



COMMUNITY PROFILE REPORT EXECUTIVE SUMMARY

Susan G. Komen for the Cure®
Greater Atlanta Affiliate



2009

Acknowledgements

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2009 Komen Atlanta Community Profile Executive Summary

Introduction

Susan G. Komen for the Cure was born from a promise between Nancy G. Brinker and her dying sister, Susan G. Komen, to save lives and end breast cancer forever. This promise to find a cure has evolved and the people and resources behind it have grown tremendously.

Susan G. Komen for the Cure Greater Atlanta Affiliate was founded in 1991 by an all-volunteer board. The Affiliate is currently governed by a 15-member Board of Directors and maintains a staff of six full-time employees. Additionally, more than 500 survivors and activists volunteer their time and energy for the Affiliate and have made the promise to find a cure their own.

The Greater Atlanta Affiliate serves as a resource for those seeking opportunities for screening, treatment and support, and hosts several events and programs to raise awareness and educate the community about the benefits of early detection. 75% of all funds raised by the Affiliate remains in the local community to fund breast cancer screening, treatment and education programs for the medically underserved. 25% of funds raised supports the Komen Award and Research Grant Program.

The Affiliate raises funds by producing the annual Susan G. Komen Atlanta Race for the Cure and through individual, group, community and corporate donations. The Komen Atlanta Race for the Cure is the most successful education and fundraising event for breast cancer in Atlanta. Since its inception, the Affiliate has raised more than \$23.5 million for breast cancer research and local grassroots organizations to help provide assistance to breast cancer patients and their families.

To help empower the local community, the Affiliate hosts educational events, including Worship in Pink Weekend, participates in community health fairs and organizes a speakers bureau to spread the message of breast health and drive the breast cancer movement.

The 2009 Community Profile Report was conducted to find the needs and gaps in breast health services in the 10-county service area of the Greater Atlanta Affiliate of the Susan G. Komen for the Cure. It also serves as a guide for grantmaking and fundraising efforts, so as to not duplicate programs already in place and focus efforts on addressing unmet needs for breast health in the community.

Affiliate Service Area Key Demographics

The Affiliate's 10-county service area includes nearly 44% of the state's population, serving more than 4 million people and is comprised of Cherokee, Cobb, Clayton, DeKalb, Fayette, Forsyth, Fulton, Gwinnett, Henry and Rockdale counties. Figures 1.1 - 2.2 below display the wide range of demographic, as well as breast health indicator factors within the Greater Atlanta Affiliate area¹.

Figures 1.1 - 1.2: *Fulton County, followed by DeKalb and Gwinnett counties, has the largest population within the 10-county service area, while Clayton, DeKalb and Fulton have the lowest median family incomes.*

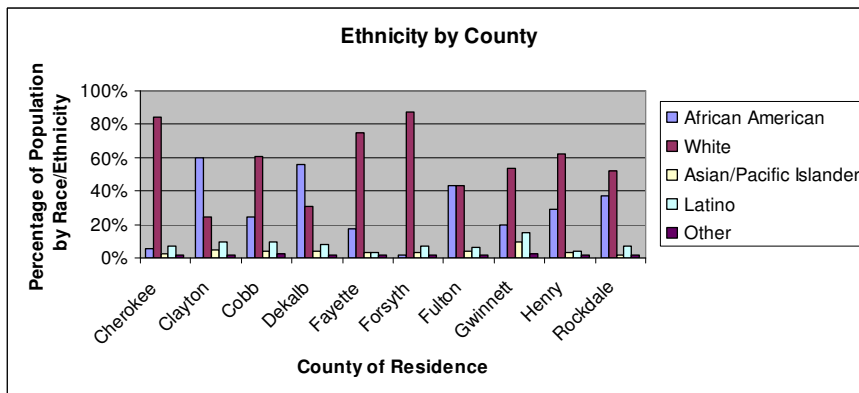
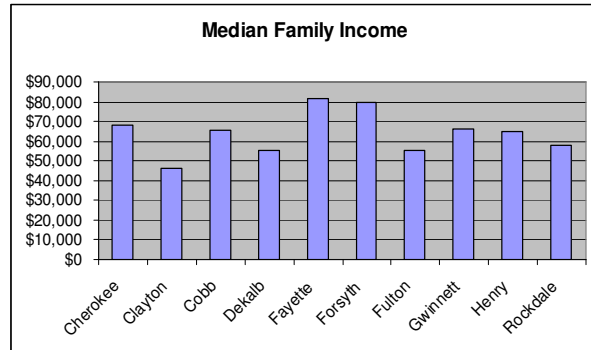
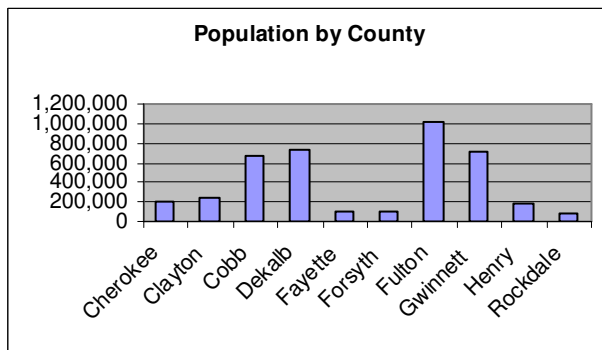


