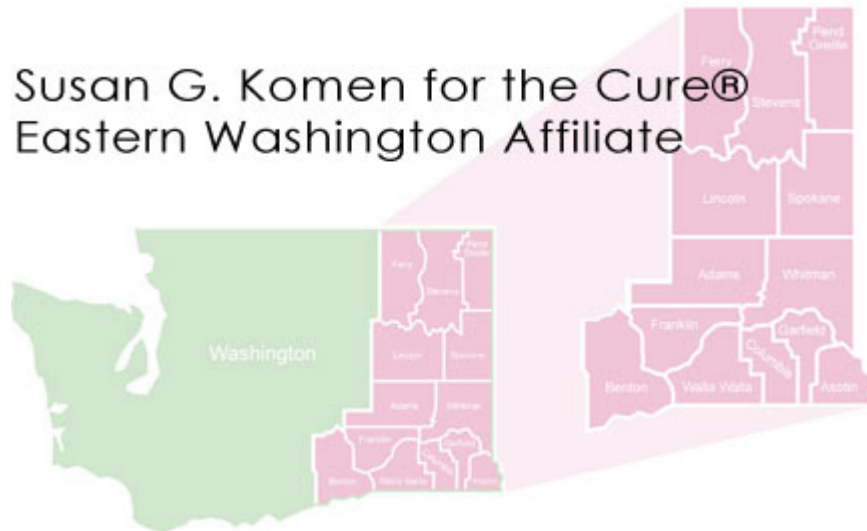




COMMUNITY PROFILE REPORT

Susan G. Komen for the Cure®
Eastern Washington Affiliate



2009

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Eastern Washington Affiliate Community Profile - 2009

Executive Summary

Introduction

The Eastern Washington Affiliate of Susan G. Komen for the Cure® was incorporated on January 1, 2003. Originally, the boundaries of the Affiliate Service Area (SA) were selected to correspond with the nine county service area of the regional Eastern Washington Breast and Cervical Health Program (EWBCHP). These counties included Adams, Asotin, Ferry, Garfield, Lincoln, Pend Oreille, Spokane, Stevens and Whitman. An Affiliate Expansion application was approved by Komen Headquarters in 2006 adding four south eastern counties – Benton, Columbia, Franklin and Walla Walla Counties – and increasing the Service Area to thirteen counties.

2006 marked another hallmark for the Affiliate - the 1st Annual Eastern Washington Susan G. Komen Race for the Cure® was held in downtown Spokane and quickly became the major fundraising event for the Affiliate. The Affiliate's grant program started in 2004 and approximately 25 agencies/programs within the 13 county SA have received funding. Affiliate granting will top the \$1,000,000 mark in 2009.

Overview of Demographic and Breast Cancer Statistics

A variety of data sources were used to prepare the 2009 Eastern Washington Affiliate Community Profile (CP). The quantitative data were analyzed by the Community Profile Team's Consultant, an Epidemiologist in the Disease Prevention and Response Department of the Spokane Regional Health District. The CP Team examined the data several ways to identify target areas for further study. Historical trends were considered including national data regarding specific, medically underserved groups such as African American, Hispanic and Native American women as well as older, rural and inner city women in transition. Low income, uninsured/underinsured status was also considered as it potentially cuts across all of these special populations.

Demographics

Washington State has a population of 6,488,000; the population of the 13 counties of the Eastern Washington Affiliate Service Area totals 901,300. The combined counties account for approximately 14% of the state's population. Females in the Affiliate

Service Area (SA) comprise 50% of the population which is similar to that of Washington State. Much of the SA is rural with numerous small towns. Spokane is the metropolitan hub of the Eastern Washington region with additional cities located in Franklin/ Benton and Walla Walla Counties.

Whites/Non Hispanics are the predominate race in Washington State and Eastern Washington. However, one must look at each county individually to assess and understand the impact of the various ethnic group demographics. African Americans in Eastern Washington are primarily located in Spokane County. The percentage of Hispanics in Franklin and Adams Counties is well above the state average. The Native American population, also well above the state average, is concentrated in the Affiliate's northern counties. The Colville Indian Reservation is located in Ferry County and extends into Okanogan County which is not in the Affiliate Service Area. The percentage of women over 65 years of age is greater than the state average in eight of the thirteen SA counties.

Key Findings

Washington State has the 3rd highest incidence rate of invasive breast cancer in the nation. However, the state ranked 35th in the nation according to national 2007 Breast Cancer Mortality Rate data. The breast cancer incidence and mortality rates for the Eastern Washington Affiliate SA are similar to the state rates. However, Spokane County has a significantly higher breast cancer rate than the rest of the Eastern Washington SA.

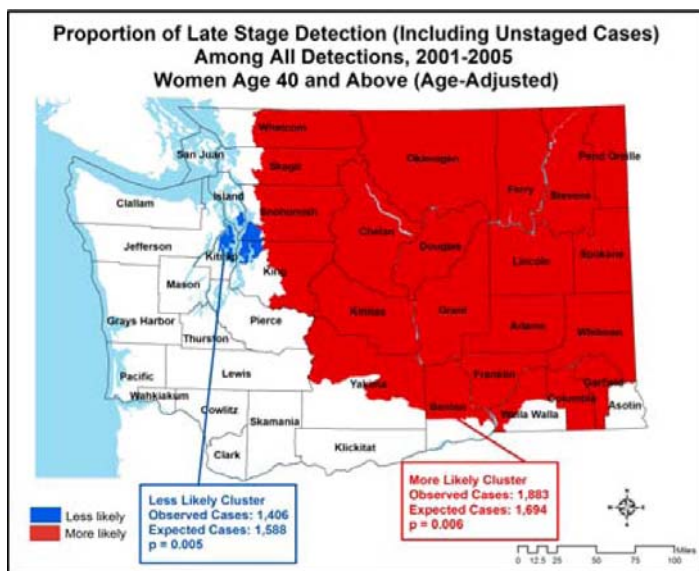
A 2008 study, *Cancer Screening in Washington State: Does Location Matter?*, conducted by the Community Health Systems, Cancer Registry and Center for Health Statistics of the Washington State Department of Health (DOH) found that screening activities for breast cancer were lower than the state average in many of the Eastern Washington counties. The study also showed that screening for breast cancer is least prevalent among residents of rural areas and recommended that screening interventions in rural areas should target low-income residents, since their access to health care services is the most limited. As reported earlier, many of the Eastern Washington Affiliate's SA counties are primarily rural.

The percent of women age 50 or older who reported receiving a mammogram within the past two years (BRFSS, 2006) was significantly lower than the state and Eastern Washington rates in Asotin, Columbia, Ferry and Stevens Counties. Two of these counties, Ferry and Columbia, are totally dependent on mobile mammography for screening services.

The *Does Location Matter?* Study also reported Washington State Cancer Registry data showing that female breast cancer is likely to be detected at a more advanced stage in

Eastern Washington than the rest of the state. This important finding was considered carefully by the CP Team during the priority setting process.

Figure 1. Late Stage Detection.



The red cluster shows higher likelihood of late stage detection among all cases in that area, while the blue cluster shows lower likelihood.

Source: Washington State Dept. of Health, "Cancer Screening in Washington State; Does Location Matter?", 2008

Priority Counties

Based on county demographic and statistical review, the CP Team prioritized Ferry, Franklin/Benton and Spokane Counties for further assessment. In addition to state data, well documented national data regarding breast cancer outcomes for the specific ethnic/medically underserved groups living in these counties served as rationale for the prioritization decisions.

Overview of Program and Services Key Findings

The Eastern Washington Affiliate’s inventory of its Service Area (SA) breast cancer programs and services was completed using a variety of methods. A telephone survey to providers and internet searches were used to update the SA resource guide material. Input was also solicited from the Grants and Public Policy Committees to identify partnerships, grant opportunities, promising practices and public policy perspectives. Assets within the SA were also noted (e.g.- universities and colleges in the area, other opportunities for partnerships and the availability of TeleHealth Services, a telecommunication system linking several of the SA healthcare facilities).

Breast cancer resources vary from county to county with the greatest concentration of services found in the metropolitan areas of Spokane and Walla Walla County and the Tri-Cities in Franklin/Benton County. Some disparity of resources exists in the more

rural counties. Mammography services are available in all 13 counties but only one third of the providers offer screening outside of regular business hours. Three of the most rural counties, Columbia, Garfield and Ferry Counties, are totally dependent upon mobile mammography services. Severe winter weather eliminates services to Ferry County November through March. The large distances between facilities and services in the Affiliate's rural areas pose access problems. Limited transportation resources also affect access to services.

Overview of Exploratory Data Key Findings

A revised version of the Susan G. Komen for the Cure® *Key Informant Questionnaire* was used to gather part of the exploratory data for the Community Profile. The survey solicited information and perceptions regarding health issues, sources of breast health information, barriers to screening and treatment, method of payment for services, gaps in treatment and suggestions/recommendations for improvement and future action. Revisions were made to the tool to capture additional demographic information (county, zip code, etc.) that would permit increased sorting and manipulation of the data. The respondents were selected using a convenience sampling method and represented a variety of groups and individuals such as Affiliate grantees, community partners, county and Tribal health networks, breast cancer survivors and an inner city, women in transition group.

