susan g. komen®

COMMUNITY PROFILE REPORT 2015

SUSAN G. KOMEN®
SOUTH CENTRAL WISCONSIN

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Acknowledgments

The Community Profile Report could not have been accomplished without the exceptional work, effort, time and commitment from many people involved in the process.

Susan G. Komen® South Central Wisconsin would like to extend its deepest gratitude to the Board of Directors and the following individuals who participated on the 2015 Community Profile Team:

Julie Brinen
Grants and Mission Manager
Susan G. Komen South Central Wisconsin

Traici Brockman, MPH
Independent Consultant

Sandy Derer
Administrative Officer
W. Jerome Frautschi Foundation

Michelle Heitzinger
Executive Director
Susan G. Komen South Central Wisconsin

Magda Kmiecik, MSW
Community Volunteer

Laura E. McFarlane, J.D.
Attorney
Bell, Moore & Richter, S.C.

Chloe Nelson, MSW
Independent Consultant

A special thank you to the following entities for their assistance with data collection and analyses, as well as providing information included in this report:

- Catholic Multicultural Center
- Goodman Community Center
- Mercy Hospital
- Sauk Prairie Clinic
- South Central Wisconsin Well Woman Program Coordinators
- UW Breast Center

Report Prepared by:

Susan G Komen® South Central Wisconsin
8030 Excelsior Dr., Lower Level
Madison, WI 53717
608-836-1083
www.komen southcentralwi.org/
Contact: Michelle Heitzinger

Executive Summary

Introduction to the Community Profile Report

Susan G. Komen® South Central Wisconsin (formerly known as the Madison Affiliate) was incorporated in 1999. However, it held its first Komen Race for the Cure® in May 1998 with approximately 3,000 participants. The most recent race, held on May 31, 2014, had nearly 7,000 participants, and 450 volunteers helped coordinate and run the event. Since its inception, the Affiliate has invested over $5.8 million in local breast cancer programs through grants given to 28 community organizations. The Affiliate's service area includes the following eight counties in South Central Wisconsin: Columbia, Dane, Dodge, Green, Iowa, Jefferson, Rock, and Sauk.

Funds generated from the continued success of the Race and other key fundraising events have enabled the Affiliate to provide funding to community partners to support breast cancer awareness, screening, treatment, and survivorship. The Affiliate's efforts have expanded to create close collaborations with the Wisconsin Well Woman Program (WWWP), a screening and treatment resource for low-income and uninsured women, the Madison & Dane County Public Health Department, the Wisconsin Cancer Council (WCC), and the Latino Health Council. Additionally, the Affiliate has developed pilot educational programs for low-income neighborhood centers, the Dane County jail, local homeless shelters, and drug and alcohol treatment centers. The Affiliate also developed media messaging in English and Spanish to support efforts encouraging uninsured and underinsured women's use of the WWWP and its Komen Treatment Access Fund (KTAF). The KTAF offsets financial costs related to breast health services and cancer care for women who have exhausted all available options and still struggle to finance care. The Affiliate has established ties with state and federal legislators from Wisconsin and continues to influence public policy at the state and national level.

The Affiliate is actively involved with the Wisconsin Comprehensive Cancer Control Plan's (WI CCC Plan) Cancer Coalition as one of its member organizations. Notably, the Affiliate provided support in creating "Wisconsin's Breast Cancer Task Force: Creating Change through Collaboration", and the Affiliate's Executive Director and Grants Coordinator, along with other staff and volunteers, are active members of the Wisconsin Breast Cancer Task Force (WBCTF). As part of the WBCTF, the Affiliate has been a leader in providing support for the WBCTF research and analysis. The Affiliate's staff and Board Members have also served on various committees for the Cancer Coalition, such as the Public Policy Committee. The Affiliate provided support in creating "Wisconsin Breast Cancer Task Force Provider Survey Report of Findings: Dane County." In addition, the Affiliate was one of the organizations that provided input in developing and reviewing the WI CCC Plan.

The purpose of the Community Profile Report is to provide a comprehensive picture of the state of breast health services and needs in the South Central Wisconsin area. The findings of this report will be used to help the Affiliate:

- Engage in strategic planning and develop more focused partnerships in the Affiliate's service area
- Develop target communities that will be the focus of future grantmaking priorities
- Direct education and marketing efforts to places where women most lack knowledge of the services available

- Educate health service providers of the breast health needs, challenges, and opportunities for change in the Affiliate service area
- Educate state and local politicians on the breast health needs for the service area and state as a whole with other Affiliates in Wisconsin

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

The Affiliate's Community Profile Team used the Quantitative Data Report (QDR) provided by Komen Headquarters as well as consulted other data sources to help determine what target communities should be selected for this report. Some of the other data sources reviewed included: the 2014 Wisconsin County Health Rankings, a comprehensive report which ranks all 72 of Wisconsin's counties on a number of health outcomes (e.g. length of life and quality of life) and health factors (e.g. health behaviors, clinical care, social and economic factors and the physical environment); the Healthiest Wisconsin 2020 Baseline Disparities Report, which was a review of Wisconsin's state health plan (similar to the national Healthy People 2020 report) and a deep review of state health disparities. Part of the reason for consulting other data sources and reports was that for many of the Affiliate's service area counties the QDR showed little to no data and that made it difficult to draw conclusions as to what might be happening in those counties. Here are some of the findings in relation to quantitative data:

- Rock County places in the bottom quartile in each of the ranking areas (health outcomes and health factors). All of the other counties in the Affiliate service area rank in the top half of the state's counties in one or both of the ranking areas.
- Median household income for Blacks/African-Americans in Wisconsin is $27,400 and $36,800 for Hispanic/Latinos compared to $53,000 for Whites.
- The poverty percentages for Blacks/African-Americans in Wisconsin is 39.0 percent and 28.0 percent for Hispanics/Latinos compared to just 10.0 for Whites.
- 40.0 percent of Hispanics/Latinos in Wisconsin over the age of 25 have less than a high school education; the percentage for Blacks/African-Americans is 21.0 percent and Whites 9.0 percent.
- 35.0 percent of Hispanics/Latinos in the state lack health insurance coverage compared to 19.0 percent of Blacks/African-Americans and 13.0 percent of Whites.
- Black/African-American (18.0 percent), Hispanic/Latino (20.0 percent), and Asian (21.0 percent) residents are more likely to be unable to obtain needed medical care due to cost; about 10.0 percent of White residents report difficulties obtaining medical care because of cost.
- 34.0 percent of low-income residents (defined as <$20,000/year) lack health insurance coverage.
- Low-income residents are more likely to have not had a doctor's appointment in the past year (36.0 percent), not have a personal doctor (22.0 percent) and are unable to obtain care due to cost (27.0 percent).
- 33.0 percent of women aged 50+ with less than a high school education report not having had a mammogram in the past two years; even 22.0 percent of those with at least some college level education also report not having had a mammogram in the past two years.
- 26.0 percent of residents in non-metropolitan counties are low-income. Non-metropolitan counties are areas that are considered rural according to the National Center for Health Statistics (NCHS) Urban-Rural Classification Scheme. Non-metropolitan counties have

less than 50,000 residents. In the Affiliate service area, Dodge, Green, Jefferson, and Sauk are considered non-metropolitan counties.
- Non-metropolitan counties have a larger share of residents lacking health insurance as compared to metropolitan counties.
- Non-metropolitan counties have a larger share of residents reporting not having had a doctor's appointment in the last year (37.0 percent) and not having a personal doctor (19.0 percent).

Given the data above, the Affiliate's Community Profile Team chose Rock County, minority women across the Affiliate service area and low income/uninsured women across the Affiliate service area as target areas. What follows is some explanation for each choice:

- Rock County was chosen as a target area because data from the QDR and further exploration consistently showed great need. Rock County ranks low in the county health rankings, has greater unemployment, a lower median income, and higher rates of smoking and obesity than other counties in the Affiliate's service area (2014 Wisconsin County Health Rankings). Also, according to the QDR, Rock County will take 12 years to achieve the Healthy People 2020 breast cancer death rate target. The QDR has classified Rock County as a medium high priority community.
- Minority women were also chosen as a target community because they face consistent disparities in access to care and socioeconomic barriers. They are less likely to be insured, report having difficulties seeing a doctor because of cost, or report not having a personal doctor at all, and have lower median incomes and educational attainment, which tend to be key predictors of whether a person has health insurance coverage. It's important to focus on this group because the Affiliate's service area as a whole is substantially non-minority and more affluent, and the larger numbers of those groups mask and exacerbate existing and sometimes growing disparities. While minority communities are small now, they are growing, specifically the Hispanic/Latino ethnicity which saw a 73.0 percent increase from 2000 to 2010.
- Low-income/uninsured women were chosen as the third target area because, similarly to minority women, low-income/uninsured women face disparities in access to care and socioeconomic barriers.

Health System and Public Policy Analysis

For the health systems and public policy analysis the Affiliate's Community Profile Team reviewed the continuum of care for each target community, performed a detailed analysis of available breast health services for each target community, discussed the current Affiliate partnerships, discussed the reach and state of the Wisconsin Well Woman Program (WWWP) – the state's National Breast and Cervical Cancer Early Detection Program, the state's cancer control plan, and implications of the Affordable Care Act.

The continuum of care refers to the necessary relationship between breast cancer screening, diagnosis, treatment, follow-up, and the ongoing need for education throughout a woman's breast cancer experience. Analysis of the continuum of care for each target community revealed the following:

- In Rock County, there is an array of breast health services available along the continuum; however women must be having trouble adequately accessing these

services as shown by of the negative health outcomes for Rock County that women revealed in the quantitative data analysis.
- For minority women there is a large gap in services targeted to this community along the continuum. Only three of the counties – Dane, Iowa, and Sauk -in the Affiliate's service area had specific breast health programs and services for this community.
- For low-income/uninsured women, only Sauk County had specific services for this group, once again revealing a huge gap across the continuum.

The partnership analysis revealed that the Affiliate is well-connected with community groups in Dane County. There are some connections with community groups in the remaining counties of the Affiliate service area, to the extent that these types of groups exist. However, it should be noted that not all of the counties besides Dane have robust community centers or formal community organizations. While more rural parts of the service area lack formal community organizations, the Affiliate is committed to seeking out informal but respected groups for partnership to better reach women in these areas.

The WWWP treats eligible low-income and uninsured women. It provides screening for all eligible women; it can provide treatment for breast cancer through Medicaid for eligible women who are US citizens. The WWWP is undergoing a key re-structuring process which will affect service delivery. It is too early to speculate on the impact of changes to women served due to the proposed re-structuring. The Affiliate has supported the WWWP via grant funding and as a stakeholder providing input on the service delivery re-structuring.

Qualitative Data: Ensuring Community Input

Given the findings of the quantitative analysis, selection of the target communities, and health system and public policy analysis, the Affiliate's Community Profile Team chose to focus on a few key areas during the qualitative analysis.
- A focus group was held in Rock County to delve deeper into women's experiences along the continuum of care in this community.
- A focus group was held in Sauk County to be able to gain perspective from women in rural communities.
- A focus group was held with Spanish speaking women to gain perspective of the issues of this particular minority group.
- A focus group was held with WWWP clients to determine women's experiences along the continuum of care that are low-income/uninsured.
- The Affiliate also chose to conduct key informant interviews with doctors, nurses, and breast health navigators.

A few overall themes emerged from the focus groups and key informant interviews:
- Finances are a huge barrier for many women, especially during the treatment process.
- Transportation is a barrier for many women in rural areas where they often need to travel long distances to obtain necessary care.
- Lack of insurance or being underinsured affects the type and comprehensiveness of treatment women are able to obtain.
- Lack of knowledge often came up in regard to women knowing what programs and services are available to help them through the continuum of care.

- Culture and language barriers had the potential to interfere with quality of care.
- Breast health navigators were viewed as a vital resource – women who had them felt they were indispensable and women who didn't have them wished they had.

Mission Action Plan

In order to develop the problem statements, priorities, and objectives for the mission action plan the Community Profile Team met and discussed the summary of the quantitative data analysis, health system and public policy analysis, and qualitative data analysis sections. Team members discussed key conclusions and need indicators for each target community that led to the development of each problem statement, priorities and objectives. Discussion and general consensus of the Community Profile Team was used to create the mission action plan below.

Target Community: Rock County

Problem Statement: Rock County has socioeconomic indicators that make it difficult to access quality health care services – high unemployment and high rates of people not having insurance. According to the quantitative data analysis, it will take 12 years for women in Rock County to meet the Healthy People 2020 breast cancer death rate target. Health system and public policy analysis uncovered a wide array of breast cancer services in the county along the continuum of care; but focus group and key informant interviews revealed barriers preventing women from adequately being able to access the broad array of breast cancer services in the county.

Priority 1: Increase access to breast health services in Rock County.

Objective 1: In FY 16 – FY 19 hold a minimum of one annual collaborative meeting with health care facilities in Rock County to educate stakeholders on breast health services resources available in the community to move women through the continuum of care.

Objective 2: A key funding priority of the FY 16 – FY 19 Community Grant RFA will be developing or improving patient navigation programs for women diagnosed with breast cancer in Rock County.

Priority 2: Addressing barriers that make it difficult for women in Rock County to seek or continue breast cancer screening and treatment.

Objective 1: A key funding priority of the FY 16 – FY 19 Community Grant RFA will be developing, improving, and supporting programs in Rock County that assist women in breast cancer treatment with meeting basic needs (e.g. transportation, housing, and childcare).

Objective 2: A key funding priority of the FY 16 – FY 19 Community Grant RFA will be developing, improving, and supporting outreach and survivorship programs in Rock County that are culturally appropriate and competent.

Target Community: Minority women

Problem Statement: Minority women across the Affiliate's service area experience socio-economic disparities such as lower median incomes, higher rates of unemployment and health insurance coverage. Health system analysis also showed very few programs and services with a focus specifically on minority populations. Focus group and key informant interviews also revealed that minority women have issues receiving culturally appropriate breast health services and that language is often a key barrier to accessing breast health services and successfully completing treatment.

Priority 1: Increase cultural sensitivity and competency within the breast health continuum.

Objective 1: In FY 16 – FY 19 hold a minimum of one annual collaborative meeting with health care facilities across the Affiliate's service area to educate stakeholders on the breast health services needs of minority women.

Objective 2: In FY 16 facilitate at least one meeting with women leaders in communities of color to determine key factors in providing culturally sensitive breast health services to minority women.

Priority 2: Addressing barriers that make it difficult for minority women to seek or continue breast cancer screening and treatment.

Objective 1: A key funding priority of the FY 16 – FY 19 Community Grant RFA will be developing or improving outreach and survivorship programs that are culturally appropriate for minority women.

Objective 2: A key funding priority of the FY 16 – FY 19 Community Grant RFA will be developing, improving, and supporting outreach and survivorship programs that are culturally competent for minority women.

Objective 3: A key funding priority of the FY 16 – FY 19 Community Grant RFA will be developing or improving patient navigation programs that provide bi-lingual services.

Target Community: Low-income/uninsured women

Problem Statement: Low-income/uninsured women face socio economic disparities that make it more difficult to seek and access care. Health system analysis revealed many facilities do not have specific services for these women and key informant and focus group interviews revealed that there is a lack of knowledge of where these women can go to seek and receive breast health care along the continuum. The lack of services available also leads to many women traveling long distances in order to receive breast health care.

Priority 1: Improving outreach so that low-income/uninsured women receive information on where they can go to seek and receive breast health care along the continuum as well as where and how to access financial resources.

Objective 1: In FY 16 – FY 19 work to develop partnerships with four community groups that work with low-income and uninsured women in the Affiliate's service area outside of Dane County.

Objective 2: In FY 16 facilitate at least one meeting with community partners to develop strategic plan for FY 17 – FY 19 that addresses disseminating breast health information (screening, treatment, and survivorship) as well as available community resources and programs to low-income/uninsured women in the Affiliate's service area.

Priority 2: Improving access to care along the continuum

Objective 1: In FY 16 – FY 19 hold a minimum of one collaborative meeting with health facilities across the Affiliate's service area to address dearth of services available for low-income/uninsured women and strategize possible solutions to this problem.

