

## **Executive Summary**

### **Introduction**

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, which is the world's largest breast cancer organization and the largest source of nonprofit funds dedicated to the fight against breast cancer.

Komen Atlanta was founded in 1991 by an all-volunteer board. Komen Atlanta serves as a resource for those seeking opportunities for breast health education, screening, treatment and support and hosts several events and programs to raise awareness and educate the community about the benefits of early detection in the fight against breast cancer. The Affiliate's ten-county service area includes more than 44 percent of the state's population, serving more than 4.1 million people. The ten-county service area includes: Cherokee, Cobb, Clayton, DeKalb, Fayette, Forsyth, Fulton, Gwinnett, Henry and Rockdale counties.

Through annual events, including the Race for the Cure, corporate and individual contributions, Komen Atlanta raises funds that enable women to detect and survive breast cancer. Seventy-five percent of all funds raised by the Affiliate stay in Atlanta to fund breast health programs for those who would not otherwise have access to screening and treatment. Twenty-five percent of funds raised support the national Komen Foundation Award and Research Grant Program. Since its inception, the Affiliate has raised over \$30 million for breast cancer research, local grassroots organizations, community agencies and support groups to help provide assistance to breast cancer patients and their families.

The purpose of the Susan G. Komen for the Cure Greater Atlanta Affiliate (Komen Atlanta) biennial Community Profile (Profile) is to provide current and comprehensive information about the status of breast health, breast cancer, and related services within the Affiliate's 10-county service area. The 2010 Profile is meant to build upon previous editions of the report and provides an expanded overview of both quantitative and qualitative data.

The information contained in this report comes from a variety of local, state, and federal sources. It also includes information collected from a diverse group of individuals living and providing services within the service area. While preparing the report, the Affiliate made a concerted effort to include varied data sources and community voices to ensure a well-rounded perspective of breast health and breast cancer services within the Komen Atlanta community.

Findings from the 2010 Profile are instrumental in identifying specific strategies to address the gaps and barriers to accessing care, assessing the availability of breast health services and supporting Komen Atlanta's mission to enable women to detect and survive breast cancer. Research contained in this document will help to:

- Shape future directions for the organization's grant programs,
- Guide future public policy initiatives,
- Help expand community education and mobilization efforts and

- Develop strong collaborations and partnerships.

### Breast Cancer Statistics in Service Area

According to 2009 data estimates, Georgia has a population of approximately 9,497,667 people and is made up of 159 counties. Komen Atlanta covers 10 counties that have a population of 4,177,648 people, comprising 44 percent of the total state population.

A comparison of both incidence and mortality rates for the United States, Georgia, and the Komen Atlanta service area is presented below.

- Both the United States and the Komen Atlanta service areas have an incidence rate higher than that of the state of Georgia.
- The United States and Komen Atlanta service areas both have mortality rates that are lower than the state of Georgia.

Geographic Scope	2009 Estimated Incidence Rate (per 100k)	2009 Estimated Mortality Rate (per 100k)
United States	118.69	23.61
Georgia	114.90	25.73
Komen Atlanta Service Area	118.51	23.94

Within the service area, approximately 9.2 percent of the female population is diagnosed late stage (stages III and IV). In addition, both the Komen Atlanta service area and Georgia have higher percentages of late stage diagnoses than the United States (Thomson Reuters 2009).

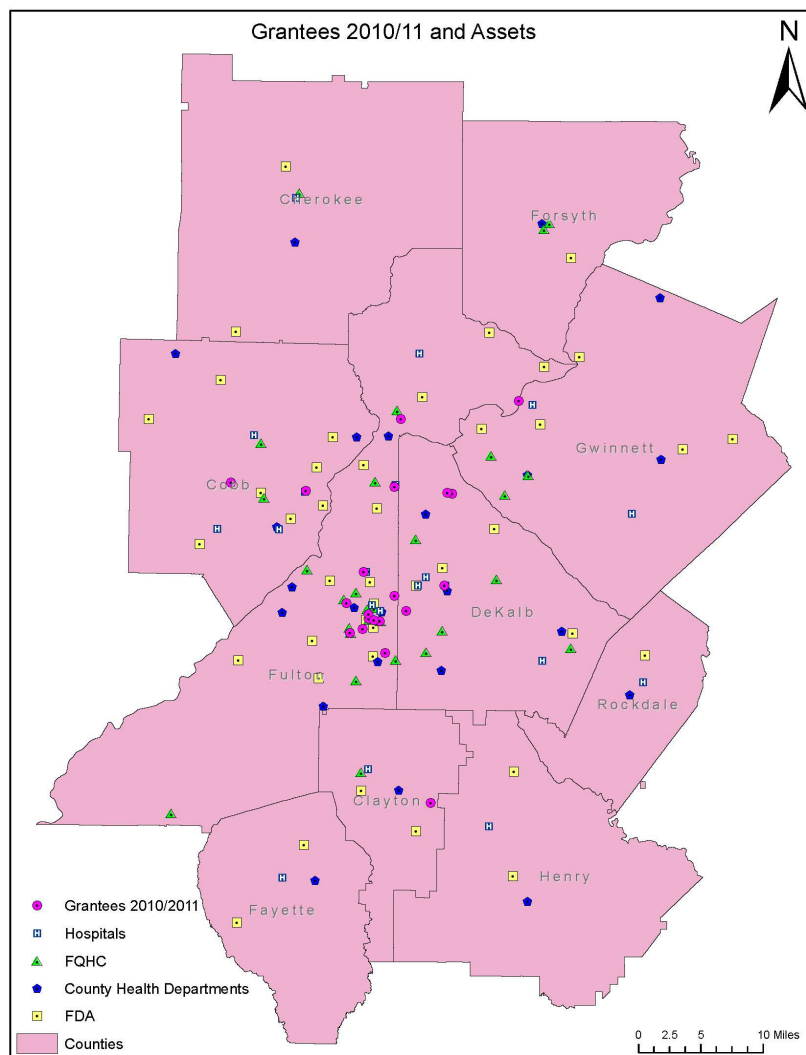
These rates of late stage diagnosis may be due in part to the fact that women are not receiving breast health screenings regularly. Out of all women age 40 and older within the service area (974,895), 35.2 percent (343,163) have not received a mammogram within the last 12 months.

