utilized the program. An estimated 27.6 percent (4,530 women) of the female population in Hardin County is between the ages of 40 – 64 (Thomson Reuters ©2010). Of the women in the age group, it is estimated 20 percent (906 women) are uninsured on a yearly basis (Thomson Reuters ©2010). Therefore, it can be estimated that only two percent of those that may be eligible for BCCP in Hardin County have received services.

Seneca County is serviced by Region 5. As of January 2011, Seneca County had two offices with a total of three medical professionals (one OB/GYN, 2 CNPS) where women can have a women's health exam covered by BCCP (Region 5). The county has one surgeon that provides surgical procedures under BCCP. Furthermore, there are two approved BCCP hospitals that provide imaging services for women enrolled in the program. Of the 70,117 residents serviced by BCCP over the past 16 years, only 256 women (an average of 16 women per year) from Seneca County had received services. An estimated 32.9 percent (10,315) of the female population in Seneca County is between the ages of 40-64 (Thomson Reuters ©2010). Of the women in that age group, it is estimated that 13 percent (1,341 women) are uninsured on a yearly basis (Thomson Reuters ©2010). Therefore, it can be estimated that only 1 percent of those that may be eligible for BCCP in Seneca County have received services.

#### ***U.S. Federal Drug Administration (FDA) Certified Mammography Facilities***

The Mammography Quality Standards Act requires mammography facilities across the nation to meet uniform quality standards. FDA Certified Mammography Facility locations in Northwest Ohio and Southeast Michigan (see Figures 11 and 12) can be located on the FDA website at: <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfMQSA/mqsa.cfm>.

There is one certified mammography facility in Hardin County at Hardin Memorial Hospital located in Kenton, Ohio. The hospital's Women's Imaging Center can provide digital mammography, breast ultrasounds and breast MRIs.

There is one certified mammography facility located in Seneca County at Mercy Tiffin Hospital in Tiffin, Ohio. Mercy Tiffin Hospital can provide mammograms, breast ultrasounds and 4D Breast MRIs. There is also a facility in Fostoria, Ohio that is located on the border of three counties whose address is in Hancock County, but provides services to many residents in Seneca County. The Alma C. Kinn Mammography Center at Fostoria Hospital provides access to full-field digital mammography, breast ultrasounds, and open bore MRI/MRA.

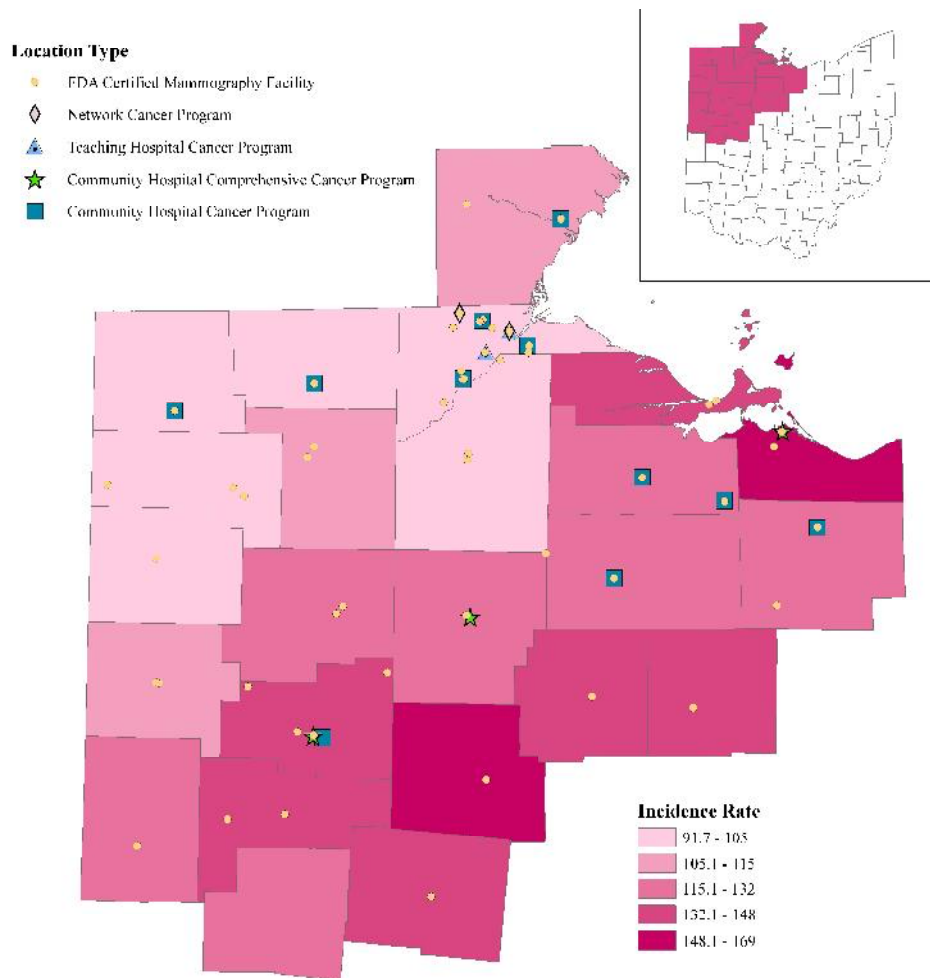
#### ***American College of Surgeons Commission on Cancer Accredited Programs***