Objective 2: A key funding priority of the FY 16 – FY 19 Community Grant RFA will be developing and/or improving patient navigation programs that assist low-income and uninsured women with navigating the continuum of care.

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

Introduction

Affiliate History

Susan G. Komen® South Central Wisconsin (formerly known as the Madison Affiliate) was incorporated in 1999. However, it held its first Komen Race for the Cure® in May 1998 with approximately 3,000 participants. The most recent race, held on May 31, 2014, had nearly 7,000 participants and 450 volunteers helped coordinate and run the event. Since its inception the Affiliate has invested over.5.8 million in local breast cancer programs through grants given to 28 community organizations.

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The Affiliate is actively involved with the Wisconsin Comprehensive Cancer Control Plan's (WI CCC Plan) Cancer Coalition as one of its member organizations. Notably, the Affiliate provided support in creating "Wisconsin's Breast Cancer Task Force: Creating Change through Collaboration", and the Affiliate's Executive Director and Grants Coordinator, along with other staff and volunteers, are active members of the Wisconsin Breast Cancer Task Force (WBCTF). As part of the WBCTF, the Affiliate has been a leader in providing support for the WBCTF research and analysis. The Affiliate's staff and Board Members have also served on various committees for the Cancer Coalition, such as the Public Policy Committee. The Affiliate provided support in creating "Wisconsin Breast Cancer Task Force Provider Survey Report of Findings: Dane County." In addition, the Affiliate was one of the organizations that provided input in developing and reviewing the WI CCC Plan.

Affiliate Organizational Structure

The Affiliate is governed by a 15-member Board of Directors. Board members may serve up to two consecutive three-year terms. Officers of the Board include the President, President-elect, Vice President, Treasurer, and Secretary. Since its establishment, the Affiliate's Board has expanded its efforts to include strategic recruitment of Board committee members that have experience across a variety of disciplines including marketing, education outreach, public policy, legal, and accounting. These efforts have allowed the Affiliate to have internal access to

necessary expertise and to expand advocacy efforts for issues pertaining to breast health and breast cancer at the state level.

The Affiliate employs a full time Executive Director who manages day-to-day operations and reports to the Board; one full-time Development Director; one half-time Race Coordinator; one half time Grants and Mission Manager and an Affiliate Administrator. There is a strong group of volunteers that offer support to the Affiliate across a variety of activities. The volunteer Race Chair heads a 30-member volunteer Race committee and manages the approximately 450 race volunteers. Figure 1.1 is an organizational chart for the Affiliate.

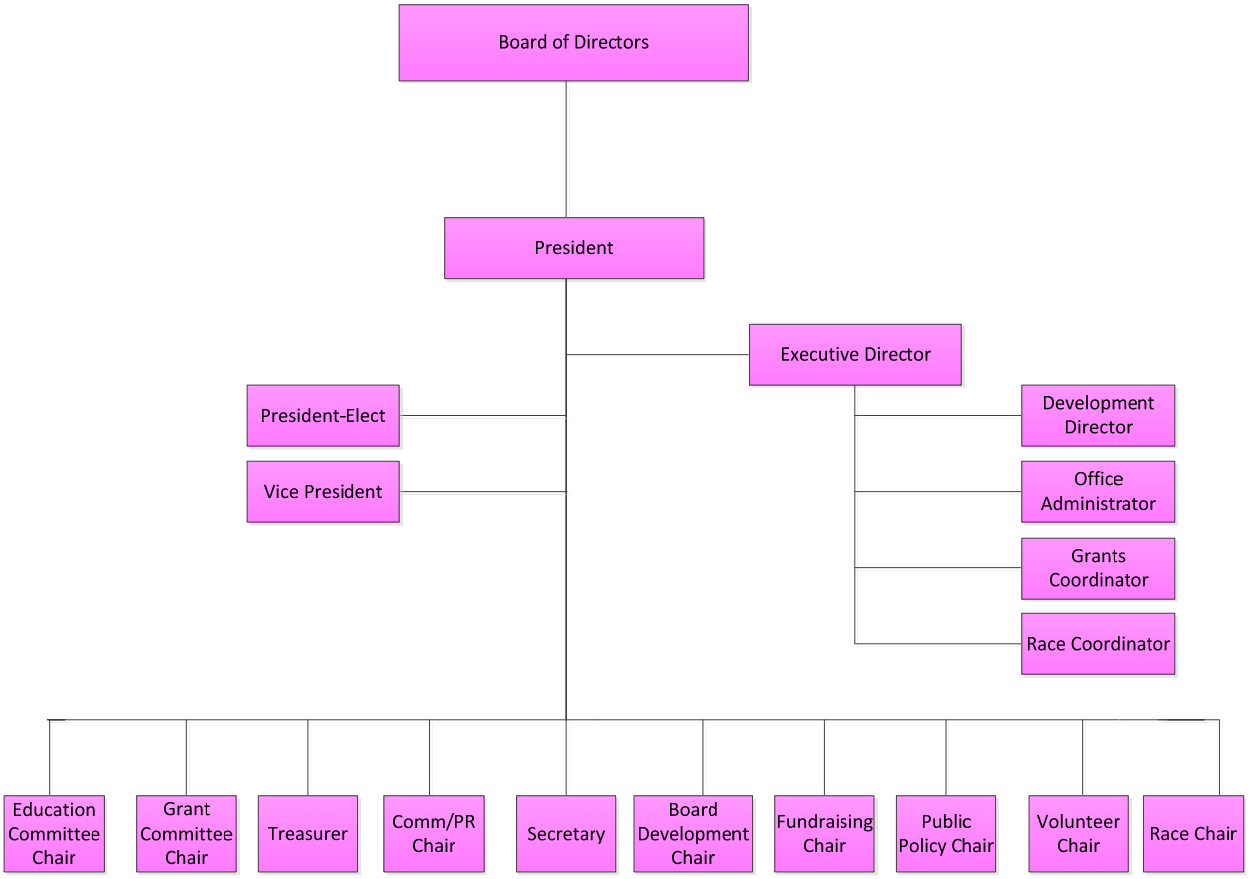


Figure 1.1. Susan G. Komen South Central Wisconsin organizational chart

Affiliate Service Area

The Affiliate's service area includes Columbia, Dane, Dodge, Green, Iowa, Jefferson, Rock and Sauk Counties in South Central Wisconsin (Figure 1.2). The Affiliate is located in Madison, the largest city in Dane County. Madison is also the state's capital which provides ready access to state policymakers and health agencies. The service area is also home to the state's flagship university, the University of Wisconsin-Madison, which is a world renowned, tier-1 research institution. The University houses the Paul C. Carbone Comprehensive Cancer Center, which is committed to cutting edge research in cancer treatment and cures.

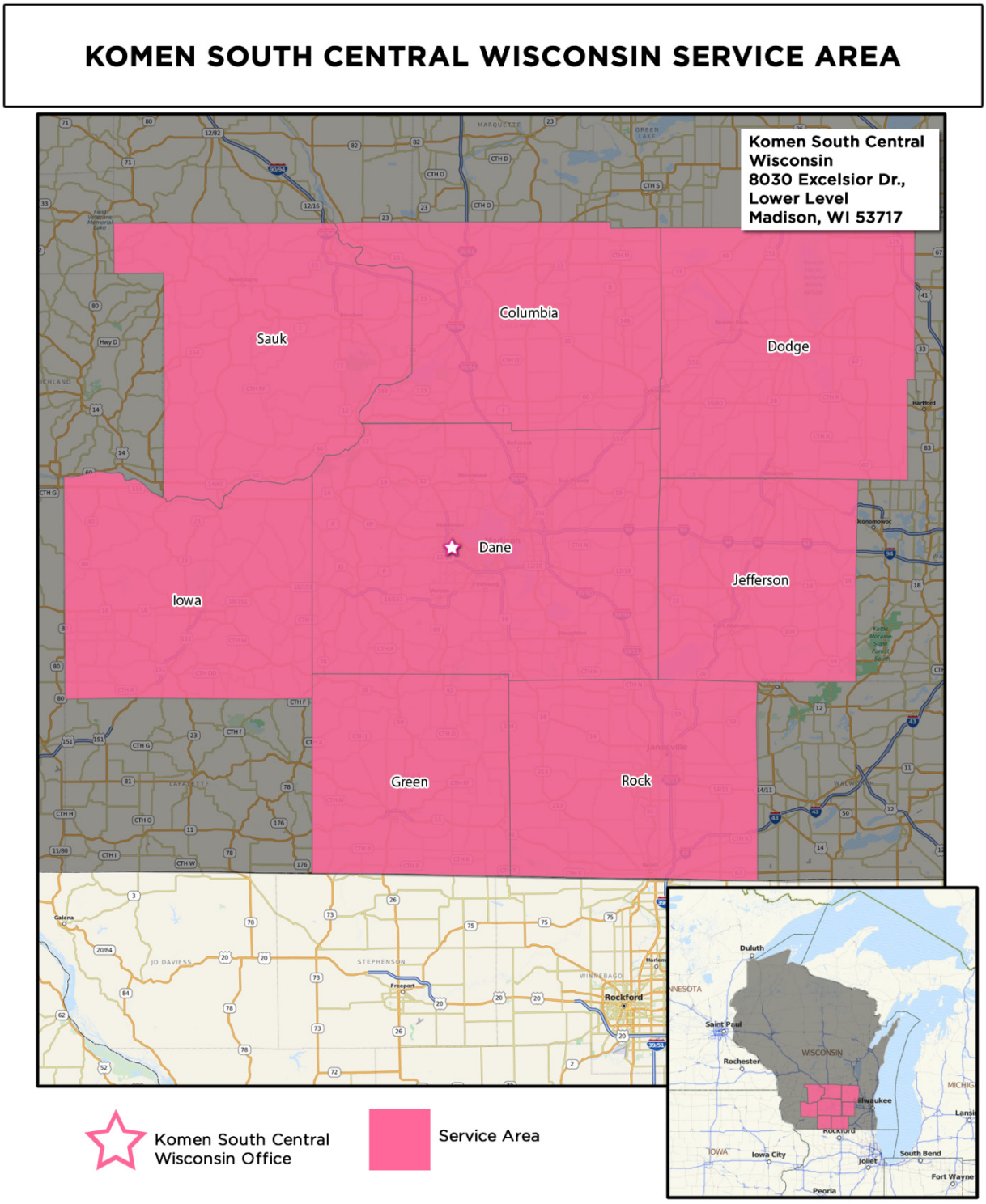


Figure 1.2. Susan G. Komen South Central Wisconsin service area

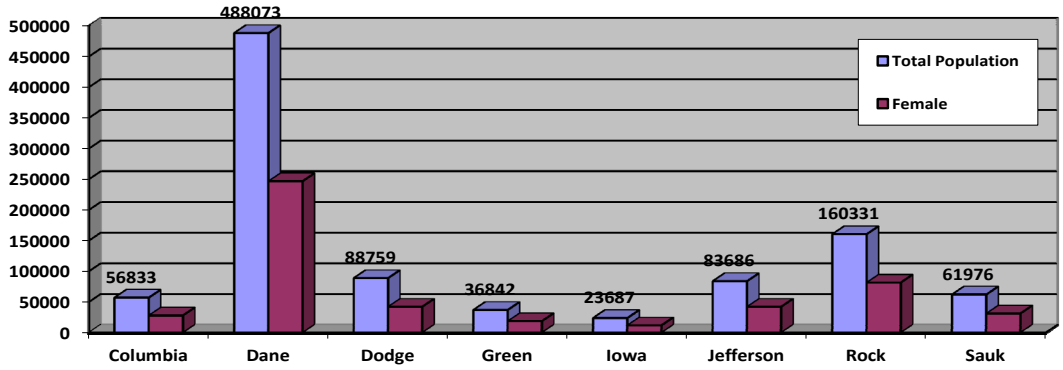
The Affiliate's service area contains 1,000,187 people total. Nearly half, 488,073, of these people live in Dane County. As shown in Table 1.1, the Affiliate population is largely concentrated in Dane County and White; From 2010-2012 each county experienced a

population increase of at least 5 percent. Figure 1.3 shows the total population and total female population for each county in the Affiliate's service area.

Table 1.1. Population increase by county, 2010-2012

County	Population Increase
Columbia	8.3
Dane	14.4
Dodge	3.3
Green	9.5
Iowa	4.0
Jefferson	10.5
Rock	5.3
Sauk	12.2

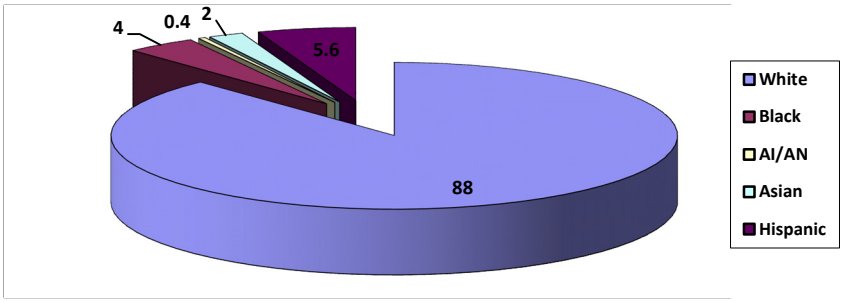
Wisconsin Legislative Reference Bureau Blue Book 2013-2014.



Wisconsin Legislative Reference Bureau Blue Book 2013-2014

Figure 1.3. Total population and female population for each county

The racial make-up of the Affiliate's service area is predominantly White at 88.0 percent. The largest minority is Hispanic/Latino at 5.6 percent. The largest numbers of Blacks/African-Americans and Hispanics/Latinos are in Dane and Rock Counties. Figure 1.4 shows the racial breakdown for the Affiliate's service area.



Wisconsin Legislative Reference Bureau Blue Book 2013-2014

Figure 1.4. Affiliate service area population by race

The majority of the Affiliate's service area is rural. Half of the population in Dane, the most populous county, is located in the City of Madison. The fact that the service area is mostly rural means most residents are dependent on cars for transportation. Urban bus systems are available in Dane and Rock Counties only; rural commuter buses are available in Sauk County. Some parts of the Affiliate service area contain shared ride taxi service. Table 1.2 displays the total land area of each county and the population per square mile.

Table 1.2. Land area and population per square mile by county

County	Land Area in square miles	Population per square mile
Columbia	773.9	74.2
Dane	1,239.0	407.7
Dodge	882.4	101.4
Green	584.0	63.1
Iowa	762.7	31.1
Jefferson	557.1	150.4
Rock	720.5	223.3
Sauk	837.7	74.6

Wisconsin Legislative Reference Bureau Blue Book 2013-2014.
United States Census Bureau County Quick Facts 2015.

Across the Affiliate's service area, around 90 percent of persons over the age of 25 years of age have completed high school. The rate of college completion (at least a bachelor's degree) is around 20 percent for all counties except Dodge (below) and Dane (above) these figures. Median household income ranges from a low of $49,435 in Rock County to a high of $61,721 in Dane County. Table 1.3 describes educational attainment and median household income for all counties in the Affiliate service area.

Table 1.3. Education attainment and household income by county

County	>25 with HS diploma	>25 with Bachelors	Median HH income
Columbia	91.6%	21.3%	$57,922
Dane	94.7%	46.6%	$61,721
Dodge	87.2%	15.8%	$53,075
Green	91.4%	20.6%	$55,584
Iowa	92.3%	21.7%	$55,659
Jefferson	91.3%	23.0%	$53,454
Rock	87.7%	19.4%	$49,435
Sauk	89.4%	21.0%	$52,140

United States Census Bureau County Quick Facts 2015.

Percentages of residents without health insurance tend to be low, just under 10 percent; but Rock and Sauk Counties are both above that average with 11.2 and 11.9 percent respectively. Poverty percentages for the service area are around 10 percent as well with higher rates in Dane (12.8 percent) and Rock (14.9 percent). Table 1.4 shows the percentage of residents without health insurance and the poverty percentages by county.