The Key Informant Survey was self administered using either the on-line *Survey Monkey* tool or a paper version of the questionnaire. 276 responses were received including representation from all thirteen counties in the Affiliate SA as well as all ethnic and age groups and the uninsured/underinsured. Questionnaire responses were tallied together and also sorted county by county. There was consistency among the themes that emerged although a few important differences were noted between the rural and metropolitan areas of the targeted counties. The area mentioned most frequently across all counties was a need for increased breast cancer education/awareness. The second most common theme was a need for increased access to screening services for low income/uninsured, minority and rural women. The third area of need, related to the access issue, focused on reducing various barriers to breast health care such as financial/insurance issues, fears, lack of transportation, childcare and culturally sensitive care for minority women.

African American women in Spokane reported in their focus group that they desired breast health information that was "relevant, informative and combined with food and fun". Native American and Hispanic women also requested culturally appropriate care and education. Twenty two of twenty eight women in transition at a Spokane drop in center reported lack of financial resources or insurance as the greatest barrier to getting routine breast health care followed by lack of transportation and fear. Half of the

survey respondents listed providing transportation, more mobile mammography and preventative healthcare as possible solutions.

An open ended question, “What are your recommendations for developing a program for breast cancer prevention or breast health in your community?” received 166 responses. The majority of these qualitative data focused on education activities and access issues. More complete survey results and a sampling of responses from the targeted counties can be found in the Exploratory Data section of the Community Profile Report.

The qualitative data reinforced the quantitative and programs and services data previously reported.

Narrative of Affiliate Priorities

Data findings from all portions of the Community Profile process were used to identify the following three priority needs and targeted, priority populations:

1. **Education/Awareness** – There is a need for increased breast health awareness and education, including prevention and screening information, for women of all age groups and ethnicities with a focus on Native American, Hispanic and African American women.
2. **Access** – There is a need for increased access to screening services for uninsured and underinsured, minority and rural women with a focus on Native American, Hispanic and African American women.
3. **Barriers to care** – There is a need to reduce barriers to breast health services related to financial/insurance issues, fears, lack of transportation, childcare and culturally sensitive care with a focus on Native American, Hispanic and African American women.

Taking the Affiliate’s overall resources into account, an Affiliate Action Plan for Ferry, Franklin/Benton and Spokane Counties was developed for the three priority needs and targeted populations. The Action Plan goals and objectives were formulated with consideration given to community partnerships, existing grant solutions, needed grant opportunities, marketing/fund raising, Public Policy efforts and education/outreach.

2009-2011 Eastern Washington Affiliate Community Profile Action Plan

Priority #1 – Education/Awareness:

Goal 1.1- Increase breast cancer prevention and screening information to African American women in Spokane County.

- **Objective 1:** Partner with EWBCHP/SRHD and Spokane Chapter of Links, Inc. by September 2009 to provide targeted breast health education to African American women. (Education Committee)
- **Objective 2:** Partner with three (3) African American churches and faith based organizations such as “My Sisters’ Temple” by October 2009 to bring culturally appropriate prevention and screening information to Spokane County African American women. (Education Committee)

Goal 1.2 - Increase prevention and screening breast health information to Native American and Latino women in Ferry and Franklin/Benton Counties.

- **Objective 1:** Partner with the Colville Tribal Health clinic in Ferry County by October 2009 to set up a Breast Health Awareness campaign. (Education Committee)
- **Objective 2:** Participate with Franklin/Benton County grantees in the *Latino Business, Consumer and Career Expo* in the Tri-Cities area by June 2009. (Education Committee)
- **Objective 3:** Partner with EWBCHP “Ask Me” campaign by October 2009 to promote screening of Latino women in Franklin/Benton Counties. (Education Committee)
- **Objective 4:** Establish a partnership with a local bilingual newspaper and/or radio station in the Tri-Cities area by October 2009 to provide culturally appropriate breast health information to Franklin/Benton County Latino women. (Communications Committee)

Goal 1.3 – Revise *Grants Funding Guidelines* by September 2009 to clearly delineate a focus on using grants funds for education and awareness, including an emphasis on rural, minority, low literacy and English as second language populations. (Grants Committee)

Goal 1.4 – Develop guidelines/suggested ‘best practices’ for tracking, documenting and evaluating education and awareness efforts for grantees by September 2009. (Grants & Education Committees)

Priority #2 – Access:

Goal 1.1 – Increase funding for breast cancer prevention and screening services:

- **Objective 1:** Hold grant writing workshop in target areas via TeleHealth prior to RFP date to inform potential grantees re: new Affiliate priorities. (Grants Committee)
- **Objective 2:** Increase Affiliate funding to WBCHP by April 2010. (Grants Committee/BOD)
- **Objective 3:** Partner with Komen Puget Sound to advocate for increased state and federal funding for WBCHP by May 2009. (Public Policy Committee)
- **Objective 4:** Promote a relationship with U.S. Congressman ‘Doc’ Hastings (WA 4th C.D.) by visiting with him in Washington D.C. during Komen Lobby Day and in his District Office or at a grantee site visit in the Tri-Cities by September 2009. (Public Policy Committee)

- **Objective 5:** Expand previously established relationship with U.S. Congresswoman Cathy McMorris Rodgers (WA 5th C.D.) during Komen Lobby Day and August Recess visits to include her Health Care Aides in D.C. and District offices. (Public Policy Committee)
- **Objective 6:** Hold pilot, Komen approved “Sister”, *Susan G .Komen Race for the Cure*® in Franklin/Benton County in April 2010. (Race, Volunteer, Fundraising, Communications Committees & BOD)

Goal 1.2 – Increase access to screening services for Native American women in Ferry County:

- **Objective 1:** Collaborate with WBCHP and Providence Sacred Heart Mobile Mammography Services by April 2010 to increase mobile van visits to Ferry County. (Grants Committee)
- **Objective 2:** Make a BOD decision by September 2009 regarding expanding the Affiliate to add Okanogan County as part of the Colville Indian Reservation extends into adjoining Okanogan County. (Affiliate BOD)

Priority #3 – Barriers to Care:

Goal 1.1 – Reduce barriers to breast health care for the targeted areas and populations:

- **Objective 1:** Arrange to have the Mobile Mammography Van at the 4th Annual E.W. Komen *Race for the Cure*® on April 19, 2009. (Race Committee)
- **Objective 2:** Provide increased Affiliate funding to WBCHP by April 2010. (Grants Comm./BOD)

The BOD approved the **2009 Eastern Washington Affiliate Community Profile** at the March 5, 2009 board meeting. The C.P. Executive Summary and board approval are recorded in the meeting minutes.

Introduction

Affiliate History

The Eastern Washington Affiliate of Susan G. Komen for the Cure® was approved by the national Komen Board of Directors on September 20, 2002 following several years of organizing activity. The new Eastern Washington Affiliate, incorporated on January 1, 2003, was one of only two applications approved that year by Komen Headquarters. A moratorium on new Affiliates had been in place for several years. Originally, the Eastern Washington Affiliate boundaries were selected to correspond with the nine county service area of the regional Washington Breast and Cervical Health Program (WBCHP). These counties included Adams, Asotin, Ferry, Garfield, Lincoln, Pend Oreille, Spokane, Stevens and Whitman. An Affiliate Expansion application was approved by Komen Headquarters in August 2006 adding four south eastern counties and increasing the Service Area (SA) to thirteen counties. The additional counties are Benton, Columbia, Franklin and Walla Walla.

2006 marked another hallmark for the Affiliate – the 1st Annual Eastern Washington Susan G. Komen Race for the Cure® was held in downtown Spokane. This signature Komen event quickly became the major fundraising event for the Affiliate. 5004 participants, including 424 survivors, participated in the 2008 Race; 6000 participants are projected for 2009. A part time Procurement Chair was hired in 2007 to assist the Race Committee with sponsor procurement.

