



COMMUNITY PROFILE REPORT

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2011

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

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Acknowledgements

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Executive Summary

Introduction

Founded by a group of dedicated breast cancer survivors, breast health professionals and other women of vision, the Southeast Wisconsin Affiliate of Susan G. Komen for the Cure began in 1999. Since its inception, the Komen Southeast Wisconsin Affiliate has raised over \$5 million toward national research and local breast cancer education, screening, and access to treatment for women in Southeast Wisconsin. In 2010, the 12th Annual Komen Southeast Wisconsin Race for the Cure® took place on Milwaukee's lakefront. A record breaking 16,000 participants—community members from all walks of life—gathered to raise awareness and money to support our work to save lives and end breast cancer forever.

The Affiliate's service area covers Milwaukee, Waukesha, Racine, Kenosha, Jefferson, Ozaukee, Washington, and Walworth Counties. Thanks to the thousands of people who participate in the Race for the Cure and other Affiliate events each year, dedicated corporate partners and generous donors, the Affiliate is playing a vital role in fighting breast cancer in our region. The stakes are enormous for women in Southeast Wisconsin. In our service area alone, nearly 1,500 women will be diagnosed with breast cancer before the end of 2011. More than 280 women will die. These numbers are, quite simply, unacceptable. The Affiliate's plan to address these devastating numbers is straightforward. We will continue to support programs that provide access to breast health care and education, so more women get mammograms, are diagnosed early and survive longer. In order to make the greatest impact, local Komen Affiliates work with experts and community leaders to create a bi-annual Community Profile, a comprehensive community needs assessment, to ensure that they serve the people who need their help the most.

Statistics Methods and Target Communities

To select target communities in the service area, we analyzed the overall breast cancer burden felt by women in each county (breast cancer incidence rates/numbers of cases and mortality rates/ numbers of deaths and stage at diagnosis). We also analyzed breast cancer screening trends. In addition, socioeconomic factors were considered, including insurance status, income and poverty, as these factors can impact a woman's ability to access breast health care. Finally, racial/ethnic disparities were examined. Data sources include: The Health Care Business of Thomson Reuters ©2010, the US Census Bureau 2009 American Community Survey, the Wisconsin Department of Health Services, the State of Wisconsin Interactive Statistics on Health system, the Aurora Community Health Survey, and the Wisconsin Well Woman Program.

Overview of Findings

The data highlighted three target counties in the region that warranted further analysis: Milwaukee, Racine and Waukesha, as well as one subpopulation, African American women. The proportion and number of women dying from breast cancer were primary factors that informed the decision to further explore these communities, along with socioeconomic factors such as insurance coverage and poverty. Racial disparities in breast cancer stage at diagnosis and mortality were examined.

- *Milwaukee County* – the most populous, diverse, urban county in the region, with the highest percentage of uninsured adult females, the highest percentage of families living in poverty and the lowest median income. While the county has the third lowest breast cancer incidence rate (122.5/100,000 women) and the fourth highest mortality rate (22.3/100,000) in the region, it has by far the most cases (637) and deaths (126) from breast cancer than any other county. African

American women in the county have a higher mortality rate than any other group in the region (28.9/100,000). The county also has the highest percentage of Stage III and IV diagnoses in the service area. Further, the percentage of women in the county receiving a mammogram in the past two years (74 percent) is below the state average (76 percent).

- *Racine County* – the third most populous county in the region, with the second highest percentage of uninsured females and the second highest percentage of families living in poverty in the region. The county has the third highest breast cancer incidence rate (140.9/100,000) and the third highest overall breast cancer mortality rate in the service area (23.2/100,000). The county has the second lowest screening rate – only 72 percent of women report receiving a mammogram in the past two years.
- *Waukesha County* – the second most populous county in the region. While it is fairly affluent, with the second highest median income and a relatively low percentage of uninsured females, it has the third highest breast cancer incidence rate (141.9/100,000) in the region. It also has the second highest breast cancer mortality rate (24.6/100,000) and is second only to Milwaukee in the average number of women dying from breast cancer each year (58). Although reported screening percentages are high (80 percent), women are still dying from breast cancer at a high rate, which warrants further investigation.
- *African American Women* – are more likely to be diagnosed with breast cancer at later stages than White women. Across all age groups, they also have a higher mortality rate than other racial groups. African American women in the region also die from breast cancer at younger ages than White women. Although the mortality rate is higher in African American women, approximately eight times as many White women die of breast cancer as Black women in the service area (29 vs. 244).

Health Systems Analysis

While statistics were helpful in selecting target communities, they do not reveal what barriers, gaps and needs may be impacting access to breast health care and contributing to breast cancer mortality. A health systems analysis, including an inventory and mapping of available community assets, was conducted to identify potential gaps in service availability and partnerships.

Overview of Findings

We learned that there are many breast health resources in Milwaukee County, including many targeting special populations. This presents opportunities for collaboration to avoid duplication of services and ensure women in need are reached. Racine County also has many resources, primarily located in the City of Racine. Resources for financial assistance are available, but provider networks are limited in the county. While only one breast education resource is available in Waukesha County, it operates throughout the county. Breast health screening, diagnostic and treatment care providers are available. As with Racine County, resources for financial assistance are available, but provider networks are limited. The Affiliate could play a role in building partnerships to expand provider networks for financial assistance and increase awareness of and access to these resources. One valuable asset in all three target communities is the Wisconsin Well Woman Program (WWWP), which aids eligible low income women in accessing free breast cancer screening and diagnostic care. The WWWP and other safety net funding for breast health care are crucial for underserved women. The Affiliate will continue to monitor public policy in Wisconsin and, when necessary, take action to maintain and expand access to breast health care in the state.

Perspectives from the Community

To gain further insight regarding the systemic and individual barriers that prevent women from accessing breast health services, we conducted qualitative research. An independent researcher conducted key informant interviews with 21 community leaders and health care providers in Milwaukee, Racine and Waukesha Counties. Two focus groups were held with 15 African American women over 40 years of age who had not had mammograms in the past two years.

Overview of Findings

A number of issues emerged from key informants from all three target communities. Informants indicated a need to educate women about breast cancer in their community through messengers they trust. In all three counties, there are many resources available for breast cancer screening, but there are fewer resources for women who require follow-up diagnostic or treatment care, which are not easily accessible to all women. Systemic barriers to care were identified, including the economy, complexity of the health system, inaccessible services, lack of resources for care, complexity of aid programs, providers' inadequate cultural awareness, and conflicting mammography recommendations. Individual barriers were identified: cost, lack of knowledge, fear, language/culture, transportation/child care, time, and the philosophy of "putting others first." Key informants identified a need for culturally appropriate education to help women overcome individual barriers.

Focus groups with African American women allowed us to gain deeper insight regarding the attitudes, knowledge and barriers faced by African American women in the Milwaukee community. Barriers identified include cost, cultural issues, fear of cancer and pain and a lack of information from providers regarding mammography. Participants also shared perspectives on how to eliminate barriers, including offering mammography in community settings and engaging community members in education efforts. Participants felt awareness efforts should address barriers such as fear and myths and should connect women with resources to help pay for services.

Affiliate Action Plan

Data and findings from throughout the Community Profile process allowed the Affiliate to identify key areas of need:

- *Eliminating Barriers*: the need to reduce systemic and individual barriers to breast health services for targeted populations in our service area, including African American, low income and un-/underinsured women in Milwaukee, Racine and Waukesha Counties.
- *Collaboration*: the need to strengthen existing and create new partnerships for providing women with access to breast cancer screening, diagnostic and treatment care, in order to avoid duplication of efforts and ensure that women are connected with resources.
- *Financial Assistance*: the need to maintain and expand the financial assistance programs available for screening, diagnostic and treatment care in the service area.
- *Education/Awareness*: the need for increased breast health awareness and education, with a focus on screening, for women in our target communities.

An action plan was developed, with consideration given to overall Affiliate resources, existing community partnerships and resources, Affiliate grant-funded programs, and existing and planned Affiliate education, public policy and awareness efforts. After the final analysis of the data had been reviewed and discussed, the Community Profile team developed a list of four priorities that reflected the findings of the data analysis. While many of these priorities apply to the service area as a whole, priority target communities for this action plan were selected: Milwaukee County, Racine County and Waukesha County, with emphasis on African American and underserved White women.

Priority One: Reduce barriers for accessing breast health screenings for targeted populations in our service area, including African American, low income and un-/underinsured White women in Milwaukee, Racine and Waukesha Counties.

- *Objective 1:* In FY 2011-12, recruit a minimum of two new community organizations or health care providers with expertise working with target populations to apply for funding.
- *Objective 2:* In FY 2011-12 and FY2012-13, provide grant funding for a minimum of one project related to screening in our target communities (Milwaukee, Racine and Waukesha).
- *Objective 3:* In FY 2011-12 and FY2012-13, continue implementing the evidence-based Kohl's Conversations for the Cure program in Milwaukee, Racine and Waukesha counties, empowering leaders from the local community to raise awareness about breast health screenings and available community resources.

Priority Two: Strengthen existing and new partnerships for providing women with access to breast cancer screening, diagnostic and treatment care in priority communities, including Milwaukee, Racine and Waukesha Counties.

- *Objective 1:* In FY2011-12, create a Request for Applications that encourages and incentivizes collaboration to reduce duplication of efforts and ensure that women in target communities can access available programs for breast health care.
- *Objective 2:* In FY 2011-12, host a community gathering to showcase Community Profile findings and Affiliate grant-funded programs.
- *Objective 3:* In FY 2011-12 and 2012-13, host a minimum of two round tables for Affiliate grantees to collaborate, share lessons learned, highlight successful strategies and develop partnerships.

Priority Three: Maintain the public and private programs that provide financial assistance for breast health screening, diagnostic and treatment care for underserved individuals in our service area.

- *Objective 1:* By the end of FY 2011-12, establish a Public Policy committee to monitor legislative activity impacting funding for breast health care in our service area.
- *Objective 2:* In FY 2011-12 and 2012-13, provide grant funding for safety net financial assistance for breast health care.
- *Objective 3:* In FY 2012-13, create a plan for involving Komen supporters in grassroots advocacy around funding for and access to breast health care.

Priority Four: Increase community knowledge of breast health screening recommendations and breast health resources.

- *Objective 1:* In FY 2011-12 and FY 2012-13, conduct an awareness campaign to promote consistent messages about breast cancer and Komen screening recommendations.
- *Objective 2:* In FY 2011-12, conduct a training session on Komen screening recommendations for grantees, potential grantees and community partners.
- *Objective 3:* In FY2011-12 and FY2012-13, implement the evidence-based Kohl's Conversations for the Cure program in the service area to raise awareness about breast health screening recommendations and available community resources.

Introduction

History

Nancy G. Brinker promised her dying sister, Susan G. Komen, she would do everything in her power to end breast cancer forever. In 1982, that promise became Susan G. Komen for the Cure, the world's largest breast cancer organization and the largest source of nonprofit funds dedicated to the fight against breast cancer with more than \$1.3 billion invested to date. Founded by a group of dedicated breast cancer survivors, breast health professionals and other women of vision, the Southeast Wisconsin Affiliate of Susan G. Komen for the Cure® began in 1999 to carry out the Promise of Susan G. Komen for the Cure® in southeast Wisconsin. Since its inception, the Affiliate has raised over \$5 million toward national research and local breast cancer education, screening, and access to treatment for women in southeast Wisconsin.

On September 25, 2010, the 12th Annual Komen Southeast Wisconsin Race for the Cure® took place on Milwaukee's lakefront. A record breaking 16,000 participants—community members from all walks of life—gathered to raise money to fund breast cancer research, education, screening and access to treatment. Thanks to the thousands of people who participate in the Race for the Cure and other Affiliate events each year, dedicated corporate partners and generous donors, the Affiliate is playing a vital role in fighting breast cancer in our region. The Affiliate is dedicated to combating breast cancer at every front. Seventy-five percent of the funds raised locally support Community Health Grants, which are made each year to local hospitals and community organizations providing breast health education, screening, diagnostic care and access to treatment in the service area. The remaining funds support national research focused on decreasing breast cancer incidence and mortality in the next decade. The Affiliate also conducts community outreach and education and awareness efforts to promote breast health screening and link women with resources.

Organizational Structure

The Affiliate is charged with carrying out the Komen mission at the local level within the eight counties in its service area. Susan G. Komen for the Cure® is a volunteer-oriented organization.

The organization is governed by a volunteer Board of Directors, which includes a President, Treasurer, Secretary, Mission Chair and at-large board members. The Board of Directors is responsible for ensuring Affiliate programs and services are consistent with Susan G. Komen for the Cure® vision and promise and are cost effective and of high quality. The current Board of Directors is as follows:

Anne Ballentine	Lisa Gingerich	Dawn Regner, MD – Mission Chair
Floyd Bretzman	Rebecca Gottfried	Meghan Shannon, JD – Treasurer
Debra Tews – Secretary	Suzanne Rapp – President	Laurie Stencel

Working in partnership with the Board of Directors is an Executive Director, Mission Manager, Kohl's Conversations for the Cure Coordinator, Finance Coordinator/Office Manager and more than 60 active volunteers. Volunteer committees include: Race, Grants and Education.