Table 1.4. Percent without health insurance and percent poverty by county

County	No health insurance	Poverty
Columbia	9	9.3
Dane	8.4	12.8
Dodge	9	9.7
Green	9.5	9
Iowa	9.7	10.7
Jefferson	9.7	10.2
Rock	11.2	14.9
Sauk	11.9	10

United States Census Bureau County Quick Facts 2015.

Purpose of the Community Profile Report

The purpose of the Community Profile Report is to provide a comprehensive picture of the state of breast health services and needs in the South Central Wisconsin area. The findings of this report will be used to help the Affiliate:

- Engage in strategic planning and develop more focused partnerships in the service area
- Develop target communities that will be the focus of future grantmaking priorities
- Direct education and marketing efforts to places where women most lack knowledge of the services available
- Educate health service providers of the breast health needs, challenges, and opportunities for change in the Affiliate service area
- Educate state and local politicians on the breast health needs for the service area and state as a whole with other Affiliates in Wisconsin
- Copies of the report will be shared with Affiliate partners

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

Quantitative Data Report

Introduction

The purpose of the quantitative data report for Susan G. Komen® South Central Wisconsin is to combine evidence from many credible sources and use the data to identify the highest priority areas for evidence-based breast cancer programs.

The data provided in the report are used to identify priorities within the Affiliate's service area based on estimates of how long it would take an area to achieve Healthy People 2020 objectives for breast cancer late-stage diagnosis and death rates (http://www.healthypeople.gov/2020/default.aspx).

The following is a summary of Komen® South Central Wisconsin's Quantitative Data Report. For a full report please contact the Affiliate.

Breast Cancer Statistics

Incidence rates

The breast cancer incidence rate shows the frequency of new cases of breast cancer among women living in an area during a certain time period (Table 2.1). Incidence rates may be calculated for all women or for specific groups of women (e.g. for Asian/Pacific Islander women living in the area).

The female breast cancer incidence rate is calculated as the number of females in an area who were diagnosed with breast cancer divided by the total number of females living in that area. Incidence rates are usually expressed in terms of 100,000 people. For example, suppose there are 50,000 females living in an area and 60 of them are diagnosed with breast cancer during a certain time period. Sixty out of 50,000 is the same as 120 out of 100,000. So the female breast cancer incidence rate would be reported as 120 per 100,000 for that time period.

When comparing breast cancer rates for an area where many older people live to rates for an area where younger people live, it's hard to know whether the differences are due to age or whether other factors might also be involved. To account for age, breast cancer rates are usually adjusted to a common standard age distribution. Using age-adjusted rates makes it possible to spot differences in breast cancer rates caused by factors other than differences in age between groups of women.

To show trends (changes over time) in cancer incidence, data for the annual percent change in the incidence rate over a five-year period were included in the report. The annual percent change is the average year-to-year change of the incidence rate. It may be either a positive or negative number.

- A negative value means that the rates are getting lower.
- A positive value means that the rates are getting higher.

- A positive value (rates getting higher) may seem undesirable—and it generally is. However, it's important to remember that an increase in breast cancer incidence could also mean that more breast cancers are being found because more women are getting mammograms. So higher rates don't necessarily mean that there has been an increase in the occurrence of breast cancer.

Death rates

The breast cancer death rate shows the frequency of death from breast cancer among women living in a given area during a certain time period (Table 2.1). Like incidence rates, death rates may be calculated for all women or for specific groups of women (e.g. Black/African-American women).

The death rate is calculated as the number of women from a particular geographic area who died from breast cancer divided by the total number of women living in that area. Death rates are shown in terms of 100,000 women and adjusted for age.

Data are included for the annual percent change in the death rate over a five-year period.

The meanings of these data are the same as for incidence rates, with one exception. Changes in screening don't affect death rates in the way that they affect incidence rates. So a negative value, which means that death rates are getting lower, is always desirable. A positive value, which means that death rates are getting higher, is always undesirable.

Late-stage incidence rates

For this report, late-stage breast cancer is defined as regional or distant stage using the Surveillance, Epidemiology and End Results (SEER) Summary Stage definitions (http://seer.cancer.gov/tools/ssm/). State and national reporting usually uses the SEER Summary Stage. It provides a consistent set of definitions of stages for historical comparisons.

The late-stage breast cancer incidence rate is calculated as the number of women with regional or distant breast cancer in a particular geographic area divided by the number of women living in that area (Table 2.1). Late-stage incidence rates are shown in terms of 100,000 women and adjusted for age.

Table 2.1. Female breast cancer incidence rates and trends, death rates and trends, and late-stage rates and trends

		Incidence Rates and Trends			Death Rates and Trends			Late-stage Rates and Trends		
Population Group	Female Population (Annual Average)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of Deaths (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)
US	154,540,194	198,602	122.1	-0.2%	40,736	22.6	-1.9%	70,218	43.7	-1.2%
HP2020	.	-	-	-	-	20.6*	-	-	41.0*	-
Wisconsin	2,841,001	3,893	116.9	-1.3%	745	21.3	-2.5%	NA	NA	NA
Komen South Central Wisconsin Service Area	494,814	NA	NA	NA	124	21.8	NA	NA	NA	NA
White	458,906	NA	NA	NA	121	22.0	NA	NA	NA	NA
Black/African-American	19,240	NA	NA	NA	SN	SN	SN	NA	NA	NA
American Indian/Alaska Native (AIAN)	2,582	NA	NA	NA	SN	SN	SN	NA	NA	NA
Asian Pacific Islander (API)	14,086	NA	NA	NA	SN	SN	SN	NA	NA	NA
Non-Hispanic/ Latina	471,246	NA	NA	NA	124	22.0	NA	NA	NA	NA
Hispanic/ Latina	23,568	NA	NA	NA	SN	SN	SN	NA	NA	NA
Columbia County - WI	27,713	43	129.9	NA	8	21.3	-3.3%	NA	NA	NA
Dane County - WI	241,315	284	119.2	NA	54	21.9	-2.0%	NA	NA	NA
Dodge County - WI	42,103	54	103.7	NA	13	20.3	-3.5%	NA	NA	NA
Green County - WI	18,428	20	87.4	NA	6	23.2	-1.7%	NA	NA	NA
Iowa County - WI	11,831	17	115.1	NA	3	22.6	NA	NA	NA	NA
Jefferson County - WI	41,582	57	121.9	NA	9	19.3	-3.0%	NA	NA	NA
Rock County - WI	81,198	104	113.2	NA	23	24.6	-1.5%	NA	NA	NA
Sauk County - WI	30,645	36	95.3	NA	8	19.6	-2.0%	NA	NA	NA

*Target as of the writing of this report.
NA – data not available
SN – data suppressed due to small numbers (15 cases or fewer for the 5-year data period)
Data are for years 2006-2010.
Rates are in cases or deaths per 100,000.
Age-adjusted rates are adjusted to the 2000 US standard population.
Source of incidence and late-stage data: North American Association of Central Cancer Registries (NAACCR) – Cancer in North America (CINA) Deluxe Analytic File.
Source of death rate data: Centers for Disease Control and Prevention (CDC) – National Center for Health Statistics (NCHS) mortality data in SEER*Stat.
Source of death trend data: National Cancer Institute (NCI)/CDC State Cancer Profiles.

Incidence rates and trends summary
Breast cancer incidence data were not available for the Komen South Central Wisconsin service area.

The following counties had incidence rates higher than the State of Wisconsin:

- Columbia County
- Dane County
- Jefferson County

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

Death rates and trends summary
Overall, the breast cancer death rate in the Komen South Central Wisconsin service area was similar to that observed in the US as a whole and the death rate trend was not available for comparison with the US as a whole. The death rate of the Affiliate service area was not significantly different than that observed for the State of Wisconsin.

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

None of the counties in the Affiliate service area had substantially different death rates than the Affiliate service area as a whole or did not have enough data available.

Late-stage incidence rates and trends summary
Breast cancer late-stage data were not available for the Komen South Central Wisconsin service area.

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

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

American Cancer Society	National Comprehensive Cancer Network	US Preventive Services Task Force
Informed decision-making with a health care provider at age 40 Mammography every year starting at age 45 Mammography every other year beginning at age 55	Mammography every year starting at age 40	Informed decision-making with a health care provider ages 40-49 Mammography every 2 years ages 50-74

*As of October 2015

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

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

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

- The number of women living in an area whom the BRFSS determines should have mammograms (i.e. women age 50 to 74).
- The number of these women who actually had a mammogram during the past two years.

The number of women who had a mammogram is divided by the number who should have had one. For example, if there are 500 women in an area who should have had mammograms and 250 of those women actually had a mammogram in the past two years, the mammography screening proportion is 50.0 percent.

Because the screening proportions come from samples of women in an area and are not exact, Table 2.3 includes confidence intervals. A confidence interval is a range of values that gives an idea of how uncertain a value may be. It's shown as two numbers—a lower value and a higher

one. It is very unlikely that the true rate is less than the lower value or more than the higher value.

For example, if screening proportion was reported as 50.0 percent, with a confidence interval of 35.0 to 65.0 percent, the real rate might not be exactly 50.0 percent, but it's very unlikely that it's less than 35.0 or more than 65.0 percent.

In general, screening proportions at the county level have fairly wide confidence intervals. The confidence interval should always be considered before concluding that the screening proportion in one county is higher or lower than that in another county.

Table 2.3. Proportion of women ages 50-74 with screening mammography in the last two years, self-report

Population Group	# of Women Interviewed (Sample Size)	# w/ Self-Reported Mammogram	Proportion Screened (Weighted Average)	Confidence Interval of Proportion Screened
US	174,796	133,399	77.5%	77.2%-77.7%
Wisconsin	1,907	1,523	81.6%	79.3%-83.6%
Komen South Central Wisconsin Service Area	150	118	82.5%	74.3%-88.6%
White	145	113	81.9%	73.5%-88.0%
Black/African-American	SN	SN	SN	SN
AIAN	SN	SN	SN	SN
API	SN	SN	SN	SN
Hispanic/ Latina	SN	SN	SN	SN
Non-Hispanic/ Latina	149	117	82.4%	74.1%-88.4%
Columbia County - WI	19	12	69.8%	41.8%-88.2%
Dane County - WI	34	29	88.5%	73.4%-95.5%
Dodge County - WI	10	7	75.0%	39.6%-93.2%
Green County - WI	14	11	81.2%	49.2%-95.1%
Iowa County - WI	29	21	67.9%	50.2%-81.7%
Jefferson County - WI	10	9	89.2%	52.0%-98.4%
Rock County - WI	26	22	77.4%	55.2%-90.5%
Sauk County - WI	SN	SN	SN	SN

SN – data suppressed due to small numbers (fewer than 10 samples).
Data are for 2012.
Source: CDC – Behavioral Risk Factor Surveillance System (BRFSS).

Breast cancer screening proportions summary

The breast cancer screening proportion in the Komen South Central Wisconsin service area was not significantly different than that observed in the US as a whole. The screening proportion of the Affiliate service area was not significantly different than the State of Wisconsin.

For the United States, breast cancer screening proportions among Blacks/African-Americans are similar to those among Whites overall. APIs have somewhat lower screening proportions than Whites and Blacks/African-Americans. Although data are limited, screening proportions among AIANs are similar to those among Whites. Screening proportions among Hispanics/Latinas are similar to those among Non-Hispanic Whites and Blacks/African-

Americans. There were not enough data available within the Affiliate service area to report on Blacks/African-Americans, APIs and AIANs so comparisons cannot be made for these racial groups. Also, there were not enough data available within the Affiliate service area to report on Hispanics/Latinas so comparisons cannot be made for this group.

None of the counties in the Affiliate service area had substantially different screening proportions than the Affiliate service area as a whole or did not have enough data available.

Population Characteristics

The report includes basic information about the women in each area (demographic measures) and about factors like education, income, and unemployment (socioeconomic measures) in the areas where they live (Tables 2.4 and 2.5). Demographic and socioeconomic data can be used to identify which groups of women are most in need of help and to figure out the best ways to help them.

It is important to note that the report uses the race and ethnicity categories used by the US Census Bureau, and that race and ethnicity are separate and independent categories. This means that everyone is classified as both a member of one of the four race groups as well as either Hispanic/Latina or Non-Hispanic/Latina.

The demographic and socioeconomic data in this report are the most recent data available for US counties. All the data are shown as percentages. However, the percentages weren't all calculated in the same way.

- The race, ethnicity, and age data are based on the total female population in the area (e.g. the percent of females over the age of 40).
- The socioeconomic data are based on all the people in the area, not just women.
- Income, education and unemployment data don't include children. They're based on people age 15 and older for income and unemployment and age 25 and older for education.
- The data on the use of English, called "linguistic isolation", are based on the total number of households in the area. The Census Bureau defines a linguistically isolated household as one in which all the adults have difficulty with English.

Table 2.4. Population characteristics – demographics

Population Group	White	Black /African-American	AIAN	API	Non-Hispanic /Latina	Hispanic /Latina	Female Age 40 Plus	Female Age 50 Plus	Female Age 65 Plus
US	78.8 %	14.1 %	1.4 %	5.8 %	83.8 %	16.2 %	48.3 %	34.5 %	14.8 %
Wisconsin	89.1 %	7.1 %	1.2 %	2.6 %	94.2 %	5.8 %	49.8 %	36.0 %	15.5 %
Komen South Central Wisconsin Service Area	92.1 %	4.2 %	0.6 %	3.1 %	94.7 %	5.3 %	47.9 %	34.0 %	14.1 %
Columbia County - WI	97.9 %	0.8 %	0.5 %	0.8 %	97.7 %	2.3 %	53.4 %	38.8 %	16.9 %
Dane County - WI	88.2 %	6.0 %	0.5 %	5.2 %	94.4 %	5.6 %	44.3 %	30.9 %	11.9 %
Dodge County - WI	98.0 %	0.8 %	0.5 %	0.7 %	96.3 %	3.7 %	54.0 %	39.2 %	18.0 %
Green County - WI	98.3 %	0.7 %	0.3 %	0.7 %	97.2 %	2.8 %	53.6 %	39.1 %	17.1 %
Iowa County - WI	98.5 %	0.5 %	0.2 %	0.8 %	98.8 %	1.2 %	53.0 %	38.2 %	15.3 %
Jefferson County - WI	97.5 %	1.1 %	0.5 %	0.9 %	93.5 %	6.5 %	49.2 %	35.2 %	14.8 %
Rock County - WI	92.3 %	5.8 %	0.5 %	1.4 %	92.7 %	7.3 %	49.4 %	35.4 %	15.4 %
Sauk County - WI	96.7 %	0.9 %	1.6 %	0.8 %	96.1 %	3.9 %	52.4 %	38.3 %	17.3 %

Data are for 2011.
Data are in the percentage of women in the population.
Source: US Census Bureau – Population Estimates

Table 2.5. Population characteristics – socioeconomics

Population Group	Less than HS Education	Income Below 100% Poverty	Income Below 250% Poverty (Age: 40-64)	Un-employed	Foreign Born	Linguistic-ally Isolated	In Rural Areas	In Medically Under-served Areas	No Health Insurance (Age: 40-64)
US	14.6 %	14.3 %	33.3 %	8.7 %	12.8 %	4.7 %	19.3 %	23.3 %	16.6 %
Wisconsin	10.2 %	12.0 %	27.4 %	7.1 %	4.6 %	1.6 %	29.8 %	13.9 %	9.4 %
Komen South Central Wisconsin Service Area	8.6 %	11.2 %	23.7 %	6.4 %	5.5 %	1.9 %	26.9 %	2.5 %	8.2 %
Columbia County - WI	8.8 %	8.7 %	24.6 %	5.8 %	1.6 %	0.5 %	60.7 %	0.0 %	8.1 %
Dane County - WI	5.6 %	12.0 %	19.8 %	5.4 %	7.7 %	2.6 %	12.3 %	0.0 %	6.8 %
Dodge County - WI	13.1 %	8.3 %	25.4 %	7.1 %	2.3 %	0.7 %	48.6 %	0.0 %	8.7 %
Green County - WI	9.8 %	9.7 %	26.8 %	5.9 %	2.7 %	0.7 %	60.2 %	0.0 %	9.0 %
Iowa County - WI	8.0 %	8.1 %	29.4 %	4.9 %	1.7 %	0.7 %	79.9 %	22.7 %	9.4 %
Jefferson County - WI	9.9 %	9.4 %	25.4 %	7.1 %	3.9 %	1.2 %	34.1 %	0.0 %	8.8 %
Rock County - WI	12.7 %	13.3 %	29.3 %	9.5 %	4.5 %	1.6 %	20.4 %	12.3 %	10.4 %
Sauk County - WI	11.6 %	9.7 %	28.6 %	6.1 %	4.2 %	1.9 %	46.1 %	0.0 %	10.6 %

Data are in the percentage of people (men and women) in the population.
Source of health insurance data: US Census Bureau – Small Area Health Insurance Estimates (SAHIE) for 2011.
Source of rural population data: US Census Bureau – Census 2010.
Source of medically underserved data: Health Resources and Services Administration (HRSA) for 2013.
Source of other data: US Census Bureau – American Community Survey (ACS) for 2007-2011.