The Affiliate’s grant program started in 2004 and data are available through the 2008 Grant Cycle (see table below). Approximately 25 agencies in our 13 county Service Area have received funding. Prior to the Race, an overall total of \$82,396 had been granted by the Affiliate during 2004-2006. Following implementation of the Eastern Washington Komen Race for the Cure®, grant funds increased to \$314,110 in 2007 and \$358,278 in 2008. Affiliate granting will top the \$1,000,000 mark in 2009 ☺

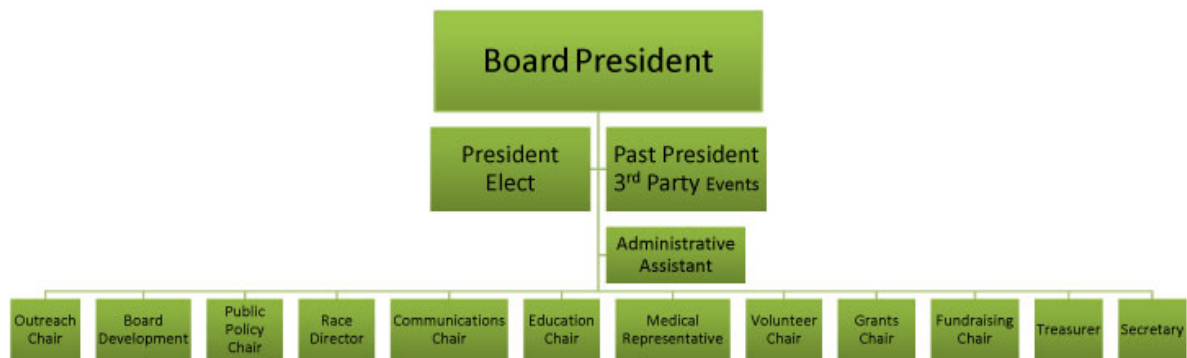
Figure 2. Eastern Washington Affiliate Grant History, 2004-2008

Year	Number of Grants Funded	Funding Level
2004	6	\$39,711
2005	5	\$24,998
2006	8	\$82,396
2007	16	\$314,110
2008	17	\$358,278
Total	52	\$819,493

Organizational Structure

The Eastern Washington Affiliate is led by a volunteer board of directors. There are currently fifteen positions designated on the board but the Affiliate has been dealing with several vacancies during the past two years. It is a “working board” with most positions having a specific area of responsibility. The time commitment for these positions has impacted the ability to recruit new board members. The Affiliate was without a Fund Raising Chair for almost a year and now has other vacancies impacting the work of the Affiliate such as an Outreach Chair and a retiring Treasurer and Education Chair. The board has recognized the need for staff to help with the work of the Affiliate. A full time Administrator who will attend Komen Training in March 2009 was recently hired. Her assistance should make a significant difference in the work load of and ability to recruit additional board members. This staff assistance and the planned procurement of permanent office space for the Affiliate will contribute to the continued overall effectiveness of the organization.

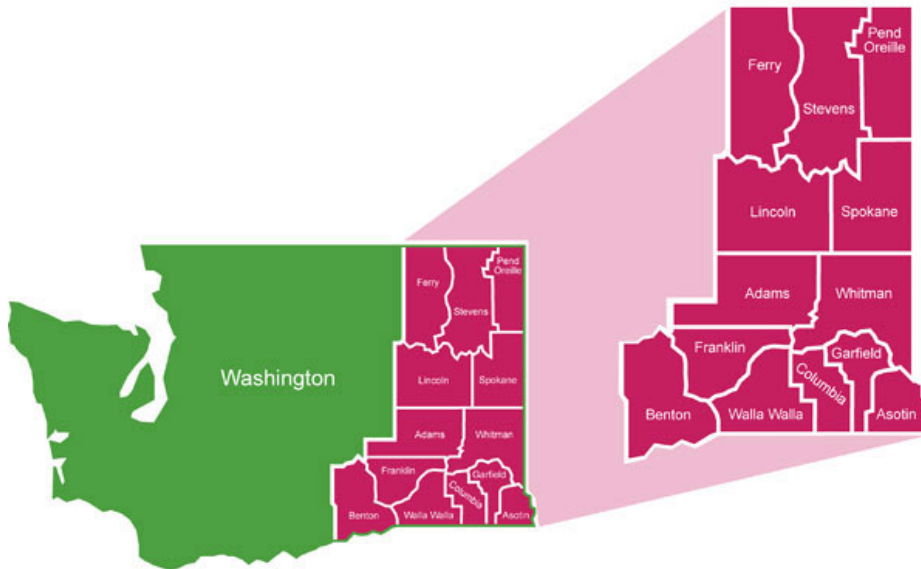
Figure 3. Affiliate Board Organizational Chart



Description of Service Area

Washington State is located in the northwest corner of the contiguous United States. The Komen Eastern Washington Affiliate Service Area (SA) includes a total area of 20,055 square miles and covers approximately the eastern one third of the state. The Service Area boundaries to the north and south are Canada and Oregon, respectively, with Idaho serving as the eastern border of the Affiliate.

Figure 4. The 13 Counties of the Affiliate Service Area



The total population of the Eastern Washington Affiliate Service Area (SA) is 901,300 with almost one half of that total located in Spokane County (451,200). In contrast to the predominately urban Spokane County, the surrounding counties are primarily rural. Northern areas of the region are geographically mountainous and seasonably treacherous for travel. The south and southeastern areas of the SA are smaller, spread out farming communities. Spokane is the largest city in the SA followed by the Tri-Cities, (Richland, Pasco and Kennewick), in the Franklin/ Benton County area and the city of Walla Walla in Walla Walla County. These cities all have excellent breast cancer facilities and services available. The population of the counties is primarily concentrated in the urban areas. While there are several populations within the urban areas that have unmet needs, the many rural areas of the SA have additional barriers to breast health care such as the need to travel to receive care

Purpose of the Report

The overall purpose of the Komen Community Profile process is to assure that the mission and non-mission work of the Affiliate is targeted and non-duplicative. A quality Community Profile helps the Affiliate to understand the state of breast cancer in their Service Area. The Community Profile assists Affiliates to establish focused granting priorities, establish focused education needs and activities, drive public policy efforts, strengthen partnerships and sponsorships and establish direction for marketing and outreach.

The Eastern Washington Affiliate is aware of the purpose and importance of the Community Profile. The Board of Directors (BOD) also knows its resources and limitations and the importance of these factors in setting realistic priorities and an action plan based on this report.

Demographic and Breast Cancer Statistics

Data Source and Methodology Overview

A variety of data sources were used to prepare the Community Profile (C.P.). In addition to the Thomson Reuter data pack provided by Komen Headquarters, additional quantitative data were obtained from the Washington State Cancer Registry, the Washington State Department of Health, the National Cancer Institute’s Cancer Information Service – Northwest Region Summary of 2008 Gaps Analysis for Eastern Washington and the American Cancer Society’s *Cancer Facts and Figures, 2008*. The data were analyzed by the C.P. Team’s Consultant, an Epidemiologist in the Disease Prevention and Response Department of the Spokane Regional Health District.

Overview of Key Demographic and Breast Cancer Statistics at State and County level

Figure 5. Ethnicity Statistics

Location	Total Population		Female Population		White NH		Black NH		AIAN NH		API NH		Hispanic	
	Count		Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Washington State	6,488,000		3,253,804	50%	2,615,238	40%	109,722	2.00%	49,512	0.80%	228,271	3.50%	251,061	4.00%
Eastern Washington	901,300		452,802	50%	383,880	43%	5,641	0.60%	6,677	0.70%	10,932	1.20%	45,671	5.10%
Adams	17,600		8,601	49%	4,231	24%	12	0%	17	0.10%	46	0.30%	4,295	24%
Asotin	21,300		11,145	52%	10,709	50%	31	0.10%	126	0.60%	68	0.30%	210	1.00%
Benton	162,900		81,773	50%	66,962	41%	793	0.50%	618	0.40%	2,099	1.30%	11,302	7.00%
Columbia	4,100		2,097	51%	1,862	45%	3	0%	20	0.50%	13	0.30%	199	5.00%
Ferry	7,550		3,624	48%	2,823	37%	13	0.20%	675	9.00%	24	0.30%	90	1.20%
Franklin	67,400		32,181	48%	14,108	21%	504	0.70%	109	0.20%	501	0.70%	16,958	25%
Garfield	2,350		1,183	50%	1,146	49%	0	0%	3	0.10%	8	0.30%	25	1.10%
Lincoln	10,300		5,185	50%	4,933	48%	20	0.20%	104	1.00%	24	0.20%	104	1.00%
Pend Oreille	12,600		6,244	50%	5,825	46%	30	0.20%	174	1.40%	73	0.60%	142	1.10%
Spokane	451,200		229,581	51%	210,093	47%	3,643	0.80%	3,201	0.70%	6,080	1.30%	6,562	1.50%
Stevens	43,000		21,524	50%	19,574	46%	78	0.20%	1,224	3.00%	216	0.50%	432	1.00%
Walla Walla	58,300		28,606	49%	22,932	39%	196	0.30%	256	0.40%	464	0.80%	4,758	8.00%
Whitman	42,700		21,058	49%	18,681	44%	317	0.70%	151	0.40%	1,315	3.10%	593	1.40%

NH=Non-Hispanic

AIAN=American Indian/Alaskan Native

API=Asian Pacific Islander

The Eastern Washington Affiliate of the Susan G. Komen Foundation serves 13 counties in eastern Washington which include: Adams, Asotin, Benton, Columbia, Ferry, Franklin, Garfield, Lincoln, Pend Oreille, Spokane, Stevens, Walla Walla, and Whitman. The combined counties account for approximately 14% of the state's population. Females in this part of the state comprise 50% of the population which is similar to that of Washington State.

White non-Hispanic females account for 40% of the total population for Washington State, and 43% of the total population in eastern Washington. The 13 counties show a wide range of proportions for White non-Hispanic females relative to the total population in their county. Adams (24%) and Franklin (21%) have the lowest percentages for non-Hispanic White females relative to their total population; whereas Asotin (50%) and Garfield (49%) have the highest percentages for non-Hispanic White females. 9 out of 13 counties had higher percentages of non-Hispanic White females relative to their total population than the State of Washington.