Figure 1.3: *Cherokee, Fayette and Forsyth have the largest population of residents who identify as White; Clayton, DeKalb and Fulton counties have the largest population of residents who identify as Black or African-American; Gwinnett has the largest population of Latino/Hispanic, as well as API residents.*

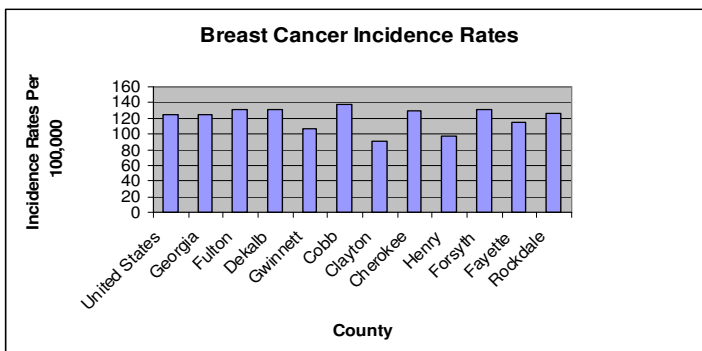


Figure 2.1: *Although the State's Breast Cancer incidence rate is very similar to the national rate, there are several counties within the Komen Atlanta service area that exceed both the national and state rates. These counties include Cobb, Fulton, Forsyth, Cherokee and Rockdale.*

¹ The Healthcare Business of Thomson Reuters © 2007. Greater Atlanta Demographic and Breast Cancer Data [Data file]. Retrieved August 1, 2008.

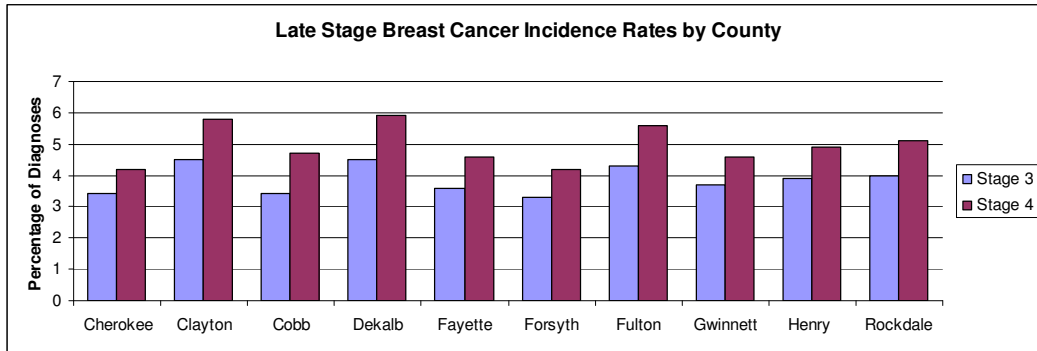


Figure 2.2: Late stage diagnosis is also used as a key indicator of community breast health. Figure 2.2 highlights the counties within the 10-county service area with the highest rates of late stage (stages 3 and 4) of breast cancer diagnosis. Based on the data provided above, Clayton, DeKalb and Fulton counties have the highest incidence rates for breast cancer diagnosed at stages 3 and 4.

Considering the previous statistics and the amount of overlap between several counties, the following 4 counties have been chosen as Affiliate areas of priority: Clayton, DeKalb, Fulton and Gwinnett.

Provider Survey Summary:

In an effort to gain additional detail about community resources and access and barriers to care, a provider survey was created. This instrument was posted on SurveyMonkey, an online survey tool. Providers from across the 10-county coverage area, including Komen Atlanta grantees, completed the survey resulting in 90 responses.

Based on provider responses, there are numerous services being offered to women in a wide array of communities. However, access to these services remains a challenge. Providers’ responses allude to women not knowing about the availability of breast health resources, being inadequately informed about the need and importance of these services, not having adequate access to the services - including transportation - and not being able to afford the services. Additionally, providers may not be as well informed about additional community resources. When asked about community resources, 95% of respondents named metro-area hospitals only. Less than half were aware of resources for financial assistance or clinical trials enrollment.

Community Member Survey Summary:

A total of 152 responses were collected from women throughout the Komen Atlanta service area. The majority of respondents to the survey were African-American or White, between the ages of 40 - 64, with an income range of \$0 - \$27,000 annually, at least one degree, and private insurance. Fulton, DeKalb and Gwinnett were the primary counties of residence.

The survey results confirmed that women are generally informed about mammography and breast cancer. However, a large majority of the respondents – regardless of education or socioeconomic status – associate family history with a breast cancer diagnosis and death as a common outcome. Based on responses assessing knowledge of breast health outcomes, there may be a correlation between the number of women who do not regularly schedule their routine mammograms and fear that if diagnosed with breast cancer, death is the most common outcome of that diagnosis. It must also be noted that while all women reported relying heavily on information from their primary provider first, African-American and White women listed the media and family/friends/neighbors (respectively) as secondary sources, but Asian/Pacific Islander and Latina women listed community-based/non-profit organizations and family/friends/neighbors as their secondary sources. When asked about barriers to care, insurance was the most frequently reported answer among eligible women who did not schedule their routine mammogram. Community respondents listed fear as the second greatest barrier to care, followed by transportation.