Population characteristics summary

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

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

- Rock County

Priority Areas

Healthy People 2020 forecasts

Healthy People 2020 (HP2020) is a major federal government initiative that provides specific health objectives for communities and for the country as a whole. Many national health organizations use HP2020 targets to monitor progress in reducing the burden of disease and improve the health of the nation. Likewise, Komen believes it is important to refer to HP2020 to see how areas across the country are progressing towards reducing the burden of breast cancer.

HP2020 has several cancer-related objectives, including:

- Reducing women's death rate from breast cancer (Target as of the writing of this report: 20.6 cases per 100,000 women).
- Reducing the number of breast cancers that are found at a late-stage (Target as of the writing of this report: 41.0 cases per 100,000 women).

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

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

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

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

Identification of priority areas

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

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

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

Counties are classified as follows (Table 2.6):

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

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

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

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

Affiliate Service Area Healthy People 2020 Forecasts and Priority Areas

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

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

Trends can change for a number of reasons, including:

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

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

Table 2.7. Intervention priorities for Komen South Central Wisconsin service area with predicted time to achieve the HP2020 breast cancer targets and key population characteristics

County	Priority	Predicted Time to Achieve Death Rate Target	Predicted Time to Achieve Late-stage Incidence Target	Key Population Characteristics
Green County - WI	Medium High	7 years	NA	Rural
Rock County - WI	Medium High	12 years	NA	Employment, medically underserved
Columbia County - WI	Medium Low	1 year	NA	Rural
Dane County - WI	Medium Low	4 years	NA	
Dodge County - WI	Lowest	Currently meets target	NA	Rural
Jefferson County - WI	Lowest	Currently meets target	NA	Rural
Sauk County - WI	Lowest	Currently meets target	NA	Rural
Iowa County - WI	Undetermined	NA	NA	Rural, medically underserved

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

Map of Intervention Priority Areas

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

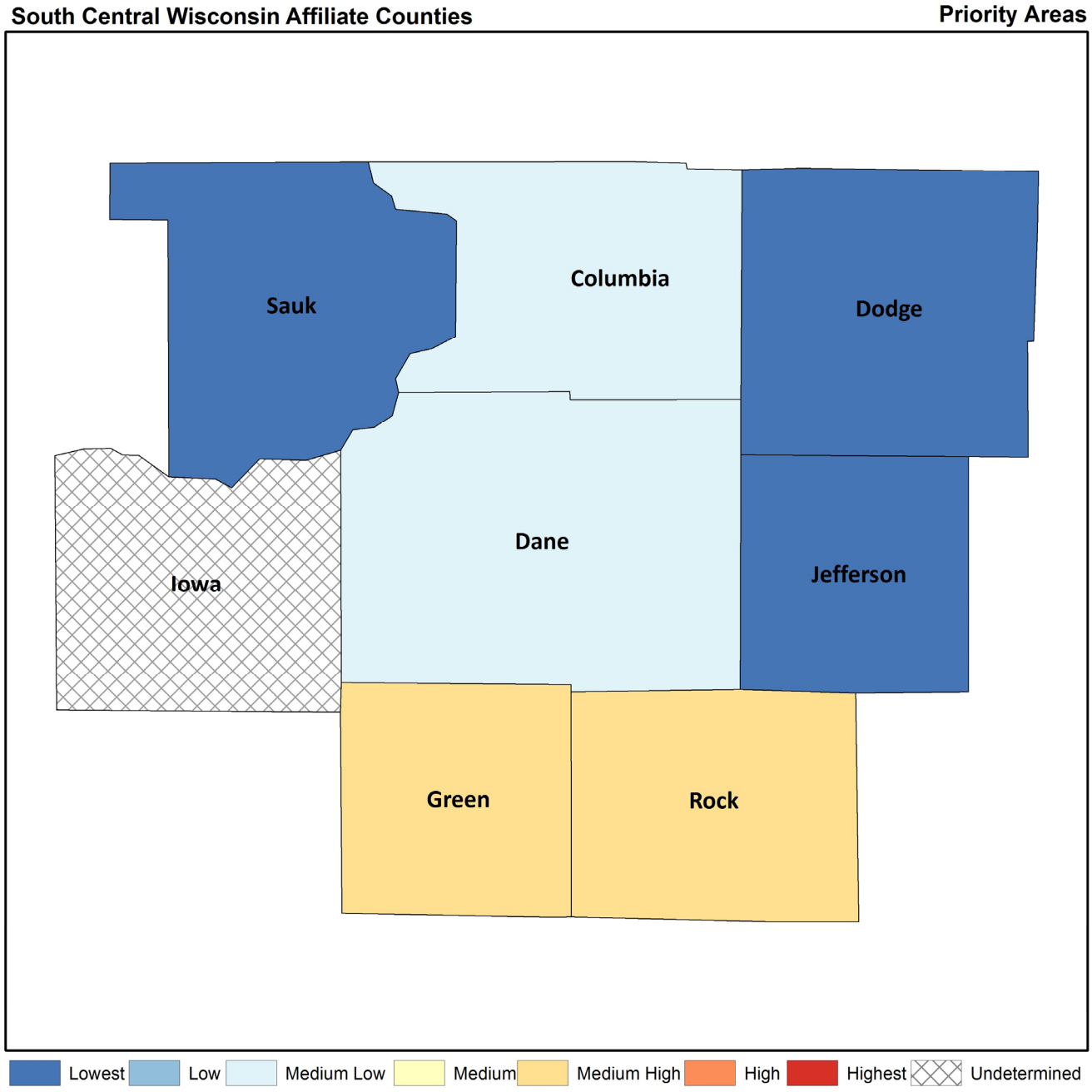


Figure 2.1. Intervention priorities

Data Limitations

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

- The most recent data available were used but, for cancer incidence and deaths, these data are still several years behind.
- For some areas, data might not be available or might be of varying quality.

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

Quantitative Data Report Conclusions

Medium high priority areas

Two counties in the Komen South Central Wisconsin service area are in the medium high priority category. Both Green County and Rock County are expected to take from seven to twelve years to reach the death rate HP2020 target.

Rock County has high unemployment.

Medium low priority areas

Two counties in the Komen South Central Wisconsin service area are in the medium low priority category. Both Columbia County and Dane County are expected to take from one to four years to reach the death rate HP2020 target.

Additional Quantitative Data Exploration

The Community Profile Team for Komen South Central Wisconsin chose to examine additional sources of data beyond what was shared in the Quantitative Data Report (QDR) for the Affiliate's service area. The Community Profile Team made this decision because many data elements in the QDR were listed as "NA" meaning data were not available or "SN" meaning the data had been suppressed due to small numbers. This was especially true when looking at the data for breast cancer incidence rates and mammography screening. Based on the limited picture that the QDR was able to provide the Community Profile Team determined it was necessary to examine other sources of data that would provide additional insight into what counties and/or populations should be considered as key target communities. The Community Profile Team reviewed the following additional data sources:

- 2014 Wisconsin County Health Rankings – The county health rankings are a Robert Wood Johnson funded program that ranks the health of nearly every county in the nation on a set of health outcomes and health factors. A benefit of this data source is that it provides a general snapshot of the overall health outcomes and factors that influence

optimal health and health care for the county. A limitation of this data source is that none of the reported statistics reflect direct breast cancer statistics (e.g. breast cancer incidence, screening percentages, death rates, etc).

- *Healthiest Wisconsin 2020* Baseline and Health Disparities Report (February 2014) – *Healthiest Wisconsin 2020* is Wisconsin's statewide community health improvement plan. This report provides baseline data on progress towards the plan's focus areas and information on a range of health disparities for some Wisconsin populations and communities. A limitation of this data source is that all data are reported for the state as a whole, so some assumptions are being made that similar outcomes exist at the Affiliate service area level.

Wisconsin has 72 counties. Table 2.8 is a comparison of how the Affiliate's service area counties compare to each other and rank in regard to health outcomes (e.g. length of life as measured by premature death, and quality of life as measured by birth outcomes and other health related factors) and health factors (e.g. health behaviors, clinical care, social and economic factors, and the physical environment). Rock County places in the bottom quartile in each of the ranking areas. All of the other counties in the Affiliate service area rank in the top half of the state's counties in one or both of the ranking areas. The counties shaded in yellow rank in the top quartile of the state's 72 county rankings; the light green represents the second quartile of counties; the darker green is the third quartile; counties shaded in red are in the bottom quartile of the state's county rankings.

Table 2.8. Komen South Central Wisconsin selected county health rankings, 2014

	Dane	Green	Iowa	Jefferson	Sauk	Columbia	Dodge	Rock
Health outcomes	17	14	10	29	35	30	45	62
Health factors	2	11	16	27	31	39	34	62

University of Wisconsin Population Health Institute. *County Health Rankings 2014*. www.countyhealthrankings.org/wisconsin

While the minority population in Wisconsin and the Affiliate's service area is small, the minority population experiences a number of key health and socioeconomic disparities that may make obtaining mammograms or engaging in needed follow-up care difficult. According to the *Healthiest Wisconsin 2020* Baseline and Health Disparities report:

- Median household income for Blacks/African-Americans in Wisconsin is $27,400 and $36,800 for Hispanics/Latinos compared to $53,000 for Whites.
- The poverty percentage for Blacks/African-Americans in Wisconsin is 39.0 percent and 28.0 percent for Hispanics/Latinos.
- 40.0 percent of Hispanics/Latinos in Wisconsin over the age of 25 have less than a high school education, the percentage for Blacks/African-Americans is 21.0 percent and Whites 9.0 percent.
- 35.0 percent of Hispanics/Latinos in the state lack health insurance coverage.
- 20.0 percent of Hispanic/Latino residents report not having a personal doctor.
- Through surveys, Black/African-American (18.0 percent), Hispanic/Latino (20.0 percent), and Asian (21.0 percent) residents are substantially more likely to be unable to obtain needed medical care due to cost.

Similar access and income barriers also exist for low-income populations and non-metropolitan counties. Non-metropolitan counties are areas that are considered rural according to the National Center for Health Statistics (NCHS) Urban-Rural Classification Scheme. Non-metropolitan counties have less than 50,000 residents. In the Affiliate service area, Dodge, Green, Jefferson, and Sauk Counties are considered non-metropolitan counties. According to the Healthiest Wisconsin 2020 Baseline and Health Disparities report:

- 34.0 percent of low-income residents (defined as <$20,000/year) lack health insurance coverage.
- Low-income residents are more likely to have not had a doctor's appointment in the past year (36.0 percent), not have a personal doctor (22.0 percent) and are unable to obtain care due to cost (27.0 percent).
- 33.0 percent of women aged 50+ with less than a high school education report not having had a mammogram in the past two years; even 22.0 percent of those with at least some college level education also report not having had a mammogram in the past two years.
- 26.0 percent of residents in non-metropolitan counties are low-income.
- Non-metropolitan counties have a larger share of residents lacking health insurance as compared to metropolitan counties.
- Non-metropolitan counties have a larger share of residents reporting not having had a doctor's appointment in the last year (37.0 percent) and not having a personal doctor (19.0 percent).

Selection of Target Communities

The Profile Team selected the following three target communities:

- Rock County
- Minority women
- Low-income/uninsured women

Rock County was chosen as a target area because data from the QDR and further exploration consistently show great need. Rock County ranks low in the county health rankings, has greater unemployment, a lower median income, and higher rates of smoking and obesity than other counties in the Affiliate's service area (2014 Wisconsin County Health Rankings). Also, according to the QDR, Rock County will take 12 years to achieve the Healthy People 2020 breast cancer death rate target. The QDR has classified Rock County as a medium high priority community. The health systems analysis will further explore the needs and assets of Rock County and how they may be leveraged to improve breast health in the county; it will also consider what barriers may continue to work against improved breast health outcomes.

Minority women were also chosen as a target community because they face consistent disparities in access to care and socioeconomic barriers. They are less likely to be insured, report having difficulties seeing a doctor because of cost, or report not having a personal doctor at all, and have lower median incomes and educational attainment, which tend to be key predictors of whether a person has health insurance coverage. It's important to focus on this group because the Affiliate's service area as a whole is substantially non-minority and more affluent, and the larger numbers of those groups mask and exacerbate existing and sometimes growing disparities. While minority communities are small now, they are growing, specifically the

Hispanic/Latino ethnicity which saw a 73.0 percent increase from 2000 to 2010. The health systems analysis will explore which resources and targeted efforts are available to assist minority women in accessing the health care system and achieve improved breast health outcomes.

Low-income/uninsured women were chosen as the third community because, similarity to minority women, low-income/uninsured women face disparities in access to care and socioeconomic barriers. The health systems analysis will examine the structure of the Wisconsin Well Woman Program, the state's National Breast and Cervical Cancer Early Detection Program, (NBCCEDP) and how it is serving the needs of low-income and uninsured population. It will also explore the effect that the Affordable Care Act may have on low-income/uninsured population and their ability to access health care.

Health Systems Analysis Data Sources

The Community Profile Team's (CPT) sources for understanding the programs and services in its service area included: personal knowledge from the CPT and Affiliate's board members, internet searches, and connections with the health community in South Central Wisconsin. The websites used for the internet searches include the following:

- Mammography Centers http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfMQSA/mqsa.cfm
- Hospitals https://data.medicare.gov/Hospital-Compare/Hospital-General-Information/v287-28n3
- Local Health Departments http://www.naccho.org/about/lhd/
- Community Health Centers http://findahealthcenter.hrsa.gov/Search_HCC.aspx,
- Free Clinics http://www.nafcclinics.org/clinics/search
- American College of Surgeons Commission on Cancer http://datalinks.facs.org/cpm/CPMApprovedHospitals_Search.htm
- American College of Radiology Centers of Excellence http://www.acr.org/Quality-Safety/Accreditation/Accredited-Facility-Search
- American College of Surgeons National Accreditation Program for Breast Centers (NAPBC) http://napbc-breast.org/resources/find.html
- National Cancer Institute Designated Cancer Centers http://www.cancer.gov/researchandfunding/extramural/cancercenters/find-a-cancer-center

The CPT divided the collection of data between the Team and then one Team member consolidated the information. Once the compilation was complete, the CPT reviewed and commented on the results.

The findings were analyzed by each CPT member reviewing the analysis and offering commentary on the resources available, process for accessing these resources, and the likely impact on the Affiliate's service area and target populations.

Health Systems Overview

The Continuum of Care (CoC) (Figure 3.1) represents the necessary relationship between screening, diagnosis, treatment, follow-up, and the ongoing need for education throughout a woman's breast cancer experience. At the beginning of the continuum is screening. This is a crucial first step in the process of diagnosing potential breast cancers and diagnosing cancers at the earliest stage possible. Factors such as health insurance status will affect when and where a woman becomes screened and to what stage the cancer has advanced if malignancies are present. If there is no cancer present, it is key for a woman to continue being screened on a regular basis. If a woman has been screened and breast cancer is detected it is important that she receive proper treatment. Depending on the health care facilities in her area a woman may have been able to receive screening near her home but the facility where she was screened may not be able to provide proper cancer treatment options. If this is the case, a woman may

need to travel a long distance to try to access follow up care. Potential barriers to completing follow up treatment include: having to travel a long distance for care, needing to take time off of work or arrange child or family care so that she may complete treatment, and the possibility of financial barriers because of insufficient health insurance coverage. If initial treatment can be accessed, it is important that the woman can fully complete treatment and access survivorship and follow up care as needed. Some of the same barriers that exist to accessing treatment can also exist for follow up and survivorship care and support. Some barriers to accessing survivorship support include distance to meetings and/or activities, whether or not the care is culturally and linguistically appropriate, and if a woman has been informed of the survivorship resources that are available.