Non-Hispanic Black females had the lowest proportion of women relative to the total population compared to any other racial group for each county in eastern Washington, with the exception of AIAN females in Whitman County. Non-Hispanic Black females account for only 0.6% of the total population in eastern Washington, which is much less than the State of Washington (2.0%). The county with the highest proportion of non-Hispanic Black females relative to the total population was Spokane County ((0.8%).

AIAN non-Hispanic females account for only 0.8% of the total population for the State of Washington, and for eastern Washington account for 0.7% of the total population; however in Ferry County and Stevens County AIAN non-Hispanic females account for 9.0% and 3.0% of the total population. Other counties where the proportion of AIAN non-Hispanic females is slightly higher than the State of Washington and eastern Washington were in Pend Oreille County and Lincoln County.

API non-Hispanic females account for 3.5% of the total population for the State of Washington; however for eastern Washington they only account for 1.2% of the total population. There was no county in eastern Washington where the proportion was higher than the state. Whitman County had the highest proportion of API non-Hispanic females, accounting for 3.1% of the total population. Benton and Spokane Counties had a proportion of 1.3%.

Hispanic females account for 4.0% of the total population in the State of Washington and 5.1% of the total population in eastern Washington; there are five counties in eastern Washington where the proportion of Hispanic females relative to the total population is greater than the state. In Franklin County Hispanic females account for 25% of the total population, in Adams County they account for 24%, in Walla Walla County they account for 8.0%, in Benton County they account for 7.0%, and in Columbia they account for 5.0% of the total population.

Figure 6. Age Statistics

Location	Total Population		Female Population		40-49 Years		50-64 Years		65+ Years	
	Count		Count	%	Count	%	Count	%	Count	%
Washington State	6,488,000		3,253,804	50%	485,406	7.50%	614,331	9.50%	421,618	6.50%
Eastern Washington	901,300		452,802	50%	63,892	7.10%	83,240	9.20%	63,110	7.00%
Adams	17,600		8,601	49%	1,054	6.00%	1,435	8.10%	1,014	5.80%
Asotin	21,300		11,145	52%	1,507	7.10%	2,317	11%	2,108	10%
Benton	162,900		81,773	50%	12,140	7.50%	15,211	9.30%	9,644	6.00%
Columbia	4,100		2,097	51%	284	7.00%	512	13%	418	10%
Ferry	7,550		3,624	48%	561	7.40%	921	12%	466	6.20%
Franklin	67,400		32,181	48%	3,861	5.70%	4,753	7.10%	3,195	4.70%
Garfield	2,350		1,183	50%	179	7.60%	238	10%	276	12%
Lincoln	10,300		5,185	50%	756	7.30%	1,249	12%	1,056	10%
Pend Oreille	12,600		6,244	50%	973	7.70%	1,540	12%	970	7.70%
Spokane	451,200		229,581	51%	33,298	7.40%	42,282	9.40%	33,652	7.50%
Stevens	43,000		21,524	50%	3,529	8.20%	4,839	11%	3,006	7.00%
Walla Walla	58,300		28,606	49%	3,692	6.30%	5,038	8.60%	5,163	9.00%
Whitman	42,700		21,058	49%	2,056	4.80%	2,907	6.80%	2,141	5.00%

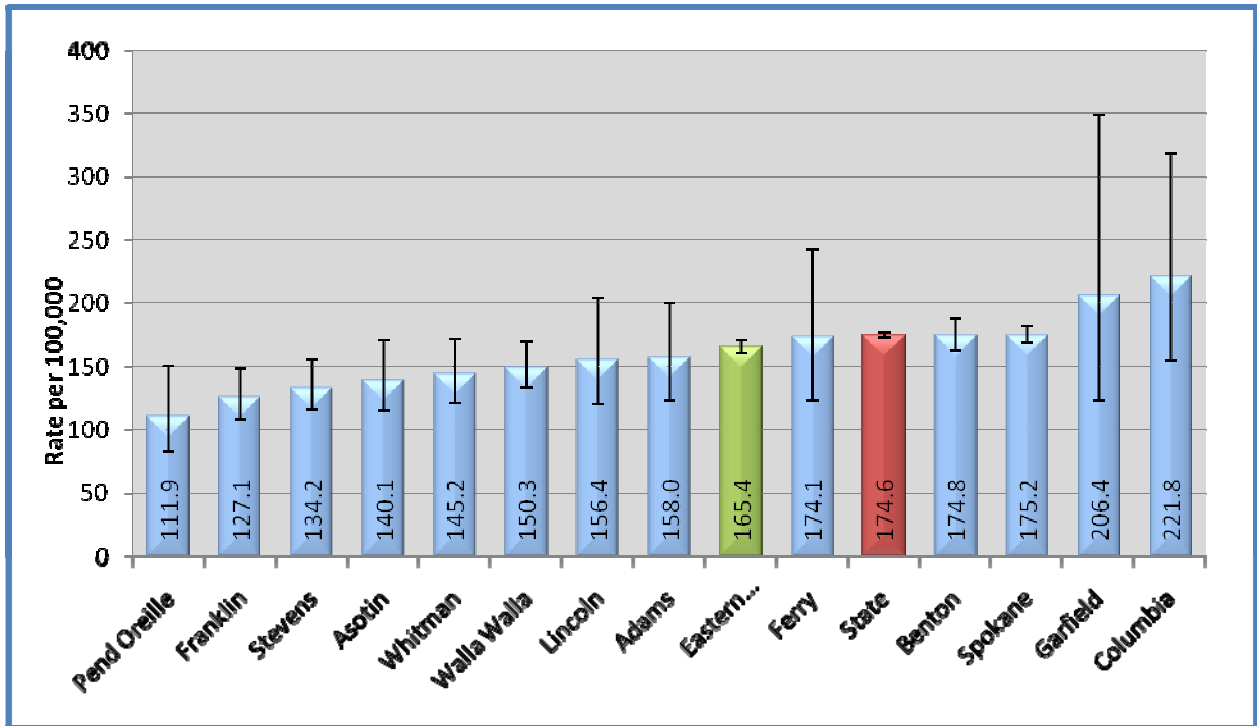
Women 40-49 years of age account for 9.5% of the total population for the State of Washington and 9.2% of the total population for eastern Washington. Most of the counties in eastern Washington are similar to the state proportions; with the exception of Stevens County, where women 40-49 years of age account for 8.2% of the total population. In Whitman County women 40-49 years of age account for only 4.8% of the total population.

Women 50-64 years of age account for 9.5% of the total population for the State of Washington and 9.2% for eastern Washington; however seven counties in eastern Washington have a higher proportion of women 50-64 years of age relative to the total population. They are: Asotin (11%), Columbia (13%), Ferry (12%), Garfield (10%), Lincoln (12%), Pend Oreille (12%), and Stevens (11%).

Women 65+ account for 6.5% of the total population for the State of Washington and account for 7.0% of the total population for eastern Washington; however eight counties in eastern Washington have a higher proportion of women 65+ relative to the total population. They are: Asotin (10%), Columbia (10%), Garfield (12%), Lincoln (10%), Pend Oreille (7.7%), Spokane (7.5%), Stevens (7.0%), and Walla Walla (9.0%).

Demographic and Breast Cancer Findings

Figure 7. Breast Cancer Rates



Cancer rates aggregated from 2000-2005, age adjusted to year 2000 US population.