The following areas were highlighted based on provider and community level responses:

A. Education

Both provider and community level data highlighted access and barriers to care concerns. Fear was one of the leading indicators of why women do not routinely seek care and community members across all demographic sectors also appear to be misinformed about the key risk factors associated with developing breast cancer, as well as the range of options available for women who have been diagnosed. These two findings highlight the need for continued breast health education as a critical component to eliminating myths associated with breast cancer.

Providers also weighed in heavily on the need for additional community education. Suggestions included general breast health information delivered via television and radio media, specific advertising that informs community members of the availability of free and reduced-cost services and culturally appropriate educational information.

Both providers and community members listed providers as their key sources of health information. Therefore, efforts must not only address educating community members, but providers as well. Provider education efforts must focus on developing positive patient-provider relationships, in addition to continued efforts to keep providers informed of key community resources. As providers are seen as a major resource, their ability to adequately inform clients of their options and refer them to the appropriate venues is a critical piece in the continuum of care.

B. Financial Resources

When women are adequately informed of the need to regularly schedule their routine exams, they are often met with other challenges including transportation and the ability to pay for these services. Along with the provision of additional funding for screening and diagnostic programs, providers reported that lack of ability to pay for services is a major barrier to care. Community members echoed this fact by reporting insurance as the number one barrier to care.

C. Transportation and Other Support Services

It is known that when providing a continuum of care people must not only be informed about their health care options, but complete the required steps to ensure proper screening, diagnosis and treatment (when applicable). Qualitative data from providers strongly suggested the need for transportation and mobile mammography services. Community members replied with a similar request, listing transportation as another leading barrier to care.

Providers also suggested additional support services for women seeking to access care. This includes incentivizing women who complete their screening appointments and funding patient navigators/peer counselors.

While there were several highlighted areas of need provided by both the patient and community level respondents, Komen Atlanta seeks to support community initiatives in a subset of these areas. In addition to identifying the key areas that the Affiliate will focus on, the primary objectives within these areas are included below.

Affiliate Action Plan

Through the completion of a strategic planning process lead by an external consultant and the completion of this Community Needs Assessment, the Greater Atlanta Affiliate of Susan G Komen for the Cure has chosen the following areas and supporting action items as the critical steps in its action plan.

Education: Address myths about the causes of breast cancer, as well as treatment options; provide health education through a wide range of media and community resources; educate providers on the importance of patient-provider relationships and availability of key community resources

A. Focus the efforts of the organization on one “priority program” of the organization, including focusing a marketing campaign on this program.

1. Develop Worship in Pink to a widespread educational initiative that provides general breast health education through religious

organizations in the 10-county service area and serves as a quality resource for women seeking breast health services

2. Incorporate culturally relevant education in Worship in Pink

Grants: Fund programs in areas that are currently underserved and have a disproportionate number of health disparities; increase support for screening and diagnostic programs; increase support for education programs; support programs that create a linkage to care

A. Provide funding to grantees through a lens of enabling women to detect and survive breast cancer

1. Fund screening and diagnostic programs that ultimately lead to a reduction in late-stage diagnosis of breast cancer
2. Continue to provide funding for low and reduced-cost services
3. Continue focus on south-metro area
4. Provide funding for culturally relevant programs
5. Begin considering the application of chosen evidence-based outcomes to the grantmaking program

Advocacy: Advocate for increased BCCP funding; advocate for additional coverage for those who are underinsured and uninsured; support initiatives that allocate additional resources for public transit systems and vouchers for medically underserved populations

A. Maintain or increase Georgia's budget and policy initiatives that impact detection and access to care for breast cancer

1. Preserve and enhance the *BreasTEST and More* program by encouraging the movement of the program to the Georgia Department of Community Health
2. Expand screening activities in partnership with DCH/DHR programs
3. Maintain or increase Georgia's budget and policy initiatives that impact detection and access to care for breast cancer
4. Ensure that the three Care Management Organizations (CMOs) and other private health plans provide optimal coverage for prevention, diagnosis and management of breast cancer

Limitations of Findings

The 2009 - 2010 Community Profile Report will be used as a tool to guide the Affiliate in a number of areas, including Education, Grants and Advocacy. While a variety of primary and secondary data were used and collected, it must be noted that there are limitations to this Community Profile Report. They are included below:

- Surveillance data sources used information from 2000 - 2007, including estimates from the Center for Disease Control and Thompson Reuters
- There were no provisions made to eliminate biases during the distribution of the face-to-face surveys
- Respondents to the electronic surveys did not have to log on to a secure website or provide any personal identifier information
- Respondents to the electronic survey were able to skip questions if they were not comfortable providing an answer
- Respondents could gain access to the survey multiple times

