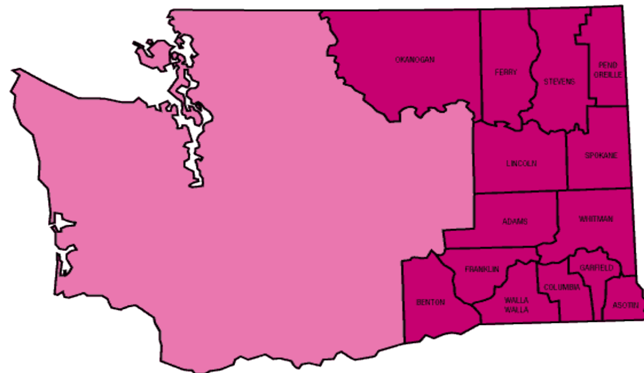
COMMUNITY PROFILE REPORT

Susan G. Komen for the Cure®
Eastern Washington Affiliate



2011

Acknowledgements

The Eastern Washington Affiliate of Susan G. Komen for the Cure® sincerely appreciates the time and effort that community organizations and key individuals have given to provide the information included in the 2011 Community Profile.

Jan Holloway, RN, MA
Community Profile Coordinator and Author
Affiliate Founding Secretary, Past President

Claudia Bell
Executive Director
Eastern Washington Affiliate

Adrian E. Dominguez, MS
Epidemiologist 11
Spokane Regional Health District

Cindy Corbett, RN, PhD
WSU College of Nursing
Affiliate Grants Chair

Bonnie Avery, A.A.
Community Profile Team Member
Affiliate Education Committee

Donna Oliver, MS
BCCHP Program Coordinator
Spokane Regional Health District

Faith Washington, RN, BSN
Inland Imaging, LLC
Affiliate Education Committee

Andi Hart, BA
Community Profile Board Liaison
Former Education Chair

Alaina Cunningham, MEd, CHES
Health Promotion Administrator
Premera Blue Cross

With special thanks to Washington State University (WSU) College of Nursing faculty members: Chris Riebe, MSN, ARNP; Sue McFadden MSN, ARNP and Kay Olson, MS, RN and their WSU Community Health Nursing Students; Letizia Quiroga, Nicole Slack, Crystal Meares, Rachel Garrett, Teresa Beatrice Franco, Megan Ransford, Aaron McCarty and Kati Doggett for their outstanding help with the qualitative data gathering for this Community Profile.

Disclaimer:

The information in this Community Profile Report is based on the work of the Eastern Washington 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

Executive Summary 5
- About Susan G. Komen..... 5
- Introduction 5
- Statistics and Demographic Review 6
- Health Systems Analysis 7
- Community Perspectives 8
- Priority Setting process 8
- 2011 – 2013 Affiliate Action Plan 8

Introduction 10
- About Susan G. Komen for the Cure® 10
- Affiliate History 10
- Organizational Structure 11
- Description of the Service Area 11
- Purpose of the Report 12

Breast Cancer Impact in the Affiliate Service Area 13
- Data Sources and Methodology Overview 13
- Overview of Affiliate Service Area 13
- Selection of Priority Counties 15
- Conclusions 17

Health Systems Analysis of Target Communities 18
- Overview of Continuum of Care 18
- Data Sources and Methodology 18
- Themes from Health Systems Provider Interviews 19
- Assets and Partnerships 21
- The Breast, Cervical and Colon Health Program (BCCHP)..... 22
- Conclusions 23

Breast Cancer Perspectives in the Target Communities 24
- Methodology 24
- Procedures 24
- Participants 24
- Incentives 25
- Focus Group Findings 25
- Conclusions 27

Conclusions and Action Plan 29
- Target Community Findings 29
- Health Systems Conclusions 30
- Community Perspectives Conclusions 30
- Priority Setting Process 31
- 2011 – 2013 Affiliate Priorities and Objectives..... 31

References 33

Figures and Tables Table of Contents

Table 1 Affiliate Community Health Grant History 2004 -2010………………………….... 11
Figure 1 Susan G. Komen for the Cure Eastern Washington Service Area Map……..……… 11
Figure 2 Mammogram screening great than 2 year by county…………………………..….... 13
Table 2 Incidence of breast cancer by stage by county 2003 to 2007 combined…………..... 14
Figure 3 Breast cancer mortality rates 2001 -2006 ………………………………………...... 15
Table 3 State and Priority County data…………………………………………………… 16
Figure 4 Continuum of Care ……………………………………………………………… 18

2011 Komen Eastern Washington Affiliate Community Profile

Executive Summary

About Susan G. Komen for the Cure®

Nancy G. Brinker promised her dying sister, Susan G. Komen, she would do everything in her power to end breast cancer forever. In 1982 that promise became Susan G. Komen for the Cure® and launched the global breast cancer movement. Today, Komen for the Cure is the world's largest grassroots network of breast cancer survivors and activists fighting to save lives, empower people, ensure quality care for all and energize science to find a cure. Komen has more than 120 Affiliates around the globe working to meet unmet breast health needs. Thanks to events like the Komen Race for the Cure®, we have invested more than $1.9 billion to fulfill our promise, becoming the largest source of nonprofit funds dedicated to the fight against breast cancer in the world. For more information about Komen for the Cure, breast health or breast cancer visit www.komen.org or call 1-877-Go-Komen.

Introduction

The Eastern Washington Affiliate of Susan G. Komen for the Cure® was incorporated January 1, 2003 and originally included nine counties; Adams, Asotin, Ferry, Garfield, Lincoln, Pend Oreille, Spokane, Stevens, and Whitman. The Eastern Washington Affiliate boundaries at that time corresponded with the nine counties of the regional Breast, Cervical and Colon Health Program (BCCHP). In August 2006 Komen headquarters approved a four county expansion application that added four southeastern counties to the Affiliate; Franklin, Benton, Columbia and Walla Walla. Okanogan County, the largest county in Washington State was added to the Affiliate in November 2009 as a direct result of the 2009 Community Profile process. It was decided that since the large Colville Indian Reservation extended across both Ferry and Okanogan Counties that both counties should be included in the Affiliate service area.

The first Susan G. Komen for the Cure Eastern Washington Race for the Cure® was held in downtown Spokane in April 2006 and quickly became the major fundraising event for the Affiliate with participation and community support growing each year. The Race Committee has set a goal of 11,000 participants for the upcoming 2011 Race. The Affiliate's grant program was initiated in 2004 and to date has awarded $1,602,113 in Community Health Grants. The Affiliate is led by a volunteer Board of Directors (BOD) and an Executive Director (ED). The Affiliate's ability to hire an ED and obtain permanent office space two years ago has significantly stabilized the Affiliate leadership and visibility in the community.

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 its service area. The Community Profile assists the Affiliate to establish focused granting priorities, establish focused education activities, drive public policy efforts, strengthen/increase partnerships and sponsorships and establish direction for marketing and outreach activities.

Statistics and Demographic Review

A variety of data sources was used to prepare the 2011 Eastern Washington Affiliate Community Profile (CP). Population statistics were retrieved from the Washington State Department of Health (DOH), Office of Financial Management- 2008. Data regarding education, insurance coverage and mammogram screenings was provided by the Behavioral Risk Factor Surveillance System (BRFSS) and aggregated from 2006-2008. Data regarding breast cancer rates and incidence of breast cancer were retrieved from a report released in 2010 and provided by the Washington State Department of Health, Washington State Cancer Registry. Breast cancer mortality data was available through death certificates and provided by the Washington State Department of Health, Center for Health Statistics. The data was analyzed by the C.P. team's consultant, an Epidemiologist with the Spokane Regional Health District.

The Komen Eastern Washington Affiliate covers a large geographic area of 25,370 square miles. The service area includes approximately the eastern third of Washington State located in the northwest corner of the United States. Females in the Affiliate are approximately 50 percent of total population of 956,530. Much of the service area is rural with numerous small towns. Spokane is the metropolitan hub of Eastern Washington with additional cities located in Franklin/Benton and Walla Walla Counties. These cities all have multiple healthcare resources

White/Non Hispanics are the predominate race in Washington State and Eastern Washington. However, one must look at each county individually to understand the impact of the various ethnic group demographics. According to the Office of Financial Management, Department of Health, Washington State -2008, the percent of Native Americans in the state is only 0.76 percent and 0.95 percent of the total population of Eastern Washington. However, in Ferry and Okanogan Counties, Native Americans account for 9.0 percent and 5.5 percent of the total population respectively. Hispanic females account for 4.3 percent of the total population in Washington State and 5.7 percent in Eastern Washington. The five counties in Eastern Washington where the proportion of Hispanic females to the total population was greater than the state and Eastern Washington are Adams (26 percent), Benton (7.8 percent), Franklin (27 percent), Okanogan (8.1 percent) and Walla Walla (9.2 percent).