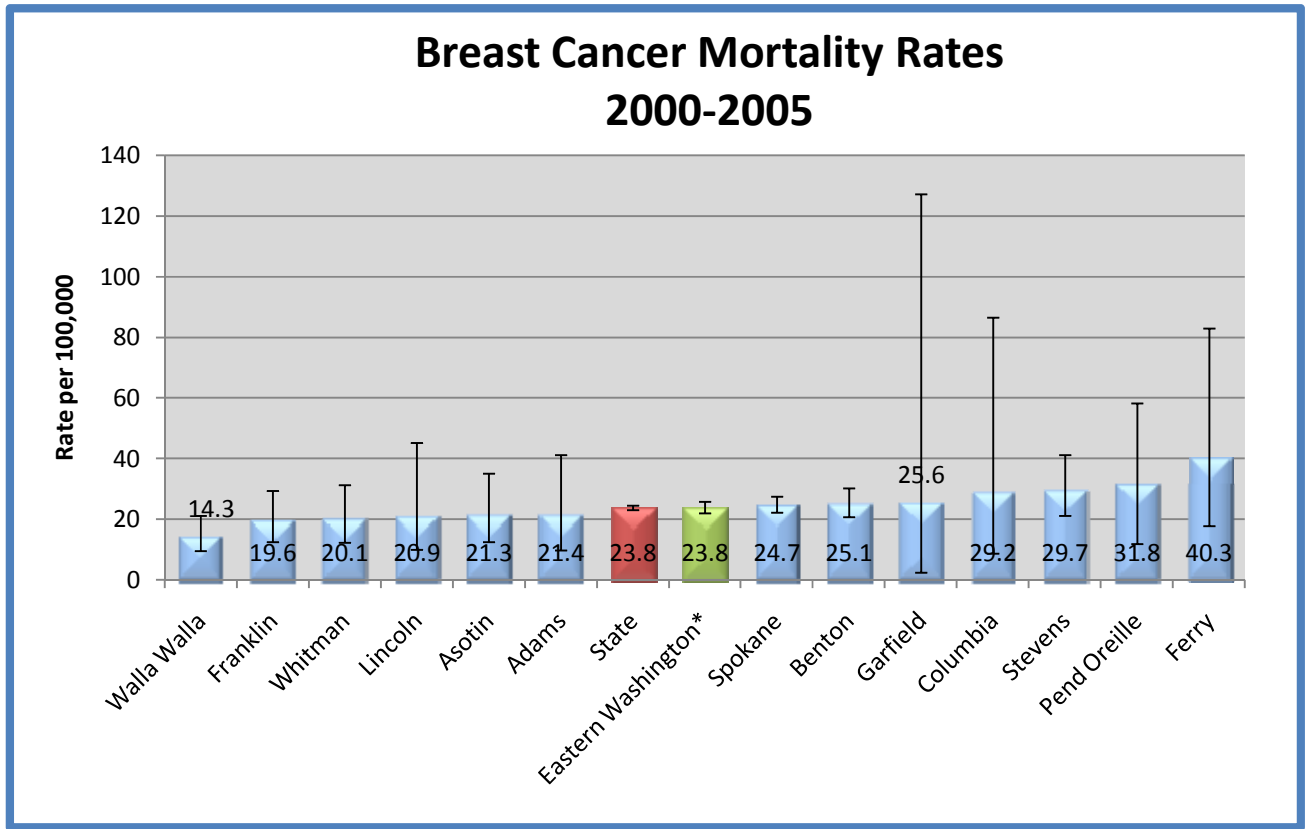
Data Sources: Washington State Cancer Registry, Washington State Department of Health; Population Estimates, Population Estimates for Public Health Assessment, Washington State Department of Health

*Includes all 13 counties combined

Pend Oreille County, Franklin County, Stevens County, Asotin County, Walla Walla County, and Eastern Washington had significantly lower breast cancer rates than the State of Washington; whereas Whitman County, Lincoln County, Adams County, Ferry County, Benton County, Spokane County, Garfield County, and Columbia County had breast cancer rate similar to the State of Washington.

Pend Oreille County, Franklin County, and Stevens County had significantly lower breast cancer rates than Eastern Washington; however Spokane County had a significantly higher breast cancer rate than Eastern Washington. All other counties had similar breast cancer rate to Eastern Washington.

Figure 8. Table of Breast Cancer Mortality Rates 2000-2005



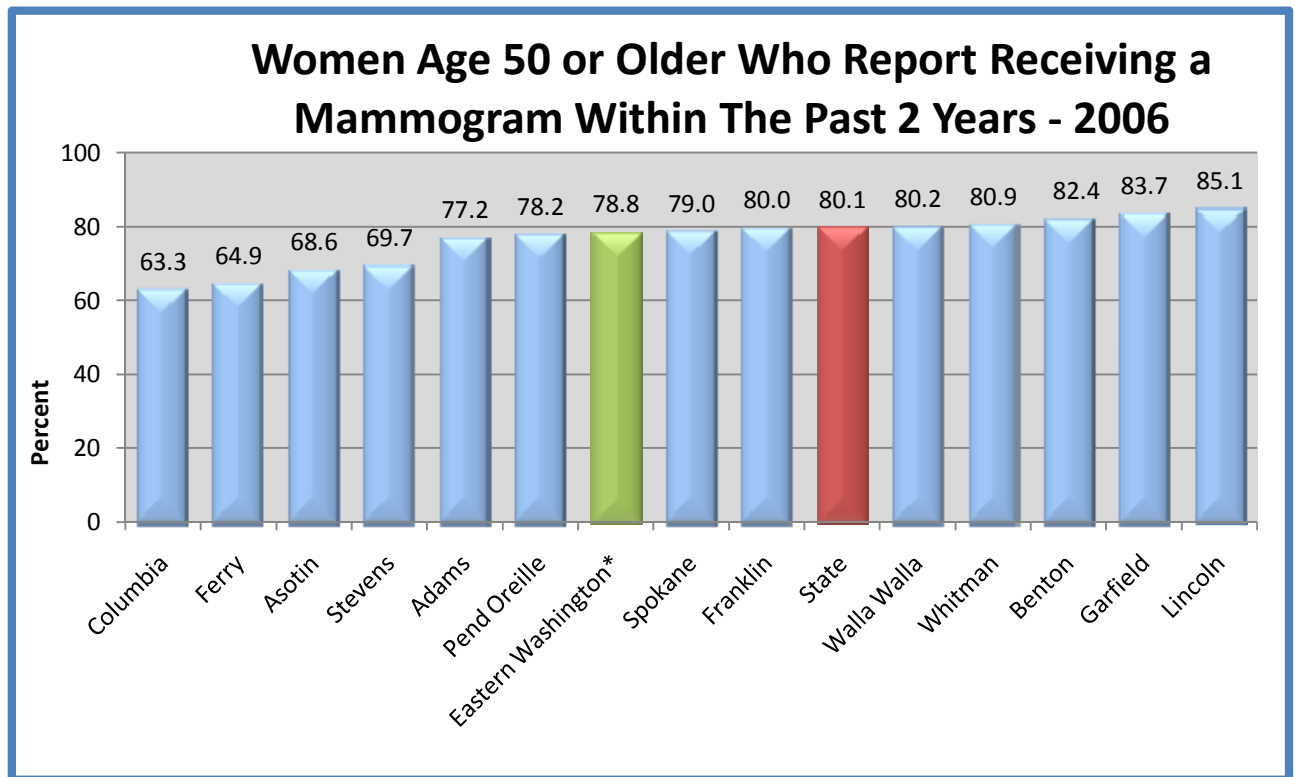
Mortality rates aggregated from 2000-2005, age adjusted to year 2000 US population

Data Sources: Death Certificate Data, Washington State Department of Health, Center for Health Statistics; Population Estimates, Population Estimates for Public Health Assessment, Washington State Department of Health

*Includes all 13 counties combined

Walla Walla County was the only county in the region that had a significantly lower breast cancer mortality rate than the State of Washington and Eastern Washington. All other counties had similar breast cancer mortality rates to the State of Washington and Eastern Washington.

Figure 9. Table of Women Age 50 or older Who Report Receiving a Mammogram Within past 2 years – 2006



Data Source: Behavioral Risk Factor Surveillance System (BRFSS), 2006

*Includes all 13 counties combined

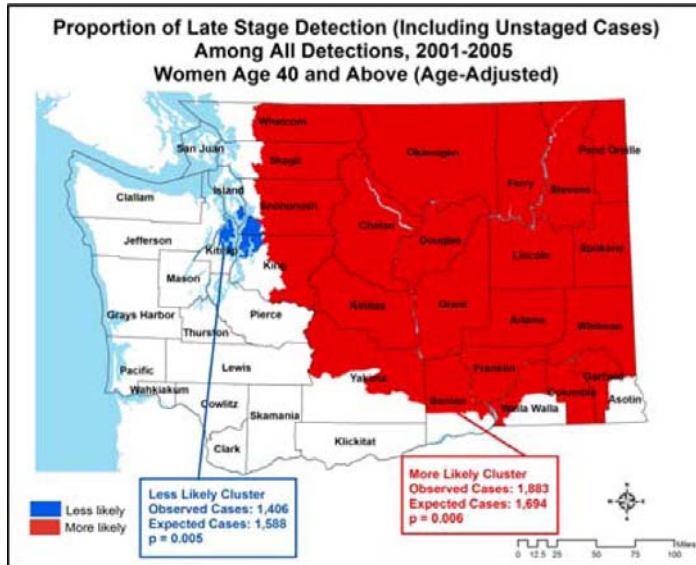
Columbia County, Ferry County, Asotin County, and Stevens County had a significantly lower percent of women 50 years and older reporting that they received a mammogram within the past two years. Columbia County, Ferry County, and Asotin County were significantly lower than Eastern Washington.

A 2008 study, *Cancer Screening in Washington State: Does Location Matter?*, conducted by the Community Health Systems, Cancer Registry and Center for Health Statistics of the Washington State Department of Health (DOH) found that screening activities for breast cancer were lower than the state average in many of the Eastern Washington counties. The study also showed that screening for breast cancer is least prevalent among residents of rural areas and recommended that screening interventions in rural areas should target low-income residents, since their access to health care services is the most limited. As reported earlier, many counties of Eastern Washington are predominately rural.

The *Does Location Matter?* Study also reported Washington State Cancer Registry data showing that female breast cancer is likely to be detected at a more advanced stage in

Eastern Washington than the rest of the state. This important finding was considered carefully by the C.P. Team during the priority setting process.