To inform its community based education program, the Affiliate has established a community advisory board composed of community leaders and breast health care providers. In addition, the Affiliate engages an independent review panel of community experts to review grant applications each year and make recommendations for funding.

Description of Service Area

The Affiliate serves a culturally and socio-economically diverse eight county region located in Southeast Wisconsin, which includes Kenosha, Jefferson, Milwaukee, Ozaukee, Waukesha, Racine, Walworth and Washington counties (see *Figure 1*). These counties vary greatly by total population, population density, socioeconomic status, access to health care and race/ethnic composition.

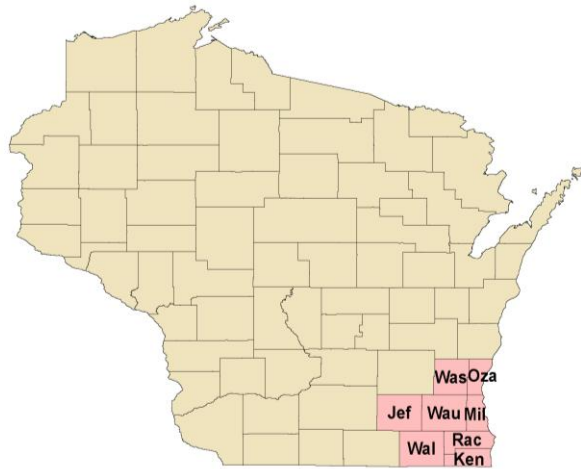


Figure 1. Southeast WI Affiliate Service Area
Center for Urban Population Health

Purpose of Report

The Susan G. Komen for the Cure® *Promise* is to save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to discover the cures. In order to make the greatest impact, local Komen Affiliates work with local medical experts and community leaders to create a Community Profile, a comprehensive community needs assessment, to ensure they serve the people who most need their help. This Community Profile will help guarantee that local efforts supported by the Affiliate are targeted and non-duplicative and will allow the Affiliate to continue to be:

- a leading agency and a driving force in building awareness, understanding, education, support and screening for breast health and breast cancer;
- a major source of funding for breast cancer programs in the community;
- a clearinghouse for breast health and breast cancer information in the communities we serve and a media focal point on breast cancer issues; and
- a trusted source of local information regarding breast health and breast cancer.

Breast Cancer Impact in Southeast Wisconsin

Data Source and Methodology Overview

County level demographic, income, poverty and insurance coverage estimates were obtained from the Health Care Business of Thomson Reuters ©2010. Additional demographic and poverty data came from the US Census Bureau 2009 American Community Survey. Breast cancer incidence data were obtained from Thomson Reuters ©2010 and the Wisconsin Department of Health Services for 2002-2006 (2009). Breast cancer mortality data for 2004-2008 were obtained from State of Wisconsin Interactive Statistics on Health (WISH) system. Because of the small numbers of breast cancer deaths in several geographical and racial/ethnic subgroups, data from WISH were obtained for a five-year period and averaged to provide a more accurate picture of mortality in the service area. Screening data were obtained from the Aurora Community Health Survey, conducted in 2008 and 2009, which asked women 40 years old and older if they had had a mammogram in the past two years. Additional screening data came from the Wisconsin Well Woman Program.

All incidence and mortality rates presented have been age-adjusted to the 2000 United States standard population and are reported per 100,000 people. Because a risk factor for breast cancer is increasing age, age-adjusted rates were calculated to allow for comparisons between different populations whose age distributions differ. The figures in this report show rates followed by the number of cases in parentheses. Because a county with more people will have more cases or deaths than a less populated county, rates are used to allow for more accurate comparison between counties of different population sizes. Actual numbers were also analyzed to aid in determining target populations where the biggest impact can be made with available resources.

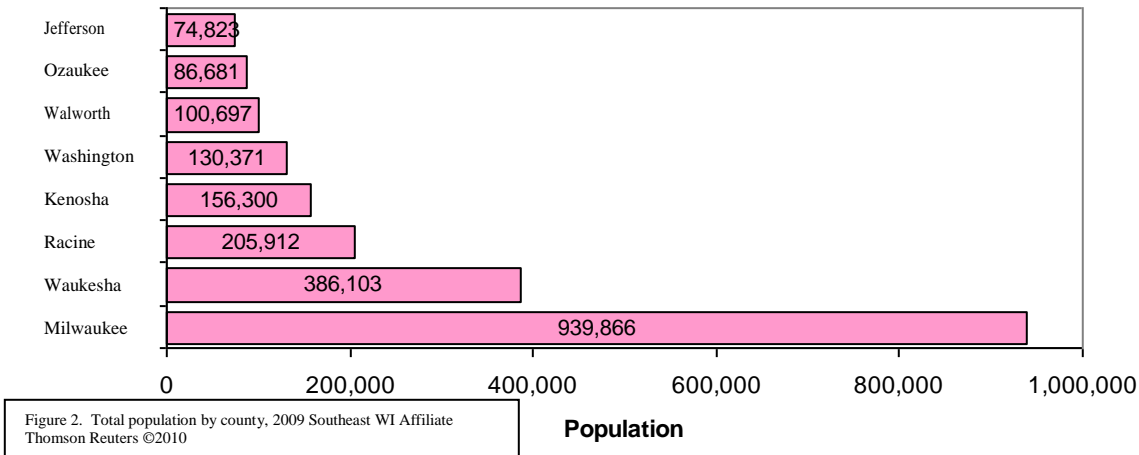
While the data presented are as accurate as possible, there were limitations to the data collected. For screening data, we utilized the Aurora Community Health Survey, which relied on self-reported data and only included households with a telephone. In addition, recent survey data were not available for one county in the service area – Jefferson County. Small numbers for certain racial/ ethnic groups limited mortality data available from WISH. There were too few Hispanic and Asian breast cancer deaths to be able to reliably examine mortality rates by county. When combining all counties together, there were enough deaths in each group to be able to compare all racial and ethnic groups except Native American. In some cases, rate data provided by Thomson Reuters ©2010 did not provide detailed information on specific populations. When this occurred, alternative data sources were identified. Further, some of the data provided by Thomson Reuters ©2010 were estimates created from applying national rates to local demographic profiles. Whenever possible, we have looked for actual data to provide local rates and counts.

Demographic Profile

Population

The service area has a total population of approximately 2,081,033 people. The service area includes two rural counties (Jefferson and Walworth), four counties with both rural areas and small cities (Washington, Ozaukee, Racine and Waukesha) and one diverse, urban county (Milwaukee). *Figure 2* shows the total population for each county in the service area in 2009.

Milwaukee County is the most populous, urban county in the state, with an estimated population of 939,836 and population density of nearly 3,900 people per square mile. Jefferson County is the least populous and most rural county in the service area, with a population of 74,823 and a population density of 133 people per square mile.



Race/Ethnicity

The counties in the Affiliate service area vary in terms of ethnic/racial composition. Milwaukee County is the most diverse county in the region, with 57 percent of the total population identifying as White, 25 percent identifying as Black and 12 percent identifying as Hispanic. All other counties in the region are far less diverse, with at least 77 percent or higher of their population identifying as White. There are significant Hispanic populations in Kenosha (10 percent), Racine (9.8 percent) and Walworth (9.5 percent) Counties. The majority of women ages 40 and over residing in the service area are White (84 percent), followed by Black (10 percent), Hispanic (4 percent), Asian (1 percent) and American Indian (0.2 percent).

Income and Poverty

Significant income disparity exists in the service area. *Figure 3* shows the median income by county for the service area. The region contains the counties with the two highest median incomes in the state (Ozaukee \$75,058 and Waukesha - \$73,025), as well as Milwaukee county, which has a median household income of \$43,337. There is also a significant variance in the number of people who live in poverty among counties in the service area. Poverty can be a meaningful indicator when examining the breast health care system, because women who live in poverty often face the greatest barriers to accessing breast health services.

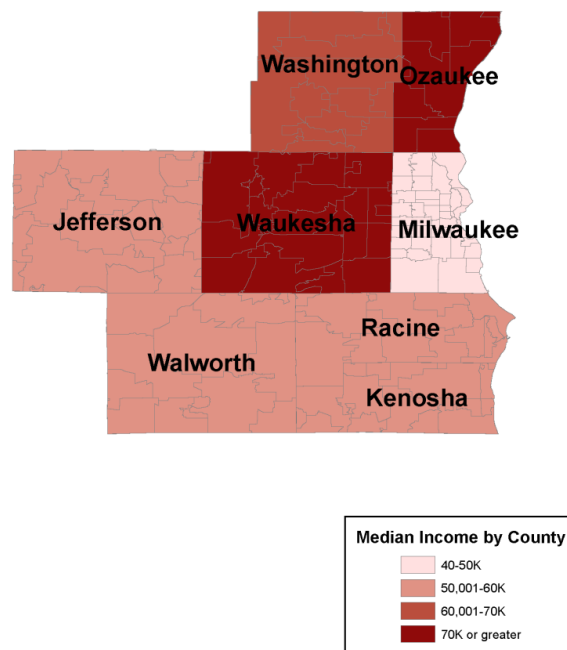


Figure 3. Median income by county, SE WI Affiliate, 2009
Thomson Reuters ©2010

Figure 4 shows the percentage of families who live at incomes below the federal poverty level. Milwaukee County has the highest percentage of families living in poverty in the region (11.4 percent). According to the US Census Bureau American Community Survey, the city of Milwaukee had the 4th highest percentage of individuals living in poverty (27 percent) of large cities in the country in 2009.

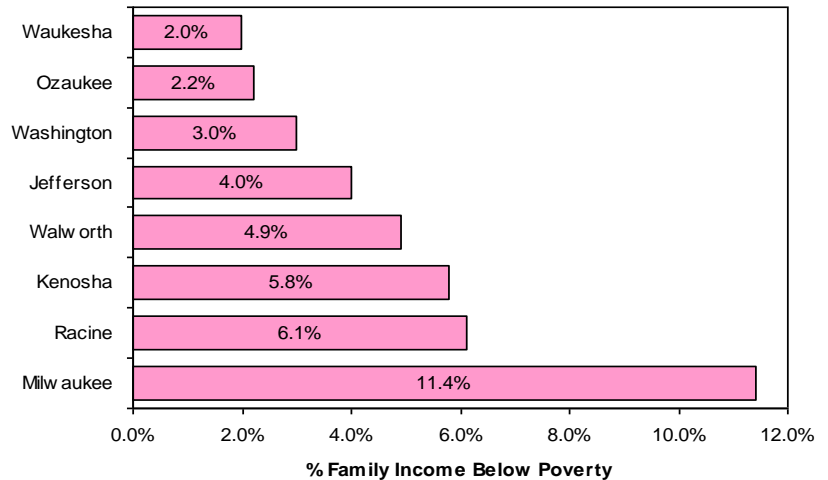


Figure 4. Percent of families living below poverty level by county, 2009 Thomson Reuters ©2010

Insurance Status

Access to health insurance can have a dramatic impact on a woman's ability to access breast cancer care. The counties in the service area vary dramatically in health insurance coverage. In Ozaukee County, an estimated 3.4 percent of the female population 18-64 years of age is uninsured, compared to 17.3 percent in Milwaukee County (see Figure 5). Some counties in the service area - Milwaukee, Racine and Kenosha - have experienced increases in the number of uninsured individuals over the past two years. Counties in the service area also vary in terms of the type of insurance coverage women hold.