Several important statistics led to the selection of Ferry, Okanogan, Franklin and Benton as the Affiliate's priority counties for the 2011 Community profile. According to BRFSS, 2006-2008 data, Ferry County (33.2 percent) and Okanogan County (25.9 percent) had a significantly higher proportion of women reporting having mammogram screening more than two years from their last screening compared to the state rate of 19.6 percent. These two counties have less screening resources available than Franklin and Benton and the women of Ferry County must depend upon mobile mammography for their screenings.

Late stage diagnosis is a crucial indicator when identifying the breast health of a community and one of the most important factors in determining the prognosis and treatment options for breast cancer. Ferry County (36.7 percent) and Franklin County (36.0 percent) had proportions of late stage breast cancer significantly higher than the state rate of 27.9 percent. When considering this data, it is interesting to note that Ferry County has the highest percentage of Native Americans (9.0 percent) in the state relative to the total population of the county and Franklin County's Hispanic population is 27 percent, higher than any other county in Washington. The proportion

of late stage diagnoses for the other priority counties was 31.2 percent for Benton and 26.1 percent for Okanogan.

Breast cancer mortality rates were calculated from Washington DOH Death Certificate Data. The priority counties with the highest mortality rates, significantly higher than the state rate of 23.6/100,000 were Ferry (60.6/100,000) and Okanogan (34.3/100,000). The Colville Indian Reservation is located in these two counties.

Data regarding household income, insurance coverage and educational level were also considered when selecting the four priority counties as these factors can potentially impact access to breast health services. According to the Washington DOH, Office of Financial Management (OFM), the 2010 projected median income for Ferry and Okanogan households is $20,000 less than the state median income of $55,379. According to BRFFS data, Ferry and Okanogan, along with Franklin County, also have rates of uninsured females (22.4 percent, 20.8 percent and 25.1 percent respectively) higher than the state rate of 12.1 percent uninsured females. Additional specifics regarding these variables are found in greater detail in the C. P. section on *Breast Cancer Impact in the Affiliate Service Area*.

Health Systems Analysis

Several methods were used to gather health systems data for the priority counties. These included an updated inventory of programs and services, asset mapping and provider interviews and surveys. A Provider Interview tool was developed utilizing the Continuum of Care model with questions specific to screening, diagnosis, treatment and aftercare to assess how women in the priority counties moved through the healthcare system. A convenience sample drawn from the programs and resources inventory was used to identify the respondents. Twenty six interviews/surveys were completed by a variety of providers including two breast cancer surgeons, cancer clinic nurse navigators, an oncologist, four Affiliate Grantees, a BCCHP Prime Contractor, a survivor group leader, a Colville Confederated Tribes Health Programs Manager, a Tribal Clinic Public Health Nurse and other community partners and breast cancer providers.

A number of themes emerged during the health systems analysis. Providers have limited capacity to educate women, especially minority and immigrant women about breast cancer, the available resources and the continuum of care. This lack of funding, staffing and resources also affects the providers' ability to do other types of outreach in the priority counties.
Services can be fragmented for low income, uninsured women including reported delays in the time between screening and diagnosis as well as between diagnosis and treatment. Potential cuts to BCCHP would further impact services to this population and will necessitate ongoing advocacy by the Affiliate.

While screening mammograms (mobile mammography only in Ferry County) are available in all four priority counties, other aspects of the care continuum are not as available in Ferry and Okanogan Counties as they are in Franklin and Benton Counties. Providers acknowledged lack of a coordinated system to track breast health services in the target counties. Partnerships to increase capacity were suggested to assist with this systems gap.

Community Perspective
Another part of the qualitative data gathering for the C.P. involved talking to women living in the priority counties in order to understand their knowledge of and attitudes and beliefs about breast cancer and breast cancer resources in their communities. We were also interested in knowing their opinions about the effectiveness of current education/outreach activities and suggestions they might have for the Affiliate to better reach women in their communities. To accomplish this goal, nine focus groups were held throughout the four counties with a total of 62 women attending. Two of the smaller groups were limited to Hispanic women and conducted in Spanish. They were facilitated by a bi-lingual WSU Community Health Nursing student who was a member of the CP team working with her instructor and classmates in Franklin and Benton Counties. Another focus group was held on the Colville Indian Reservation in Ferry and Okanogan Counties during a *Tribal Cancer Awareness and Resources Gathering.* Additional information regarding the focus group methodology, participants and process as well as examples of responses to the scripted questions and discussion of findings can be found in the C.P. exploratory data section, *Breast Cancer Perspectives in the Target Communities.*

There were several similarities in themes from the various focus groups regarding barriers to receiving mammograms – but also some important differences. Many women talked about some level of fear associated with the procedure, the cost and time inconvenience of getting a mammogram and the need for additional breast health education and outreach. However, there were differences in responses depending upon the particular county where the women came from and in two cases, the ethnic/racial background of the responses.

Hispanic women in Franklin County reported not being aware of the breast health resources available to them. However, according to provider interviews, it appears that there have been a number of free mammogram clinics offered in their community. This difference in perception contributes to an important gap in the continuum of care for Hispanic women in Franklin/Benton Counties. On the other hand, women living on the Colville Indian Reservation in Ferry/Okanogan County have many less resources available to them, also validated by provider interviews and asset mapping. This reality, as well as cultural influences, may have impacted some of their focus group responses.

Priority Setting Process
Members of the Community Profile Team reviewed the overall data and identified three priority needs related to *Education/Awareness, Access and Barriers to care* for the Affiliate's consideration. In order to encourage "ownership" of the Action Plan, board members were asked to identify objectives that their particular area of responsibility (e.g., Education, Public Policy, Grants) could accomplished given the Affiliate's resources. The C.P. Coordinator reported to the BOD at two meetings during the seven month C.P. process and provided monthly e-mail updates to keep board members informed regarding the process.

2011 – 2013 Affiliate Action Plan
The timeline to complete the activities in the Action plan is April 1, 2011 to March 31, 2013. While the three priorities will apply to the entire Affiliate service area, special emphasis will be given to Ferry, Okanogan, Franklin and Benton Counties.

Priority 1: Increase breast health awareness and education, including prevention and screening information, particularly among rural, minority, low literacy and English as second language populations.

Objective 1: Maintain partnership with WSU Community Health Nursing students and instructors to provide culturally appropriate breast health messages to the women of Ferry, Okanogan, Franklin and Benton Counties.

Objective 2: Establish partnership with a local bilingual newspaper and/or radio station in Franklin, Benton and Okanogan Counties to provide culturally appropriate breast health information to Hispanic women.

Objective 3: Partner with Tribal Health Programs in Ferry and Okanogan Counties to increase Affiliate visibility and breast health messages at Tribal events.

Objective 4: Partner with Franklin/Benton County grantees at the *Latino Business, Consumer and Career Expo* in the Tri-Cities.

Objective 5: Partner with the Tri-Cities arena football team to provide bilingual breast health information at their spring charity sporting event.

Priority 2. Increase access to screening services for underserved and uninsured rural, minority, low literacy and English as second language populations.

Objective 1: Promote systems solutions by partnering with other organizations to increase screening services to women of the priority counties.

Objective 2: Hold grant writing teleconference prior to RFP date to inform potential grantees regarding the Affiliate's new priorities.

Objective 3: Explore Affiliate process/ability to increase funding to BCCHP.

Objective 4: Continue partnership with Puget Sound and S.W. Washington Affiliates to advocate for maintenance of and increased state and federal funding for the Washington BCCHP.

Objective 5: Continue to promote relationships with U.S. Congress members McMorris –Rodgers (5thCongressional District), Hastings (4th Congressional District) and Senators Murray and Cantwell during Komen Lobby Day and August recess visits in their District offices to advocate for federal breast cancer access legislation.

Priority 3. Reduce barriers to obtaining breast health services, including fear, cultural incongruence, financial, transportation and childcare, particularly among rural, minority, low literacy and English as second language populations.

Objective 1: Promote collaboration among health care and social services organizations to reduce barriers to breast health services.

Objective 2: Establish a presence and partnership with the Hispanic community to promote effective dissemination of information and services to Latino women.

Objective 3: Promote relationship with the Native American Community by attending Tribal events in Affiliate's northern counties including Ferry and Okanogan.

Objective 4: Partner with local organizations (e.g., Inland Imaging, Spokane Regional Health District, etc.) to establish mechanisms to maintain updated resource guide and address needs identified in the six Eastern counties' *Screening, Diagnostics and Treatment Study* currently being conducted by Providence Regional Cancer Center with a 2010 Affiliate grant.

Introduction

About Susan G. Komen for the Cure®

Nancy G. Brinker promised her dying sister, Susan G. Komen, she would do everything in her power to end breast cancer forever. In 1982 that promise became Susan G. Komen for the Cure® and launched the global breast cancer movement. Today, Komen for the Cure is the world's largest grassroots network of breast cancer survivors and activists fighting to save lives, empower people, ensure quality care for all and energize science to find a cure. Komen has more than 120 Affiliates around the globe working to meet unmet breast health needs. Thanks to events like the Komen Race for the Cure®, we have invested more than $1.9 billion to fulfill our promise, becoming the largest source of nonprofit funds dedicated to the fight against breast cancer in the world. For more information about Komen for the Cure, breast health or breast cancer visit www.komen.org or call 1-877-Go-Komen.