The Komen Northwest Ohio Affiliate service area has eleven Community Hospital Cancer Programs, three Community Hospital Comprehensive Cancer Programs, two Network Cancer Programs, and two Teaching Hospital Cancer Programs that are accredited by the American College of Surgeons Commission (2011) on Cancer (See Figures 11 and 12). These hospitals are concerned with the continuum of cancer care from prevention and early detection, pretreatment

evaluation and staging to optimal treatment, rehabilitation, surveillance for recurrent disease, support services, end-of-life or lifelong follow-up care. Although not located within the Affiliate’s service area, there are two accredited Veterans Affairs Cancer Programs that are accessible to veteran residents of Northwest Ohio (Louis Stokes Cleveland VA Medical Center and Ann Arbor VA Medical Center) (American College of Surgeons, 2011). A current list of local American College of Surgeons Cancer Accredited Programs can be found at [http://datalinks.facs.org/cpm/CPMAApprovedHospitals\\_Search.htm](http://datalinks.facs.org/cpm/CPMAApprovedHospitals_Search.htm).

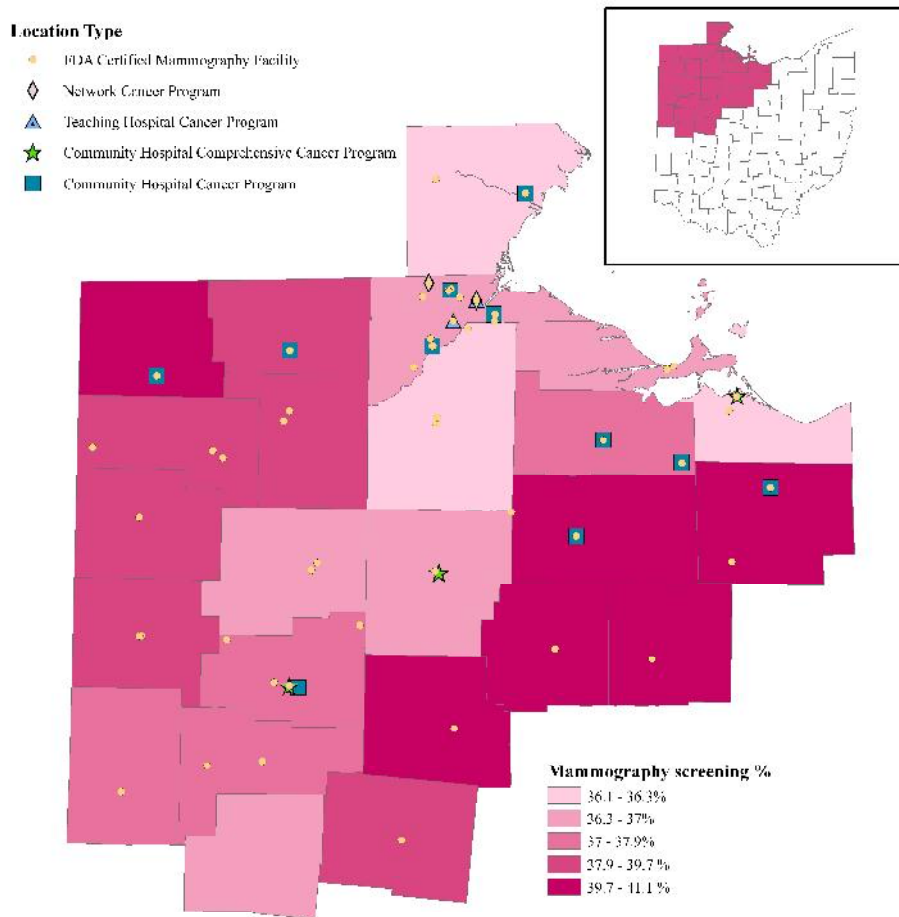
Hardin County does not have an accredited American College of Surgeons cancer program located within the county. Residents that are diagnosed with breast cancer regularly travel to the following ACS programs: Lima Memorial Health System (Allen County), St. Rita’s Medical Center (Allen County), or Blanchard Valley Health System (Hancock County). Travel time to any of the facilities may take up to one-hour each way.

Seneca County has one accredited American College of Surgeons cancer program located within the county: Mercy Hospital of Tiffin (Tiffin, Ohio). Other accredited programs in the bordering counties include Blanchard Valley Health System (Hancock County), Fisher-Titus Medical Center (Huron County), Memorial Hospital (Sandusky County) and The Bellevue Hospital (Sandusky County).



**Figure 11: Breast Cancer Incidence by County with Health Care Assets.**  
Thomson Reuters ©2010.





**Figure 12: Percentage of Women Not Receiving Recommended Mammograms by County with Health Care Assets.** Thomson Reuters ©2010.