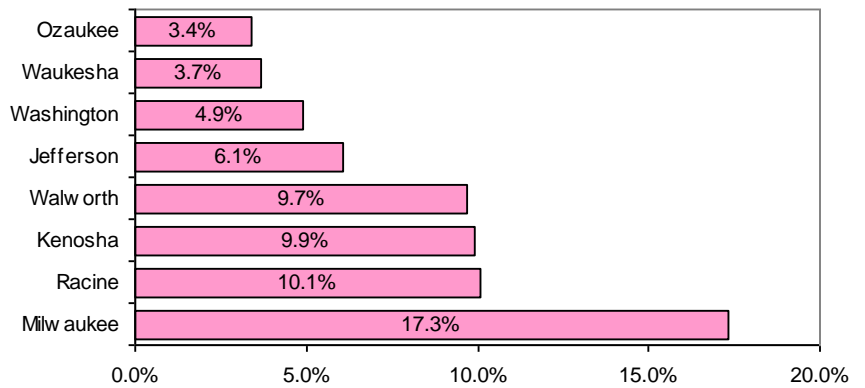


Figure 5. Percent and number of females ages 18-64 who were uninsured by county, 2009 Thomson Reuters ©2010

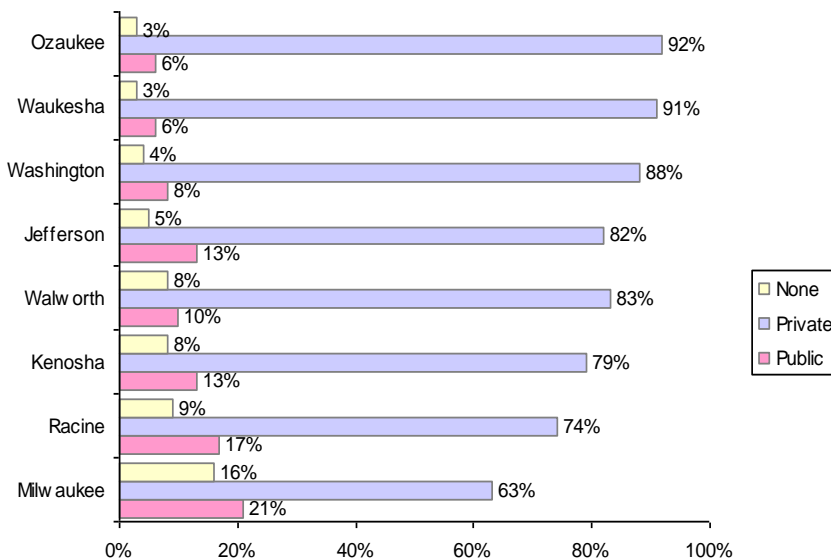
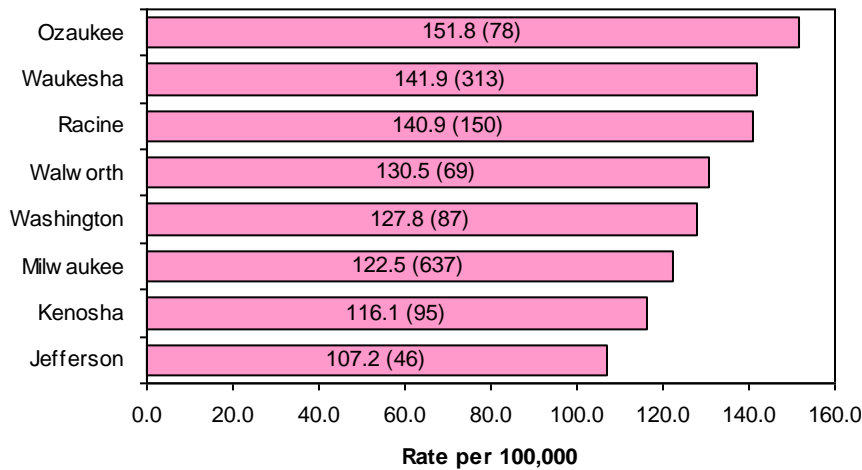


Figure 6. Percent of females ages 45-64 years by insurance type and county, 2009 Thomson Reuters ©2010

Figure 6 shows the types of insurance coverage for females 45-64 years of age by county. Milwaukee County has the highest percentage of women in this age group with either public insurance (21 percent) or no health insurance (16 percent), followed by Racine County. Waukesha and Ozaukee Counties have the lowest percentage of women 45-64 years of age with public health insurance (six percent).

Breast Cancer Incidence

Breast cancer is the most diagnosed cancer in Wisconsin women, representing 28 percent of new cancer diagnoses (WI DHS 2009). For this report, incidence is defined as the number of new breast cancer cases diagnosed in one year. These cases do not include the reoccurrence of a previously reported breast cancer case or metastatic sites. Incidence rates were age-adjusted to a United States standard population. *Figure 7* shows the age-adjusted female breast cancer incidence rate for each county in the service area followed by the average number of cases for one year in parentheses. In order to create a more reliable picture of incidence, data from 2002-2006 were averaged.



Six counties in the service area have incidence rates that are higher than the average national rate of 119.3/100,000. While Ozaukee County had the highest incidence rate in the service area (151.8), Milwaukee County had the highest average number of cases per year. Waukesha and Racine Counties had similar rates, but the average number of women diagnosed in Waukesha County was more than double the number diagnosed in Racine County.

Figure 7. Age-adjusted female breast cancer incidence rate per 100,000 by county, 2002-2006 (rate, average number of cases) Wisconsin DHS, Division of Public Health, 2009

Stage of Breast Cancer at Diagnosis

Physicians use a rating scale to stage the seriousness of each breast cancer case. The higher the stage, the more extensive and serious is the cancer. The stage depends on the size of the tumor, whether the cancer has spread to the axillary lymph nodes and signs of metastasis (spreading to other parts of the body). A high percentage of Stage III and IV diagnoses in a population may indicate a lack of early screening. In turn, a high percentage of Stage I diagnoses may indicate more widespread screening. This is important, as the five-year survival rates for women diagnosed with breast cancer at a local stage are much higher than for women diagnosed at later stages (American Cancer Society 2010).

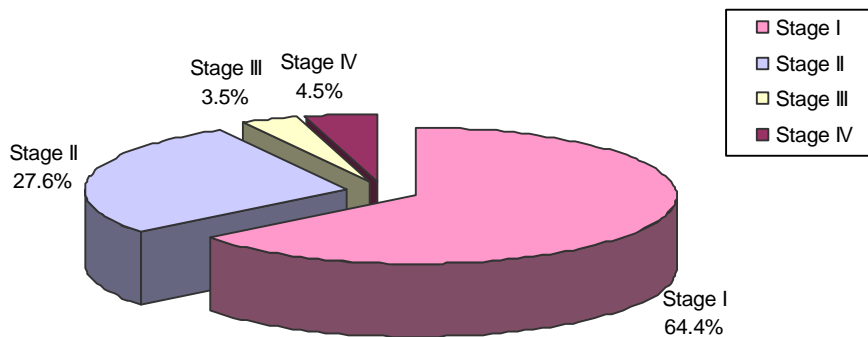
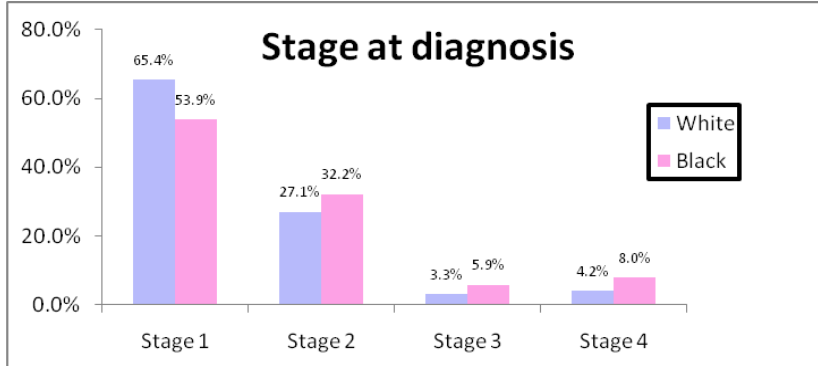


Figure 8 shows the estimated distribution of breast cancer cases by stage at diagnosis for the service area. Most women in the service area were diagnosed at Stage I (64.4 percent) or Stage II (27.6 percent).

Figure 8. Estimated stage at diagnosis – all counties combined, 2009 Thomson Reuters ©2010

Stage at diagnosis estimates were also examined at the county level. For all counties except Milwaukee County, the percentage of Stage III and Stage IV cases was lower than the overall percentage for counties combined (3.5 and 4.5 percent). In Milwaukee County, it is estimated that 3.8 percent of breast cancers were diagnosed at Stage III and 4.9 percent of breast cancers were diagnosed at Stage IV, which is higher than average for the service area.



Disparities exist between Black and White women in the service area for stage of breast cancer at diagnosis. Black women are more likely to be diagnosed at a later stage than White women (*Figure 9*). This may indicate a need for increased access to early screening for Black women.

Figure 9. Comparison of stage at diagnosis for Black and White women in all counties, 2009 Thomas Reuters©2010

Breast Cancer Mortality

Breast cancer is the second leading cause of female cancer deaths in Wisconsin (after lung cancer). A main goal of the Affiliate is to reduce breast cancer mortality—the number of women who die from breast cancer—in our service area. Approximately 279 women died of breast cancer each year from 2004 through 2008 in the service area.

Figure 10 shows age-adjusted breast cancer mortality rates by county. Averages were computed for the years 2004–2008 to provide a stable picture of mortality in the service area. While Washington County has the highest mortality rate, it does not have a high number of breast cancer deaths. Milwaukee County has the fourth highest mortality rate, but has by far the highest

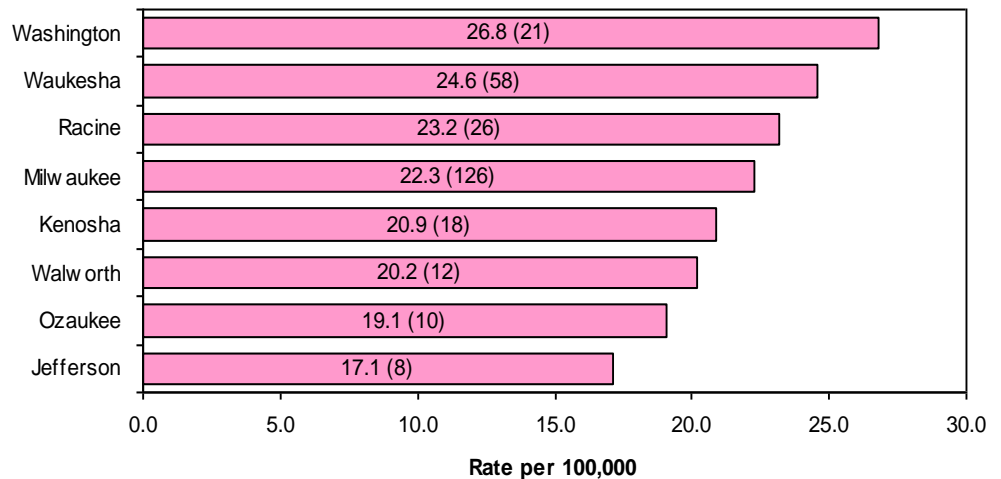


Figure 10. Age-adjusted female breast cancer mortality rate by county, 2004-2008 (average number of deaths/year)

Wisconsin Interactive Statistics for Health 2004-2008

average number of deaths per year. The national goal for reducing breast cancer mortality as laid out in *Healthy People 2010* is to reduce the mortality rate to 22.3/100,000. Three counties in the service area (Washington, Waukesha and Racine) have rates higher than that goal.

Race and Ethnicity.

Breast cancer mortality rates in the service area vary for different racial and ethnic groups. As *Figure 11* shows, in 2004–2008 Black women had the highest mortality rate (27.9/100,000), followed by White women (22.5/ 100,000). Per year, White women have approximately eight times

as many deaths in the service area as Black women. Asian and Hispanic women had very low mortality rates and numbers of deaths from breast cancer in the service area. Because of low numbers for these groups, further analysis by county was not possible. Native American women had such a low rate the data were suppressed.

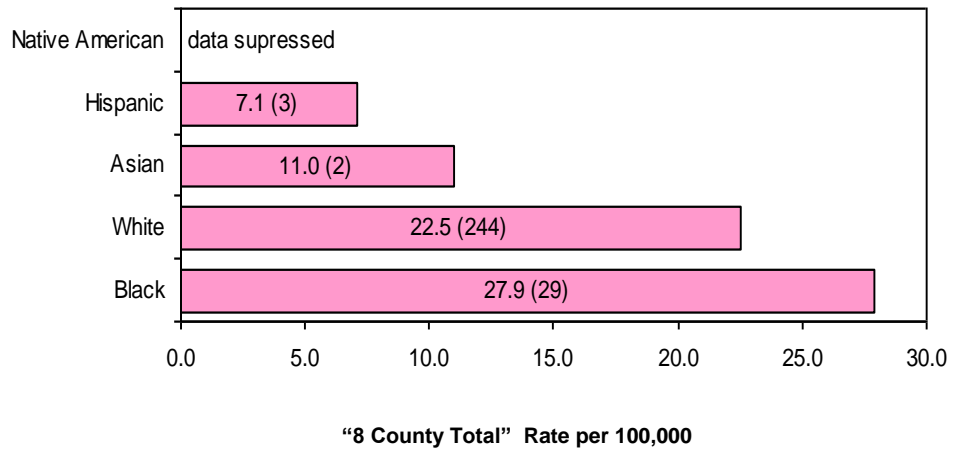


Figure 11. Age-adjusted female breast cancer mortality rate by race/ethnicity, 2004-2008 (average number of deaths/year). Wisconsin Interactive Statistics for Health 2004-2008

Racial/ethnic disparities. Milwaukee County was the only county in the region with an adequate number of deaths from breast cancer in different ethnic groups for analysis. Mortality statistics for three racial/ethnic groups were large enough to be reportable. Figure 12 shows age-adjusted female breast cancer mortality rates broken down by race/ethnicity. “There is disparity in mortality rate between Black and White women, with black women having a higher rate is (28.9/100,000 vs. 22.5/100,000).