Affiliate History

The Eastern Washington Affiliate of Susan G. Komen for the Cure® was incorporated January 1, 2003 and included nine counties; Adams, Asotin, Ferry, Garfield, Lincoln. Pend Oreille, Spokane, Stevens and Whitman. Originally the Eastern Washington Affiliate boundaries corresponded with the nine counties of the regional Washington, Breast, Cervical and Colon Health Program (BCCHP). In August 2006 Komen headquarters approved a four county expansion application that added four southeastern counties to the Affiliate; Franklin, Benton, Columbia and Walla Walla. Okanogan County, the largest county in Washington State, was added to the Affiliate in November of 2009 as a direct result of the 2009 Community Profile process. It was decided that since the large Colville Indian Reservation extended across both Ferry and Okanogan Counties that both counties should be included in the Affiliate Service Area.

The first Susan G. Komen for the Cure Eastern Washington Race for the Cure® was held in downtown Spokane in April 2006. This signature Komen event quickly became the major fundraising event for the Affiliate with participation and community support growing each year. In 2009 there were 7,110 participants and 518 survivors; in 2010 the totals were 8,760 participants and 615 survivors. The Race Committee has set a goal of 11,000 registrants for this year's April 17th event including 770 survivors. A part time procurement Chair was hired in 2007 to assist the Race Committee with sponsor procurement.

The Affiliate's grant program was initiated in 2004 and data are available through the 2010 Grant Cycle (see Table 1). Prior to the first Race, an overall total of $139,670 had been granted by the Affiliate during 2004-2006. Following implementation of the Race, grant funds of over $300,000 were awarded each year 2007 through 2010 with overall Affiliate granting surpassing the $1,000,000 mark in 2009.

Table 1 *Affiliate Community Health Grant History, 2004 - 2010*

Fiscal Year	Number of Grants Funded	Funding Level
2004	7	$32,111
2005	5	$24,998
2006	9	$82,561
2007	17	$358,278
2008	12	$314,110
2009	16	$394,027
2010	19	$396,028
Total	**85**	**$ 1,602,113**

Organizational Structure

The Eastern Washington Affiliate is led by a volunteer Board of Directors (BOD) and an Executive Director (ED). The Affiliate's ability to hire an ED and obtain permanent office space for Affiliate activities two years ago has significantly stabilized the Affiliate leadership and increased the Affiliate's accomplishments and visibility in the community. There are currently 12 positions designated on the BOD. It is a "working board" with most positions having a specific area of responsibility. The Affiliate has had difficulty consistently maintaining the Outreach Coordinator position and made the decision in August of 2010 to combine the Volunteer Chair and the Outreach Coordinator position as the Community Development Chair. The time commitment and travel required of the Community Development Chair will have an impact on the ability to recruit a suitable and willing volunteer. The plan is for the Community Development Chair to form a well rounded committee to help with these duties. The BOD and ED are actively addressing solutions to rectify this challenge.

Description of the Service Area

Washington State is located in the northwest corner of the contiguous United States. The Eastern Washington Affiliate service area includes a total area of 25,370 square miles and covers approximately the eastern one third of the state (see *Figure 1*). The service area boundaries to the north and south are Canada and Oregon, respectively, with Idaho serving as the eastern border of the service area.

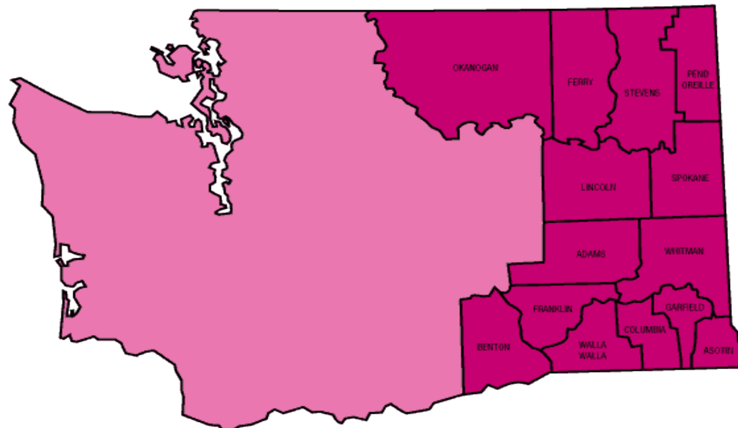


Figure 1. Susan G. Komen for the Cure Eastern Washington Affiliate service area map.

The total population of the Affiliate is 956,530 with almost half of that total coming from Spokane County (459,608). In contrast to the predominately urban Spokane County, the surrounding counties are primarily rural. Northern areas of the region are mountainous and seasonably treacherous for winter travel. The south and southeastern portions of the service area are smaller, spread out farming communities. Spokane is the largest city in the service area followed by the Tri-Cities (Richland, Pasco and Kennewick) in the Franklin/Benton County area and the city of Wall Walla in Walla Walla County. These cities all have excellent breast cancer facilities and services available. While there are several populations within the urban areas that have unmet needs, many of the rural areas have additional barriers to breast health care such as the need to travel to receive services.

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 its service area. The Community Profile assists the Affiliate to establish focused granting priorities, establish focused education activities, drive public policy efforts, strengthen/increase partnerships and sponsorships and establish direction for marketing and outreach activities.

The Eastern Washington Affiliate is aware of the purpose and importance of a comprehensive Community Profile. The Affiliate Board of Directors (BOD) also knows its resources and limitations and the importance of these factors in setting realistic priorities and objectives for the Affiliate Action Plan based on this report.

Breast Cancer Impact in the Affiliate Service Area

Data Sources and Methodology Overview

A variety of data sources were used to prepare the Community Profile. Population statistics were retrieved from the Washington State Department of Health, Office of Financial Management 2008. Data regarding education, insurance coverage and mammogram screenings was provided by the Behavioral Risk Factor Surveillance System (BRFSS) and aggregated from 2006-2008. Data regarding breast cancer rates and incidence of breast cancer was received from a report released in 2010 and provided by the Washington State Department of Health, Washington State Cancer Registry. Breast cancer mortality data was available through death certificates and was provided by the Washington State Department of Health, Center for Health Statistics.

Data was analyzed by the Community Profile Team's Consultant, an Epidemiologist with the Spokane Regional Health District, using the Community Health Assessment Tool (CHAT) Washington State Department of Information Services and Stata version 10. Differences in the data between geographic locations were identified using a chi-square test. A p-value of <0.05 was used to determine if the findings were statistically significant.

Overview of Affiliate Service Area Screening

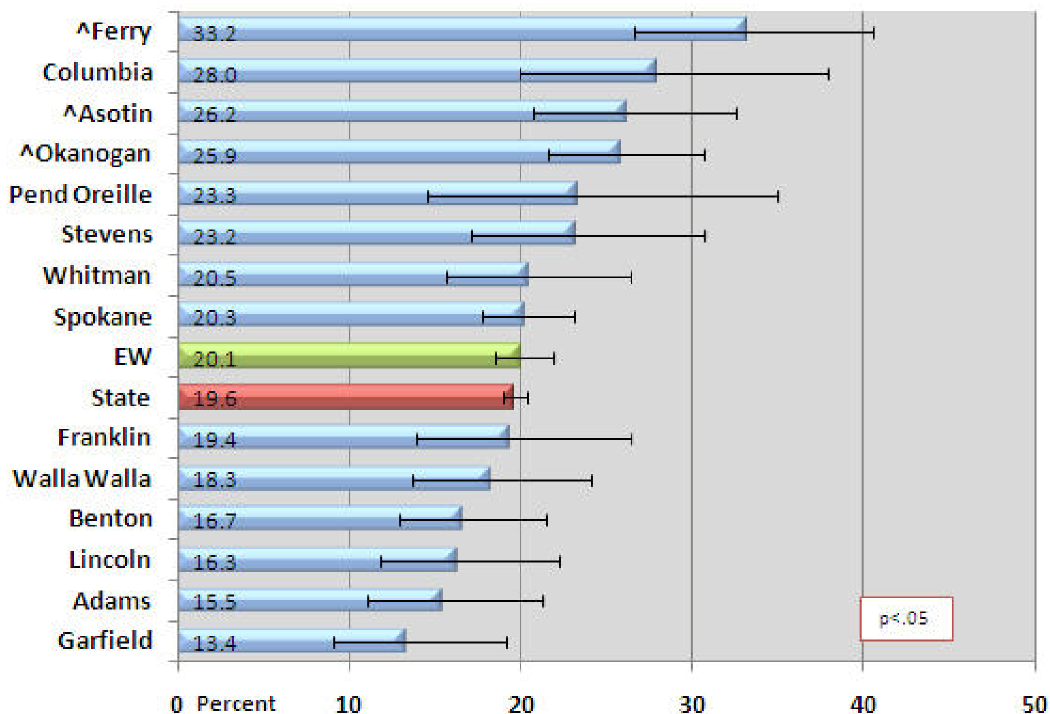


***Figure 2.* Mammogram screening greater than two years by county.**

Data Source: Behavioral Risk Factor Surveillance System (BRFSS), 2006-2008
EW = Eastern Washington; ^ Note: Significantly higher than Washington State

Figure 2 illustrates the proportion of mammogram screenings performed more than two years from the last mammogram screening among all adult women in Eastern Washington, Washington State and the 14 counties of the Affiliate's service area. Eastern Washington and

Washington State had similar proportions of adult women who had a mammogram screening more than two years from their last mammogram. Three counties had a significantly higher proportion of women who had a mammogram screening more than two years from their last screening. These counties were Ferry (33.2 percent), Asotin (26.2 percent) and Okanogan (25.9 percent).