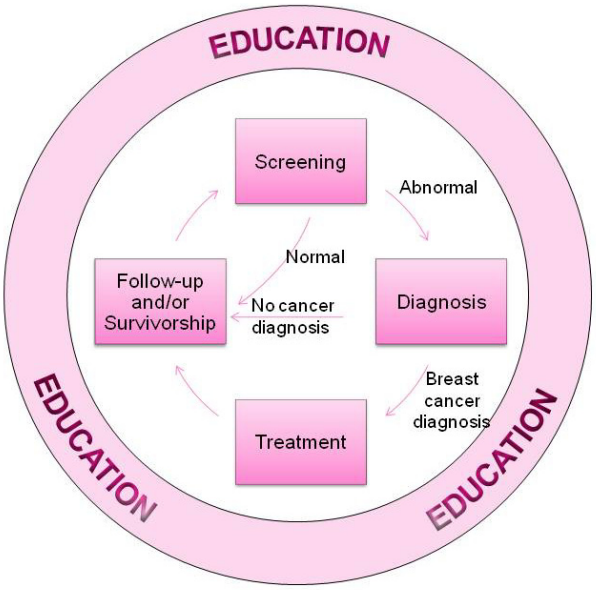


Figure 3.1. Breast Cancer Continuum of Care (CoC)

When looking at the health systems in each of the target communities, there are a number of key strengths and weaknesses. In Rock County, the strengths are that there are three health systems in the county and each health system provides services at each point along the continuum of care (Figure 3.2). The Mercy Health System in Rock County is the most comprehensive provider. Mercy provides screening options that include: clinical breast exams, mammograms, and patient navigation. In terms of diagnostic services Mercy provides mammograms, ultrasounds, biopsies, magnetic resonance imaging (MRI), and patient navigation. The treatment services Mercy provides are chemotherapy, radiation, surgery, reconstruction, and patient navigation. Mercy has support services that include counseling, side effect management, financial assistance, exercise and nutrition programs, end of life care and legal services. Mercy is also accredited by the American College of Surgeons. Rock County also has the Beloit Cancer Center (BCC) and Dean Clinic providers. BCC and Dean both provide screening mammography, diagnostic mammography, ultrasounds, biopsies, and MRIs. BCC provides chemotherapy, radiation and surgery treatment services; Dean provides chemotherapy, surgery, and reconstruction treatment. Dean provides counseling and side effect management support; BCC provides support services comparable to Mercy. However, despite the array of services available in Rock County, women in this county are not receiving the services needed as the data analysis highlighted.

For minority women, there are only services specific to them in Dane, Iowa, and Sauk Counties (Figure 3.3). This means minority women in Dodge, Jefferson, Green, and Columbia Counties do not have options for services tailored to their needs in their home communities and would have to travel to Dane, Iowa, or Sauk Counties for care. In Dane County, UW Breast Health Services provides the full spectrum of screening, diagnostic, treatment, and survivorship options as described above for the Mercy system in Rock. UW BHS is also National Cancer Institute accredited, American College of Surgeons accredited, and an American College of Radiology Breast Imaging Center of Excellence. St, Mary's Hospital in Dane County provides screening by way of clinical breast exams, diagnostic ultrasounds, MRIs, and patient navigation, treatment consisting of chemotherapy, surgery, and reconstruction, and survivorship support that includes financial assistance, exercise and nutrition programs, and side effect management. Iowa County's Upland Hills Hospital provides screening mammography, diagnostic mammography, ultrasounds, and biopsies; treatment of chemotherapy, surgery, and reconstruction; support groups, side effect management, exercise/nutrition, complementary therapies, financial assistance, and end of life care. Upland Hills is also a Breast Imaging Center of Excellence. St. Care Hospital in Sauk County provides screening mammography, clinical breast exams, and patient navigation; diagnostic mammography, ultrasounds, and biopsies; radiation treatment and patient navigation services; and support groups, side effect management, exercise/nutrition programs, complementary therapies, financial assistance, and legal services.

For low income women, only St. Clare Hospital in Sauk County was identified as having specific programming and services for this population (Figure 3.4). This means that most low income women in the Affiliate's service area cannot access breast cancer care along the continuum in their home county.

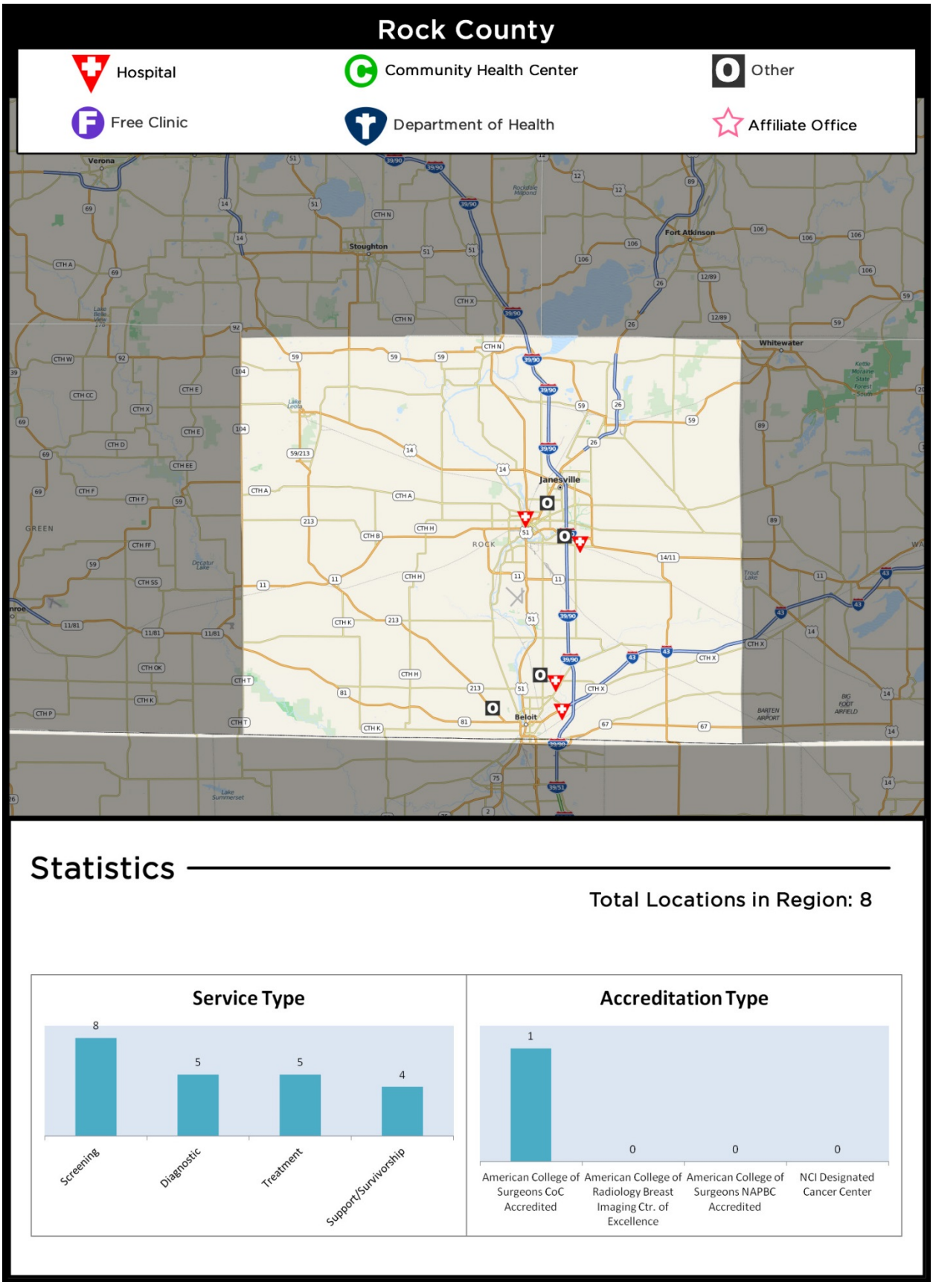


Figure 3.2. Breast cancer services available in Rock County

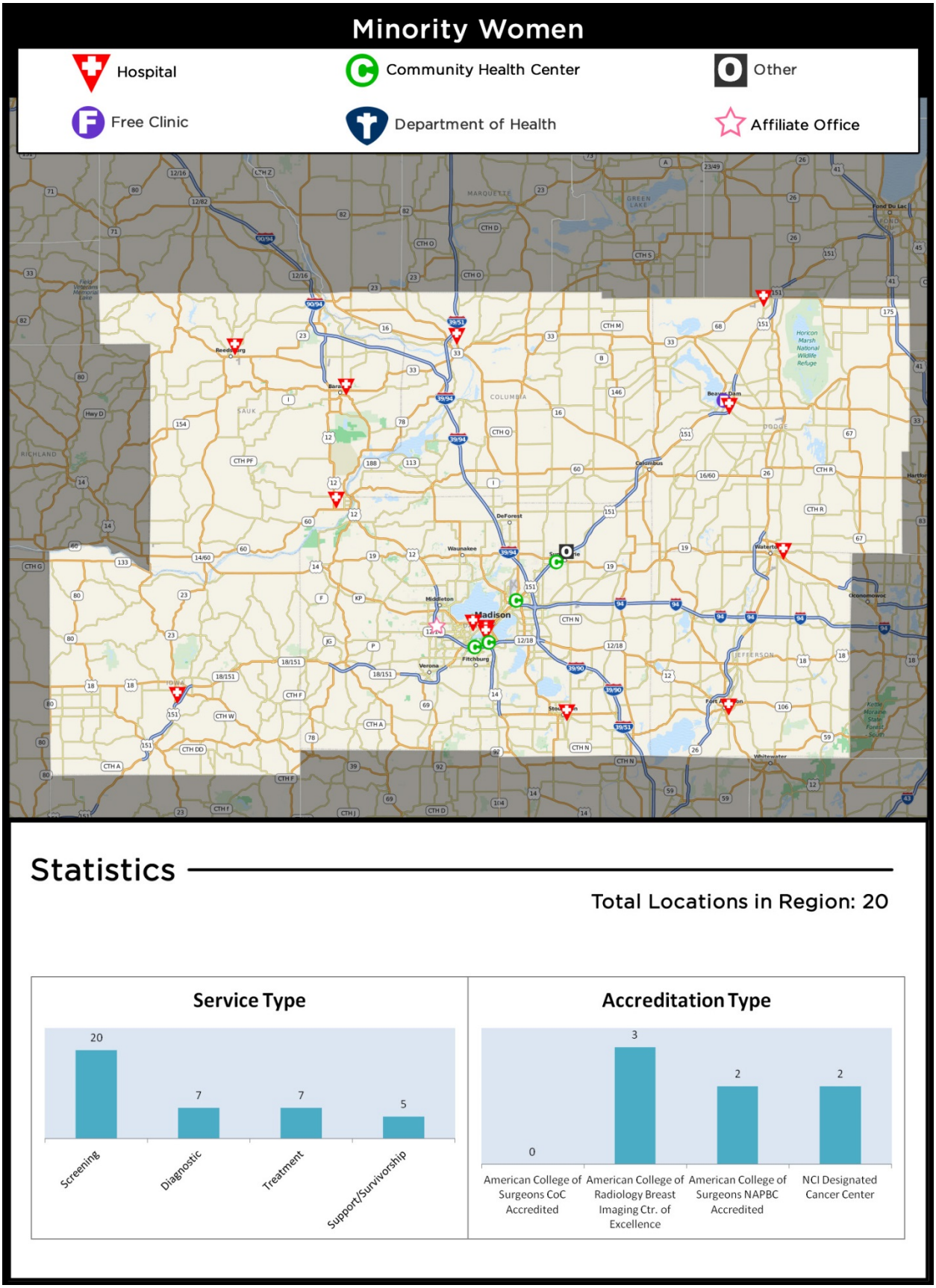


Figure 3.3. Breast cancer services for minority women

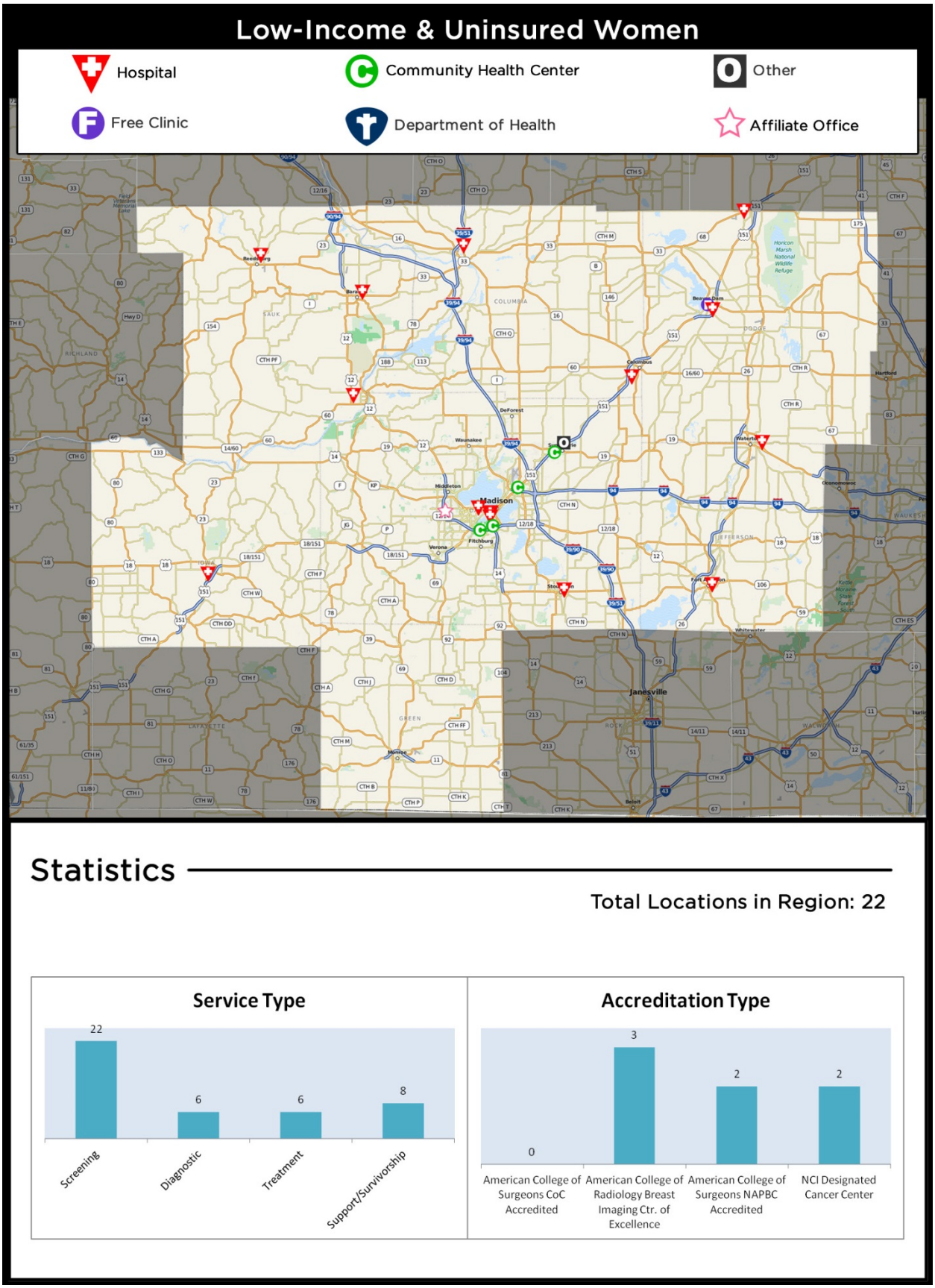


Figure 3.4. Breast cancer services for low-income and uninsured women

Komen South Central Wisconsin has many community partners in Dane County because it was the first and only county in the service area for many years. It is also the largest and most populous county in the Affiliate's eight county service area and also hosts the regional comprehensive Carbone Cancer Center and the UW Hospital. As an active and founding member of the Wisconsin Breast Cancer Task Force, building capacity with the Komen-funded grantees, and working closely with the Wisconsin Well-Woman Coordinators enables the Affiliate to have a long reach into communities.