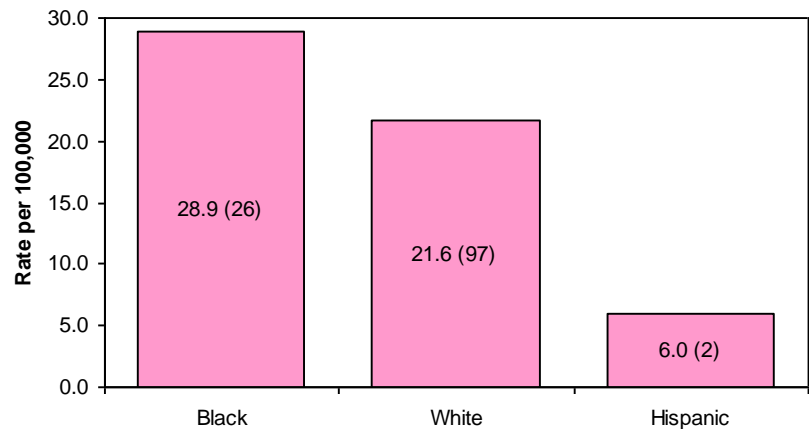


Figure 12. Age-adjusted female breast cancer mortality rate by race/ethnicity, Milwaukee County, 2004-2008 (average number of cases /yr) Wisconsin Interactive Statistics for Health

However, due to the fact that 57% of women in Milwaukee County are White, verse 25% Black,

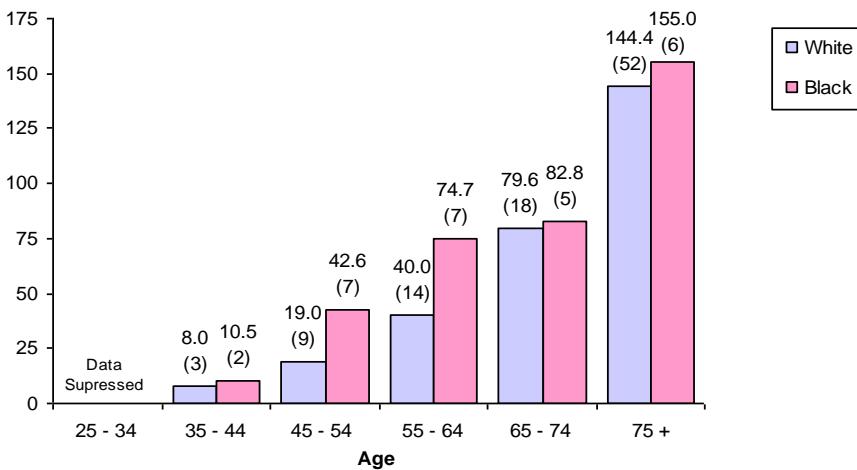


Figure 13. Age-adjusted female breast cancer mortality rate by age groups & race, Milwaukee County, 2004-2008 (average number of cases/year) WIDHS, Wisconsin Interactive Statistics for Health

and the fact that breast cancer is higher in the White population, more total deaths from breast cancer occur in the White population each year in Milwaukee county by a factor of 4 (97 vs. 26).”Hispanic women have a low mortality rate (6/100,000).

Figure 13 compares mortality rates for Black and White women in Milwaukee County for various age groups. Mortality rates are higher for Black women across all age

groups. Rates are particularly different for Black and White women in the 45-54 and 55-64 age groups. These trends reflect national research, which has shown that while Black women are less likely to be diagnosed with breast cancer, they are more likely to die from breast cancer and are more likely to be diagnosed at later stages (American Cancer Society, 2010).

Age at death.

Figure 14 shows the average age at death for White and Black women from breast cancer. Only Kenosha, Milwaukee, and Racine counties are shown because they have high enough numbers to compare. In these counties, on average, Black women died from breast cancer at younger ages than White women.

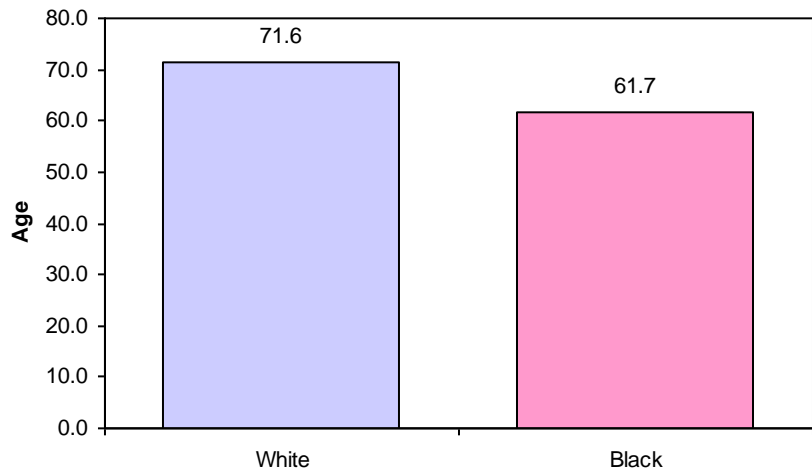


Figure 14. Average age at death from breast cancer, white vs. black, Milwaukee, Racine, Kenosha Counties combined, 2004-2008
Wisconsin Interactive Statistics for Health 2004-2008

Breast Cancer Screening

Getting screened regularly for breast cancer is the best way for women to lower their risk of dying from the disease. Komen recommends that all women 40 years of age and older have an annual mammogram. The Wisconsin Department of Health Services and cancer organizations statewide have prioritized increasing screening mammography for women over 40 in the state. The goal: to increase percentage of women 40 years and older who had a mammogram in the past two years from 76 percent to 90 percent by 2015.

Figure 15 shows the percentage of women over 40 years of age by county who reported having had a mammogram in the past two years. Screening data are from the Aurora Community Survey, a county-level phone survey, which is conducted to collect data on behavioral and lifestyle habits. In the survey, women 40 and older were asked if they'd had a mammogram in the past two years. Data were not available for Jefferson County. Five counties had percentages that were lower than the state average (76 percent). All counties had percentages lower than the Wisconsin Comprehensive Cancer Control Plan goal of 90 percent. It is curious that the most affluent county in the state with the highest percentage of insured women has the lowest rate of screening.

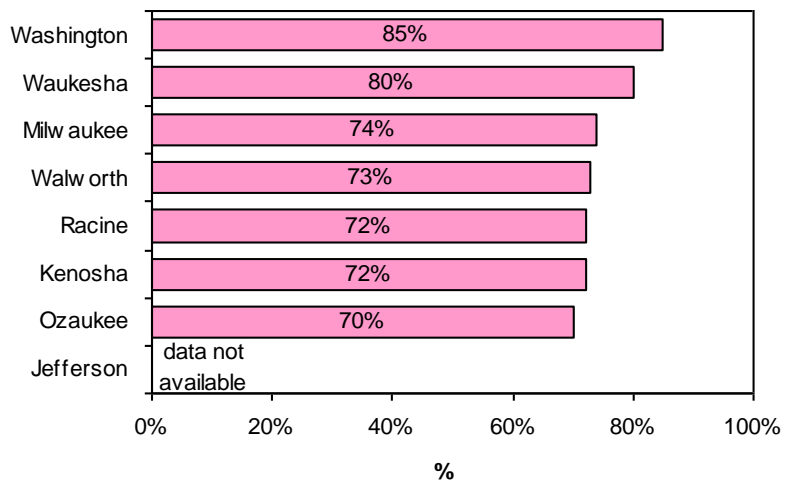


Figure 15. Percent of women age 40+ who had a mammogram within past two years by county
Aurora Community Survey 2008 & 2009

Screening for underserved women.

The Wisconsin Well Woman Program (WWWP), Wisconsin’s implementation of the Centers for Disease Control and Prevention’s (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP), provides routine breast cancer screening services for eligible low-income, uninsured and underinsured women.

Table 1 shows the number of women screened through the WWWP in each county in 2009, alongside the estimated number of women 45-64 years of age in the same counties who are uninsured. It is important to note that this table provides only an estimate of the need for subsidized breast cancer screening services in the service area. Low percentages of uninsured women being screened may indicate a need for additional resources for screening care for underserved populations in a community, additional outreach and education for the program and/or additional funding for the WWWP to provide this care.

Table 1.
Women screened by county through WWWP, 2009

County	# of uninsured women (45-64 yrs)	# screened through WWWP (% of uninsured)
Milwaukee	19,683	1,336 (6.5%)
Racine	2,514	248 (9.9%)
Waukesha	1,708	314 (22.4%)
Kenosha	1,707	226 (16.9%)
Walworth	992	139 (16.6%)
Washington	708	109 (17%)
Jefferson	456	101 (22%)
Ozaukee	372	87 (23.1%)
Total	28,140	2,669 (9.5%)

Wisconsin Well Woman Program, 2010
Thomson Reuters ©2010

Milwaukee County has, by far, the highest need and the highest number of women screened by the program in the service area, but not the highest percentage of uninsured women receiving screening services. Waukesha County has the third highest need, the second highest number of women being served and the third highest percentage of uninsured women receiving screening through the program. Ozaukee County has the lowest number of uninsured women 45-64 and the highest percentage of uninsured women receiving screening through the program.

Communities of Interest

To select target communities in the service area, we analyzed the overall breast cancer burden felt by women in each county (breast cancer incidence rates/numbers of cases and mortality rates/numbers of deaths). We also analyzed breast cancer screening trends. In addition, socioeconomic factors were considered, including insurance status, income and poverty, as these factors can impact a woman’s ability to access recommended breast cancer screening services. Finally, racial/ethnic disparities were examined. The data highlighted three target counties in the region that warranted further analysis: Milwaukee, Racine and Waukesha, as well as one subpopulation, African American women. *Note:* While Washington County had the highest overall mortality rate, Milwaukee, Racine and Waukesha Counties were determined to have higher priority. The selection of target communities was influenced by mortality rates; however, the selection also

considered key demographic variables for each community as well as the overall number of women impacted by breast cancer.

Milwaukee County

- Is the most diverse, urban county in the region;
- Has the highest percentage of uninsured adult females, the highest percent of families living in poverty and the lowest median income;
- Has the third lowest breast cancer incidence rate (122.5/100,000), but many more cases than any other county: approximately 637 women are diagnosed with breast cancer each year;
- Has the highest percentage of Stage III and IV diagnoses in the area (3.8 and 4.9 percent);
- Has the fourth highest mortality rate (22.3/100,000), but the highest number of deaths from breast cancer of all counties in the service area (126);
- The percentage of women receiving a mammogram in the past two years (74 percent) is below the state average (76 percent).

Racine County

- Has the second highest percentage of uninsured females and the second highest percentage of families living at incomes below the poverty level in the region;
- Has the third highest breast cancer incidence rate in the region (140.9/100,000);
- Has the third highest overall breast cancer mortality rate in the service area (23.2/100,000); does not meet the Healthy People 2010 goal of 22.3/100,000;
- Has the second lowest percentage of women who have received a mammogram in the past two years (72 percent, which is below the state average).

Waukesha County

- Has the third highest breast cancer incidence rate (141.9/100,000) and the second highest number of women diagnosed each year (313);
- Has the second highest breast cancer mortality rate (24.6/100,000); is second only to Milwaukee in the average number of women dying from breast cancer each year (58); does not meet the Healthy People 2010 goal of 22.3/100,000;
- Has the second highest reported percentage of women who have received a mammogram in the past two years (80 percent); although reported screening percentages are high, women are still dying from breast cancer at a high rate, which warrants further investigation.

African American Women

- Are more likely to be diagnosed with breast cancer at later stages than White women;
- Have a higher mortality rates than other racial groups, across all age groups;
- Die from breast cancer at younger ages than White women in the service area.

Conclusions

In order to understand the breast cancer burden in Southeast Wisconsin, key data including breast cancer mortality and incidence rates, stage at diagnosis and screening percentages were examined. The data highlighted three target counties that warranted further investigation: Milwaukee, Racine and Waukesha, as well as the subpopulations of African American and underserved White women. The proportion and number of women dying from breast cancer were primary factors that informed the decision to further explore these communities, along with socioeconomic factors, including insurance coverage and poverty. Racial disparities in breast cancer stage at diagnosis and mortality were examined. While statistics were helpful in selecting target communities, they do not reveal what systemic barriers, gaps and needs may be impacting access to breast health care and

contributing to breast cancer mortality in communities. Further analysis of the breast health systems in each community was required to better understand these issues and develop plans for action.