Table 2.
Incidence of Breast Cancer by Stage by County, 2003 to 2007 Combined.

Location	Total Number of Cases (Early, Late, Unstaged)	Number of Early Stage# Cases (%)	Number of Late Stage+ Cases (%)	Number of Unstaged cases (%)
State				
Washington State	27,683	19,442 (70.2%)	7,725 (27.9%)	516 (1.9%)
Region				
Eastern Washington	3,830	2,670 (69.7%)	1,077 (28.1%)	83 (2.2%)
Counties				
Adams	52	32 (61.5%)	17 (32.7%)	N//C
Asotin	102	77 (75.5%)	24 (23.5%)	N/C
Benton	664	446 (67.2%)	207 (31.2%)	11 (1.6%)
Columbia	29	16 (55.2%)	11 (37.9%)	N/C
Ferry	30	19 (63.3%)	11 (36.7%)	N/C
Franklin	139	88 (63.3%)	50 (36.0%)^	N/C
Garfield	13	11 (84.6%)	N/C	N/C
Lincoln	35	29 (82.9%)	6 (17.1%)	N/C
Okanogan	153	109 (71.2%)	40 (26.1%)	N/C
Pend Oreille	60	42 (70.0%)	16 (26.7%)	N/C
Spokane	2,015	1,431 (71.0%)	542 (26.9%)	42 (2.1%)
Stevens	173	105 (60.7%)	60 (34.7%)	8 (4.6%)
Walla Walla	264	198 (75.0%)	59 (22.4%)	7 (2.6%)
Whitman	101	67 (66.3%)	33 (32.7%)	N/C

Data Source: Washington State Cancer Incidence Data: Washington State Department of Health, Washington State Cancer Registry, released January 2010

Notes: # Early stage = in situ/localized; + Late stage = regional/distant; **N/C** not calculated due to cases < 5; A National Surveillance, Epidemiology and End Results (SEER); ^ Significantly higher than Washington State

Late stage diagnosis (regional and distant) is a crucial indicator when identifying the breast health of a population and is one of the most important factors in determining the prognosis and treatment options for breast cancer. Table 2 illustrates that the incidence of late stage breast cancer for Eastern Washington (28.1 percent) was similar to Washington State (27.9 percent). Counties with the highest proportion of late stage breast cancer in the Affiliate service area include: Columbia (37.9 percent), Ferry (36.7 percent), Franklin 36.0 percent) and Stevens (34.7 percent).

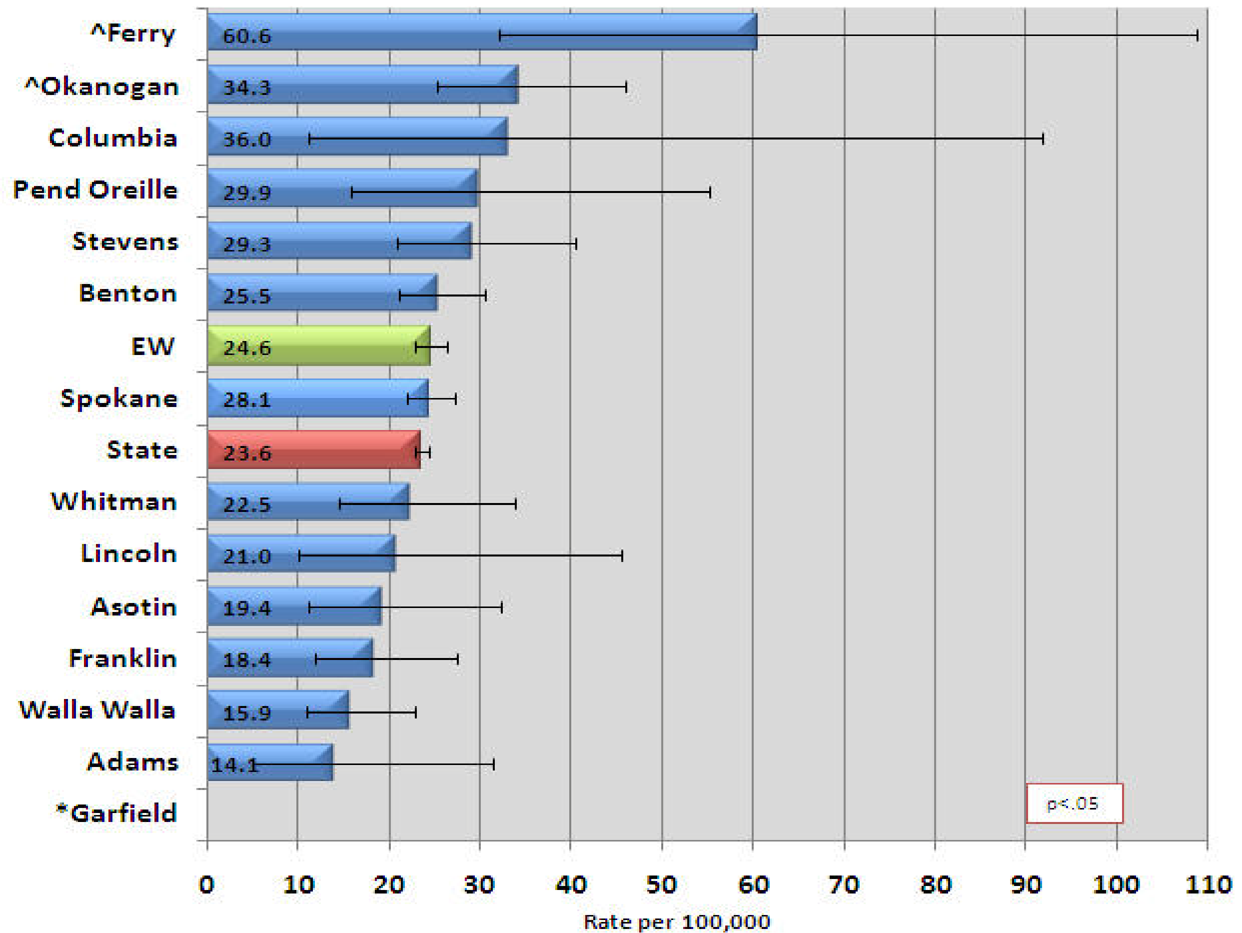


Figure 3. **Breast cancer mortality rates 2001-2006.**
Data Source: Death Certificate Data, Washington State Department of Health, Center for Health Statistics
Notes: EW = Eastern Washington; *Not calculated as number of cases is <5; Note: ^Significantly higher than Washington State

The breast cancer mortality rates for Eastern Washington, Washington State and the 14 county Affiliate service area are highlighted in Figure 3. In addition, Figure 3 illustrates that the breast cancer mortality rate for Eastern Washington was similar to Washington State. However, two of the Affiliate's counties, Ferry (60.6/ 100,000) and Okanogan (34.3/ 100,000), not only had the highest breast cancer mortality rates but their rates were significantly higher than the state.

Selection of Priority Counties
Based on review of breast cancer statistics and county demographics, the Community Profile Team, with approval from the Affiliate BOD, prioritized the northern counties of Ferry and Okanogan, home of the Colville Indian Reservation for further study. As reported earlier, Okanogan County was added to the Affiliate Service Area in November 2009 as a direct result of the last Community Profile process.

The Community Profile Team also selected two additional priority counties, Franklin and Benton, for further review. They were grouped together because they are part of the Tri-Cites area of Pasco, Richland and Kennewick along Washington's southern border. However, a quick review of Table 3 reveals several important differences between the counties. Franklin County

has less than half the population of Benton County and 27 percent of the female population of Franklin County is Hispanic compared to 7.8 percent Hispanic population in Benton County. Nineteen percent of the females in Franklin County are white while Benton County's white female population is 40 percent, one percent more than the white Non-Hispanic female population of Washington State (39 percent). Benton County's median household income ($57,018) is greater than the state's figure of $55,379 while Franklin County's median household income is $46,426, more than $10,000 less than Benton County.