Other community partners include the Latino Health Council (LHC), which the Affiliate has been a member of for more than six years. Komen supports and participates in the annual Latino Health Fair and participates in the monthly LHC meetings staying apprised of the issues and events in the Hispanic/Latino Community.

The Affiliate has funded and participated in the Black Women's Wellness Fair for the past two years in Dane county. This partnership has resulted in Komen being a trusted source of breast health and breast cancer information with Black/African-American women in the community. The Affiliate also has strong relationships with other Black/African-American service organizations such as the Madison Links Chapter and the Alpha Kappa Alpha (AKA) sorority and the Affiliate has performed education and outreach at the AKA health initiative called Walk It Out.

The Affiliate has strong ties to the Well Woman Coordinators in Rock County and that partnership has lead to making inroads with the Hispanic/Latina community there. The Affiliate funds the Latina Outreach Coordinator position for the Well Woman Program in Rock County. This provides an invaluable service to the Spanish speaking community in Rock County.

The Affiliate has representation on the Board of Directors from area hospitals in Sauk County-St. Clare Hospital in Baraboo, WI as well as Upland Hills Hospital in Iowa County that aid in providing outreach and education along with their breast health and breast cancer services. These valuable partnerships provide information on the state of the community.

Through the partnership with the Justice for a Cure Program, the Affiliate has the support of local law enforcement partners in helping to reach individuals in the community and connect them with services as well. Each precinct in our eight county service area has a human resources and/or wellness office that maintains current Komen and Wisconsin Well Women Program information for use in law enforcement officials' community outreach programs to connect individuals with services.

Public Policy Overview

National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

In Wisconsin, the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) is known as the Wisconsin Well Woman Program (WWWP). It is currently funded by a mix of federal grant funds from the Centers for Disease Control and Prevention (CDC) as well as state General Purpose Revenue (GPR) dollars. The WWWP is administered by the Wisconsin Department of Health Services, Division of Public Health, with central offices in Madison, WI.

Although central program administration and oversight happens through the Madison offices, the WWWP operates in each of Wisconsin's 72 counties and with all 11 federally recognized tribes through local coordinating agencies (LCAs). LCAs are typically associated with a city, county, or tribal health department. Each LCA has a WWWP coordinator. This person enrolls women into the program, assists them with making appointments, needed follow-up, and acts as a patient navigator for eligible women in the program. The central office program website lists program contacts for each LCA.

Women can enroll by either going in-person to the LCA or by calling the coordinator at the LCA closest to her home. Enrollment is done by a simple form and requires proof of age, income, and insurance status. Current eligibility guidelines for WWWP include:

- Women between the ages of 45 and 64;
- Income no greater than 250.0 percent of the Federal Poverty Level (FPL);
- Being either uninsured, having insurance that does not cover routine check-ups and screening, or being unable to pay deductibles or co-payments required by the insurance carrier.

Accessing Services and Medicaid Treatment

WWWP will pay for specified screenings and diagnostic services related to breast cancer. Services are provided at no cost to WWWP clients. A woman who is diagnosed with breast cancer may be eligible for Wisconsin Well Woman Medicaid (WWWMA). A woman may be able to get WWWMA if she meets the following criteria:

- Is enrolled in the WWWP through a LCA,
- Is under age 65 and has been screened for breast or cervical cancer by the WWWP,
- Is a resident of Wisconsin,
- Is a citizen or qualifying immigrant,
- Can provide a Social Security Number or apply for one,
- Is not able to get private or public health care coverage for treatment of breast or cervical cancer, and
- Has a diagnosis of breast or cervical cancer, or a precancerous condition of the cervix, and needs treatment for breast or cervical cancer, or a precancerous condition of the cervix, as identified by the WWWP diagnosing provider.

Alternatively, a woman could be eligible for WWWMA if she is enrolled in the Family Planning Only Services Program and meets the following criteria:

- Has been screened for, and diagnosed with, cervical cancer or a precancerous condition of the cervix and found to be in need of treatment for cervical cancer, or
- Has received a clinical breast exam through the Family Planning Only Services Program and through follow up medical testing outside of the Family Planning Only Services Program is diagnosed with breast cancer and found to be in need of treatment for breast cancer, and
- Is not able to get private or public health care coverage for treatment of breast or cervical cancer.

A final way a woman may be able to access WWWMA is if she is enrolled in Wisconsin's BadgerCare Plus Benchmark or Core Plans, has been screened for and diagnosed with breast cancer, and is deemed to be in need of treatment.

As stated earlier, citizenship status is required for WWWMA eligibility, but not WWWP eligibility. If an undocumented woman has been screened and breast cancer has been detected, she may be eligible for Emergency Medicaid services. Also, she may try to access the Treatment Access Fund, a reserve fund available to all WWWP clients that can be used to cover expenses not eligible for coverage by the WWWP. Komen South Central has supported the Treatment Access Fund through the Affiliate's Community Grants program.

WWWP Future Program Model: Changes and Potential Impact

While the WWWP currently operates as explained above, the program is undergoing operational changes and the final results are still to be determined. Any changes, however, are only related to operations and will not impact stated eligibility guidelines.

As stated, the current model has an LCA within every county and with every tribe. There are also 1,000 provider sites that participate by providing screening or treatment services. In December 2013, the Department of Health Services proposed a restructuring of the current model. The restructuring proposed moving to a regional coordination model to have health systems provide both screening and treatment coordination services. The goal of the restructuring is to provide continued viability of the WWWP as well as assist eligible women with the move into BadgerCare Plus or the Federal Marketplace in order to access comprehensive health care coverage beyond what WWWP can provide.

The original timeline for the restructure expected the new model would be effective July 1, 2014. However, the breast health stakeholder community expressed concern with the changes, which prompted the department to push back the timeline for the restructure. The timeline now expects that the new structure will be in place by July 2015.

Affiliate's current relationship with the state NBCCEDP

The Affiliate has a very involved relationship with the WWWP, as evidenced by the following: partnering at various health fairs, collaborating on the distribution of educational resource materials, promoting breast health services in the community and consulting with each other on breast health and breast cancer issues throughout the Affiliate service area. The WWWP LCAs are a valued and respected community partner.

The Affiliate has also granted to the local WWWP by supporting the Treatment Access Fund, mentioned earlier. The Affiliate has granted to this program since 1999 in amounts totaling $1,632,586. The Affiliate grants for this program have funded the African-American and Latina outreach coordinators and education outreach programs. Since 2000, the Treatment Access Fund has assisted over 600 individuals and distributed over $600,000 in medical bills for uninsured and under-insured individuals. These funds have paid for WWWP screenings that would otherwise not be covered as outlined, and also assists with other barriers to treatment that would keep women from completing their breast cancer care including, medical bill payment, emergency rent payments, utility payments, transportation assistance, food and in some cases, child care costs.

Affiliate's plan for the next four years to establish or strengthen the relationship with the state NBCCEDP

The Affiliate is part of the work group of community stakeholders collaborating to restructure the WWWP as the Affordable Care Act unfolds. Working in conjunction with the Wisconsin

Department of Health Services, Division of Public Health's State Health Officer and Administrator, State and County Coordinators, and community partners, the Affiliate is working on an eighteen month plan to provide better delivery of NBCCEDP services and to help women enroll and engage in a more inclusive health care plan.

State's Comprehensive Cancer Control Plan

Breast Cancer Objectives

Wisconsin's Comprehensive Cancer Control Program (WI CCC Program) was formed in 2002 when the state's Department of Health Services (DHS) received a planning grant from the Centers for Disease Control and Prevention (CDC). With this grant, DHS formed a partnership with the University of Wisconsin-Madison's Comprehensive Cancer Center with a goal to move cancer prevention and control forward in the state. The Wisconsin Cancer Council, of which the Affiliate is a member, is the partnership arm of the WI CCC Program, and is comprised of a coalition of organizations dedicated to reducing the burden of cancer in Wisconsin by: 1.) stimulating communication between cancer-control organizations in Wisconsin; 2.) advocating for cancer control policies, legislation and research; and 3.) developing and coordinating projects that require the interaction of various cancer-control organizations in Wisconsin.

Wisconsin's Comprehensive Cancer Control Plan ("WI CCC Plan"), which serves as a framework for action for all parties working on cancer prevention and control in Wisconsin, was finalized in June of 2010 and is in effect until 2015. With a grant from the Centers for Disease Control and Prevention, Wisconsin's Department of Health Services brought a group of diverse partners from across the state to develop the WI CCC Plan. Although not breast cancer specific, the objectives for the WI CCC Plan are as follows:

- **Vision**: A healthier Wisconsin by reducing the impact of cancer.

- **Mission**: To engage diverse public, private and community partners to develop, implement and promote a statewide comprehensive approach to cancer control.

- **Goals**:
    - Reduce the risk of developing cancer.
    - Increase early detection through appropriate screening for cancer.
    - Improve the quality of life for cancer survivors.
    - Reduce suffering from cancer.
    - Improve the quality of cancer-related data.

Specific to breast cancer, the WI CCC Plan's goal to increase early detection through appropriate screening has a focus on breast cancer screening.

Affiliate's Current Relationship with the Cancer Coalition

The Affiliate is actively involved with the Cancer Coalition as one of its member organizations. The Affiliate's Executive Director and Grants Coordinator, along with other staff and volunteers, are active members of the Wisconsin Breast Cancer Task Force (WBCTF). As part of the WBCTF, the Affiliate has been a leader in promoting WBCTF research and analysis. The Affiliate's staff and Board Members have also served on various committees for the Cancer Coalition, such as the Public Policy Committee.

Notably, in 2010 and 2011, the Affiliate provided support in creating "Wisconsin's Breast Cancer Task Force: Creating Change through Collaboration" and in 2012, the Affiliate provided support in creating "Wisconsin Breast Cancer Task Force Provider Survey Report of Findings: Dane County." In addition, the Affiliate was one of the organizations that provided input in developing and reviewing the WI CCC Plan.

Affiliate's Plan for the Next Four Years to Establish or Strengthen its Roles with the State's Cancer Coalition

Throughout the next four years, the Affiliate plans to remain an active member of both the Cancer Coalition and the WBCTF. As opportunities arise, the Affiliate plans on staying at the forefront of the Cancer Coalition's efforts as they relate to breast cancer.

Affordable Care Act

BadgerCare before ACA

Wisconsin's BadgerCare Program was created in 1999 to provide a health care safety net for low-income families who were transitioning from welfare to work. In 2008, BadgerCare Plus was created to expand coverage to all uninsured children through the age of 18, pregnant women with incomes below 300 percent of the Federal Poverty Level (FPL), and parents and caretaker relatives with incomes below 200 percent of the FPL.

In 2009, Wisconsin applied for and received a Section 1115 waiver which allowed the State to offer coverage to childless adults with incomes below 200 percent of the FPL and to receive federal Medicaid funds. However, enrollment for this group was capped due to budget neutrality maintenance requirements and enrollment steadily decreased from 50,627 enrollees to 17,791 between State Fiscal Year 2010 and 2013. By August 2013 there were 157,259 childless adults on a wait list. In 2012, requirements for parents and caretakers were changed and those with incomes above 133 percent of the FPL were required to pay a monthly premium. Therefore, in 2012, BadgerCare covered the following groups: uninsured children regardless of income; pregnant women through 300 percent of the FPL; parents and caretakers through 200 percent of the FPL; childless adults through 200 percent FPL; and Transitional Medical Assistance Families (TMA) at the FPL.

BadgerCare and the ACA

The ACA called for the expansion of Medicaid for nearly all non-disabled adults with incomes at or below 138 percent of the FPL, which would be funded mostly with federal funds. Due to a Supreme Court decision on the ACA, Medicaid expansion was ruled a state option and not a federal mandate. Like Wisconsin, several states used a Section 1115 Medicaid Demonstration Waiver to expand coverage to adults. In those states going forward with Medicaid expansion, many of these covered adults would transition to new coverage under the ACA and the states would receive enhanced matching funds for this coverage.

Wisconsin joined the few states with waiver coverage in place prior to ACA that turned down the Medicaid expansion funding. Instead, Wisconsin applied for and received approval for a new waiver to provide coverage to childless adults up to 100 of the FPL, but this coverage was not eligible for the enhanced matching federal dollars. While this new 2014 waiver would cover childless adults with no enrollment cap, it decreased eligibility from 200 percent of the FPL to 100 percent of the FPL. This decrease meant that current enrollees, with incomes greater than 100 percent of the FPL, would be transitioned to Marketplace coverage and would receive tax

credits to help cover the cost of coverage. On the positive side, childless adults would receive more comprehensive benefits than under the old waiver. Finally, the 2014 waiver also allowed the state to require premiums for adults who qualified for Medicaid through TMA with incomes above 100 percent of the FPL, not at the previous level of 138 percent of the FPL. Failure to pay these sliding scale premiums after a 30-day grace period would result in the loss of eligibility for three months.

Estimated Number of Uninsured in State Before and After ACA

According to a presentation by the Wisconsin Council on Children and Families (WCCF), over 500,000 Wisconsinites were uninsured before ACA. (2011 US Census, ACS Public Use Microdata Sample). A Gallup Poll released in August provided a look at the percentage change in uninsured by state from 2013 to mid-year 2014. Wisconsin went from 11.7 percent uninsured in 2013 to 9.6 percent in 2014—a drop of 2.1 percent in the number of uninsured since the implantation of ACA.

- Using federal data as of April 19, 2014, Jon Peacock of the Wisconsin Council on Children & Families estimated that almost 140,000 signed up in the Marketplace in Wisconsin.
    - While that is 79.0 percent above the target set by CMS, it did not take into account that more than 90,000 Wisconsinites above the poverty level would lose BadgerCare.
    - Wisconsin will need substantially more people to enroll through the Marketplace to reach the Governor's goal of halving the number of uninsured in Wisconsin.
- 91.0 percent of those enrolled in WI are eligible for subsidies.
- 26.0 percent are ages 18 to 34 (and 5.0 percent are children).
- Statewide data on how many enrollees are paying their premiums is not yet available.

The future of the ACA as it pertains to Wisconsin is uncertain due to current litigation. At this time there is a split in the Federal Courts as to whether subsidies can be utilized in states, like Wisconsin, that do not have their own exchange program. If the courts hold that subsidies cannot be given in states that utilize the Federal Marketplace, then there could be disastrous results in health care financing. For example, 91.0 percent of those who selected a plan through the Marketplace in Wisconsin had financial assistance. Because Wisconsin is a federally-facilitated Marketplace, consumers could see a 70.0 - 74.0 percent increase in premiums if the subsidies are ruled invalid for the Federal Marketplace.

BadgerCare enrollment trends from September 2013 through June 2014 provided by the WCCF on July 31, 2014are shown in Table 3.1.

Table 3.1. BadgerCare enrollment trends, September 2013-June 2014

	Sept. – Dec.	Dec. – June	Total Sept. – June
Parents			
Below poverty	-4,105	18,586	14,481
Above poverty	-1,740	-70,074	-71,814
Total	-5,845	-52,828	-57,333
Children			
Below poverty (excl. newborns)	-6,201	19,678	13,477
Above poverty (excl. newborns)	2,338	-24,460	-22,122
Kids total (incl. newborns)	-3,875	-4,743	-8,618
Childless adults	-1,194	95,852	94,658
BadgerCare Total	-11,131	40,889	29,758

Source: WCCF, July 31, 2014

According to Jon Peacock at the WCCF, some key facts derived from this data are:

- 71,800 fewer parents above the poverty level are now covered in BadgerCare and Transitional Medicaid.
- 111,000 childless adults enrolled, an increase of almost 96,000 and DHS expects to be over its 2014-2015 target by about 37,000.
- There has been a total net increase of more than 29,700 or 4.0 percent in BadgerCare since September.