Health Systems Analysis of Target Communities

Continuum of Care

Figure 16 represents the breast cancer continuum of care or how a woman *should* move through the health care system to be screened for breast cancer, receive any necessary diagnostic care, receive treatment if breast cancer is diagnosed and receive follow-up care after treatment. This model can be used as a guide when assessing and understanding why some women never enter or delay entry into the continuum, gaps in service availability, barriers women face and what can be done to address those gaps and barriers. The continuum of care consists of four phases: screening, diagnosis, treatment and follow-up care.

Screening: Breast cancer screening is the point of entry into the continuum of care. Because screening tests can find cancer early, when it's most treatable, getting screened regularly for breast cancer is the best way for women to lower their risk of dying from the disease.

Komen's screening recommendations are:

- Ask your doctor which screening tests are right for you if you are at higher risk;
- Have a mammogram every year starting at age 40 if you are at average risk;
- Have a clinical breast exam at least every three years starting at 20 and every year starting at 40;
- Know how your breasts look and feel and report any changes to your health care provider right away.

Diagnosis: If a mammogram or clinical breast exam reveals an abnormality, a woman's health care provider may recommend follow-up diagnostic tests. It is important that women receive timely follow-up tests after an abnormal screening result. If further testing reveals that the abnormality is not cancer, the woman should continue to follow screening recommendations.

Treatment: If breast cancer is diagnosed, a woman will enter the treatment phase of the continuum. Each woman will work with her health care providers to determine her best treatment plan.

Follow-up Care: Following treatment, a woman will enter the follow-up phase of the continuum. During this phase, her health care providers will recommend regular screening tests and follow-up visits to keep track of her recovery and quality of life, manage any side effects, and, if cancer

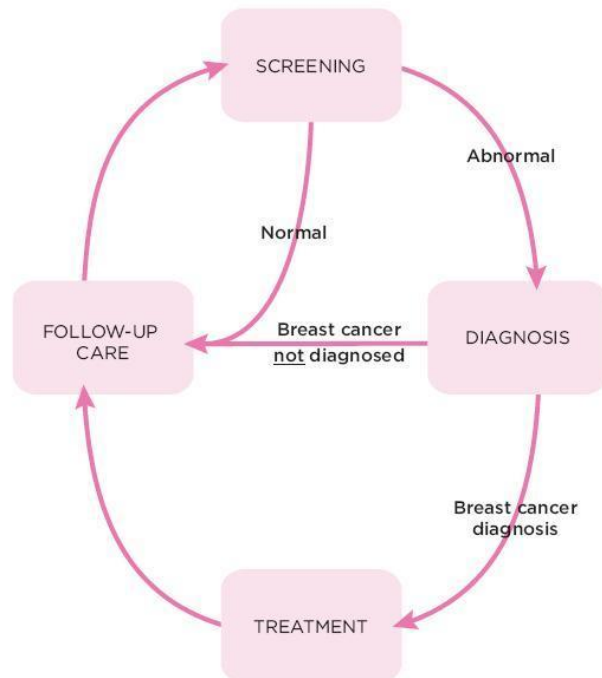


Figure 16. The Breast Cancer Continuum of Care
Susan G. Komen for the Cure ©

reoccurs, detect it early. A woman may need support to continue breast health screenings, make recommended lifestyle changes and cope with stress and fear, and she may require assistance with long term care.

As we analyze the health system available in each target community, we will examine the community resources and programs that are currently available and how the Affiliate can form strategic partnerships in the community to increase access to care and improve the quality of care received. This is central to determining how the Affiliate should invest resources to improve breast health in Southeast Wisconsin. In the next section, we share the findings of a health systems analysis completed in the target communities in an attempt to understand the gaps or barriers that delay an individual's transition through the continuum of care.

Methodology

To examine the health system in each target community, we conducted an extensive inventory of programs and services available to the women living in the target communities, building on the work that was done for our 2009 Community Profile. We used the Internet and local resource directories, and we consulted local experts including: Wisconsin Breast Cancer Task Force, WWWP coordinators, hospitals, community clinics, survivor support providers and Komen grantees. An asset map of each target community was created, including National Accreditation Program for Breast Centers (NAPBC) accredited breast health centers (accessed on the NAPBC website), US Food and Drug Administration (FDA) certified mammography centers (accessed on online Mammography Facility Database) and Affiliate grantees. The community assets analyzed represent those assets available in December 2010 that were discovered through our research.

Community Assets

Many hospitals, clinics, government agencies, community centers, churches, nonprofit organizations and community leaders work together in the service area to address breast health education and health care needs at the community level and to assist the Affiliate in carrying out its mission in Southeast Wisconsin. These partnerships help the Affiliate to increase access to breast cancer screening, diagnostic and treatment care, by reducing economic, geographic, cultural and systemic barriers in our service area.

Wisconsin Well Woman Program

By far one of the most valuable assets in our service area is the Wisconsin Well Woman Program (WWWP). The WWWP has provided breast and cervical cancer screening services to low income, uninsured or underinsured women since 1994. The program is administered by the Wisconsin Department of Health Services and is available in all 72 Wisconsin counties and 11 tribes. Covered services are available from participating providers at no cost to WWWP clients. Women enroll through their local coordinating agency and must meet the following eligibility requirements:

- **Age:** 45 to 64 years old, with some exceptions for women as young as 35. The priority for the mammography component of the program is to screen women ages 50 to 64.
- **Income:** gross household or net taxable income at/below 250 percent of the federal poverty line.
- **Insurance:** have no health insurance or have insurance that doesn't cover screenings.

Federal and state funding for this program has remained relatively static since 2006, which has resulted in a decreased number of women being screened and forced a change in age eligibility from

35-64 to 45-64 in 2006. In 2008, restrictions were put in place that limit breast health services for women 35-44. They can receive diagnostic services only if they have breast symptoms.

The Affiliate has a close working relationship with the Director of the WWWP. As the program faces funding challenges in coming years, the Affiliate will continue to offer advocacy support to preserve the WWWP. The Affiliate also works closely with WWWP coordinating agencies in its service area. The Affiliate requires that each organization pursuing grant funding develop a referral relationship with its local coordinator to ensure that women know about WWWP services and, if eligible, are assisted in program enrollment.

Well Woman Medicaid

The Breast and Cervical Cancer Prevention and Treatment Act of 2000 gives states enhanced matching funds to provide Medicaid eligibility to a new group of individuals previously not eligible under current program criteria. This allows the state to provide full Medicaid benefits to uninsured women under age 65 who are identified through the NBCCEDP and need treatment for breast or cervical cancer. Eligibility for coverage ends when the course of treatment is completed, or when the state determines that eligibility criteria for this category are no longer met. Coverage begins on the first of the month in which the cancer was diagnosed, up to three months retroactive to the date of application.

Other Sources of Safety Net Assistance

Although the WWWP provides a broad safety net for women in need of breast health care in the service area, many individuals in need do not qualify for this program. Hospital charity care programs play a large role in helping low income individuals access breast health care, especially treatment following a diagnosis. Over the past few years, these programs have seen increased numbers of patients as more and more people are impacted by the economic downturn. However, according to a *The Business Journal* article dated October 22, 2010, costs to hospitals in terms of charity care and bad debt are leveling off, likely due to expansions in the state's Medicaid program extending coverage to a larger portion of the population, but also potentially due to patients putting off procedures. The Affiliate provides grant funding to support safety net assistance for breast health care through a fund currently managed by the Wisconsin Women's Health Foundation. It provides financial assistance for accessing breast cancer screening, diagnosis and treatment care to un- and underinsured individuals in Southeast Wisconsin who live at incomes under 400 percent of the federal poverty level and do not qualify for other assistance. The Affiliate and grantee work closely with local WWWP coordinators and breast service providers to ensure that women who don't qualify for the WWWP are made aware of this program. The Affiliate also grants funds directly to some community and hospital providers to support screening and diagnostic care for women who are not eligible for the WWWP.

Kohl's Conversations for the Cure

Thanks to the generous support of Kohl's Department Stores, the Affiliate has partnered with local community organizations and the Medical College of Wisconsin Center for Healthy Communities to create Kohl's Conversations for the Cure. Kohl's Conversations for the Cure are small group education sessions held in intimate and familiar settings that are safe and easy to access for participants. Possible locations for sessions include schools, churches, businesses, libraries, city agencies, community centers, private homes and public housing complexes. The call to action during these educational sessions is for women to get age-appropriate breast health screenings and talk to others about the importance of breast self-awareness. Along with the call to action, an open

discussion takes place about knowledge, attitudes and barriers to access that prevent women from getting breast health screenings. By the end of the session, participants address fears associated with screenings, concerns about costs, lack of time to get a screening and lack of knowledge of the benefits of yearly screenings. Other key take-away messages include being aware of personal risk for breast cancer, understanding and complying with screening recommendations, engaging in healthy lifestyle behaviors that may reduce risk, and empowering women to be their own health advocate. In collaboration with Kohl’s Department Stores and community partners, the Affiliate will continue to implement this program over the next two years throughout the service area.

Evidence-Based Programs and Promising Practices

For the past three years, the Affiliate has encouraged the use of evidence-based interventions and promising practices by grantees. The Affiliate has offered training to current and prospective grantees about how to find and adapt such interventions for use in local communities and has emphasized the use of evidence- and research-based interventions in our annual grantmaking process. Our goal is to ensure that Affiliate-funded projects are as effective as possible in reaching community members with breast health information and in motivating positive behavior change. As a result, grantees are implementing evidence-based strategies in all three target communities.

Milwaukee County

Figure 17 shows an asset map of Milwaukee County, including Affiliate grantees, hospitals with NAPBC breast health centers and mammography sites.

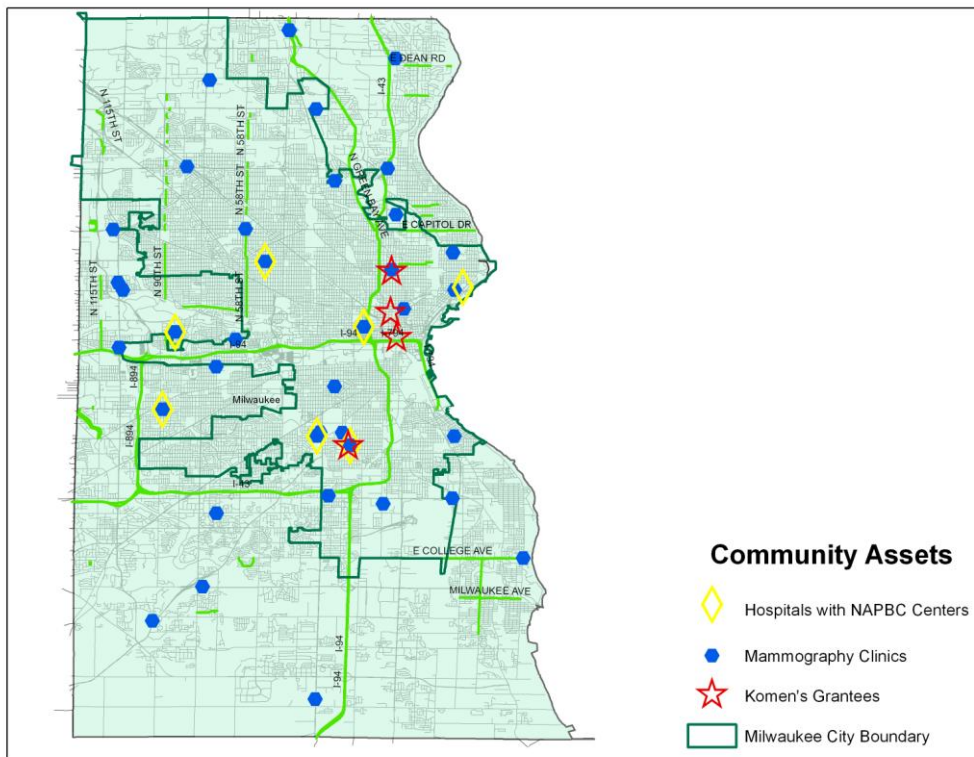


Figure 17. Asset map of Milwaukee County.
Planning Council for Health and Human Services

Education and Outreach - There are numerous breast cancer education and outreach programs currently operating in Milwaukee County, including four Affiliate grant-funded programs (FY 2010-11) and five programs slated to receive grant funds in FY 2011-12. Other programs address

breast health alongside other health issues. Many programs focus on specific populations, including the African American, Latina, Native American and Lesbian, Gay, Bisexual and Transgender (LGBT) communities. There are significant opportunities for collaboration and partnership to avoid duplication of services and to ensure all women in need are reached with important breast health information. At the time of this report, several other community-based research projects are being implemented in Milwaukee to collect information about barriers to breast cancer care and to develop strategies for reducing mortality. These studies may increase knowledge about barriers to breast cancer care and may provide opportunities for partnership reaching specific communities.