Figure 10. Late Stage Detection



The red cluster shows higher likelihood of late stage detection among all cases in that area, while the blue cluster shows lower likelihood.

Source: Washington State Dept. of Health, "Cancer Screening in Washington State; Does Location Matter?", 2008

County/Countries of Interest: What the Data Show

The data were examined in a variety of ways to identify target areas for further study. Historical trends were considered including national data regarding specific, medically underserved groups such as African American, Hispanic and Native American women as well as older, rural women and inner city women in transition. Low income, uninsured/underinsured status was also considered as it potentially cuts across all of these special populations.

Washington State had the highest incidence of invasive breast cancer in the nation in 2006, possibly reflecting the high screening rates particularly in Western Washington. However, the state ranked 35th in the nation according to national 2007 Breast Cancer Mortality Rate data. The state's incidence rate is now ranked third in the nation. Within these state data are important county specific implications for Eastern Washington related to the unequal burden of breast cancer on certain ethnic minorities and other rural and age related characteristics. These county specific characteristics were reviewed and considered by the C.P. Team in selecting areas for further study.

Whites/Non Hispanics are the predominate race in Washington State and Eastern Washington. However, one must look at each county individually to assess and understand the impact of the various ethnic group demographics. African Americans in Eastern Washington are primarily located in Spokane County. The percentage of

Hispanics in Franklin County is well above the state average. The Native American population, also well above the state percentage , is concentrated in the Affiliate's northern counties (The Colville Indian Reservation is located in Ferry County and extends into Okanogan County which is not in the Affiliate's S.A.). The percentage of women over 65 years is greater than the state average in eight of thirteen Affiliate S.A. counties. Inner-city, women in transition are primarily located in Spokane and were included as a group for further study.

Based on county demographic and statistical review, the C.P. Team prioritized Ferry, Franklin/Benton and Spokane Counties for further assessment. Well documented national breast cancer data regarding these specific ethnic/medically underserved groups served as rationale for these decisions.

Programs and Services

Data Source and Methodology

The Eastern Washington Affiliate's inventory and update of its Service Area (SA) breast cancer programs and services was completed using a variety of methods. A Community Profile Team member conducted internet searches and numerous telephone surveys to providers throughout the 13 counties to update the program information including transportation assistance. This Resource Guide information is now ready to be imported into a Komen for the Cure® Affiliate Directory when that tool becomes available. The Affiliate Grants Chair provided the Best Practices, Partnerships and Evidenced-Based Programs and Grants data. Public Policy Perspectives were provided by the Affiliate's former Public Policy Chair.



Programs and Services Overview

The Eastern Washington Affiliate's Service Area (SA) is comprised of 13 counties – both urban and rural. Services vary from one county to another with the greatest concentration of services, both medical and support services, found in the metropolitan areas. More providers than expected were unaware of the Komen Affiliate and its local activities when contacted regarding the Community Profile. It appears a focus on additional outreach in these outlying counties would benefit both the Affiliate and the communities it serves.

Screening mammography is available in all 13 counties. However, in the three most rural counties, these screenings are available only by mobile mammography. Providers

travel as many as 270 miles in Columbia County to bring mammography to this remote area. In the most northern counties, winter weather prevents the mobile mammography van from visiting for several months, November through March. This lack of mammography service impacts the Native Americans residing on the Colville Reservation in Ferry County. The Colville Reservation extends into adjoining Okanogan County, which is not in our Service Area(SA), creating a potential systems barrier related to granting.

Mammography services are readily available in the urban areas of Spokane, The Tri Cities and Walla Walla, often with a choice of providers. Only one third of the providers offer appointments outside typical business hours, with the majority of these after 5pm services offered in the southeastern counties. Working women report this as a barrier. Partnering with local providers to increase or realign hours of service to meet the needs of the clients is suggested.

Travel distances and/or expenses are often cited as barriers to obtaining early detection screenings by women in our survey pool. An in depth study of transportation assistance in the Service Area confirmed these women's concerns. Research revealed that transportation assistance available for screening appointments for *well women under the age of 60 not on medical coupons* throughout the 13 counties is basically non-existent. In rural, outlying areas, increased utilization of mobile mammography is suggested to break down this barrier. In the larger cities, "taking it to the people" with mobile units can provide some relief. Direct transportation assistance such as bus passes and advocating for renewed funding of the Spokane County *Care Cars* could be helpful in removing additional transportation barriers.

Partnerships and Grant Opportunities

The Eastern Washington Affiliate has partnerships with over 25 agencies in our 13 county region through our STEP grant program (2004-2008 Grant History Table located in Affiliate History Section). Three partnerships have regional wide implications. First, we partner with the Women's Show in Spokane to promote our Affiliate's community marketing activities, to prepare the community for the Race for the Cure®, to identify new outreach activities, and to promote our STEP grant program. This show draws several thousand women and 30-50 vendors to the Spokane Convention Center each spring. Second, our Affiliate is an active member of the newly established Eastern Washington Coalition for Breast Health. The goal of this coalition is to improve case finding and mammography screening in the four most northern rural and frontier counties in Northeast Washington State. The members include the Colville Tribe of Indians, Washington Breast and Cervical Health Program, Spokane Regional Health District, Providence Cancer Center, Eastern Washington Cancer Registry, Cancer Patient Care and the Eastern Washington Affiliate of Susan G. Komen for the Cure®. Third, we

fund a conference grant for the annual “Partners in Training” meeting of the Washington State Breast and Cervical Health Program.



Promising Practices and Evidence-Based Programs

Three activities stand out as promising practices. Providence Cancer Center recently purchased a new Women’s Health Center Coach with digital mammography capabilities. This van travels throughout 8 of the 13 counties in our Service Area to perform screening in rural communities. The Eastern Washington Affiliate contributes to the funding of the van through grants to WBCHP. Second, Inland Imaging of Spokane provides state-of-the-art technology for breast imaging, including digital mammography, ultrasound, biopsies, MRI, and PET/CT, and the new PEM imaging (position emission mammography). Third, the Eastern Washington Affiliate funds the novel *Enhancing Connections Parenting Program* at Providence Cancer Center. This evidence-based program from Dr. Frances Marcus Lewis of the University of Washington was developed with NCI grant funding. It delivers five educational counseling sessions to help parents manage their own anxiety and mood to learn new parenting skills. The sessions teach couples to support their 7-12 year old children during the mother’s experience with breast cancer.

Best Practices

The Eastern Washington Affiliate was recognized in the 2008 audit performed by Komen Headquarters for two grant-related best practices. First, we convened a Summit Meeting in 2007 of 17 agencies in our 13 county Service Area (SA) to discuss our grant program and to encourage the geographically dispersed agencies to work together in

seeking Affiliate funding. The agencies identified gaps in breast health services among the 13 counties; overlaps in breast cancer screening and diagnostic services among the 13 counties; and worked individually with representatives of the WBCHP to improve the coordination of services between the rural community agencies and the WBCHP. Second, the geographic land area covered by our 13 county region makes it difficult to convene a grant writing workshop on a regular basis. Consequently, the grant review panel and the Grant Committee revised our Affiliate's Request for Proposals (RFP) in 2007 to add substance to the information the Affiliate requires in the RFP. This transformed the RFP into a learning tool to provide guidance to applicants on how to write a competitive grant. The result has been a significant improvement in the quality of the grant applications submitted.

Public Policy Perspectives

The Washington Breast and Cervical Health Program (WBCHP) provides breast and cervical screening services to eligible women throughout the state by contracting with local healthcare providers in its seven regional service areas. Over 73,000 women are eligible for services and over 15,000 women are enrolled and screened annually. The Komen Eastern Washington Affiliate Service Area (SA) works closely with two of the regional programs – The Spokane Regional Health District (SRHD) that serves nine of the Affiliate's counties and the Yakima Valley Health Department (YVHD) that provides screening services to the four south eastern counties. The state director of WBCHP recently reported that because of the current depressed economic conditions, the number of women eligible for the program is increasing. However, based on the recent state budget deficit and current program funding, it is estimated that the number of eligible women able to be screened by WBCHP will drop from 30% to 22 % statewide. WBCHP screening rates in Eastern Washington have increased over the years, but, historically, have been less than the statewide average. Washington is an Option 2 state related to the Medicaid Treatment Act. Although Option 2 has some restrictions, women diagnosed by WBCHP are able to transition into the Medicaid Program for their breast cancer treatment.

The Washington State Komen Affiliates enjoy a very good working relationship with the WBCHP. Pama Joyner, the WBCHP State Director, works closely with the Komen Affiliates. As soon as the Eastern Washington Affiliate was incorporated, Dr. Joyner invited an Affiliate representative to join the statewide WBCHP Taskforce. This valuable public-private partnership meets quarterly to work on issues of mutual concern - including advocacy work. While governmental employees are prohibited from lobbying activities, representatives on the taskforce from the private/nonprofit sector such as the Komen Affiliates and the American Cancer Society (ACS), actively assume the advocacy role. The Regional WBCHP Program Directors that the Eastern Washington Affiliate works with most closely are Donna Oliver, SRHD and Jensen Thayer from YVHD.