**National Cancer Institute (NCI) Designated Centers**

National Cancer Institute (NCI)- Designated Cancer Centers are a source of discovery and development of effective approaches to cancer prevention, diagnosis, and treatment. Although located outside of the Northwest Ohio Affiliate’s service area, residents have access to four NCI-designated Comprehensive Cancer Programs (see Table 7) (NCI, 2011):

- Case Comprehensive Cancer Center, Case Western Reserve University (Cleveland, Ohio)
- The Ohio State University Comprehensive Cancer Center, James Cancer Hospital and Solove Research Institute (Columbus, Ohio)
- University of Michigan Comprehensive Cancer Center, University of Michigan Health System (Ann Arbor, Michigan)
- Barbara Ann Karmanos Cancer Institute (Detroit, Michigan)

For updated information visit: [http://cancercenters.cancer.gov/cancer\\_centers/index.html](http://cancercenters.cancer.gov/cancer_centers/index.html)

<b>Table 7. Distance to NCI Centers (one-way)</b>					
<b>To...</b>		<b>Cleveland, OH</b>	<b>Columbus, OH</b>	<b>Ann Arbor, MI</b>	<b>Detroit, MI</b>
<b>From...</b>	Kenton, OH (Hardin County)	147 miles	65 miles	122 miles	134 miles
	Tiffin, OH (Seneca County)	93 miles	90 miles	104 miles	106 miles

**Legislative Issues:**

***United States Congress***

The Ohio counties in the Northwest Ohio Affiliate area are serviced by Congressional House Districts 4, 5 and 9 and two Senators. During the 111<sup>th</sup> Congress (2009-2010), the Ohio District 9 House Representative and one of the Ohio Senators were co-sponsors of the Breast Cancer Patient Protection Act (H.R.1691/S.688). The Ohio District 9 representative was also a co-sponsor of the Mammogram and MRI Availability Act of 2009. In the 112<sup>th</sup> Congress (2011-2012), the Ohio District 9 House Representative is a co-sponsor of the Breast Cancer Patient Protection Act of 2011 (H.R. 111).

Monroe County, Michigan is covered by U.S. House of Representatives District 15 and two Michigan Senators. In the 111<sup>th</sup> Congress (2009-2010), District 15 was a co-sponsor of the Breast Cancer Patient Protection Act (H.R. 1691/S. 688). In the 112<sup>th</sup> Congress (2011-2012), the Michigan District 15 House Representative is a co-sponsor of the Breast Cancer Patient Protection Act of 2011 (H.R. 111).

To locate your local United States Congress representative visit:

- House of Representatives: [www.house.gov](http://www.house.gov).
- Senate: [www.senate.gov](http://www.senate.gov).

To locate and track federal bills visit Thomas-The Library of Congress at [www.thomas.loc.gov](http://www.thomas.loc.gov).

***State of Ohio and Michigan Congress***

The State of Ohio elected a new Republican Governor who began office on January 10, 2011. The Republican political party is the majority in the State of Ohio House of Representatives and Senate. The Northwest Ohio Affiliate is covered by 16 Ohio House Districts (12 Republican and 4 Democrat) and five Ohio Senate Districts (5 Republican) during the 129<sup>th</sup> General Assembly. In the 128<sup>th</sup> General Assembly, members passed a bill that recognized October 13, 2010 as Metastatic Breast Cancer Awareness Day. As of February 2011, Senate bill (SB 31) has been referred to the Committee on Insurance, Commerce and Labor to require certain insurers that provide coverage for cancer chemotherapy treatment to provide coverage for certain prescribed orally administered anticancer medication on a basis no less favorable than intravenously administered or injected cancer medications. Monroe County, Michigan is serviced by two House representatives and one Senator in the 96<sup>th</sup> Legislature Regular Session of the State of Michigan. To locate your local Ohio and Michigan Congressional representative and track legislation visit:

	<b>Ohio</b>	<b>Michigan</b>
<i>House of Representatives</i>	<a href="http://www.house.state.oh.us">www.house.state.oh.us</a>	<a href="http://www.house.michigan.gov">www.house.michigan.gov</a>
<i>Senate</i>	<a href="http://www.ohiosenate.gov">www.ohiosenate.gov</a>	<a href="http://www.senate.michigan.gov">www.senate.michigan.gov</a>

***Advocating for Women***

The biggest legislative issues for women in Michigan and Ohio are the budget deficits and significant cuts that states will be making to balance the budget for fiscal year 2012. Michigan is facing a \$1.4 billion deficit while Ohio is facing a deficit twice that amount at \$3 billion for fiscal year 2012. These cuts put at risk funding for the BCCP programs in both states. The role of the

Komen Northwest Ohio Affiliate is to call upon federal and state policymakers to protect access to recommended breast cancer screening for all women. To this end, the Northwest Ohio Affiliate will empower local residents to stand beside the Affiliate in educating elected officials to ensure screening and treatment and access to quality care for all women.

### **Key Informant Findings:**

#### ***Hardin County***

Key informant interviews were conducted with Hardin County social service agencies (i.e. health department, United Way) and medical professionals (i.e. clinics and hospitals) located in and outside of Hardin County. The perception from key informant interviews is that Hardin County is “very underserved in breast health and breast cancer” and needs culturally appropriate information on prevention, early detection opportunities and treatment access.

Hardin County has been impacted by the economic environment and there have been many individuals laid-off from their jobs who have lost their medical insurance. Available employment opportunities are usually part-time without health benefits. It is perceived that those impacted the most are those from small communities because of limited access to resources.