The lower median household income in Franklin County may impact the insurance coverage rates as well as the education level of the adult females. There are 25.1 percent uninsured adult females in Franklin County compared to 11.06 percent in Benton and a state uninsured rate of 12.1 percent. Also of note is the over 50 percent of adult females in Franklin County who report the highest educational level they attained was high school or less.

Table 3.
State and Priority County Data.

Demographic Data	Washington State	Ferry	Okanogan	Benton	Franklin
Population					
2008 Total Population	6,587,600	7,700	40,095	165,480	70,161
2008 Female Population	3,303,082	3,692	20,030	83,043	33,485
2008 Female Population %	50.00%	48.00%	50.00%	50.00%	48.00%
Race / Ethnicity - 2008 Female Population					
White (NH)	39.00%	37.00%	36.00%	40.00%	19.00%
Black (NH)	1.80%	0.19%	0.13%	0.52%	0.66%
AIAN (NH)	0.76%	9.00%	5.50%	0.37%	0.12%
API (NH)	3.90%	0.35%	0.39%	1.40%	0.72%
Hispanic	4.30%	1.30%	8.10%	7.80%	27.00%
Median Household Income					
2010 Projection	$55,379	$35,259	$34,533	$57,018	$46,426
Education Adult Female - Highest Level Attained					
High School or less	31.50%	48.70%	48.90%	38.30%	50.60%
Insurance Coverage					
Uninsured Adult Females	12.10%	22.40%	20.80%	11.60%	25.10%

Data Source: Behavioral Risk Factor Surveillance System (BRFSS) 2006 – 2008; Office of Financial Management, Department of Health, Washington State

Notes: NH = Non Hispanic; AIAN American Indian /Alaska Native; API = Asian Pacific Islander

In addition to data regarding mammogram screening, late stage diagnosis and mortality rates already discussed, it is interesting to note that Ferry and Okanogan Counties both have a projected 2010 median household income of more than $20,000 less than the state median household income level of $55,379. In addition, Ferry (22.40 percent) and Okanogan (20.80 percent) have a significantly higher proportion of uninsured adult females than the state uninsured rate of 12.10 percent. The highest level of education attained by adult females in these two counties is also important to note and compare with the state percentage of 31.50

percent. Approximately 50 percent of the adult female population in Ferry and Okanogan Counties report achieving a high school education or less.

Conclusions

The data were examined in a variety of ways to identify target areas for further study. In addition to mammography rates, incidence, late stage diagnosis and mortality rates, historical trends were also considered including national (American Cancer Society, 2009 and Kaiser Family Foundation, June 2009) data regarding specific medically underserved groups such as Hispanic and Native American women. Income level, insurance coverage and education level were also reviewed as these factors potentially impact access to breast health services for these special populations.

While statistics and demographic data helped identify Ferry, Okanogan, Franklin and Benton as the Affiliate's priority counties, they do not address the potential gaps and needs or system barriers that may be contributing factors. In order to better understand these healthcare issues, the next section of the Community Profile will focus on an analysis of the continuum of care in the priority counties.

Health Systems Analysis of Target Communities

Overview of Continuum of Care

The Breast Cancer Continuum of Care (Figure 4) model was useful in completing the health systems analysis of the priority counties. The tool helped assess how a woman moves through the health care system to receive screening and if necessary, diagnostic tests, treatment and follow- up care for breast cancer. The model also served as a guide when assessing community resources as well as identifying gaps in and barriers to breast health services in the Affiliate's priority counties. In addition, the continuum of care model assisted the Community Profile Team assess why some women may not receive regular screenings while others who do, may not receive timely diagnostic tests or treatment. This information became an important part of the health care analysis and often varied from community to community. The individual county differences will be reported later in this section

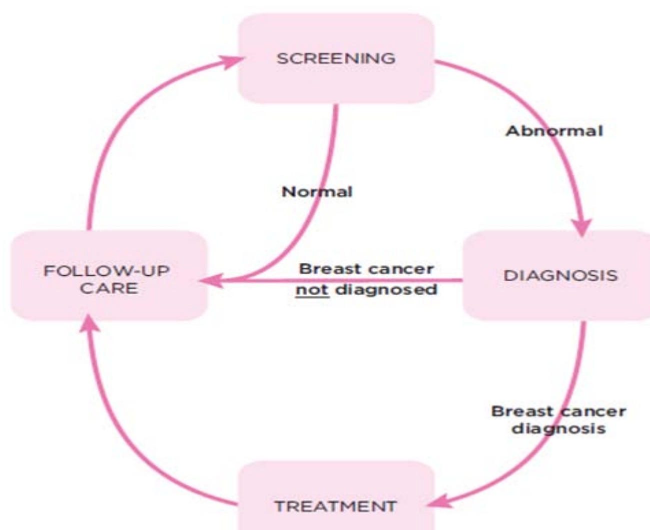


Figure 4 **Continuum of Care.**

Data Sources and Methodology

Several methods were used to gather the health care analysis data in the priority counties. These included literature review, internet searches, an updated inventory of programs and services, asset mapping and provider interviews and surveys.

A returning team member from the 2009 Community Profile process updated the programs and resources for Ferry and Okanogan Counties and manually created a paper asset map using different colored pins to visually demonstrate the findings. Four Washington State University/Tri-Cities College of Nursing senior students assessed the programs and resources in Franklin and Benton Counties and used Google GIS maps to highlight the location of the breast health services. These maps were included in a Resource Directory prepared by the nursing students for the women of the Tri-Cities.

The Community Profile Coordinator used a variety of reference sources to prepare a Provider Interview tool to gather continuum of care information from the target areas. The questions were specific to screening, diagnosis, treatment and follow-up and also included sections to gather

information about education and outreach activities and finances and collaboration with others in the target areas. The tool was designed to be used as a telephone interview but most providers preferred to complete the tool on-line at their convenience. Both methods were used to gather the data which may be a limitation. Another limitation may be the length of the tool as it took from 30 to 60 minutes to complete. The surveys were administered by members of the Community Profile Team including the WSU Community Health Nursing students working in the target counties.

A convenience sample drawn from the resources and services inventory process was used to identify respondents for the provider interviews. Interviewees represented all stages of the continuum of care and included two breast surgeons and two nurse navigators working in two different cancer centers serving both priority areas, an oncologist, an "access coordinator" from northern Okanogan county, a nurse manager of a hematology/oncology clinic, other hospital and clinic staff, four Affiliate grantees, a Washington Breast, Cervical and Colon Cancer Program (BCCHP) Coordinator, a survivor group leader, a Colville Confederated Tribes Health Programs Manager, a Tribal Clinic Public Health Nurse, and other community partners and breast cancer service providers. Twenty six provider interviews were completed throughout the four priority counties. The data from each of these providers were then analyzed for common themes using the continuum of care model as a framework.

Themes from Health System Provider Interviews

Outreach and Education – Providers interviewed from all four counties reported having limited capacity/staffing and funding to dedicate to breast health outreach and education. While some education takes place at health fairs and other local events, it is limited and does not take place on a regular basis. This is especially true in the remote areas of Ferry and Okanogan Counties. Several respondents reported that providers as well as clients needed information about resources available such as the BCCHP. The WSU Community Health Nursing Students were valuable assets in all four counties this past fall with their educational projects. This partnership could be an ongoing educational resource for the Affiliate service area.

Screening --- Access to screening mammography is available in all four priority counties, however, only by the mobile mammography coach in Ferry County. The Providence Women's Coach travels north from Spokane one or two days a month per site and is only available April through November due to severe winter weather. A second mobile mammography service from Seattle held two successful two day mammography clinics on the Colville Indian Reservation this past year. Key informants from the tribal community confirmed that Native women preferred to have a mobile unit come to them and cited financial, transportation and time issues as barriers to screening. Personal beliefs and fears as well as lack of knowledge regarding screening recommendations and the benefits of early detection were also mentioned. Okanogan County has four FDA Certified Mammography Facilities available for screening. However, all of these facilities still use film mammography which in most cases must be mailed to another facility for reading. Digital mammography is expected to be available later this year at the new Coulee Dam Hospital serving parts of Okanogan County.

There is no shortage of screening facilities in the Franklin/Benton County areas. However, several providers identified a challenge in reaching the Hispanic population regarding the

availability of these screenings. Language barriers and lack of knowledge of the resources available were cited as the major reasons for this challenge. Although several free screenings are offered annually in the Tri-Cities, several providers expressed a need for increased collaboration and support from all providers to better meet the breast screening needs of the community.
A concern mentioned frequently by providers was the amount of time between screening and diagnosis. Providers reported the time frame in terms of several weeks and one breast cancer surgeon said , " There is definitely a difference in the overall time line depending on where you live and your insurance status".

Diagnosis --- Women from Okanogan County can have additional tests and consultations in neighboring Wenatchee or Coulee Dam. Ferry County women needing diagnostic studies usually travel to Spokane or Stevens County to receive them. Providers consistently identified transportation and financial issues as impacting this follow-up care. In addition, providers from the Colville Indian Reservation spoke to the need for increased navigation through the health care maze at this point to help the women understand the process and importance of follow-up care.