The Affiliate's Public Policy Committee is experienced and active in cultivating relationships with federal, state and local elected officials. Public Policy Committee members have attended several Komen Lobby Days and August Recess visits with U.S. 5th Congressional District Representative Cathy McMorris Rodgers. The Eastern Washington and Puget Sound Affiliates worked together during the last legislative session to successfully advocate for increased funding at the state level for digital mammography. Several Spokane legislators are in key positions in the Washington State legislature, including State Senator Lisa Brown, Senate Majority Leader. U.S. Senator Patty Murray is a member of the powerful Senate Appropriations Committee and will be a key player in any upcoming cancer legislation.

Washington State is one of over 40 states with a large budget deficit this year. The Public Policy Committee will be working to protect breast health programs and services at both the state and federal levels. Committee members routinely participate in Komen Advocacy Alliance conference calls and webinars for assistance in planning proactive strategies.

A relationship that needs work is with U.S. 4th Congressional District Representative "Doc" Hastings who represents several counties included in our 2006 expansion area. Since the E.W. Affiliate expanded into four additional counties in S.E. Washington, we have been unable to establish a working relationship with the congressman. We were unable to schedule a Lobby Day appointment with him or his staff this past June and received no response from his office to our follow up correspondence. The Affiliate Public Policy Chair discussed this situation with the Komen Advocacy Alliance Team and the committee is considering a targeted *Champions* e-mail to supporters in Congressman Hastings' district. Recruiting *Champions* volunteers in the area and contacting the district office may be helpful in obtaining better access to the Congressman.

Programs and Services Findings

As a general rule, the Service Area of the Eastern Washington Affiliate provides its citizens with a broad spectrum of helpful resources from education, to screening services and after diagnosis support and assistance. However, there are several geographic inequities depending upon location and time of the year. As previously reported, the mobile mammography van is unable to travel to the northern counties during our severe winter weather. The large distances between facilities and services in some of our rural areas also pose problems. It appears that one of the greatest needs at this time is to help the women of our Service Area overcome barriers to access.

The Eastern Washington Affiliate is fortunate to have numerous assets available within the Service Area. In addition to the cancer centers located in the metropolitan areas, numerous partners are available to work with throughout the area. We are currently

involved with many partners as discussed in the Partnership section of this report. However, there are opportunities for other valuable collaborations. For example, the Franklin/Benton Community Healthcare Alliance, composed of the majority of agencies and programs in these two S.E. counties, would be a valuable partner to pursue as we expand our Affiliate's activities in those counties.

Several universities and colleges are also located within the Service Area and are valuable community assets. Washington State University (WSU) and two of its branches offer numerous partnership opportunities. For example, WSU Tri-Cities graduate nursing students collected Key Informant Surveys during the Affiliate's expansion in 2006 as part of their clinical requirements. The Public Policy Committee has used Spokane Community College students for several years to gather signatures at the Eastern Washington Komen Race for the Cure® like last year's "I Vote for the Cure" campaign. Some of the universities and healthcare systems also have telecommunication systems available to connect various areas. One of our grantees used this modality to bring a breast cancer support group to a remote northern area. The Affiliate will continue to utilize the available assets to promote its goals.



Exploratory Data

Data Sources and Methodology Overview

A revised version of the Susan G. Komen for the Cure® Key Informant Questionnaire was used to gather part of the exploratory data for the Community Profile. Information and perceptions regarding health issues, sources of breast health information, barriers to screening and treatment, method of payment for services, gaps in treatment and suggestions/recommendations for improvement and future action were included. Revisions were made to add additional demographic information (county, zip codes, etc) that would permit increased sorting and manipulation of the data.

A convenience sample using primarily the referral method was used to identify respondents for the Key Informant Survey. These individuals represented various groups such as current Affiliate grantees, board members, community partners and several county and tribal community health networks including the Benton-Franklin Community Health Alliance. Survivor support groups, breast cancer service providers and programs, members of various ethnic/special needs groups and individual citizens also completed the questionnaire. Two Spokane Falls Community College Human Services students assisted by soliciting surveys in the targeted, rural northern counties and Colville Tribal Health workers gathered surveys on the Colville Indian Reservation. In addition, a member of the Community Profile Team spent a morning at an inner city transitional women's center to obtain input from that underserved Spokane population.

The confidential Key Informant Survey was self administered using either the e-mail *Survey Monkey* tool or a paper version of the survey. A total of 276 responses were received including representation from all thirteen counties in the Affiliate Service Area (SA) as well as all ethnic and age groups and the uninsured/underinsured populations. Questionnaire responses were tallied together and also sorted county by county.

Responses from a group of underserved women in transition located at a Spokane Drop-In Center were examined separately as well as included in the overall analysis of the qualitative data. Another group of surveys, tallied separately but not added to the totals for this C.P. report, was gathered at a Tribal Health Clinic on the Colville Indian Reservation located in Okanogan County. Okanogan County *is not* in the Affiliate Service Area at this time but the Indian Reservation is located in both Okanogan and adjoining Ferry County which *is* in our Service Area. The responses regarding barriers to services and educational needs for the Native American population of the two counties were similar. However, the county boundaries of our Service Area, as they now stand, are considered artificial in terms of the Colville Indian Reservation and a barrier to bringing Komen support to this target population.

In addition to the Key Informant Survey, several focus groups were held with members of the African American community in Spokane. A member of the C.P. Team partnered with the Regional BCHP, the Spokane Chapter of Links, inc. and local Black churches to address the barriers to healthy lifestyles for this population. Our particular interest, related to the C.P., was to assist the EWBCHP identify why eligible African American women were not coming in for mammograms. The majority of the Eastern Washington African American population lives in Spokane County but the EWBCHP has been successful in screening less than half of the eligible African American women. Our collaboration with these partners was helpful in accessing this priority population for further study.

Exploratory Data Overview

There was consistency among the themes that emerged although a few important differences were noted between the rural and metropolitan areas of the targeted counties. The area mentioned most frequently across all counties was a need for increased breast cancer education/awareness. The second most common theme was a need for increased access to screening services for low income/uninsured, minority and rural women. The third area of need, related to the access issue, focused on reducing various barriers to breast health care such as financial/insurance issues, fears, lack of transportation, childcare and culturally sensitive care for minority women.

Several of the survey questions and responses are included here to give the reader a sense of the community input. The responses to each of the questions are reported in rank order.

“What do you think are the top 5 barriers to getting routine breast health care?”

- Lack of financial resources or insurance
- Fear
- Lack of transportation
- Lack of clinics for routine screening
- Lack of childcare and schedule conflict (tied)

“What can be done to reduce barriers or improve access to breast health care?”

- Educate the public in preventative health care
- Increase mobile mammography visits to rural areas
- Provide transportation to medical facilities
- Educate health care providers to be more culturally sensitive
- Open more clinics in the area

“What do you think is the most effective way to give out breast health information to the residents of the community?”

- Television

- Other – combination of ways (eg – Hispanic Community newspapers and radio stations)
- Health Fairs
- Brochures/pamphlets
- Radio

“What are the common reasons why women do not seek mammograms and/or clinical breast exams?”

- Don’t have the money or insurance to pay for services
- Forget or procrastinate
- Fear of the procedure or the results
- Don’t think it is necessary
- Transportation/distance to provider or clinic
- Interferes with work schedule

“What are your recommendations for developing a program for breast cancer prevention or breast health in your community?”

This open ended survey question received 166 responses. The majority of these qualitative data focused on education activities and access issues. A sampling of suggestions from our targeted counties includes:

Spokane County:

- Educate, Educate, Educate – Takes the fear away (Many comments re: education)
- Breast Health information needs to come through a multi-pronged approach - partner with non-traditional businesses, women’s centers, Community Centers, churches, etc
- Mobile unit making the rounds like the Blood Mobile, going to libraries, schools, etc.
- Increase access through improved transportation or taking the services to the people
- Provide Saturday Breast Health Fairs, Mammogram services,
- Provide special programs for the Black community utilizing peers, survivors and culturally appropriate materials.

Ferry County:

- Education is key – stress the positive results of early detection to help with the FEAR, more health fairs, and survivors to talk with women, public information campaign, etc.
- Bring the mobile service back to the community regularly
- Be culturally sensitive, coordinate with Tribal Health
- Have transportation assistance
- Financial assistance for mammograms

Franklin/Benton Counties:

- Develop a system of trained community outreach volunteers/health educators to take information to non-traditional venues – grocery stores, Weight Watcher meetings, etc.
- Integrate information into systems that are already in place for women; Don't recreate
- Provide education to Latino population in rural areas
- Provide information in Spanish for bi-lingual radio and newspapers
- Take mobile unit to farming communities; do exams when the field work is done

Responses from 22 of the 28 women in transition at the Spokane drop in center reported lack of financial resources or insurance as the greatest barrier to getting routine breast health care followed by lack of transportation and fear (17 responses each). Half of the women (14) responding listed providing transportation, more mobile mammography and preventative healthcare education as possible solutions.