Those interviewed indicated that there is limited access to medical care in Hardin County, and that many residents have to leave the county for services. Many local physicians do not accept public insurance options and only one clinic in the county has a sliding fee scale for uninsured, low-income patients through a family planning clinic. If insured or a BCCP patient, a woman may access mammograms and ultrasounds at the hospital in Hardin County. If a woman is uninsured, the United Way of Hardin County provides funding for mammograms on a sliding fee scale at the local hospital. If undocumented, they are more likely to access healthcare at medical clinic in Lima, Ohio (Allen County); however, the patient will more than likely have to pay for a mammogram out of pocket. Regardless of insurance status, in order for a woman to access diagnostic services beyond an ultrasound, she must travel outside of Hardin County. If she is diagnosed with breast cancer and needs to access treatment, she must also travel outside of the county regardless of insurance status.

Barriers that were identified by the interviewees were transportation, high poverty levels and knowledge deficit about the importance of breast health. Hardin County has some support services for those in need of assistance. One of the biggest barriers to women receiving breast cancer screening, diagnostic and treatment services is transportation. There are a few social service organizations in Hardin County that can assist residents with transportation through a gas voucher or by providing transportation service (ages 55 and older only). Transportation is also a barrier for the Amish community that relies on horse and buggy. When having to travel outside of the community, they have to “hire” a ride to transport them to their appointment. For those diagnosed with breast cancer, there is one local organization that facilitates a support group. Additional support services identified that would benefit women in Hardin County would be more assistance for transportation, greater access to a mammography screening program, assistance with high co-pays for breast cancer services (i.e. diagnostics, treatment).

### ***Seneca County:***

Key informant interviews were conducted with Seneca County social service agencies (i.e. health department, United Way) and medical professionals (i.e. clinics and hospitals) located in and outside of Hardin County. The perception from key informant interviews is that women in Seneca County lack knowledge about breast health recommendations and awareness. Furthermore, women are not aware of the local services, though limited, which are available to those needing assistance.

Individuals participating in the interviews indicated that Seneca County has some pockets of poverty in the county, especially in the last couple of years as they have had an increase in factory closings. There has also been a shift in residents working one or multiple part-time jobs to try to make ends meet; although working 40 plus hours per week, they are still without health insurance because of their part-time status. It was also indicated that those that are not being screened are women who are single, with and without children (93 percent of African American women in the community that are heads of single mother households), and the elderly. According to the key informant interviews, they have noticed that screening rates are lower among Hispanics and African Americans.

According to several key informants- “If the woman does not have a problem, they tend to stay in the county. If they have a problem, they tend to go out of the county for treatment”. Interviewees indicated that breast health services are available in the community; however, women have to seek out the services. There was agreement that there is a lack of education and awareness about early detection and screening. If women are uninsured or, lower-income, they tend to seek care at the local emergency rooms for urgent care matters. There are two community clinics in Seneca County that an uninsured, low-income woman may receive an exam and a referral for a mammogram; however, key informants have stated that some of the clinic policies (i.e. outstanding bill, missed appointments) create an additional barrier to accessing care at these clinics. A woman on BCCP can access services at both hospitals in Seneca County. However, these hospitals have seen a decrease in the number of women receiving services through BCCP while seeing an increase in women ages 40-50 being diagnosed with breast cancer.

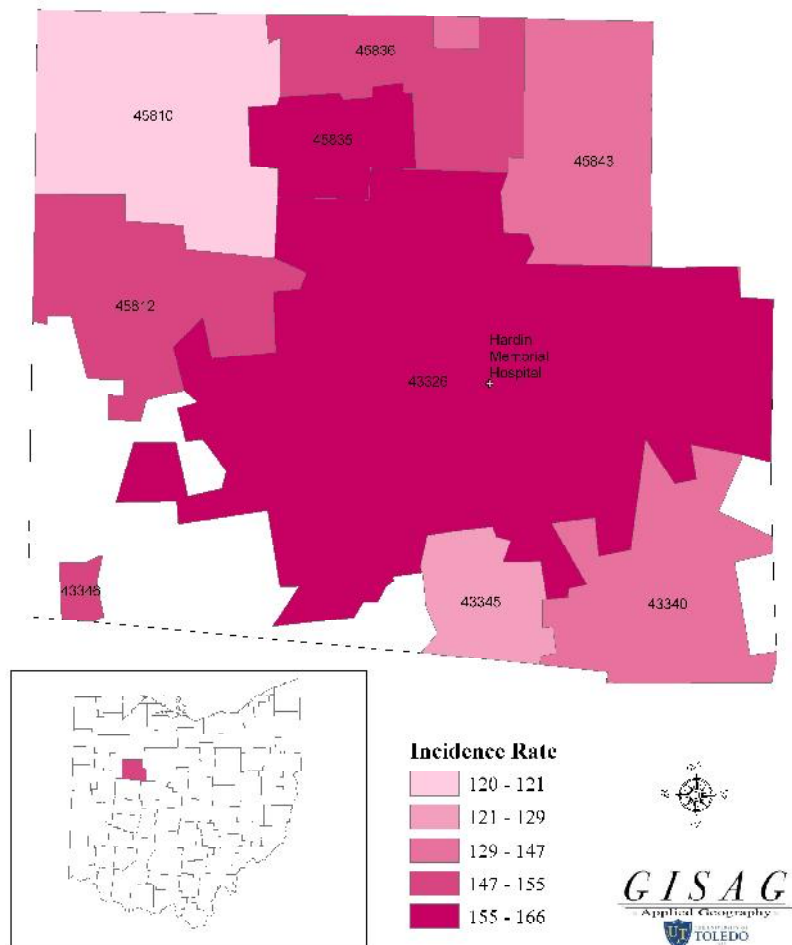
Interviewees indicated that there are limited educational and screening resources in Seneca County. A program used to be presented at the high schools that stressed breast health for young females; however, due to budget cuts this program is no longer active. There are support groups available for survivors and some assistance for medical bills, transportation, wigs, prosthetics, and food are available through community service organizations. Overall, the general consensus is that these services need to be improved to assist more women with breast cancer.