There is no shortage of facilities offering diagnostic testing in the Franklin/Benton area. However, providers note that uninsured and underinsured women are the most challenging to keep in the system at this point. Approval time for funding and waiting lists for tests increase the time to diagnosis. Lack of information and knowledge of the process may cause women to drop off the continuum of care at this point.

Treatment --- Treatment availability is limited within Ferry and Okanogan Counties. While some surgical options are available, no radiation is offered in either county. Women requiring radiation must travel to Spokane, Wenatchee, Tri-Cities or Seattle. The decision is usually made based on where the woman might have family to stay with. One provider stated that the hardships of this travel to receive radiation may affect a woman's treatment decisions. Limited Chemotherapy is now available in several satellite sites in the northern counties. This new option has been beneficial to women undergoing chemotherapy for at least a portion of their treatment. Without these satellite sites women from Ferry County must travel to Spokane while Okanogan women would have to travel to either Spokane or Wenatchee for treatment. Tribal providers spoke to the hardships and barriers associated with this travel and the increased need for navigation and support during the treatment process.

Women in Franklin and Benton Counties have several full service cancer centers available to them for treatment. While the capacity of organizations to provide care for uninsured and underinsured women requiring treatment is often strained, at least two different agency providers stated that they have a policy to never turn away a client for lack of finances. Patient navigation is available in several of the facilities to assist clients locate resources. Again, several providers expressed concern regarding the length of time between diagnosis and treatment.

Washington is an Option 2 state related to the Medicaid Treatment Act. Women diagnosed through the Breast, Cervical, Colon Health Program (BCCHP) are able to transition into the Medicaid Program for their treatment. However, as of January 1, 2011, women without U.S.

citizenship will not be able to access this treatment option. The impact of this new ruling is yet to be determined for the Latino women of Washington.

Aftercare --- The time following treatment was identified by some providers as a vulnerable period for uninsured and underinsured patients. While some of the larger provider organizations have support groups and other forms of extended navigation for emotional, physical and financial concerns, some women may drop off the continuum of care following treatment. Services can become fragmented at this point. Tribal providers reported that while they do not have support groups on the reservation, their Community Health Representatives (CHR) provide one-on-one support to their Native women after treatment to help them get what they need.

Assets and Partnerships

A rewarding outcome of the Community Profile process was identifying various community assets in the priority areas and in some cases, establishing a working relationship with them. As an example, Washington State University (WSU) has three campuses within the Affiliate service area. Two of them, in Spokane and the Tri-Cities, have upper division nursing programs. Community Health nursing students from the WSU College of Nursing became valuable assets to the Community Profile Team and to the communities in which they worked. Their clinical assignments to increase breast health awareness and knowledge of resources available in the priority counties not only served the women of the target communities but also met the students' individual learning objectives. In addition, their Community Health Nursing faculty members were valuable consultants regarding qualitative research and various underserved, disparate populations. An ongoing relationship with WSU nursing students can be very helpful to the Affiliate in terms of outreach work in our large geographic service area.

Increased collaboration with several grantees and other community partners occurred during the Community Profile process. The Affiliate's relationship with the Colville Confederated Tribes in Okanogan and Ferry Counties was strengthened. Increased outreach to the Hispanic population in Franklin/Benton Counties occurred through the nursing students' work with clinics and programs specifically serving these women such as "The Community Café", La Clinica and Grace Clinic and the local Catholic Family and Child Services organization. A new relationship was also established with staff from The Center for Hispanic Health Promotion funded by the Fred Hutchinson Cancer Research Center with a goal of partnering on future projects in Franklin and Benton Counties. In addition, the Affiliate recently submitted a grant application to Yoplait Fund for the Hispanic Women (Fondo Yoplait Para La Mujer Hispana).

Public libraries in rural communities were found to be assets not only for the internet access they provide but also for the other resources available. In addition, the TeleHealth tele-communication system is available to provide support group and training opportunities in the northern counties. Local churches and community centers are also assets as places where local residents gather. The tight knit northern communities in Ferry and Okanogan Counties are almost "frontier like" in their tenacity and ability to "provide for their own". However, they lack the plethora of breast cancer services and resources available in the Tri-Cities area of Franklin/Benton Counties.

The Breast, Cervical and Colon Health Program (BCCHP) in Washington State
The Breast, Cervical and Colon Health Program (BCCHP) provide services to eligible women throughout Washington State by contracting with local healthcare providers in its seven regional service areas. Our Affiliate is served by three different BCCHP Prime Contractors – one for Spokane and eight additional northern counties, another for the south eastern, Tri-Cities area including Franklin/Benton and a third for Okanogan County and the adjoining central Washington counties not in the Affiliate service area.
According to the Washington State Department of Health (DOH) over 92,000 Washington women are eligible for breast cancer screening services through BCCHP and this number has been increasing steadily due to the recent economic downturn. While the program has increased its enrollment during 2009 and 2010 due in part to the successful, Affiliate funded "*Ask Me*" outreach program, the state/federal program can only serve about 20,000 Washington women each year because of budget constraints. While the percent of eligible women screened in Eastern Washington has also increased, it is reported to be only 10 – 15 percent, less than the 22 percent statewide figure.

Komen Eastern Washington has awarded funds to BCCHP for direct services each year since the Affiliate's incorporation. Along with the other Komen Affiliates in Washington, over $1,000,000 was granted to the program during 2010. Komen is an important part of this public/private partnership and in addition to providing funds, the Washington Affiliates also have a strong advocacy role related to the BCCHP. This advocacy work became a high priority during the 2011 state legislative supplemental budget session in response to the Governor's proposal to cut $1.5 million in current state funds from BCCHP due to the state's $4.6 Billion budget deficit. According to the Washington Department of Health, the $1.5 million cut would result in nearly 5,000 women being denied access to breast cancer screening over the first six months of 2011 – of these, more than 130 women would have been diagnosed with breast cancer. The Affiliate's seasoned Public Policy Committee responded quickly to this crisis and with assistance from the Komen Advocacy Alliance (KAA) and the other Washington Affiliates, launched a multipronged campaign to fend off these critical program cuts. The advocacy efforts were successful and the $1.5 million remained in the state's supplemental budget for BCCHP services. The Public Policy Committee will continue to be vigilant as the state's biennial budget process begins later this spring.

The Affiliate's Public Policy Committee is experienced and active in cultivating relationships with federal, state and local elected officials. Several Spokane legislators are in key positions in the Washington State legislature, including Senate Majority Leader Lisa Brown and Senator Michael Baumgartner, both members of the Senate Ways and Means Committee. U.S. Senator Patty Murray is a member of the powerful Senate Appropriations Committee and will be a key player in any upcoming federal cancer legislation. Public Policy Committee members have also promoted relationships with the U.S. Congressional District members representing the Affiliate's service area while attending several Komen Federal and State Lobby Days and visiting the legislators and their staff in district offices during the "August recess".

Conclusions
A number of themes emerged during the health system analysis. Providers have limited capacity to educate women, especially minority and immigrant women about breast cancer, the available resources and the continuum of care. This lack of funding, staffing and resources also affect provider ability to do other types of outreach to these priority populations.

Services can be fragmented for low income, uninsured women. Potential future cuts to the BCCHP will further impact services to this population. While screening mammograms (mobile mammography only in Ferry County) are available in all four priority counties, other parts of the care continuum are not as available in Ferry and Okanogan Counties as they are in Franklin and Benton Counties. In addition to differences in services available, language, lack of knowledge of resources and transportation were consistently identified as barriers to care. Providers acknowledged lack of a coordinated system to track breast health services in the target counties. Partnerships to increase capacity were suggested to assist with this health care system gap. Another concern expressed by several providers was the delay in time between screening and diagnosis as well as the time between diagnosis and treatment. These concerns will require additional study. Additional data regarding these issues may be available at the completion of a 2010 Affiliate grant awarded to Providence Regional Cancer Center for its "Screening, Diagnostics and Treatment Study".

The next section of the Community Profile presents another part of the qualitative data – a summary of findings from nine focus groups held throughout the four priority counties. Women were asked to share their knowledge of and experiences with breast cancer during these focus groups. Perceptions of breast cancer services in their communities were also assessed.

Breast Cancer Perspectives in the Target Communities

Another part of the qualitative data gathering for the Community Profile involved talking to women living in the priority counties in order to understand their knowledge, attitudes and beliefs about breast cancer and breast cancer resources in their communities. We also were interested in knowing from their experiences if they thought current education/outreach was effective and what recommendations they might have for the Eastern Washington Affiliate to reach women in their communities. To accomplish this goal the Community Profile Team chose to hold focus groups to better understand the experiences of both survivors and non-survivors in Ferry, Okanogan, Franklin and Benton Counties.