Screening – Mammography services are widely available in Milwaukee County at 39 mammography facilities including hospitals, clinics and community providers located throughout the county. Two WWWP coordinating agencies serve Milwaukee County: City of Milwaukee Health Department, which serves residents of the city of Milwaukee, and Aurora Health Care (West Allis), which serves residents of the remainder of the county in partnership with suburban health departments. All Affiliate grantees are required to link program participants with breast health screening services, and three grantees in Milwaukee County directly provide subsidized screening services. One provider slated for funding in FY 2011-12 provides mammography in community settings on a mobile mammography coach. As mentioned previously, the Affiliate provides grant funding for a breast health assistance fund that provides financial assistance for women who live with income under 400 percent of poverty to receive free screenings at contracted providers. It currently has contracts with two health systems for several locations in the county and is working to expand this network.

Diagnostic Care – Breast cancer diagnostic services are provided at several locations in Milwaukee County, including seven NAPBC accredited breast care centers. However, there are few resources to assist women in paying for diagnostic care. Currently, eligible women can receive follow-up diagnostic care through the WWWP. Eligible women can receive financial assistance for diagnostic care through the Affiliate-funded breast health assistance fund at four locations in Milwaukee County. All Affiliate grantees must commit to ensuring that the individuals who participate in their programs have access to necessary diagnostic care, through an agreement with a provider or, for hospital systems, through their charity care programs. Currently three health systems operating in Milwaukee County have agreed to assist women identified by Affiliate-funded projects.

Treatment – There are seven hospitals in Milwaukee County with NAPBC accredited breast care centers, as well as several other treatment providers. However, there are limited resources to help un- and underinsured women pay for breast cancer treatment services in Milwaukee County. Eligible women receiving screening and diagnostic care through the WWWP can enroll in the Well Woman Medicaid program for treatment if they are diagnosed with breast cancer. However, this program is subject to the documentation requirements of the Deficit Reduction Act of 2005, which requires proof of United States citizenship. All Affiliate grantees are required to ensure that women and men served through their program be provided access to treatment if they are diagnosed with breast cancer, through an agreement with a treatment provider or, for hospital systems, through their charity care programs. Currently three health systems operating in Milwaukee County have agreed to assist women identified by Affiliate-funded projects. The Affiliate-funded breast health assistance fund provides some financial assistance for eligible women related to accessing treatment. This assistance currently is limited to \$5,000 per woman and includes assistance with deductibles, co-payments, transportation, some prescription drugs/supplies and childcare.

grantee that manages the fund is currently working to expand its provider network to include additional providers in Racine County.

Diagnostic Care – There are two hospitals in Racine County with NAPBC accredited breast care centers—located in Racine and Burlington. As in Milwaukee County, there are few resources to assist women with paying for diagnostic care. Women enrolled in the WWWP can receive follow-up diagnostic care through this program. In addition, the Affiliate-funded GRMC has limited funds to provide diagnostic care for women screened through their program. The Affiliate-funded breast health assistance fund currently has only one contracted provider in Racine County for services and none located in the city of Racine.

Treatment – Treatment services are available at two hospitals in Racine County with NAPBC accredited breast care centers. In addition, treatment providers are also available within 30 miles, in Milwaukee to the north and Illinois to the south. There are some limited resources to help un- and underinsured women pay for breast cancer treatment services. Eligible women receiving screening and diagnostic care through the WWWP can enroll in the Well Woman Medicaid program for treatment if they are diagnosed with breast cancer. However, as mentioned previously, this program is not accessible to undocumented women. All Affiliate grantees are required to ensure that individuals served through their program be provided access to treatment care if they are diagnosed with breast cancer, through an agreement with a treatment provider or, for hospital systems, through their charity care programs. The Affiliate-funded breast health assistance fund provides some assistance, limited to \$5,000 per woman, for deductibles, co-payments, transportation, some prescription drugs and supplies and childcare. The Health Care Network, a local health care provider serving low income individuals, has a network of volunteer treatment providers that provide free and low cost care to women who are referred by the network.

Follow-up Care – Main resources for follow-up care available in Racine County are the two hospital breast health centers, both of which host monthly survivor support groups. Other resources include several nonprofit organizations serving SE Wisconsin that provide survivor support groups, mentorship, counseling, social activities and other support for breast cancer survivors and their loved ones in the community.

Waukesha County

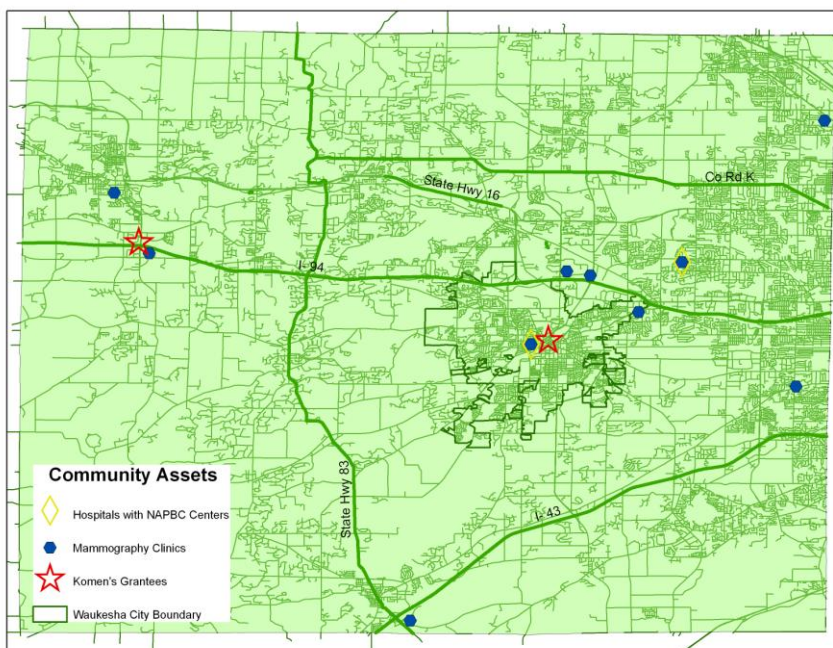


Figure 19 shows an asset map of Waukesha County, including Affiliate grantees, hospitals with NAPBC breast health centers and mammography sites.

Figure 19. Asset map of Waukesha County. Planning Council for Health and Human Services

Education and Outreach – Two Affiliate-funded programs (FY 2010-11) provide breast cancer education and outreach programs in Waukesha County. These grantees have collaborated on a project slated for funding in FY 2011-12. Their reach in the county extends beyond the city of Waukesha through community/parish nursing programs that provide education in both rural and urban settings, such as churches, community centers, farms, shelters, low income housing and clinics; bilingual education for Latina women is included. There may be opportunities for partnership with other providers to expand breast health education in the county.

Screening – Mammography services are widely available in Waukesha County at 11 FDA certified mammography facilities including hospitals, clinics and community providers located throughout the county. Facilities are primarily located in the city of Waukesha, but are also available in Summit, Oconomowoc, Brookfield, New Berlin and Mukwonago. One WWWP coordinating agency based in Oconomowoc serves Waukesha County, providing screening services for eligible women. Komen grantees in Waukesha County provide subsidized screening services for those women who don't qualify for the WWWP. The Affiliate-funded breast health assistance fund currently provides screening assistance at one contracted provider in Waukesha. The grantee that manages the fund is currently working to expand its provider network in the county.

Diagnostic Care – There are several diagnostic care providers in Waukesha County. However, as in the other target counties, there are few resources to assist women in paying for diagnostic care. Women enrolled in the WWWP can receive follow-up diagnostic care through this program. Those not eligible for the WWWP women can receive financial assistance for diagnostic care through the Affiliate-funded breast health assistance fund at one location in the county. As stated above, the grantee that manages the fund is working to expand its network of providers. Komen grantees in Waukesha County have committed to ensuring that a woman who has an abnormal screening result receives diagnostic care.

Treatment – There are two hospitals in Waukesha County, located in Waukesha and Brookfield, with NAPBC accredited breast care centers, as well as other treatment providers throughout the county. There are some limited resources available to help un- and underinsured women pay for breast cancer treatment services in the county. As in other counties, eligible women receiving screening and diagnostic care through the WWWP can enroll in Well Woman Medicaid program for treatment, if they are diagnosed with breast cancer. However, as mentioned previously, this program is not accessible to undocumented women. Affiliate grantees work together with hospital charity care programs to provide free or low cost treatment care for individuals diagnosed with breast cancer through their programs. As in other counties, the Affiliate-funded breast health assistance fund provides limited financial assistance for eligible women related to treatment.

Follow-up Care – Main resources for follow-up care available in Waukesha County include two hospital breast health centers that provide navigation services throughout and following treatment, as well as several nonprofit organizations serving the area that provide survivor support groups, mentorship, counseling, social activities and other support for breast cancer survivors and their loved ones in the community.

Public Policy Perspectives

Historically, the Affiliate has partnered with the two other Komen affiliates in the state—Madison and Central Wisconsin—and several other nonprofit organizations, including the Wisconsin Breast Cancer Coalition, the American Cancer Society and Health Watch Wisconsin, to conduct nonpartisan advocacy work related to breast cancer. The goal of the Affiliate's public policy efforts

has been to support access to and funding for breast health care and breast cancer patient rights in Wisconsin. Annually, the state's Komen affiliates conduct a lobby day focused on breast health, giving Komen supporters a voice and allowing them an opportunity to speak directly with elected officials in the state legislature about the importance of access to breast cancer screening, diagnostic and treatment care. The Affiliate also participates in coalition work. Last year the Affiliate joined the Wisconsin Coalition for Cancer Treatment Access, which is dedicated to advocating for equal access to orally-administered anticancer medications for cancer patients. The Affiliate recently added a new staff position—Mission Manager—who devotes 25 percent of her staff time to public policy work. With this added capacity, the Affiliate plans to continue and expand advocacy work to ensure that individuals in its service area have access to breast cancer screening, diagnostic and treatment care and a voice in the policy debate.

The Landscape in Wisconsin

Wisconsin currently has a comprehensive safety net of programs that provide breast cancer screenings, diagnostic and treatment care to uninsured, low-income individuals, including the WWWP and BadgerCare Plus, the state's Medicaid program. However, the state has experienced cuts to these programs in the past, including reductions in program eligibility and provider reimbursement rates. Legislation passed recently may change the state's Medicaid program further by granting the Department of Health Services authority to make changes to the Medicaid program – including restricting eligibility, raising premiums and changing reimbursement rates for providers – without legislative approval. If the Federal government doesn't approve these changes, eligibility guidelines will revert from current levels (200-300 percent of poverty) to the minimum allowed by the Federal program (133 percent of poverty), potentially eliminating over 63,000 people from the program (Legislative Fiscal Bureau 2011). This could reduce the number of women receiving breast health care through BadgerCare. While the WWWP will not be impacted, Well Woman Medicaid is specifically identified in the bill. The Affiliate will continue to monitor this situation and other potential impacts on access to breast health care.

Public programs providing breast cancer screening, diagnostic and treatment care for underserved women in Wisconsin are facing potential changes that could impact access to care for women. The Affiliate will continue to closely monitor policy related to breast cancer screening, diagnostic and treatment care and funding for related programs and will respond with appropriate advocacy to protect that access and funding. The Affiliate will also continue to inform supporters about potential public policy impacts on breast health care in Wisconsin and will provide opportunities for Komen advocates to have a voice in the public policy debate.

Section Summary

Asset mapping allowed the Affiliate to better understand what resources are available in each target community and where there might be gaps in resource availability as well as opportunities for community partnerships to aid women in moving through the breast health continuum of care.

- *Milwaukee County:* There are many resources in the county for assisting women throughout the continuum of care, including those targeting special populations. This presents opportunities for collaboration to avoid duplication of services and ensure women in need are reached. While there are many sources for screening assistance, there are fewer and limited financial resources for diagnostic and treatment care. The Affiliate may play a role in building partnerships to increase awareness of and access to these resources.
- *Racine County:* A key asset in the county is the Greater Racine Mammogram Coalition, which represents five organizations serving community members in the city of Racine. There may be opportunities for partnership with additional providers in the county to reach rural populations

and other communities. Resources for financial assistance are available, but provider networks may be limited. The Affiliate could play a role in building partnerships to expand this network and increase awareness of and access to these resources.

- *Waukesha County*: Only one breast cancer education resource that provides outreach throughout the county was identified. Resources for financial assistance are available, but provider networks may be limited. The Affiliate could play a role in building partnerships to expand this network and increase awareness of and access to these resources.