Several barriers were identified that may result in women not receiving recommended screenings: financial limitations, lack of health insurance, lack of knowledge about breast health and recommendations, and fear of what happens if diagnosed (i.e. cost). The financial limitations are important that with the recent increase in unemployment, many families are unable to meet their basic needs. The decision is being made between (1) having a place to live and food on the table or (2) getting a mammogram to screen for breast cancer that if diagnosed they can't afford the treatment. When women are forced to make these types of decisions, the hierarchy of needs (i.e. shelter, food, clothing) will be their priority, and preventive health

screenings (i.e. clinical breast exams and mammograms) will be secondary. Medical professionals have also been trying to measure if women do want to make the time to get screened (i.e. too busy) or do not have the time to get screened (i.e. work-release time not available). Programs or services that the key informants feel would improve women’s breast health in Seneca County include (1) education to increase personal knowledge, awareness about early detection and available resources, and (2) a mammogram assistance program to provide services for those that are uninsured and low-income. The interviewees also suggested that the Affiliate form partnerships with the hospital education departments, senior centers and the Seneca County Health Alliance.

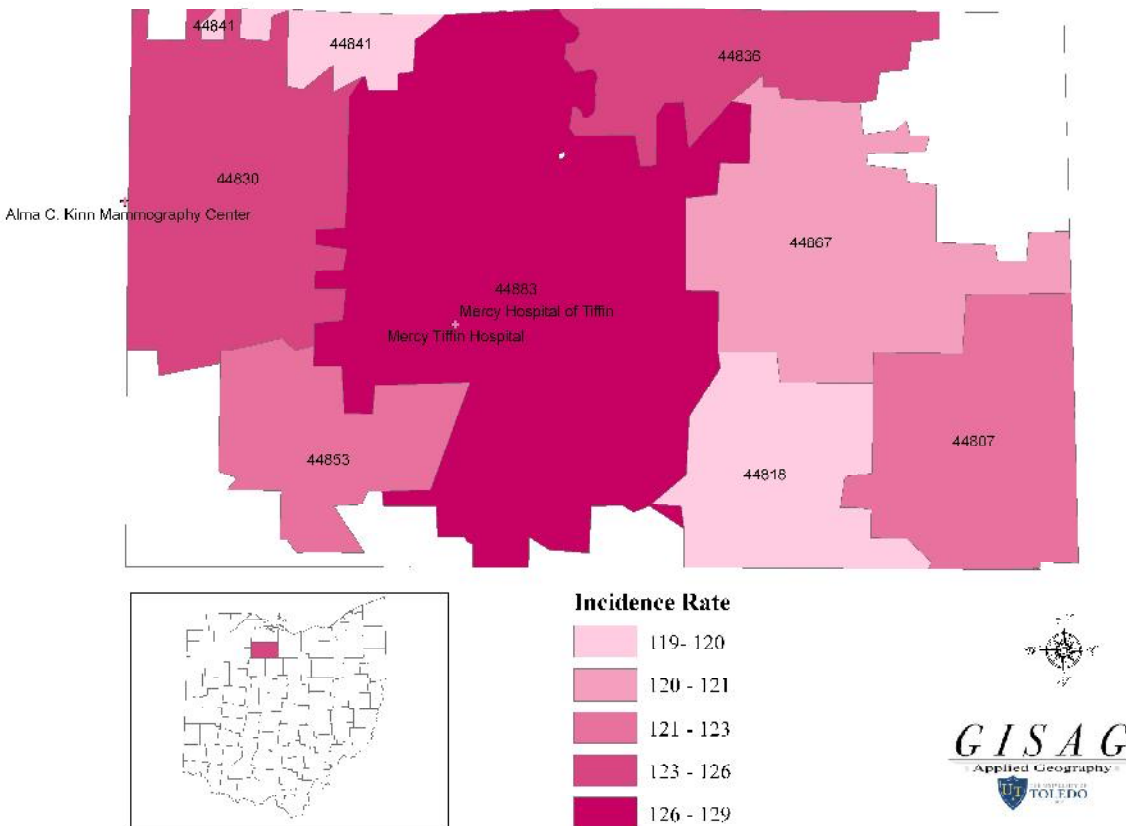
**Conclusions:**

Although the Affiliate service area is serviced by 54 FDA certified mammography facilities and 17 ACS accredited cancer programs and centers, there is not an equal distribution throughout the counties. Counties with the highest breast cancer incidence and highest percentage of women not receiving recommended mammograms tend to be located where there is limited access to mammography and cancer programs/centers (see Figures 11 and 12). Hardin County has one mammography facility and no accredited cancer programs or centers located within the county (see Figure 13). Individuals who are in need of diagnostic testing and cancer treatment must travel out of the county for services, which support the fact the over 90 percent of residents receive health care service outside of Hardin County. In Seneca County, there are two mammography facilities that residents have access to that are either in, or on the border, of the county (see Figure 14). There is also one accredited American College of Surgeons hospital cancer program where individuals may receive cancer treatment (Mercy Hospital of Tiffin) (see Figure 14). However, over half of Seneca County residents seek health care services outside of the county.