Methodology

Focus group questions and a scripted introduction covering the purpose, confidentiality and how the information from the groups would be used were developed by a Community Profile team member with qualitative research experience. Permission to hold a focus group on the Colville Indian Reservation was obtained from the Colville Tribal Council before recruiting women for that group held during a *Colville Tribal Cancer Awareness and Resources Gathering* in Nespelem, Okanogan County in late August. Twelve women were recruited for the group as they visited the Affiliate's education table at the resource fair. There were no particular criteria for the women who participated in the focus group other than attendance at the tribal gathering.

Recruitment was challenging for the remaining focus groups and varied depending upon the location and the particular target group. Community contacts including a grantee in Ferry County and the organizers of a breast cancer survivors' event in Okanogan County were helpful in recruiting participants for the remaining focus groups in those two counties.

Criteria for participation in Franklin/Benton County focus groups were not standardized except that two of the smaller groups were limited to Hispanic women in order to better understand the barriers impacting this population. Staff from a Franklin County community clinic serving uninsured/underinsured Latinos and a rural library staff member helped to recruit these women.

Procedures

The focus group discussions averaged between 45 minutes to an hour to cover the 13 scripted questions depending upon the number of women participating. The groups were facilitated by members of the Community Profile Team who had received training from the Community Profile Coordinator. The team chose not to use audio recordings to document the focus group content. Instead, each group, except one, had two note takers in addition to the facilitator to record the women's responses. These paper and pencil recordings were analyzed by team members and themes were identified. Comments were tallied according to the identified themes and rank ordered. While some common themes were noted across all focus groups there were also some differences in responses depending upon location and the specific group participating.

Participants

A total of nine focus groups were held throughout the four priority counties. Two of the smaller groups were conducted in Spanish and were led by a bilingual WSU Community Health Nursing

student who was a member of the Community Profile Team. One group in northern Okanogan County was held in conjunction with an annual breast cancer event and the 22 women attending, including eight survivors, responded to the questions in a paper and pencil format. This variation in procedure may be a limitation but was necessary due to a lack of staff/volunteers to facilitate two simultaneous groups and record the responses. A total of 62 women participated in the nine focus groups which ranged in size from two to twenty two participants.

Incentives

Food was provided at all focus groups – either snacks or a light meal. A drawing was held for a $25 VISA card at the conclusion of each discussion as an additional incentive to recruiting participants.

Focus Group Findings

The Colville Indian Reservation in Ferry and Okanogan Counties

The twelve women participating in the focus group on the Colville Indian Reservation came from both Ferry and Okanogan Counties. Several common themes were identified in their discussion regarding barriers to getting a mammogram. Fear - of something- was the reason most frequently given by women participating in this discussion. Fear of pain, test results, "I'd rather not find out", "Cancer = Death", embarrassment, bad past experiences or "because it is violating" were mentioned as some of the reasons for the fear.

The women participating also brought up finances, time, transportation, lack of knowledge, communication and confidentiality as barriers to getting a mammogram. Many commented on the lack of resources and the need to have programs and services in all four districts of the Reservation.

"Not sure when the mammo-van will be here. It only comes about once a year and is always filled up." "Some people know about it, others don't." "Don't have the money or car to go", "Transportation barriers, bad roads", "At our clinic some people are afraid that their confidentiality will be broken." "No health insurance", "Hassle, don't want to take the time to go." "Lack of information, education"

When asked "Are there things your healthcare providers could do to encourage women to seek breast health services?" several suggestions were offered.

"Act like they care. The providers don't seem to be listening.", "Don't be so rushed", "The providers make it difficult to see them – time scheduling or money are obstacles.""Better advertising for the Mammo-van", "Persistence with information to get the word out", "Reminder phone calls would help – some get them, some don't."

The women said phone calls were better than post cards because mail comes to the post office and not everyone goes in regularly to check their mail. They also said they tend to throw out what they consider junk mail postcards.

When asked who Komen might partner with to promote breast health in their communities, they suggested the Tribal Health Programs and the Community Health Resource (CHR) staff.

Republic, WA in Northern Ferry County

Ten women attended the Republic focus group and lunch held in a local café on a day that the mobile mammography van came to in this northern Ferry County town. These women also reported fear of getting "bad" results, pain and previous bad experiences as reasons for not having a mammogram. They also acknowledged the cost and infrequent availability of the mobile unit as barriers.

"It is difficult to get a slot on the mammogram van, especially with the weather limiting the van's trips to Republic." "I've had bad experience with mammography – the test itself and culturally insensitive staff." "I wish it wasn't so expensive."

The women were in agreement that "all" women needed more education about breast cancer screening and the benefits of early detection. They were "upset that the government is recommending reduced mammograms", referring to the recently released U.S. Preventive Services Task Force screening guidelines. The women suggested setting up an educational display at the annual Ferry County Fair and placing information in the free local newspaper, *The View,* as ways to reach the county residents with Breast Self Awareness (BSA) messaging.

Brewster, WA in Okanogan County

As discussed earlier, 22 women attending an annual breast cancer event in Brewster completed the focus group questions in a paper and pencil format. When asked to "List some reasons why you think women do not go in for mammograms", fear of something was again the most frequent response --- fear of bad news, fear of finding cancer, fear of radiation. Lack of insurance and the cost of mammograms were the next most commonly given responses. These women suggested churches, the fruit packing sheds and healthcare provider offices as places to distribute breast health information. They recommended community forums, health fairs and the media as the best ways to share information with their communities. When asked what healthcare providers could do to encourage women to seek breast health services, education regarding prevention and promoting BSA messaging were the most frequently mentioned strategies.

Eight survivors attending the Brewster event shared information regarding their breast cancer experience. All had traveled to Wenatchee, 65 miles away in an adjoining county, for their surgery, radiation and oncology follow up. One reported receiving chemotherapy in a satellite clinic in Okanogan County. When asked about any challenges or barriers they experienced during diagnosis and treatment, three said they had "none" while others stated:

"*There were many – transportation to treatment, care of children, help with home*", "*Mostly my own lack of knowledge of options*.", "*Living daily life and not knowing what was around the next corner.", "Our Pink Panthers Support Group was a big help."*

Franklin County Focus Groups in the Tri-Cities

Three small focus groups were held in Franklin County. Two were held in Pasco and the other in more rural Connell, WA. The Pasco groups were limited to Hispanic women and facilitated by a bi-lingual WSU Community Health Nursing Student. When asked about barriers to getting their screening mammograms, the Hispanic women offered several reasons:

“ *They have a fear of finding out about cancer”, “It’s not a priority for them to get screened”, “They are in denial”, “I don’t have insurance. Everything related to medicine and screening is really expensive.”, “I don’t know where to go for free screenings – if it’s not free, many women don’t get mammograms because it is too expensive.”, “I don’t know what’s available – knowing the resources is important.”*

They had several suggestions regarding additional services needed and/or reaching the women in their communities.

“More free services”, “It would be better if someone spoke Spanish.” “Trying to get the Hispanic community involved is important.” “Orientations and meetings in Spanish to educate women about mammograms.” “Take the information to where the women are.”

Benton County Focus Groups in the Tri-Cities

Two additional focus groups were held in the Tri-Cities area, one with a small group of staff members at Washington State University and another at a ReMax real estate office. The ten Caucasian women who participated in these discussions identified some of the same barriers to receiving mammography that have been previously reported --- fear of getting diagnosed, cost- “even deductibles are high”, and that they are too busy to find the time, “it’s inconvenient”.

“Women who have insurance are busy and don’t have time to go. It would be great if there was a mobile clinic that came to the workplace making mammograms more accessible.”
Regarding their Hispanic neighbors, one of the Caucasian women attending stated,
“*They don’t speak English and they do not understand what they have to do or where they have to go. It would be easier for this population if more places had interpreters that would explain to these patients why they need yearly mammograms and how to pay for them, etc.” “Also, if they don’t “have their papers”, they are afraid of being deported”.*

Conclusions

There were several similarities in themes from the various focus groups regarding barriers to receiving mammograms - but also some important differences. Many women talked about some level of fear associated with the procedure, the cost and time inconvenience of getting a mammogram and the need for additional breast health education and outreach. However, there were differences in responses depending upon the particular county where the women came from and in two cases, the ethnic/racial background of the respondents.

Hispanic women in Franklin County report not being aware of the breast health resources available to them. However, according to provider interviews, it appears there have been several free mammogram clinics offered in their community. This difference in perception contributes to an important gap in the continuum of care for Hispanic women in Franklin and Benton Counties. On the other hand, women living on the Colville Indian Reservation in Ferry/Okanogan County have many less resources available to them, also validated by provider interviews and asset mapping. This reality as well as cultural influences may have impacted some of their focus group responses.

Evaluation of the priority counties' exploratory data will not be complete until the information is compared to previous statistical findings.   The relationships between the qualitative and quantitative data will be discussed in the final section of the Community Profile.