The Spokane African American women reported in their focus group that they desired breast health information that was “relevant, informative and combined with food and fun😊”. Native American and Hispanic women also requested culturally appropriate care and education.

Exploratory Data Findings

The qualitative data in this section reinforce previously reported quantitative and programs and services data. The demographics, geography, economy and/or weather of the Eastern Washington Affiliate Service Area impact many of the findings in the various sections.

Conclusions

Selecting Affiliate Priorities

The Community Profile Team utilized a variety of methods to select the Affiliate's priorities for 2009-2011. An anticipated meeting of stakeholders to participate in the priority selection process had to be cancelled due to the heavy snowfall/severe weather in Spokane. Due to the tight time-line, the Community Profile Team met and participated in a modified process to select priorities. Data findings from all portions of the Community Profile process were reviewed, compared and contrasted and then prioritized. The results of this Community Profile Team process were used to identify the following three priority needs and targeted, priority populations:

1. **Education/Awareness:** There is a need for increased breast health awareness and education, including prevention and screening information, for women of all age groups and ethnicities with a focus on Native American, Hispanic and African American women.
2. **Access:** There is a need for increased access to screening services for uninsured and underinsured, minority and rural women with a focus on Native American, Hispanic and African American women.
3. **Barriers to care:** There is a need to reduce barriers to breast health services related to financial/insurance issues, fears, lack of transportation, childcare and culturally sensitive care with a focus on Native American, Hispanic and African American women.

Acknowledging that these needs are broad and, in fact, appropriate for Affiliate activities throughout the entire 13 county Service Area, the C.P. Team used further analysis of the qualitative and quantitative data to target four counties for the Affiliate's focus during 2009-2011. The targeted counties selected are Ferry, Franklin/Benton and Spokane Counties. Some examples of data influencing the selection include:

Ferry County:

- Native American population is 9%, well above the state rate of .8%.
- The Colville Indian Reservation is located partially in Ferry County and partially in adjoining Okanogan County which is *not* in the Affiliate SA, creating an artificial boundary for Komen services.
- Rural, remote area with lack of public transportation services and limited health care services except for Tribal Health Services (an Asset).

- Totally dependent on mobile mammography for screening --- mobile van not available November through March due to severe winter weather.
- Significantly lower, 64.9% of women 50 or older reported having a mammogram within the last 2 years as compared to 78.8% for Eastern Washington and 80.1% for the state. (BRFSS) 2006
- Breast cancer detected at a more advanced stage in this county than in Western Washington. (WA DOH- 2008)
- Higher proportion of women 50-64 years of age (12%) relative to the total population for Eastern Washington (9.2%) and the state of Washington (9.5%).
- Higher proportion of low income, uninsured/underinsured families – 12.8% below poverty level.

Franklin/Benton Counties:

- Hispanic population in Franklin County is 25%, well above the 4.0% of the total population of Washington State and 5.1% of the total population of Eastern Washington.
- Breast cancer detected at a more advanced stage in Franklin County than in Western Washington. (WA DOH- 2008)
- Limited culturally specific resources related to breast health education and awareness.
- Has only been part of the E.W. Affiliate since 2006 --- some unawareness of Komen in the area.
- Several assets in the Tri-Cities area --- Washington State University, Cancer center, Franklin/Benton Community Health Alliance, WBCHP, Bi-lingual radio and newspaper.
- Long term U.S. Congressman who has been unavailable to meet with Affiliate P.P. Advocates.

Spokane County:

- The city of Spokane is the metropolitan hub of Eastern Washington.
- Spokane County is home to nearly 50% of the Affiliate Service Area' s total population.
- The majority of African Americans in Eastern Washington live in Spokane.
- WCHP reports the program is reaching less than one half of the eligible Black women.
- Strong African American Faith Community in Spokane; Also a chapter of LINKS,inc.
- Numerous assets in Spokane – Healthcare Systems, Community Partners, Higher Education
- Numerous imaging facilities – most operate only during regular business hours.
- Komen Eastern Washington Race for the Cure® held in Spokane each April.

Affiliate Action plan process:

In order to keep the Affiliate Board of Directors informed regarding the Community Profile and to obtain their “buy in” and contributions to the process, the C.P. Team Leader presented a Power Point of the team’s work and a partial, DRAFT Action Plan with examples of objectives to the group at their February BOD meeting. The Eastern Washington Affiliate has a “working board” with most members responsible for a particular area such as Grants, Education, Public Policy, Communication, etc. Board Committee Chairs were asked to consider, “What can my area of responsibility/committee do to accomplish the goals of these three priorities?” “What specific objectives can I offer to the process?”

In addition to the Power Point, the BOD was given a *DRAFT* Executive Summary of the C.P. Report (minus the completed Action Plan) and asked to consider *Community Partnerships, Existing Grant Solutions, Needed Grant Opportunities, Marketing/Fund Raising, Public Policy Efforts* and *Education and Outreach* in formulating their specific committee objectives or overall board objectives. The C.P. Team accepted these BOD suggestions until the end of February before completing the Action plan and finalizing the Community Profile Report.

Eastern Washington Affiliate 2009-2011 Community Profile Action Plan

Priority #1 – Education/Awareness:

Goal 1.1- Increase breast cancer prevention and screening information to African American women in Spokane County.

- **Objective 1:** Partner with EWBCHP/SRHD and Spokane Chapter of Links, Inc. by September 2009 to provide targeted breast health education to African American women. (Education Committee)
- **Objective 2:** Partner with three (3) African American churches and faith based organizations such as “My Sisters’ Temple” by October 2009 to bring culturally appropriate prevention and screening information to Spokane County African American women. (Education Committee)

Goal 1.2 - Increase prevention and screening breast health information to Native American and Latino women in Ferry and Franklin/Benton Counties.

- **Objective 1:** Partner with the Colville Tribal Health clinic in Ferry County by October 2009 to set up a Breast Health Awareness campaign. (Education Committee)
- **Objective 2:** Participate with Franklin/Benton County grantees in the *Latino Business, Consumer and Career Expo* in the Tri-Cities area by June 2009. (Education Committee)
- **Objective 3:** Partner with EWBCHP “Ask Me” campaign by October 2009 to promote screening of Latino women in Franklin/Benton Counties. (Education Committee)

- **Objective 4:** Establish a partnership with a local bilingual newspaper and/or radio station in the Tri-Cities area by October 2009 to provide culturally appropriate breast health information to Franklin/Benton County Latino women. (Communications Committee)

Goal 1.3 – Revise *Grants Funding Guidelines* by September 2009 to clearly delineate a focus on using grants funds for education and awareness, including an emphasis on rural, minority, low literacy and English as second language populations. (Grants Committee)

Goal 1.4 – Develop guidelines/suggested ‘best practices’ for tracking, documenting and evaluating education and awareness efforts for grantees by September 2009. (Grants & Education Committees)

Priority #2 – Access:

Goal 1.1 – Increase funding for breast cancer prevention and screening services:

- **Objective 1:** Hold grant writing workshop in target areas via TeleHealth prior to RFP date to inform potential grantees re: new Affiliate priorities. (Grants Committee)
- **Objective 2:** Increase Affiliate funding to WBCHP by April 2010. (Grants Committee/BOD)
- **Objective 3:** Partner with Komen Puget Sound to advocate for increased state and federal funding for WBCHP by May 2009. (Public Policy Committee)
- **Objective 4:** Promote a relationship with U.S. Congressman ‘Doc’ Hastings (WA 4th C.D.) by visiting with him in Washington D.C. during Komen Lobby Day and in his District Office or at a grantee site visit in the Tri-Cities by September 2009. (Public Policy Committee)
- **Objective 5:** Expand previously established relationship with U.S. Congresswoman Cathy McMorris Rodgers (WA 5th C.D.) during Komen Lobby Day and August Recess visits to include her Health Care Aides in D.C. and District offices. (Public Policy Committee)
- **Objective 6:** Hold pilot, Komen approved “Sister”, *Susan G. Komen Race for the Cure*® in Franklin/Benton County in April 2010. (Race, Volunteer, Fundraising, Communications Committees & BOD)

Goal 1.2 – Increase access to screening services for Native American women in Ferry County:

- **Objective 1:** Collaborate with WBCHP and Providence Sacred Heart Mobile Mammography Services by April 2010 to increase mobile van visits to Ferry County. (Grants Committee)
- **Objective 2:** Make a BOD decision by September 2009 regarding expanding the Affiliate to add Okanogan County as part of the Colville Indian Reservation extends into adjoining Okanogan County. (Affiliate BOD)

Priority #3 – Barriers to Care:

Goal 1.1 – Reduce barriers to breast health care for the targeted areas and populations:

- **Objective 1:** Arrange to have the Mobile Mammography Van at the 4th Annual E.W. Komen *Race for the Cure*® on April 19, 2009. (Race Committee)
- **Objective 2:** Provide increased Affiliate funding to WBCHP by April 2010. (Grants Comm./BOD)

The BOD approved the **2009 Eastern Washington Affiliate Community Profile** at the March 5, 2009 board meeting. The C.P. Executive Summary and board approval are recorded in the meeting minutes.

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