**Figure 13: Breast cancer incidence rate by zip code for Hardin County**

Thomson Reuters ©2010



**Figure 14: Breast cancer incidence rate by zip code for Seneca County**  
Thomson Reuters ©2010

Hardin and Seneca counties have struggled during the recent economic downturn with an increase in factory and business closings resulting 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, has only eight full-time equivalent medical providers, of which only three accept Medicaid. Low-income, uninsured residents of Seneca County have access to two public clinics for health care, but reduce 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 individual pointed out, women have to make a decision on (1) having shelter and food for the family, or (2) getting a mammogram; the end result that shelter and food are the first priority.

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

## **Methodology:**

A variety of qualitative and quantitative methods were incorporated into the Community Profile in an attempt to obtain breast cancer perspectives of women in the Affiliate service area. Qualitative data was collected via focus groups in Hardin and Seneca County. Recruitment for the focus groups included mailing letters to the residences of individuals registered in the Affiliate database from the county, via Facebook, e-blasts, flyers and newspaper advertisements. Selection criteria for participants included (1) women over the age of 40 without breast cancer and (2) breast cancer survivors. The Affiliate had insufficient participation from non-survivors over the age of 40; therefore, the data is excluded from the Community Profile. The data presented are from the focus groups with breast cancer survivors in Hardin and Seneca Counties. The moderator of the focus groups was the same for each county. Analysis of the focus group data occurred by transcribing the notes from the note takers that were present at the focus groups. The notes were then compared to the recordings of the focus group to ensure that the data was accurate. One limitation of qualitative data is that information is collected from a smaller number of cases; therefore, the results should not be generalized to the larger population and utilized only as information to further activities in the respective counties.

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. The survey had a response rate of 67 percent. The survey was a cross-sectional study on perceptions and beliefs and should not be used to hypothesize cause-effect relationships and may not be representative of survivors nationwide. Other limitations include potential for socially-desirable answers, response bias and recall bias. Community perspective was also solicited via a survey utilizing Survey Monkey; however, response rate was insufficient and the results are not included in the Community Profile.

## **Review of Quantitative and Qualitative Findings:**

### ***Northwest Ohio Service Area (Coman, 2011):***

The breast cancer survivor survey reached 133 respondents in the Affiliate's service area. Overall cancer history indicated that 49 percent were diagnosed at Stage I, 32 percent Stage II, 29 percent Stage III/IV. Of the breast cancer survivors participating in the survey, 13 percent reported having a recurrence of breast cancer. Furthermore, only 60 percent of the respondents felt they had been cured of cancer with 57 percent indicating that they are afraid to think about a recurrence. Nearly all survivors (96 percent) indicated that they were satisfied with the medical care and communication received from their physician. However, 22 percent were not satisfied with patient-physician communication about recurrence of breast cancer. Forty percent of the survivors believed their cancer was caused by genetics/family history and 37 percent thought it was caused by stress. Breast cancer survivors' intentions were stronger to seek secondary prevention behaviors than to engage in behaviors relating to primary prevention (91 percent did not use tobacco products, 78 percent limited alcohol intake, and 43 percent participated in moderate exercise/5 or more times a week). Survivors perceived that the way to prevent breast cancer was a positive attitude (75 percent), regular exercise (70 percent), stress reduction 65

percent), not smoke (56 percent) and low fat diet (55 percent). In terms of spirituality, 54 percent reported becoming more spiritual after being diagnosed with breast cancer.

### ***Hardin County:***

In Hardin County, the area that was mentioned the most was an increase need for breast health education, specifically on recommended screenings, symptoms, and how to access services. It was indicated the best way to reach people in Hardin County is by mailing information directly to their homes, or the local newspaper. The second most common area of need in Hardin County was focused on reducing the barriers to access, specifically transportation and financial/insurance issues. The third most common area was access to breast health services without having to travel outside of Hardin County.

### **“What do you think are the barriers that prevent women from getting breast health screenings?”**

- Lack of education about importance/recommendations.
- Fear that it will hurt.
- Denial that anything is wrong or ignoring the symptoms.
- Inadequate financial resources or insurance coverage.
- Lack of transportation.
- Lack of in-county screening facilities.
- Trust issues- In one participant’s words- “I was fired as a patient in the middle of treatment because my insurance changed”.

### **“What information, support, or resources are needed in Hardin County?”**

- Education on breast health, diet, and exercise.
- Classes for survivors (i.e. art, exercise).
- One-on-one support or a support group.
- Resources without having to ask for them (i.e. list of resources).
- Checklist that guides someone through screening, treatment, and follow-up.
- Assistance with meals during treatment.
- Transportation assistance- since all treatment is done outside of the county.
- Network of people to assist with surgical sites- especially if you are single and living alone.
- A place to go for medical supplies, wigs, and breast prosthetics that is in the county.