Implications for ACA Health Care Providers

As of August 2013, 13 Wisconsin insurers planned to participate in Wisconsin's federally facilitated individual Marketplace representing a spectrum of providers and plans from across the state. Of these, Dean Health Plan, Group Health Cooperative of South Central Wisconsin, Physicians Plus Insurance Corporation, and Unity Health Plans Insurance Corporation represent health care providers who provide medical care to Dane County and the surrounding area. In addition, MercyCare HMO, Inc. provides medical care in Rock County, one of the counties in the Affiliate's service area.

One of the major impacts of the ACA for health care providers is that all health care plans must be compliant with the Essential Health Benefits (EHB) requirements. While existing non-compliant plans can be offered to current customers in 2014, all new enrollees will have plans that provide them with the mandated EHB, which represent the minimum benefits for Medicaid, non-group and small group plans in and out of the exchanges. For BadgerCare enrollees, this represents more comprehensive coverage than before the ACA implementation. As a result of the increased focus on preventive and wellness services and chronic disease management, there will be a greater need for primary care physicians as well as screening and disease management services.

The implementation of the ACA has also necessitated the training of personnel who can assist individuals with picking appropriate plans and enrollment. Additionally, an increased demand

for medical services and the enrollment of individuals who have never had health care plans has led some health care providers to look at ways to help clients navigate the medical system successfully. With the exception of Dane County, the counties in the Affiliate's service area have a higher rural population and less access to local health care providers and services. This will put increased pressure on health care providers to create ways to serve the needs of people in these communities.

WWWP and Affordable Care Act Implications

It is not clear how many WWWP clients may move into Wisconsin's BadgerCare or the Federal Marketplace. As a guide, the WWWP has released some data from calendar year 2013 that shows the number of women who accessed care through the program and the number of WWWP clients that have enrolled in BadgerCare Plus as of April 2014 (Table 3.2). The following chart shows the total number of WWWP clients by county for the Affiliate's service area that accessed WWWP services of any kind during calendar year 2013; it also shows the total number of WWWP clients that moved onto Wisconsin's Medicaid program, BadgerCare Plus which would offer the ability to access more comprehensive health care access than just being a WWWP client.

Table 3.2. Women accessing WWWP in 2013 and moving to BadgerCare Plus by April 2014

	Columbia	Dane	Dodge	Green	Iowa	Jefferson	Rock	Sauk
Used WWWP services	15	99	38	11	8	21	26	34
Moved to BadgerCare Plus	76	623	165	45	38	117	271	153

(Wisconsin Department of Health Services, July 2014).

Implications of ACA for Affiliate

The implementation of the ACA in Wisconsin has brought several compelling issues that could directly impact the health care coverage of uninsured and underinsured low-income women. First, the restructuring of the WWWP Program Model proposed in December of 2013 could assist eligible women with the move into BadgerCare or the Federal marketplace. This move will allow eligible women to access more comprehensive coverage than that provided by the WWWP. Second, there is the possibility that the Federal Courts will hold that premium subsidies are not permitted for use in the Federal Marketplace.

Third, as stated earlier, Wisconsin did not accept the Medicaid expansion funding and received a waiver which allowed them to use a lower income eligibility for both enrollment in BadgerCare and the assessment of premiums. The result is that many parents, caretakers, and childless adults with incomes between 200 percent and 300 percent of the FPL will be forced to find coverage in the Marketplace with either a tax credit and/or cost-sharing subsidy. Often, families living at these levels struggle to pay for basic needs such as housing, food, transportation, and childcare with not much left over for health care and other expenses. Therefore, it is important for the Affiliate to participate in public policy activities with partner organizations in order to ensure that the health care needs of these low-income women are addressed. As of July 2014, seven counties across the state, including Dane, approved ballot measures for November 2014 asking voters if Wisconsin should accept the federal funding for states that expand Medicaid coverage of adults. If Wisconsin accepts this funding BadgerCare would be able to cover more adults and could close a large gap in the state's Medicaid budget. Finally, Affiliate grant funding

should also focus on addressing access to services and safety nets for women who are directly affected by these issues.

Affiliate's Public Policy Activities

The Affiliate is not currently active in an annual public policy plan but is well-known by legislators and women's health initiative groups and participates as needed in the public policy issues of the county and state. An annual kick-off of October Breast Cancer Awareness Month is organized by the Affiliate in conjunction with community partner, "Justice for a Cure", at the State Capital the first Friday in October. That also serves as a Pink Day for the Affiliate. The Affiliate Community Profile, information on Komen's current grants, both local and national, as well as breast health information are distributed to the elected officials in the Capital that day.

All three Komen Affiliates in Wisconsin signed on and were an active part of the three-year process it took to get the Cancer Treatment Fairness Act, Senate Bill 300 (AB 392) passed into law. The Cancer Treatment Fairness Act updates Wisconsin insurance coverage to require health plans regulated by the state to provide the same coverage for chemotherapy, whether taken in pill form at home or administered through IVs at hospital or clinics. As amended, the bill also permits an insurer or self-insured plan to comply with the law by allowing a copayment that does not exceed $100 for a 30-day supply of oral chemotherapy, as adjusted by the Consumer Price Index.

The Affiliate will continue to advocate and participate in issues and legislation as deemed appropriate by the Board of Directors and in alignment with Susan G. Komen advocacy priorities.

Health Systems and Public Policy Analysis Findings

The Health Systems and Public Policy Analysis showcases that there is a real need to understand why women are not getting the services they need in Rock County on the CoC. Given that there are an array of screening, diagnostic, treatment, and survivorship services available in Rock, there must be a disconnect in adequately accessing these services, given the poor statistics discussed in the quantitative section of the report. Hopefully, qualitative investigation will uncover women's experiences along the continuum in Rock. Even though the services are there, it is possible that there are barriers keeping women from being able to fully access these services. For minority women and low income/uninsured women, it was determined that there are very few services tailored for these women's needs available in their home communities along the continuum. Qualitative investigation will seek to discover how these women are seeking services, where they are seeking them, and what are the key barriers that may lead them to fall out of the continuum. It will also provide the opportunity for the Affiliate to hear from these women about what their needs are and use this information to brainstorm new ideas about how to connect these populations to services more effectively.

Komen South Central funded grantees and Wisconsin Well Woman Coordinators continue to be great resources and community partners working to address the needs of the target populations. The Affiliate will continue partnering with the health care providers in the service area to identify and provide support for the gaps in breast health and breast cancer services needed. The Affiliate will also seek to determine from the qualitative investigation if there are

other non-traditional programs and organizations that could become partners in helping to reach out to women in the identified target communities.

Public policy has a large impact on breast health care in South Central Wisconsin. Between federal and state health policy, there is a very real concern that women, especially those that are low income/uninsured will not be able to access the care they need along the CoC. Although the Affiliate does not at this time have an active policy agenda, the Affiliate will continue to be a presence in Wisconsin policy circles as a voice on breast health care.

Qualitative Data Sources and Methodology Overview

Methodology

The Affiliate has chosen to investigate the outcomes of women from three targeted communities:

- Rock County: the experiences of women along the continuum of care, access to services and overall outcomes.
- Minority/Low income/Uninsured women: Access to services, cultural relevance in the entire Affiliate service area.
- Overall: Experiences of women who are survivors or experiencing breast cancer in entire Affiliate service area

In order to gather the perspectives and input of women who fit into the chosen categories in the community, four focus groups were conducted consisting of women from different backgrounds who reside in three of the counties served by Komen South Central Wisconsin: two focus groups in Dane County, and one each in Rock and Sauk Counties. Additionally, the Wisconsin Well Woman Coordinators in the Affiliate's service area helped to distribute surveys to current and past clients in order to reach more women in the service areas.

Each focus group lasted from one and a half to two hours and consisted of breast cancer survivors, those who were currently undergoing breast cancer treatment and their support persons, as well as some health care professionals. The women were provided dinner and a gift card for their participation. One focus group was designated specifically for the Spanish speaking population. There were two interpreters present throughout the meeting as well as three Affiliate representatives with varying levels of Spanish speaking abilities.

The surveys that were administered through the Well Woman program coordinators consisted of 20 questions for survivors and women currently experiencing breast cancer. The survey questions touched on the same topics explored in the focus groups and asked participants about their experiences throughout and after treatment and how awareness, treatment and education can be improved in the communities served by the Affiliate.

In addition to the focus groups and surveys for women, nine key informants from the community were interviewed and/or surveyed. These surveys and interviews consisted of doctors, nurses, health education specialists and breast health navigators. A majority of the participants were connected to the Wisconsin Well Woman program, as they were either Well Woman Coordinators in addition to their other titles, or worked with many Well Woman clients.

Sampling

The Affiliate conducted four focus groups consisting of women in its target areas:

- Rock County: The Affiliate conducted a focus group in Rock County in order to learn about the services and experiences of women in the continuum.
- Minority/Low Income/Uninsured women: The Affiliate conducted one focus group of Well Women clients in Dane County, a program for low income/uninsured women.

Additionally, the Affiliate conducted a Spanish language focus group to identify the need and experience of Hispanic/Latina women in the Dane County service area.

- Overall: The Affiliate conducted a focus group in Sauk County and considered the demographics and experiences in each of the other focus groups in order to get an idea of overall support within the service area. Additionally, the Affiliate administered surveys to women and key informants and conducted interviews with key informants representing various counties who were willing to participate through the help of Well Women Coordinators.

Overall, 32 women participated in the four focus groups combined that were either breast cancer survivors or currently going through breast cancer treatment. Additionally, providers and support people participated in each meeting. The health care workers and support persons (i.e. family members and friends) assisted in creating a safe environment for participants, while also offering diverse perspectives. A majority of the focus group participants were approached through membership in a regular support group. Thus, many of the women knew each other and the providers present.

The Affiliate attempted to obtain information from as many women as possible who are representative of each target group. Thus, the Affiliate used the Well Women Coordinators and breast health navigators to locate participants for each focus group, as these providers tend to work more with low income and minority women.

Survey responses were obtained from seven other women living in the Affiliate service areas, in order to speak to the experiences of the service area overall. A majority of the survey data collected from women in the community were obtained though the help of the Wisconsin Well Woman coordinators, who were willing to reach out to current and/or previous breast cancer clients. Again, these women were representative of the target communities.

Overall, focus group input was obtained from women living in the following counties: Columbia, Dane, Dodge, Green, Iowa, Jefferson, Rock and Sauk. Most of the participants were White, and the overall age range was from 33-77. However, the second highest racial/ethnic representation was from the Hispanic/Latina community, primarily because of conducting a Spanish speaking focus group. A majority of the women were already in the survivor stage of their cancer. On the other hand, several women in the focus group had been more recently diagnosed and currently going through treatment. The majority of the women were representative of the target communities and self-identified their insured or un-insured status. The majority were un-insured or underinsured.

The nine key informants who were interviewed and surveyed serve the following counties: Columbia, Dane, Dodge, Green, Iowa, Jefferson, Rock and Sauk. Of these participants, the amount of time dedicated to working with breast cancer patients ranged from rarely to daily. Due to the fact that many of the key informants have other roles and titles, some providers have not seen a breast cancer patient in years, while others, such as breast health navigators, have a primary role in working with breast cancer patients.

A combination of convenience and snowball sampling were used to conduct qualitative data collection for both the women and the key informants that were sampled.

Many of the women were chosen with the help of breast health navigators and Well Woman Program coordinators. Not only was this the most efficient way to gather participants, but participants felt more comfortable sharing in the presence of people that they trusted. Most focus groups were conducted through established survivor support groups. While the focus groups had limitations, the Affiliate attempted to use survivor support groups that were as representative of the target populations as possible, as the support groups contained women of all backgrounds, including participants from Rock County, Well Women Program recipients and Spanish speaking women.

Additionally, most providers that the Affiliate interviewed were breast health navigators and Well Woman Program coordinators who had multiple roles and titles within their organizations. These key informants were chosen because of the high amount of contact they have with the target populations, specifically those who are low income and underinsured.

Ethics

All of those who participated in the focus groups, surveys and interviews (women and key informants) were required to sign consent forms or verbally agree to consent (in the case of a phone interview). The Affiliate created consent forms using the Komen consent form template. All participants were informed of any potential risks and that their participation was voluntary and that they were able to withdraw at any time without penalty. Additionally, all participants were assured that all information would be kept confidential and that all identifying information would be kept out of the final report.

All surveys, interview responses and notes were kept in a locked, safe and confidential location with the focus group facilitator.

Qualitative Data Overview

There was a consistency among themes that emerged from the focus groups, interviews and surveys among the women and key informants. One theme mentioned frequently across target communities by participants was the ***financial barrier*** that many women face across the continuum of care. Finance was a huge challenge for many of the women that affected many different facets of the treatment process. While there appeared to be more resources in Dane county for women who are low income, many women that participated from rural communities encountered barriers when it came to ***transportation*** and the ability to take time off of work for treatment.

Lack of financial resources is also linked to ***lack of insurance or underinsurance***, as many women who were uninsured or underinsured experienced issues being able to pay for medical bills. Additionally, focus group and survey participants spoke about how recent changes within the health care system and the complexity of dealing with insurance companies created extra stress when seeking medical care. For example, one woman stated, "the additional complication that I had with insurance, prior to the Affordable Care Act, was that my diagnosis occurred late… I had one surgery in 2012 and my reconstructive surgery occurred in 2013, representing, unfortunately, two separate deductibles that applied."

Another theme that arose from the data was the ***lack of knowledge*** about where to go when one has limited resources. While the number of resources for low income women varies based

on the community, there are many women who are unaware of what resources they qualify for and how to get them. For example, one key informant stated, “women are aware of need to screen but aren’t aware of resources available to help them get screened or follow through with treatment if there is a diagnosis of breast cancer… every year I enroll at least a few women who say, ‘I had no idea that this program was available.'"

Some other barriers that women reported facing were within the medical system. While many focus group and survey participants were pleased with their relationships with their cancer doctors, there were also several women who experienced difficulties. In some cases ***culture and language*** interfered with quality care. For example, one key informant stated that one client was “informed [of her diagnosis] by her 13 year old son who translated.” Additionally, a majority of key informants emphasized the need for more bilingual case managers and/or breast health navigators. Another key aspect of culture that came up within the focus groups was the idea of including the family in treatment decisions and planning. This was particularly prevalent in the Spanish speaking focus group.

Finally, through the focus groups and surveys the Affiliate discovered that women who did not have ***breast health navigators or advocates*** believed that this service would have been helpful. The women who had a navigator or advocate reported that they were extremely helpful in getting them connected to community resources and made them feel supported.

Rock County

The Rock County focus group consisted mainly of White survivors from ages 33-67. Common themes that emerged from this group were about the barriers caused by lack of insurance, money and transportation. Additionally, women and providers present noted that there is a lack of materials and assistance available in languages other than English and that obtaining treatment can be particularly hard for non-citizens. As noted by one provider, language can impact relationships between doctors and patients, “[You] can't trust someone if you don't understand them… For instance, what if a non-English speaker has a medical emergency/reaction to treatment? They can't call their doctor's office.”

Women Who are Uninsured/Underinsured and/or Low-Income

A common theme among low-income/uninsured women was the impact of lack of insurance or underinsurance on breast cancer patients. Lack of insurance impacts women throughout the treatment process and often inhibits women from seeking preventative care. For example, in the Dane County focus group several women admitted to not seeking any preventative care prior to their diagnosis because they were uninsured or underinsured and unable to pay deductibles. Another participant in the Dane County focus group talked about having access to employer-sponsored insurance. However, she could not afford to enroll in this program without endangering her ability to pay rent and other basic necessities. While all of the focus group women knew that they should be screened and engage in preventative care, they did not know where to go to get free or reduced cost medical help. The women advocated for more education and outreach about community resources, such as the Wisconsin Well Woman Program.