One valuable asset in all three target communities is the WWWP, which aids eligible low income women in accessing free breast cancer screening and diagnostic care. The WWWP and other safety net funding for breast health care are crucial for underserved women to access care. The Affiliate will continue to monitor the public policy climate in Wisconsin and, when necessary, take action to maintain and expand access to breast health care in the state, giving community members opportunities to engage with elected officials around breast health care. Asset mapping provided a snapshot of the continuum of care in our target communities. In order to gain further insight about gaps in services and the barriers women face in accessing care, we conducted key informant interviews with area providers, leaders and experts. These are outlined in the next section.

Perspectives from the Community – Providers and Community Leaders

Methodology

The Affiliate conducted key informant interviews with 21 community leaders and health care providers in Milwaukee, Racine and Waukesha Counties. Key informants were selected by Affiliate staff, with additional recommendations made by key informants during the interview process. Key informants represented 15 organizations, including six current and two former Affiliate grantees, four health systems, two universities, three community health centers, two nonprofit health care organizations, two breast health organizations, two nonprofits serving ethnic communities, the WWWP, a community health worker and three parish nursing programs; 14 key informants are members of the Affiliate community advisory board. The interview script was developed by Affiliate staff and researchers. Each interview was conducted over the phone and lasted one hour. A researcher from the Woo Health Connections conducted the interviews, which were recorded with the participants' permission and transcribed. Themes were highlighted and manually identified, and prevailing themes were analyzed and summarized. The viewpoints provided by key informants represent the thoughts and opinions of the limited number of interviewees and are not presented as representative of all community leaders or providers. Nonetheless, interviews are useful in gathering deeper insights and perspectives on specialized topics from people who know the subject well and work in target communities.

Systemic Barriers to Breast Health Care

Key informants identified many overarching systemic barriers that prevent women from accessing care at all points on the continuum. Issues related to the recession, including job loss and resulting loss of insurance and income, were barriers mentioned by most key informants.

From shelters all the way to rather affluent churches, the biggest barrier that we're hearing is loss of job, therefore loss of insurance and that's across the board, so a lot of women are sort of putting it off because they lost their health insurance recently.

More than half of the key informants pointed out that screening services were not easily accessible in their communities, due to location, systems not reaching into neighborhoods and language barriers. A majority of the interviewees commented that complexities of the health care system,

such as the forms and the eligibility requirements for different programs, are huge barriers for many women in accessing screening, diagnostic and treatment care.

Many women talk about how when they go to access services at the big hospitals, a lot of the time they almost have to be completely knowledgeable about everything they are eligible for otherwise the worker doesn't even offer it to them.

Several key informants felt that eligibility requirements for assistance programs were too restrictive, leaving women in need without access to care. Nearly half of those interviewed felt that, once a woman gets a diagnosis, finding a specialist and following through with care is challenging, especially for underserved women.

For diagnostic care, I would definitely say it's the cost and a lot of women don't have the funds to receive that treatment...women who do qualify for services will go, because they know it's covered. But then you have women who are like \$5 over the income limit and they're stuck with a bill they can't afford.

Several key informants mentioned cultural competence of providers and programs as a barrier.

Each culture is different, each age group is different, demographics go across the board and there are different reasons for everyone about why they may be leery about going to get a mammogram, so you really have to listen and then tailor your methods to their individual concern and not just act like you're talking out of a script.

Confusion created by the different recommendations for mammograms of the US Preventative Task Force, Komen and other organizations was seen by several interviewees as problematic.

There's a lot of confusion regarding what are the appropriate recommendations about when one should have a mammogram.

Specific to Milwaukee County

Key informants in Milwaukee County felt that not enough programs and services were being funded in relation to community need. In addition, challenges accessing the WWWP were mentioned multiple times.

The Well Woman Program is not necessarily easily accessible. There are a lot of problems with getting phone calls back and I think a lot of that is just based on the sheer number of phone calls they're getting...they're just probably seeing way more numbers than anybody else.

Specific to Racine County

In Racine County, key informants knew of many resources for care across the continuum, but expressed that there are not enough providers for free and low cost diagnostic and treatment care.

There are very limited hospitals and health systems that are a part of that program so when women need those services, they have to go to Milwaukee ...that travel and transportation is a barrier.

Key informants also mentioned a need for the Affiliate to have a larger presence in Racine through media, fundraising and communications efforts.

Specific to Waukesha County

Key informants identified a need for resources that are culturally and linguistically appropriate for each community. They reported that different ethnic groups experience different barriers.

For Hispanic women in Waukesha, the reason they don't get mammograms is often an access issue with health insurance and cost... For White women in Waukesha, the reason is more often the pain or myths associated with mammograms.

Key informants referenced many programs available for primary care and mammography for underserved women, but said there needs to be better collaboration between providers and more funding for specialty services. Challenges reaching rural women were also highlighted.

Addressing Systemic Barriers: When asked how to address systemic barriers, key informants had suggestions that ranged from big picture, macro-level change to smaller, more targeted ideas:

- partner with grassroots organizations and community members; empower them to be part of the solution;
- engage with health systems around their charity care programs and other financial assistance;
- engage with insurance companies and business around the importance of screening;
- support patient navigation programs;
- build coalitions between primary and specialty care providers;
- offer mammograms in community settings;
- invest more funds in diagnostic care;
- educate providers about the WWWP.

Individual Barriers to Breast Health Care

Key informants were asked to reflect on the individual or personal barriers the women they serve face in accessing breast health care. The cost of care was mentioned by all key informants and was seen as crossing income and race/ethnic groups. Cost was mentioned as an important barrier for women living in poverty, but five interviewees also mentioned insurance, high co-pays and/or high deductibles as increasingly becoming barriers for middle- and even upper-income women. For working women, particularly those with hourly jobs, cost was seen as a barrier in terms of wages lost by taking time off from work to get a mammogram. Cost as a barrier also was seen as correlating closely with knowledge: if a woman doesn't know there are resources out there to help pay for a mammogram, then she will not schedule one.

I think many times they don't get a mammogram because they can't afford it. Even myself, having insurance, there's a co-pay. I think this is prevalent among all socio-economic groups.

In a majority of interviews, a lack of knowledge was mentioned. Knowledge deficits discussed included lack of understanding of why mammograms were needed, confusion about who needs them and how often, and not knowing that programs are available to help pay for mammograms.

I think another barrier would be knowledge of screenings, especially for minority populations, not having that basic knowledge of when screenings are due and why they're needed.

A large number of informants felt that many women avoid mammograms because they don't want to get bad news and fear they won't be able to pay for follow-up treatment.

There is a fear of what happens if something comes back, if there is a positive result - some type of cancer or lump, and what then happens from there. It is a kind of fear of the unknown.

Language and cultural barriers were mentioned by nine key informants as affecting Latinas and other immigrants, such as African immigrants. For these individuals, not wanting to reveal legal status is a key concern that stops them from accessing mammograms and other health care. Informants also mentioned other barriers, including fear/mistrust of the medical system, a lack of culturally appropriate resources and reliance on non-traditional forms of health care.

Even if the women in question are legally residents or citizens of this country, the likelihood is that someone in their life is not and therefore immigration colors everything they do.

Historically, so many of the population, particularly with the African-American population has bad history with healthcare professionals. They remember Tuskegee; things where they were actually experimented on. It's awful. And so I think historically, there's a mistrust.

Finding the time to get a mammogram was seen as a barrier by several informants and an issue for both salaried and hourly workers. At most providers, mammograms are only available weekdays from 9:00 am to 5:00 pm.

The time and working it into your day, taking the time in your day to schedule it and then once you schedule it, actually attending it.

Fear of the pain associated with mammograms keeps them from getting the procedure. This is a major barrier for some women, according to a few of the key informants.

I think it's because they're scared and they hear from others that it hurts.

Other issues such as transportation and child care, although not directly related to the procedure, often prevent women from getting a mammogram, according to nearly half of the interviewees.

But then there is the issue of child care: are you going to drag your 6 kids on the bus? Who is going to watch your kids?

Basic fear of going to the doctor, lack of trust in doctors, myths and associated anxiety around health were also mentioned as barriers by several key informants. Others suggested that women simply put off getting screened.

And when they say that they haven't gone for years, it was, just time got away from them; they hadn't realized that it had been two years or three years.

A key theme mentioned by several key informants was the tendency for women to take care of everyone else in their family before taking care of themselves. This barrier was seen as cutting across all economic and racial groups.

Women, just across the board, don't take care of themselves as well as they do everyone else. I think it's that whole emphasis; that somehow we need to teach them that taking care of yourself is the most important thing to do to be able to do all the rest.

A few key informants mentioned some women think there's no need to get a mammogram because there's no history of cancer in family, or they are feeling fine.

For whatever reasons, women feel that they are not at risk...their mom didn't have it, none of their relatives had it, and so they're not going to have it.

Addressing individual barriers: After discussing the barriers that are keeping women from accessing care, the key informants were asked to think about ways to address the barriers:

- Personal contact and individualized case management to assist women through systems;
- Provider education about mammography and resources available for subsidized care;
- More convenient mammogram appointments.

Local Resources: Key informants were asked about resources for breast health available in their communities. Providers in all target communities were able to identify resources available locally for care. Many complimented the collaborative efforts that exist in the community. Others spoke of a need for further collaboration and coordination of services to avoid duplication of efforts and the need for additional services to be funded, particularly in Milwaukee.

Affiliate successes: Key informants were also asked to share their opinions on what the Affiliate has done well in the service area. The key informants felt the Affiliate has had many successes, particularly regarding education, outreach, awareness and grantmaking. They offered suggestions for how the Affiliate might improve its efforts to address the barriers women face:

- Implement education programming at the community level, using innovative methods to reach women, including training women from the community to relay information;
- Partner with a mobile mammography provider to reach women in low income and rural areas
- Partner with community-based organizations to offer outreach and education at the community level, to avoid duplication of efforts and increase effectiveness reaching diverse populations;
- Continue to fund and increase funding for financial assistance for breast health care;
- Raise awareness in the community about financial resources available for breast health; and
- Disseminate information on grantee program successes and best practices to the community.

Section Overview

Throughout our three target communities a number of key issues emerged from key informants. Providers reflected on the systemic and individual barriers limit women's access to breast health care throughout the continuum of care.

Systemic Barriers

- *Economy/loss of insurance*
- *Complexity of health system*
- *Accessibility of services*
- *Lack of resources for diagnostic/treatment care*
- *Complexity/capacity of aid programs*
- *Cultural awareness of providers*
- *Conflicting mammography recommendations.*

Individual Barriers

- *Cost*
- *Lack of knowledge*
- *Fear of bad news/results*
- *Language/cultural barriers*
- *Time*
- *Fear of pain*
- *Transportation/child care*
- *General fear/anxiety/putting off*
- *Putting others first*

Key informants said that there's a need to educate women about breast cancer in their communities through messengers they trust. In all three target communities, there are many resources available for breast cancer screening, but fewer resources for women who require follow-up diagnostic or treatment care, which are not easily accessible to all women. Our key informants recognized a need for culturally-appropriate education and awareness efforts to help women overcome individual barriers to accessing care. Despite limited resources, providers are doing their best to ensure women successfully navigate the

continuum of care. To achieve this in an environment with limited resources and growing need, organizations have partnered with each other and the Affiliate to overcome systemic barriers. In order to gain further insight into the barriers women face accessing breast health care in our community, we conducted focus groups. We asked African American women to share their experiences and insights with us, as they currently experience breast cancer disparities in our service area.

Perspectives from the Community: African American Women

Methodology

Two focus group sessions were held in January 2011; a total of 15 women participated. We targeted African American women over 40 who had never had a mammogram or had not had one in two years. Women were recruited through area health centers and nonprofit organizations serving the African American community. Focus groups were held in community settings. Participants were offered gift cards and a goodie bag of Komen giveaways as incentives for participation. Sessions were recorded and transcribed. Themes were highlighted and manually identified. Prevailing themes were analyzed and are summarized below. Focus group data are limited in that they cannot be generalized to a population group as a whole. However, they can provide rich information about participants' knowledge, attitudes and barriers, which can aid the Affiliate in its efforts to develop and target programs to the community.

Demographic profile

Participants filled out a self-report demographic survey that indicated they came from a wide variety of backgrounds. While 13 percent indicated they had less than a high school education, 67 percent said they were college graduates. Forty percent earned less than \$15,000 per year, but 30 percent earned greater than \$49,000 per year. In addition, 33 percent of participants had public health insurance (Medicaid), 27 percent were uninsured and 40 percent had private insurance. Eighty percent reported having a primary care physician, and 97 percent of those women reported that their physician had spoken to them about mammograms.

What they shared

Breast Cancer: All of the participants indicated that the issue of breast cancer was important to them. Many participants shared personal experiences of losing a loved one to cancer. A large number of participants had very personal experiences with breast cancer.

I've been healed of breast cancer 32 years ago. I have worked in the nursing field of cancer survivors, bed side care. It is a very devastating disease, but I do believe that if you catch it in time that it can be helped, but it has to be caught in time.