### ***Seneca County:***

In Seneca County, the area that was mentioned the most was an increase in community resources for women with breast health issues and breast cancer, especially financial resources and lifestyle supplies for survivors (i.e. survivor boutique with breast prosthetics, wigs, and lymphedema supplies). The second most frequently mentioned need is breast health and breast cancer education and awareness. The topics of need for survivors include how to deal with a diagnosis, how to recover financially from the disease (i.e. insurance, collections), intimacy with spouse, and support for friends and family (i.e. how to talk about the disease, what to say, and how to support). The survivors were very clear that their spouses had difficulty accepting the diagnosis and as they (the survivors) are going through their breast cancer crisis they were trying to keep

the family together. Newly-diagnosed survivors indicated they needed information on how to be an advocate for themselves and where to turn for help. For example, one survivor told her story about being an advocate for herself by researching the treatments and asking questions of the physician so that she was well informed about her choices. However, the physician office “fired” her in the middle of her chemotherapy because she had questioned the physician and wanted to talk to the physician treating her. She even received a letter in the mail from them indicating that they would no longer treat her. In summary she told them “you were supposed to treat me and keep me calm, instead you caused more stress”. For non-survivors, breast self awareness, and information on recommended screenings are needed and currently are essentially non-existent in the county.

**“What do you think are the barriers that prevent women from getting breast health screenings?”**

- Lack of knowledge.
- Fear of pain with the screening procedure.
- Programs are income-based – those in “middle class” are “falling through the cracks” and are not eligible for programs.
- Financial resources (i.e. unemployed).
- Insurance coverage issues.

**“What information, support, or resources are needed in Hardin County?”**

- Breast cancer survivor boutique that has items readily available with certified fitters.
- List of resources that are available for those with breast cancer.
- Assistance with medical bills and transportation for those that do not fit the low-income guidelines – “I feel like I am being punished. All these years I have been able to provide for myself and my family (middle class with insurance) and now I am struggling to get out of debt because of medical bills. Our whole life has had to change. My physician has sent me to collections and on some accounts I have to pay interest.”
- Information about self breast awareness, recommendations, intimacy, how to be an advocate

**Conclusions:**

Qualitative and quantitative 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-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 have been 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

### Review of Findings:

Breast cancer qualitative and quantitative data gathered through primary and secondary sources were reviewed, compared and contrasted, and prioritized. The Northwest Ohio Affiliate 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 resulted in a strategic plan by the Board of Directors. The four priorities 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.

### Conclusions:

The Community Profile team acknowledges that these two priorities are appropriate for Affiliate activities in all 24 counties. The Community Profile Team used further analysis of qualitative and quantitative data to focus on Hardin County and Seneca County. Data that influenced the selection of these counties include:

- **Hardin County Data Summary:**
  - Highest incidence rate (those at-risk) of all the counties in Northwest Ohio for women 45 years old and older.
  - Second highest prevalence rate (those diagnosed with breast cancer).
  - All nine zip codes in Hardin County have a higher breast cancer incidence rate than the State of Ohio and the United States.
  - Five out of the nine zip codes have mortality rates higher than the State of Ohio.
  - Eight out of nine zip codes have mortality rates higher than the United States.
  - Lowest percentage of women age 40 and above receiving recommended mammograms.
  - Ranked 82<sup>nd</sup> out of 88 counties for clinical care health factors (i.e. percentage of uninsured adults, primary care provider rate, preventable hospital stays).
  - Ranked 73<sup>rd</sup> out of 88 for mortality health outcomes measuring the number of years of potential life lost before age 75.

- One FDA certified mammography facility.
- Community perception of needs: education/awareness (i.e. breast health, recommendations), access to screening services, resources for assistance (i.e. transportation, medical supplies, wigs, prosthetics).
- Komen Grant Funding: funds one screening program in Allen County that services Hardin County, plus six other counties, results in limited availability to residents.
- **Seneca County Data Summary:**
  - Higher than average breast cancer mortality rate.
  - Higher mortality rate for Black women than the State of Ohio.
  - Incident rate is higher than the State of Ohio.
  - All eight zip codes in Seneca County have a higher breast cancer incidence rate than the State of Ohio and the United States.
  - Five out of the eight zip codes have higher mortality rates than the State of Ohio.
  - All nine zip codes have mortality rates higher than the United States.
  - Prevalence rates higher than the State of Ohio.
  - Fourth lowest percentage of women age 40 and above receiving recommended mammograms.
  - Ranked 70<sup>th</sup> out of 88 counties for clinical care health factors (i.e. percentage of uninsured adults, primary care provider rate, preventable hospital stays).
  - Two FDA mammography facilities and one ACS hospital cancer program.
  - Community perception of needs: education/awareness (i.e. breast self awareness, survivorship issues), resources for assistance (i.e. financial, transportation), and access to services (i.e. mammograms, survivor boutique that has items needed during and after treatment).
  - Komen Grant Funding: no currently funded program providing services for the county.