Minority Women

During the Hispanic/Latina focus group the Affiliate learned that language is a huge barrier to obtaining treatment. While Dane County appears to have more resources and bilingual

providers, there are still too few, and there are even fewer resources in more rural neighboring counties. According to the women and providers, community partnerships with organizations outside of medical facilities are particularly important within the Hispanic/Latino population. For example, there are free bilingual screening and education programs offered through organizations such as the Catholic Multicultural Center. Additionally, there is a need for the medical community to be more responsive to the different cultural needs of the Hispanic/Latina populations, such as including family, using appropriate translation services and being more sensitive when delivering a diagnosis. For example, one woman in the focus group recounted that her doctor told her the diagnosis in front of her small children. The participant expressed how this caused her children to become distressed in the office while receiving her diagnosis. She stated, "[my kids said], mommy, you're going to die!" Additionally, many women were informed of their diagnosis through an over the phone translation service; while it is understandable that this may be the best option that a doctor has to offer, this speaks to the need for more funding for bilingual providers and advocates.

Qualitative Data Findings

Limitations of the Qualitative Data

While the Affiliate attempted to reach out to women in all of the target communities, limitations still exist within the data. The Affiliate was only able to conduct focus groups with a small number of women from each target group. Thus, the sample is not completely representative of all of the target communities. For example, due to time constraints, only one non-English speaking focus group was held. There could have been great benefit from more Spanish speaking groups in addition to groups in other racial/ethnic communities. As one provider noted, "[There is] a unique population in the Sauk/Columbia area (Wisconsin Dells) consisting of a large group of individuals that come from many different countries to work seasonal jobs. Many of them do not have insurance and are low income." However, the informant did not elaborate on which countries these populations came from.

Additionally, demographics among religious groups are also changing.

Furthermore, it would have been beneficial to talk to more health care providers, particularly doctors who work with breast cancer patients, as they are underrepresented in the sample.

Rock County

As noted in the quantitative and health systems portion of this report, women in the Rock County service area are underserved. As reported by the women and providers, the reasons for this are linked to income, insurance, funding/outreach and location/transportation. Women in this service area reported having trouble paying deductibles and/or finding help with insurance throughout the treatment process. While women who had insurance sometimes had an easier time affording treatment, this depended on the type of insurance women had, which was often linked to their employment. Minority women located in this service area encountered similar issues to White women; however, there was an added language barrier for some.

Women Who are Uninsured/Underinsured and/or Low-Income

Low-income/uninsured women are underserved as many of them did not have access to funds or insurance to pay for treatment. While most of the women that the Affiliate spoke to were

eventually connected to community resources, they reported not knowing about these resources until after their diagnosis. Many women suggested targeting outreach and education efforts beyond the need to screen, and to let women know where to go to get help with preventative care.

Minority Women

As mentioned in the health systems and quantitative portions of the report, there are few programs that focus on the needs of minority women. While some input was gained from Hispanic/Latina survivors, input is missing from other racial, ethnic and religious minority groups. In addition to lack of programing, there is a great need in all the Affiliate service area's counties for more bilingual providers, navigators and advocates. While there appear to be more bilingual resources for Spanish speaking women in Dane County, there are some neighboring counties that do not have any bilingual providers. Providers and women expressed the need for more funding to hire bilingual providers who can provide women with emotional and practical support—such as a breast health navigator or advocate.

Based on information gathered by women who have experienced breast cancer, and providers who work with breast cancer patients, it is evident that there is an overwhelming need for more culturally appropriate translation services in all counties within the Affiliate's service area—particularly outside of Dane County and the Madison area.

Furthermore, focus group and survey participants consistently identified transportation, insurance and finances as being barriers to obtaining preventative care and treatment. While some women had the option to purchase insurance through the health care exchange market or their employers, this was not always a viable option for them. Several women experienced trouble paying their deductibles if they did have insurance.

Women who experienced these barriers noted the importance of having an advocate, or someone they could trust to help them traverse the health care system. Support often came in the form of a breast health navigator or Well Woman Program coordinator. However, due to funding, not all facilities have breast health navigators and there are no navigators who are bilingual. Thus, it is important to look into ways to increase the number of breast health navigators and facilities providing breast cancer services—specifically in more rural communities. Additionally, education and outreach should be more directed toward how to obtain free or reduced cost preventative care for women who are low income and/or underinsured/uninsured.

Breast Health and Breast Cancer Findings of the Target Communities

Quantitative Data Report Summary:

The Community Profile Team used the Quantitative Data Report (QDR) provided by Komen Headquarters as well as consulted other data sources to help determine what target communities should be selected for this report. Some of the other data sources reviewed included: the 2014 Wisconsin County Health Rankings, a comprehensive report which ranks all 72 of Wisconsin's counties on a number of health outcomes (e.g. length of life and quality of life) and health factors (e.g. health behaviors, clinical care, social and economic factors and the physical environment); the Healthiest Wisconsin 2020 Baseline Disparities Report, which was a review of Wisconsin's state health plan (similar to the national Healthy People 2020 report) and a deep review of state disparities. Part of the reason for consulting other data sources and reports was that for many of the Affiliate's service area counties the QDR showed little to no data and that made it difficult to draw conclusions as to what might be happening in those counties. Here are some of the findings in relation to quantitative data:

- Rock County places in the bottom quartile in each of the ranking areas (health outcomes and health factors). All of the other counties in the Affiliate service area rank in the top half of the state's counties in one or both of the ranking areas.
- Median household income for Blacks/African-Americans in Wisconsin is $27,400 and $36,800 for Hispanic/Latinos compared to $53,000 for Whites.
- The poverty percentages for Blacks/African-Americans in Wisconsin is 39.0 percent and 28.0 percent for Hispanic/Latinos compared to just 10.0 percent for Whites.
- 40 percent of Hispanic/Latinos in Wisconsin over the age of 25 have less than a high school education, the percentage for Blacks/African-Americans is 21.0 percent and Whites 9.0 percent.
- 35.0 percent of Hispanics/Latinos in the state lack health insurance coverage compared to 19.0 percent of Blacks/African-Americans and 13.0 percent of Whites.
- Black/African-American (18.0 percent), Hispanic/Latino (20.0 percent), and Asian (21.0 percent) residents are more likely to be unable to obtain needed medical care due to cost; about 10.0 percent of White residents report difficulties obtaining medical care because of cost.
- 34 percent of low-income residents (defined as <$20,000/year) lack health insurance coverage.
- Low-income residents are more likely to have not had a doctor's appointment in the past year (36.0 percent), not have a personal doctor (22.0 percent) and are unable to obtain care due to cost (27.0 percent).
- 33 percent of women aged 50+ with less than a high school education report not having had a mammogram in the past two years; even 22.0 percent of those with at least some college level education also report not having had a mammogram in the past two years.
- 26 percent of residents in non-metropolitan counties are low-income. Non-metropolitan counties are areas that are considered rural according to the National Center for Health Statistics (NCHS) Urban-Rural Classification Scheme. Non-metropolitan counties have less than 50,000 residents. In the Affiliate service area, Dodge, Green, Jefferson, and Sauk Counties are considered non-metropolitan counties.

- Non-metropolitan counties have a larger share of residents lacking health insurance as compared to metropolitan counties.
- Non-metropolitan counties have a larger share of residents reporting not having had a doctor's appointment in the last year (37.0 percent) and not having a personal doctor (19.0 percent).

Given the data above, the Profile Team chose Rock County, minority women across the Affiliate and low income/uninsured women across the Affiliate as target areas. What follows is some explanation for each choice:

- Rock County was chosen as a target area because data from the QDR and further exploration consistently show great need. Rock County ranks low in the county health rankings, has greater unemployment, a lower median income, and higher rates of smoking and obesity than other counties in the Affiliate's service area (2014 Wisconsin County Health Rankings). Also, according to the QDR, Rock County will take 12 years to achieve the Healthy People 2020 breast cancer death rate target. The QDR has classified Rock County as a medium high priority community.
- Minority women were also chosen as a target community because they face consistent disparities in access to care and socioeconomic barriers. They are less likely to be insured, report having difficulties seeing a doctor because of cost, report not having a personal doctor at all, and have lower median incomes and educational attainment which tend to be key predictors of whether a person has health insurance coverage. It's important to focus on this group because the Affiliate's service area as a whole is decidedly more non-minority and more affluent, and the larger numbers of those groups mask and exacerbate existing and sometimes growing disparities. While minority communities are currently small, they are growing, specifically the Hispanic/Latino ethnicity which saw a 73.0 percent increase from 2000 to 2010.
- Low-income/uninsured women were chosen as the third community because, similarity to minority women, low-income/uninsured women face disparities in access to care and socioeconomic barriers.

Health Systems and Public Policy Analysis Summary:
For the health systems and public policy analysis, the Community Profile Team reviewed the continuum of care for each target community, performed a detailed analysis of available breast health services for each target community, discussed the current Affiliate partnerships, discussed the reach and state of the Wisconsin Well Woman Program (WWWP) – the state's National Breast and Cervical Cancer Early Detection Program, the state's cancer control plan, and implications of the Affordable Care Act.

The continuum of care refers to the necessary relationship between breast cancer screening, diagnosis, treatment, follow-up, and the ongoing need for education throughout a woman's breast cancer experience. Analysis of the continuum for each target community revealed the following:

- In Rock County, there is an array of breast health services available along the continuum; but women may be having trouble adequately accessing these services because of the negative health outcomes revealed in the quantitative data analysis.
- For minority women there is a large gap in services targeted to this community along the continuum. Only three of the counties – Dane, Iowa, and Sauk in the Affiliate's service area had specific breast health programs and services for this community.

- For low-income/uninsured women only Sauk County had specific services for this group, once again revealing a huge gap across the continuum.

The partnership analysis revealed that the Affiliate is well-connected with community groups in Dane County. There are some connections with community groups in the remaining counties of the Affiliate service area, if these types of groups exist. However, it should be noted that not all of the counties besides Dane have robust community centers or formal community organizations. While more rural parts of the service area lack formal community organizations, the Affiliate is committed to seeking out informal but respected groups for partnership to better reach women in these areas.

The WWWP treats eligible low-income and uninsured women. It provides screening for all eligible women; it can provide treatment for breast cancer through Medicaid for eligible women who are US citizens. The WWWP is undergoing a key re-structuring process which will affect service delivery. It is too early to speculate on the impact of changes to women served due to the proposed re-structuring. The Affiliate has supported the WWWP via grant funding and as a stakeholder providing input on the service delivery re-structuring.

Qualitative Analysis Summary:
Given the findings of the quantitative analysis, selection of the target communities, and health system and public policy analysis the Community Profile Team chose to focus on a few key areas during the qualitative analysis.

- A focus group was held in Rock County to delve deeper into women's experiences along the continuum of care in this community.
- A focus group was held in Sauk County to be able to gain perspective from women in rural communities.
- A focus group was held with Spanish speaking women to gain perspective of the issues of this particular minority group.
- A focus group was held with WWWP clients to determine women's experiences along the continuum of care that are low-income/uninsured.
- The Affiliate also chose to conduct key informant interviews with doctors, nurses, and breast health navigators.

A few overall themes emerged from the focus groups and key informant interviews:

- Finances are a huge barrier for many women, especially during the treatment process.
- Transportation is a barrier for many women in rural areas where they often need to travel long distances to obtain necessary care.
- Lack of insurance or being underinsured affects the type and comprehensiveness of treatment women are able to obtain.
- Lack of knowledge often came up in regard to women knowing what programs and services are available to help them through the continuum of care.
- Culture and language barriers had the potential to interfere with quality of care.
- Breast health navigators were viewed as a vital resource – women who had them felt they were indispensable and women who didn't have them wished they had.

Mission Action Plan

In order to develop the problem statements, priorities, and objectives for the Mission Action Plan the Community Profile Team met and discussed the summary of the quantitative data analysis, health system and public policy analysis, and qualitative data analysis sections. Team members discussed key conclusions and need indicators for each target community that led to the development of each problem statement, priorities and objectives. Discussion and general consensus of the Community Profile Team was used to create the Mission Action Plan below.

Target Community: Rock County

Problem Statement: Rock County has socioeconomic indicators that make it difficult to access quality health care services – high unemployment and high rates of people not having insurance. According to the quantitative data analysis, it will take 12 years for women in Rock County to meet the Healthy People 2020 breast cancer death rate target. Health system and public policy analysis uncovered a wide array of breast cancer services in the county along the continuum of care; but focus group and key informant interviews revealed barriers preventing women from adequately being able to access the broad array of breast cancer services in the county.

Priority 1: Increase access to breast health services in Rock County.

Objective 1: In FY 16 – FY 19 hold a minimum of one annual collaborative meeting with health care facilities in Rock County to educate stakeholders on breast health services resources available in the community to move women through the continuum of care.

Objective 2: A key funding priority of the FY 16 – FY 19 Community Grant RFA will be developing or improving patient navigation programs for women diagnosed with breast cancer in Rock County.

Priority 2: Addressing barriers that make it difficult for women in Rock County to seek or continue breast cancer screening and treatment.

Objective 1: A key funding priority of the FY 16 – FY 19 Community Grant RFA will be developing, improving, and supporting programs in Rock County that assist women in breast cancer treatment with meeting basic needs (e.g. transportation, housing, and childcare).

Objective 2: A key funding priority of the FY 16 – FY 19 Community Grant RFA will be developing, improving, and supporting outreach and survivorship programs in Rock County that are culturally appropriate and competent.

Target Community: Minority women

Problem Statement: Minority women across the Affiliate's service area experience socio-economic disparities such as lower median incomes, higher rates of unemployment and health insurance coverage. Health system analysis also showed very few programs and services with a focus specifically on minority populations. Focus group and key informant interviews also revealed that minority women have issues receiving culturally appropriate breast health services and that language is often a key barrier to accessing breast health services and successfully completing treatment.

Priority 1: Increase cultural sensitivity and competency within the breast health continuum.

Objective 1: In FY 16 – FY 19 hold a minimum of one annual collaborative meeting with health care facilities across the Affiliate's service area to educate stakeholders on the breast health services needs of minority women.

Objective 2: In FY 16 facilitate at least one meeting with women leaders in communities of color to determine key factors in providing culturally sensitive breast health services to minority women.

Priority 2: Addressing barriers that make it difficult for minority women to seek or continue breast cancer screening and treatment.

Objective 1: A key funding priority of the FY 16 – FY 19 Community Grant RFA will be developing or improving outreach and survivorship programs that are culturally appropriate for minority women.

Objective 2: A key funding priority of the FY 16 – FY 19 Community Grant RFA will be developing, improving, and supporting outreach and survivorship programs that are culturally competent for minority women.

Objective 3: A key funding priority of the FY 16 – FY 19 Community Grant RFA will be developing or improving patient navigation programs that provide bi-lingual services.

Target Community: Low-income/uninsured women

Problem Statement: Low-income/uninsured women face socio economic disparities that make it more difficult to seek and access care. Health system analysis revealed many facilities do not have specific services for these women and key informant and focus group interviews revealed that there is a lack of knowledge of where these women can go to seek and receive breast health care along the continuum. The dearth of services available also leads to many women traveling long distances in order to receive breast health care.

Priority 1: Improving outreach so that low-income/uninsured women receive information on where they can go to seek and receive breast health care along the continuum as well as where and how to access financial resources.

Objective 1: In FY 16 – FY 19 work to develop partnerships with four community groups that work with low-income and uninsured women in the Affiliate's service area outside of Dane County.

Objective 2: In FY 16 facilitate at least one meeting with community partners to develop strategic plan for FY 17 – FY 19 that addresses disseminating breast health information (screening, treatment, and survivorship) as well as available community resources and programs to low-income/uninsured women in the Affiliate's service area.

Priority 2: Improving access to care along the continuum

Objective 1: In FY 16 – FY 19 hold a minimum of one collaborative meeting with health facilities across the Affiliate's service area to address dearth of services available for low-income/uninsured women and strategize possible solutions to this problem.

Objective 2: A key funding priority of the FY 16 – FY 19 Community Grant RFA will be developing and/or improving patient navigation programs that assist low-income and uninsured women with navigating the continuum of care.

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