As I drove up I thought about where I was coming and what I was here for, I was thinking I have lost several friends and that it started with breast cancer.

The majority of participants felt they had a strong understanding about breast cancer. However, many participants also shared that they had heard things about breast cancer and weren't sure if they were myths or fact.

I think I read or heard somewhere that we all have cancer cells in our body but whether or not they develop into cancer depends on the environment and our body.

Risk Factors: Race was a major theme associated with breast cancer risk—namely that racism and life stressors associated with being Black in America made them predisposed to breast cancer as African American women.

Institutional racism permeates so much of what we're exposed to in daily life that we don't have a distinction for it. We can't discern that we are being affected by it...

Participants collectively identified the environment as a key risk factor, citing a range of environmental factors such as toxins and violence. Participants also indicated that genetics played a great role as a predictor/risk factor for breast cancer. Additional risk factors were shared by a majority of participants, including diet, water, mental health, smoking, weight/obesity and not having children.

Symptoms of Breast Cancer: Many of the participants were unaware that symptoms of breast cancer existed. Participants who were aware of symptoms shared the following: lumpy breast, discharge and breast pain.

Mammography: The majority of participants stated they understood what mammograms were and when women should get one – starting at age 40. However, a majority of participants stated they had a lack of understanding around the science involved and questioned the use of a mammogram as the only tool to detect breast cancer. Participants who had previously received a mammogram voiced concerns about the pain of the test and lack of information provided by their doctors about the procedure.

Mammograms are uncomfortable. They hurt.

I advocated for myself to get one, and I don't think my doctor wanted me to get one, but I just made it non-negotiable.

Participants felt that mammograms should be sought earlier than age 40 if there is a family history of breast cancer. They also shared a prevailing concern regarding doctors not informing them to get mammograms at the appropriate time.

If there's a history of breast cancer and you're 22, and all the women before you had breast cancer, it's time for you to get a mammogram.

Barriers for African American women: Focus group participants overwhelmingly shared the perspective that multiple barriers exist and depend on the person or community. Fear and pain were two main barriers shared by a majority of participants.

And I think we fear it, because when we hear the word cancer we think of death. And that's what we need to get used to. It's not necessarily a death sentence.

I'm always postponing at least for about a year and a half before I go in for my mammogram... because I'm just afraid that they will find something.

Systemic issues within clinics and hospitals were also identified as prevailing barriers. Many of the participants felt they had to carry an extra burden if they did not have insurance or had public insurance. They felt treatment was noticeably different based on the kind of insurance they have and the facility where they receive care. Participants indicated that providers lack sensitivity around the procedure and associated emotions of breast cancer screenings.

It seems that humanity is lacking in trying to get connected with service and it's difficult.

The participants collectively felt that a lack of family/social support also was a barrier. Many participants suggested the use of a buddy system or mentoring.

My mom, she died in '78, so I didn't have too much of a parent figure in terms of a mother, and I ended up going to foster care when I was 10, and she didn't do it in terms of teaching me things.

The following additional systemic barriers were also identified by a majority of participants: lack of insurance, cost of screenings, accessibility of location, and challenges scheduling appointments and receiving sensitive care.

Another barrier is the attitude of the gatekeepers that I have to go through. They don't seem to have the bedside manner that would be appropriate for this kind of intimate procedure.

A general lack of education around breast health resources was also identified.

I think that it's access, and it's education. There needs to be much more education and outreach telling us what things are available.

Eliminating barriers: Participants overwhelmingly agreed that offering mammograms in locations where a woman felt a connection and a sense of comfort would make getting a mammogram easier. Possible locations for mammograms were identified, including pharmacies, grocery stores, spas, community centers, churches, schools and health centers.

This place (YMCA). I like this location because it's where people come and they have great programming...I think it should be not where just women go, but where families go. Because dad or husband or cousin or uncle, should know, I think it's important that we target nontraditional places.

Participants said that marketing could encourage women to get mammograms, but that fear is a large component of current breast cancer marketing campaigns.

I think how the service is marketed has a big influence. Even though it maybe some beneficial aspects to it, if you're made to be afraid, then you don't want to know....it's fear based, and the info that's made available is mysterious, it's behind a curtain where if they expose that procedure, so that you know before you go what to expect vs. what other women here have said to experience, but it all promotes so much fear that it's paralyzing.

Many participants advocated for regular and consistent outreach to women at the community level about breast cancer. They stated that this type of outreach would make it easier for women to take the first step towards getting a mammogram. They indicated that many of the current efforts of outreach did not consistently reach them.

Think about how we get out and vote. We get postcard after postcard, etc. Imagine if there was something like that. They know our first and last name and definitely know age if they send you a card to vote. They call and say come on in, bring these things and we'll have this service for you.

In one focus group, participants discussed how the Affiliate can effectively reach African American women. Participants felt that there is a need to bring breast cancer awareness and program infrastructure into African American communities and to strengthen capacity through funding. A consistent theme among participants was the need for “on the ground” partnerships with community members and organizations such as churches. They collectively felt that innovative strategies beyond health fairs were needed, such as placing ads at fast food restaurants or inserts in bags at restaurants or grocery stores. Black radio

was also suggested as good outlet. Participants suggested that the Affiliate partner with existing outreach mechanisms and programs that are truly connected with communities versus developing new efforts.

Key Themes Summarized

Focus groups with African American women in Milwaukee allowed us to gain deeper insight regarding the attitudes, knowledge and barriers faced by African American women in the Milwaukee community. Several of the themes identified were also shared by key informants, including barriers faced to accessing breast care – cost, cultural issues, fear of cancer and fear of pain. Participants also shared perspectives on how to eliminate barriers through partnerships with and investment in the local community to develop culturally appropriate and tailored programs and awareness strategies. Several themes emerged in both the key informant interviews and focus groups around reducing barriers, including offering mammography in community settings and engaging community members in breast cancer education efforts. There may be a need to dispel myths about breast cancer in the African American community, particularly around mammography. Screening promotion efforts should attempt to address individual barriers such as fear and to connect community members with resources and programs to pay for services.

Conclusions: What We Learned, What We Will Do

Overview of Findings

Data Analysis: An analysis of demographic and breast cancer data highlighted three target counties in the region that warranted further analysis: Milwaukee, Racine and Waukesha, as well as the subpopulations of African American women and underserved White women. The proportion and number of women dying from breast cancer were primary factors that informed the decision to further explore these communities, along with socioeconomic factors such as insurance coverage and poverty. Racial disparities in breast cancer stage at diagnosis and mortality were examined.

Health Systems Analysis: A health systems analysis, including an inventory and map of available community assets, was conducted to identify potential gaps in service availability and partnerships. We learned there are many resources in Milwaukee County for assisting women throughout the continuum of care, including those targeting special populations. This presents opportunities for collaboration to avoid duplication of services and ensure women in need are reached. There are also resources in Racine County, primarily located in the City of Racine. Resources for financial assistance are available, but provider networks are limited. While only one breast education resource is available in Waukesha County, it operates throughout the county. As in our other areas, breast health screening, diagnostic and treatment care providers are available. As with Racine County, resources for financial assistance are available but provider networks are limited. The Affiliate could play a role in building partnerships to expand provider networks of financial assistance programs and in increasing awareness of and access to these resources. One valuable asset in all three target communities is the WWWP, which aids eligible low income women in accessing free breast cancer screening and diagnostic care. The WWWP and other safety net funding for breast health care are crucial for underserved women. The Affiliate will continue to monitor public policy in Wisconsin and, when necessary, take action to maintain and expand access to breast health care in the state.

Community Perspectives: To gain further insight regarding the systemic and individual barriers that prevent women from accessing breast health services, we conducted qualitative research. We conducted key informant interviews with community leaders and health care providers in Milwaukee, Racine and Waukesha Counties. Throughout our three target communities, a number of key issues emerged from key informants. Provider responses indicated a need to educate women about breast cancer in their communities through messengers they trust. In all target communities, there are resources available for breast cancer screening, but fewer resources for women who require follow-up diagnostic or treatment care; these are not easily accessible to all women. Key informants reflected on the systemic and individual barriers that limit access to breast health care. Key systemic barriers identified included the economy, complexity of the health system, inaccessible services, lack of resources for care, complexity of aid programs, lack of cultural awareness of providers and conflicting mammography recommendations. Individual barriers included cost, lack of knowledge, fear, language/cultural barriers, transportation/child care, time, the philosophy of “putting others first” and a lack of awareness that one needs to be screened.

Focus groups with African American women allowed us to gain deeper insight regarding the attitudes, knowledge and barriers faced by African American women in the Milwaukee community. Several of the themes identified included barriers to accessing breast care—cost, cultural issues, fear of cancer, fear of pain and a lack of information from providers regarding mammography. Participants also shared perspectives on how to eliminate barriers through partnerships with and investment in the local community to develop culturally appropriate and tailored programs and awareness strategies. Several themes emerged around reducing barriers, including offering mammography in community settings and engaging community members in breast cancer education efforts. There may be a need to dispel myths about breast cancer in the African American community, particularly around mammography. Screening promotion efforts should attempt to address individual barriers such as fear and to connect community members with resources and programs to pay for services.

Conclusions

Data and findings from throughout the Community Profile process allowed the Affiliate to identify key areas of need:

- *Eliminating Barriers:* the need to reduce systemic and individual barriers to breast health services for targeted populations in our service area, including African American, low income and un-/underinsured women in Milwaukee, Racine and Waukesha Counties.
- *Collaboration:* the need to strengthen existing and create new partnerships for providing women with access to breast cancer screening, diagnostic and treatment care, in order to avoid duplication of efforts and ensure that women are connected with resources.
- *Financial Assistance:* the need to maintain and expand the financial assistance programs available for screening, diagnostic and treatment care in the service area.
- *Education/Awareness:* the need for increased breast health awareness and education, with a focus on screening, for women in our target communities.

Affiliate Action Plan

An action plan was developed, with consideration given to overall Affiliate resources, existing community partnerships, Affiliate grant-funded programs and planned Affiliate education, public policy and awareness efforts. After the final analysis of the data had been reviewed and discussed, the Community Profile team developed a list of four priorities that reflected the findings of the data analysis. A work group composed of Community Profile team members, Affiliate staff, Affiliate Board members and community leaders was selected to review and prioritize priorities and establish objectives. While many of these priorities apply to the service area as a whole, priority target communities for this action plan were selected: Milwaukee County, Racine County and Waukesha County, with emphasis on African American and underserved White women.

Priority One: Reduce barriers for accessing breast health screenings for targeted populations in our service area, including African American, low income and un-/underinsured White women in Milwaukee, Racine and Waukesha Counties.

- *Objective 1:* In FY 2011-12, recruit a minimum of two new community organizations or health care providers with expertise working with target populations to apply for funding.
- *Objective 2:* In FY 2011-12 and FY2012-13, provide grant funding for a minimum of one project related to screening in our target communities (Milwaukee, Racine and Waukesha).
- *Objective 3:* In FY 2011-12 and FY2012-13, continue implementing the evidence-based Kohl's Conversations for the Cure program in Milwaukee, Racine and Waukesha counties, empowering leaders from the local community to raise awareness about breast health screenings and available community resources.

Priority Two: Strengthen existing and new partnerships for providing women with access to breast cancer screening, diagnostic and treatment care in priority communities, including Milwaukee, Racine and Waukesha Counties.

- *Objective 1:* In FY2011-12, create a Request for Applications that encourages and incentivizes collaboration to reduce duplication of efforts and ensure that women in target communities can access available programs for breast health care.
- *Objective 2:* In FY 2011-12, host a community gathering to showcase Community Profile findings and Affiliate grant-funded programs.
- *Objective 3:* In FY 2011-12 and 2012-13, host a minimum of two round tables for Affiliate grantees to collaborate, share lessons learned, highlight successful strategies and develop partnerships.

Priority Three: Maintain the public and private programs that provide financial assistance for breast health screening, diagnostic and treatment care for underserved individuals in our service area.

- *Objective 1:* By the end of FY 2011-12, establish a Public Policy committee to monitor legislative activity impacting funding for breast health care in our service area.

- *Objective 2:* In FY 2011-12 and 2012-13, provide grant funding for safety net financial assistance for breast health care.
- *Objective 3:* In FY 2012-13, create a plan for involving Komen supporters in grassroots advocacy around funding for and access to breast health care.

Priority Four: Increase community knowledge of breast health screening recommendations and breast health resources.

- *Objective 1:* In FY 2011-12 and FY 2012-13, conduct an awareness campaign to promote consistent messages about breast cancer and Komen screening recommendations.
- *Objective 2:* In FY 2011-12, conduct a training session on Komen screening recommendations for grantees, potential grantees and community partners.
- *Objective 3:* In FY2011-12 and FY2012-13, implement the evidence-based Kohl's Conversations for the Cure program in the service area to raise awareness about breast health screening recommendations and available community resources.

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