Conclusions and Action Plan

Target Community Findings

Several important statistics from the quantitative data review led to the selection of Ferry, Okanogan, Franklin and Benton as the Affiliate's priority counties for the 2011 Community Profile. According to BRFSS, 2006-2008 data, Ferry County (33.2 percent) and Okanogan County (25.9 percent) had a significantly higher proportion of women reporting having mammogram screening more than two years from their last screening than the state (19.6 percent) and Eastern Washington rate (20.1 percent). These two counties have less screening resources than Franklin and Benton and the women of Ferry County have to depend on mobile mammography for their screening.

Late stage diagnosis is a crucial indicator when identifying the breast health of a community and one of the most important factors in determining the prognosis and treatment options for breast cancer. Ferry County (36.7 percent) and Franklin County (36.0 per cent) had proportions of late stage breast cancer diagnoses significantly higher than the state rate of 27.9 percent. It is interesting to note that Ferry County has the highest percentage of Native Americans (9.0 percent) relative to the total population of the county in the state and Franklin County's Hispanic population is 27 percent, also higher than any other county in Washington. The proportion of late stage diagnoses for the other priority counties was 31.2 percent for Benton and 26.1 percent for Okanogan.

Breast Cancer Mortality rates were calculated from Washington DOH Death Certificate Data. The counties with the highest mortality rates, significantly higher than the state rate of 23.6/100,000 were Ferry (60.6/100,000) and Okanogan (34.3/100,000). The Colville Indian Reservation is located in both Ferry and Okanogan County. The Affiliate was given approval by Komen Headquarters in November 2009, as a direct result of the 2009 Community Profile Process, to add Okanogan County to the service area in order to address the needs of this community.

In addition to data regarding mammogram screening, late stage diagnosis and mortality rates, it is interesting to note that Ferry and Okanogan Counties both have a projected 2010 median household income $20,000 less than the state median household level of $55,379. In addition, Ferry (22.4 percent) and Okanogan (20.8 percent) have a significantly higher proportion of uninsured adult females than the state uninsured rate of 12.1 percent. Approximately 50 percent of the adult females in these two counties report having achieved a high school education or less compared to the state rate of 31.5 percent for this level of achievement.

The other two priority counties, Franklin and Benton, were grouped together because they make up the industrial and agricultural Tri-Cities area of Pasco, Richland and Kennewick along the southern border of Washington. However, there are several important differences between the two adjoining counties. Franklin County has half the population of Benton County and 27 percent of that population is Hispanic compared to 7.8 percent Hispanic population in Benton County. The projected 2010 median household income in Franklin County ($46,426) is more than $10,000 less than Benton County's $57,018 median income. Uninsured females in Franklin

County make up 25 percent of the population compared to 11.6 percent in Benton County. Regarding education level, 50.6 percent of Franklin County women report achieving a high school or less education compared to Benton County's 38.3 percent. The presence of Washington State University Tri-Cities and several industries and healthcare facilities in Benton County may contribute to the differences in education, insurance coverage and median household income between the two counties. These factors potentially impact access to breast health services for the women of these communities.

Health Systems Conclusions

A number of themes emerged during the health systems analysis. Providers have limited capacity to educate women, especially minority and immigrant women, about breast cancer, the available resources and the continuum of care. This lack of funding, staffing and resources also affect the providers' ability to do other types of outreach to these priority populations. Services can be fragmented for low income, uninsured women. Potential cuts to the BCCHP will further impact services to this population and will necessitate ongoing advocacy by the Affiliate. While screening mammograms (mobile mammography only in Ferry County) are available in all four priority counties, other aspects of the care continuum are not as available in Ferry and Okanogan Counties as they are in Franklin and Benton Counties. In addition to differences in services available depending upon location and insurance status, language, lack of knowledge of resources and transportation issues were identified as barriers to care by the providers interviewed. Providers also acknowledged lack of a coordinated system to track breast health services in the target counties. Partnerships to increase capacity were suggested to assist with this systems gap.

Another concern expressed by several providers was the delay in time between screening and diagnosis as well as the time between diagnosis and treatment. These concerns will require additional study. Additional data regarding these issues may be available at the completion of a 2010 Affiliate grant awarded to Providence Regional Cancer Center for its "Screening, Diagnostics and Treatment Study".

Community Perspectives Conclusions

There were several similarities in themes from the various focus groups regarding barriers to receiving mammograms – but also some important differences. Many women talked about some level of fear associated with the procedure, the cost and time inconvenience of getting a mammogram and the need for additional breast health education and outreach. However, there were differences in responses depending upon the particular county where the women came from and in two cases, the ethnic/racial background of the respondents.

Hispanic women in Franklin County reported not being aware of the breast health resources available to them. However, according to provider interviews, it was reported that a number of free mammogram clinics had been offered in the community. This difference in perception contributes to an important gap in the continuum of care for Hispanic women in Franklin and Benton Counties. On the other hand, women living on the Colville Indian Reservation in Ferry/Okanogan County have many less resources available to them, also validated by provider interviews and asset mapping. This reality, as well as cultural influences, may have impacted some of their focus group responses.

Priority Setting Process
Members of the Community Profile Team reviewed the overall data and identified three priority needs related to *Education/Awareness, Access and Barriers to care* for the Affiliate's consideration. In order to encourage "ownership" of the Action Plan, board members were asked to identify objectives that their particular area of responsibility (e.g., Education, Public Policy, Grants) could accomplished given the Affiliate's resources. The C.P. Coordinator reported to the BOD at two meetings during the seven month C.P. process and provided monthly e-mail updates to keep board members informed regarding the process.

2011 – 2013 Affiliate Priorities and Objectives

The timeline to complete the activities in the Action plan is April 1, 2011 to March 31, 2013. While the three priorities will apply to the entire Affiliate service area, special emphasis will be given to Ferry, Okanogan, Franklin and Benton Counties.

Priority 1: Increase breast health awareness and education, including prevention and screening information, particularly among rural, minority, low literacy and English as second language populations.

Objective 1: Maintain partnership with WSU Community Health Nursing students and instructors to provide culturally appropriate breast health messages to the women of Ferry, Okanogan, Franklin and Benton Counties.

Objective 2: Establish partnership with a local bilingual newspaper and/or radio station in Franklin, Benton and Okanogan Counties to provide culturally appropriate breast health information to Hispanic women.

Objective 3: Partner with Tribal Health Programs in Ferry and Okanogan Counties to increase Affiliate visibility and breast health messages at Tribal events.

Objective 4: Partner with Franklin/Benton County grantees at the *Latino Business, Consumer and Career Expo* in the Tri-Cities.

Objective 5: Partner with the Tri-Cities arena football team to provide bilingual breast health information at their spring charity sporting event.

Priority 2. Increase access to screening services for underserved and uninsured rural, minority, low literacy and English as second language populations.

Objective 1: Promote systems solutions by partnering with other organizations to increase screening services to women of the priority counties.

Objective 2: Hold grant writing teleconference prior to RFP date to inform potential grantees regarding the Affiliate's new priorities.

Objective 3: Explore Affiliate process/ability to increase funding to BCCHP.

Objective 4: Continue partnership with Puget Sound and S.W. Washington Affiliates to advocate for maintenance of and/or increased state and federal funding for the Washington BCCHP.

Objective 5: Continue to promote relationships with U.S. Congress members McMorris –Rodgers (5th Congressional District), Hastings (4th Congressional District) and

Senators Murray and Cantwell during Komen Lobby Day and August recess visits in their District offices to advocate for federal breast cancer access legislation.

Priority 3. Reduce barriers to obtaining breast health services, including fear, cultural incongruence, financial, transportation and childcare, particularly among rural, minority, low literacy and English as second language populations.

Objective 1: Promote collaboration among health care and social services organizations to reduce barriers to breast health services.

Objective 2: Establish a presence and partnership with the Hispanic community to promote effective dissemination of breast cancer information and services to Latino women.

Objective 3: Promote relationship with the Native American Community by attending Tribal events in Affiliate's northern counties including Ferry and Okanogan.

Objective 4: Partner with local organizations (e.g., Inland Imaging, Spokane Regional Health District, etc.) to establish mechanisms to maintain updated resource guide and address needs identified in the six Eastern counties' *Screening, Diagnostics and Treatment Study* currently being conducted by Providence Regional Cancer Center with a 2010 Affiliate grant.

References

American Cancer Society, (2009). *Cancer Facts and Figures for Hispanics/Latinos 2009-2011.*Atlanta: American Cancer Society. Available at http://www.cancer.org/acs/groups/content/

Death Certificate Data, Washington State Department of Health, Center for Health Statistics. 2001-2006.

Kaiser Family Foundation. (June 2009). *Putting Women's Health Care Disparities on the Map: Examining Racial and Ethnic Disparities at the State level.* Henry J. Kaiser Family Foundation.

Susan G. Komen for the Cure® Eastern Washington Affiliate Community Profile. 2009. Available at http://www.komeneasternwashington.org

Washington State Cancer Incidence Data: Washington State Department of Health, Washington State Cancer Registry, released January 2010.

Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS), 2006-2008.

Washington State Department of Health, Office of Financial Management, Population Statistics 2008.

Calculation and presentation of data by Spokane Regional Health District, Community Health Assessment Department.