**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.

## References

- American College of Surgeons Commission on Cancer. (2011). Cancer Program Accreditation. Retrieved on February 5, 2011, from <http://www.facs.org/cancerprogram/index.html>.
- Anand, G. (2008) "Opting out : Old Order Mennonites and Amish Who Shun Insurance Face Rising Bills. *Wall Street Journal*. Retrieved February 17, 2011, from <http://online.wsj.com/article/SB121460367338511945.html>.
- Center for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. (2008). Behavioral Risk Factor Surveillance System. Retrieved on February 17, 2011, from <http://apps.nccd.cdc.gov/BRFSS/>.
- City-Data.com. (2010). Hardin County, OH. Retrieved on February 11, 2011, from [http://www.city-data.com/county/Hardin\\_County-OH.html](http://www.city-data.com/county/Hardin_County-OH.html).
- City-Data.com. (2010). Seneca County, OH. Retrieved on February 11, 2011, from [http://www.city-data.com/county/Seneca\\_County-OH.html](http://www.city-data.com/county/Seneca_County-OH.html).
- Coman, Mina. (2011). Breast Cancer Survivors' Perception, Beliefs, Practices, and Fear of Recurrence: An Individualized Report for the Northwest Ohio Affiliate of Susan G. Komen for the Cure [Internal document].
- Evashwick, C. (1989). Creating the continuum of care. *Health Matrix*, 7(1):30-39.
- Hostetler, J.A. (1993). Amish Society. Baltimore: John Hopkins University Press.
- Michigan Department of Community Health. (2011). Breast and Cervical Cancer Control Program. Retrieved from [http://www.michigan.gov/mdch/0,1607,7-132-2940\\_2955-13487--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2940_2955-13487--,00.html).
- Ohio Department of Development, Office of Policy, Research and Strategic Planning. (2010). Ohio County Profiles. Retrieved January 13, 2011, from <http://www.development.ohio.gov/research>.
- Ohio Department of Health, Breast and Cervical Cancer Project. (2008). Ohio Breast and Cervical Cancer Project: March 1994-April 2008. Retrieved January 24, 2011, from [http://www.odh.ohio.gov/odhPrograms/hpr/bc\\_canc/bcanc1.aspx](http://www.odh.ohio.gov/odhPrograms/hpr/bc_canc/bcanc1.aspx).
- Ohio Department of Job and Family Services. (2009). 2009 Hardin County Profile. Retrieved February 10, 2011, from <http://jfs.ohio.gov/county/cntypro/Hardin.pdf>.
- Ohio Department of Job and Family Services. (2009). 2009 Seneca County Profile. Retrieved February 10, 2011, from <http://jfs.ohio.gov/county/cntypro/Seneca.pdf>.
- Ohio Department of Job and Family Services and the Health Policy Institute of Ohio. (2010). 2010 Medicaid Atlas. Retrieved February 10, 2011, from [http://a5e8c023c8899218225edfa4b02e4d9734e01a28.gripelements.com/pdf/publications/2010\\_medicaid\\_atlas.pdf](http://a5e8c023c8899218225edfa4b02e4d9734e01a28.gripelements.com/pdf/publications/2010_medicaid_atlas.pdf).
- Robert Wood Johnson Foundation and the University of Wisconsin. (2010). County Health Rankings: Mobilizing Action Toward Community Health. Retrieved on February 11, 2011, from [www.countyhealthrankings.org](http://www.countyhealthrankings.org).
- Seneca County Health Alliance. (2009). Seneca County Health Assessment. Retrieved on January 13, 2011, from <http://www.senecahealthdept.org/Pages/default.aspx>.
- Susan G. Komen for the Cure. (2011). Advocacy State Budget Risk Assessment- January 2011. Retrieved on February 11, 2011, from Affiliate Corner [Internal Use Only].
- Susan G. Komen for the Cure. (2010). Facts for Life Racial & Ethnic Differences. Retrieved on February 9, 2011, from [www.komen.org](http://www.komen.org).
- Thomson Reuters. (2010). Northwest Ohio Demographic Analysis and Community Profile Analysis Data Pack [Internal Use Only].
- U.S. Census Bureau. (2009). Hardin County, Ohio Population and Housing Narrative Profile 2005-2009. Retrieved February 5, 2011, from <http://factfinder.census.gov>.
- U.S. Census Bureau. (2009). Seneca County, Ohio Population and Housing Narrative Profile 2005-2009. Retrieved February 5, 2011, from <http://factfinder.census.gov>.
- U.S. Department of Health and Human Services, Health Resources and Services Administration, (2011). HRSA Data Warehouse. Retrieved on February 10, 2011, from [www.hrsa.gov](http://www.hrsa.gov).
- U.S. Food and Drug Administration. (2011). Mammography Facilities. Retrieved February 5, 2011, from <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfMQSA/mqsa.cfm>.
- U.S. Institutes of Health, National Cancer Institute. (2010). Cancer Staging Fact Sheet. Retrieved on February 5, 2011, from <http://www.cancer.gov/cancertopics/factsheet/detection/staging>.
- U.S. Institutes of Health, National Cancer Institute. (2010). NCI-Designated Cancer Centers. Retrieved on February 5, 2011, from [https://cissecure.nci.nih.gov/factsheet/FactSheetSearch1\\_2.aspx](https://cissecure.nci.nih.gov/factsheet/FactSheetSearch1_2.aspx).