The figures below show the mortality rate of the Komen service area by county. Four target counties (Rockdale, Fulton, DeKalb, and Cobb) were chosen to be further examined within this report based on their mortality rates.



## Health Services Analysis

The Komen Atlanta service area encompasses many different breast health services options. The service area contains 26 hospitals, 27 health departments, 28 federally qualified health centers, and 81 FDA approved mammography locations. Most of these services are located in the more densely populated counties, but there have been increases of services available in the outlying areas since 2009. During the 2010/2011 grants cycle, Komen Atlanta provided funding for 26 grants to 21 local organizations and agencies. The figure below shows the geographical spread of available breast health resources in the Komen Atlanta service area.



The bulk of services that exist within the service area are found in three of the four target counties (Cobb, DeKalb, and Fulton) which were chosen due to high mortality rates. This indicates that while services are widely available within these areas, there still must be significant barriers preventing women from accessing them. Rockdale County has the highest mortality rate and a lack of widespread services available. Barriers of access are

further compounded in this county where women may need to travel longer distances to obtain services.

Both provider surveys and key informant interviews were used to gather information from breast health providers within the Komen Atlanta target counties. For the purposes of data collection, “provider” was defined as a physician, nurse, mammography technician or a patient navigator that provides breast health services to individuals.

The provider input collected identified four specific barriers to accessing breast health services which they feel are of most concern to patients. These top barriers in order of concern were:

- Cost,
- Fear,
- Lack of awareness/knowledge and
- Language/cultural barriers.

Recognizing these barriers can assist Komen Atlanta in its plan for resource and funding distribution in the future.

In addition, when asked how Komen Atlanta could best utilize its time and resources, 92 percent of providers surveyed indicated that providing screening and diagnostic services should be the top priority of the organization.

### **Community Data**

A community survey was conducted to determine the breast health knowledge, screening behaviors, identified barriers and awareness of women living within the four target counties. Those eligible to participate had to be female, at least 40 years of age, and live in one of the four target counties (Rockdale, Fulton, DeKalb and Cobb). A total of 247 surveys were conducted.

According to survey data, only 19.6 percent of women knew the correct age to begin clinical breast exams (age 20). Almost a quarter of surveyed women believed that clinical breast exams were to start when a woman reached age 40. On the opposite end, approximately 13 percent of women thought clinical breast exams should begin when a woman turns 18.

Overall, women seemed much more knowledgeable about the correct age to begin receiving mammograms, with 53.2 percent of women correctly answering at age 40. The most common incorrect answer provided by women was that women should begin receiving mammograms at the age of 30.

Many women received their first mammogram by the current recommended age of 40; however, approximately 8 percent of women did not receive their first mammogram until they were 50 or older and almost 14 percent of women had not had a mammogram in at least 2 years if not longer.

Community input was gathered to gain insight into the significant barriers women face in accessing breast health services. The barriers identified by the community members were similar to those named by providers. About 24.6 percent reported that they had

never received a mammogram because they had no insurance. 20.7 percent of respondents reported that they did not have the money for the screening. In addition to these cost barriers, 10.4 percent of women reported that fear was a major barrier to seeking out mammogram services.

### **Affiliate Action Plan**

Through the completion of a strategic planning process and the completion of this Community Profile Report, the Greater Atlanta Affiliate of Susan G. Komen for the Cure has chosen the following goals and supporting objectives as the critical steps in its action plan.

#### **Education: Promote population-wide awareness and information about breast cancer to women of all-ages, including at-risk, newly diagnosed and co-survivors.**

Objective 1: A total of 150,000 women (cumulatively) will be reached by Komen Atlanta's *Worship in Pink* education program by FY13.

Objective 2: Komen Atlanta will create a minimum of three Public Service Announcements annually to promote breast self awareness and educate the community about breast health basics.

Objective 3: In addition to the current schedule, the Komen Atlanta Speaker's Bureau will conduct a minimum of six educational presentations annually to audiences (e.g. worksites, faith-based organizations, etc.) that are located within zip codes with the highest breast cancer mortality rates.

Objective 4: Komen Atlanta will update its online Breast Cancer Resource Guide twice annually to ensure the most accurate and up-to-date information and promote the availability of the Guide to the public.

#### **Grants: Provide funding to grantees who focus on increasing access, use of evidence-based strategies and culturally relevant services that will enable women to detect and survive breast cancer.**

Objective 1: Komen Atlanta will prioritize funding grant programs that increase access to and improve affordability of screening and diagnostic procedures for underserved populations beginning in the 2012/2013 grant cycle.

Objective 2: Komen Atlanta will prioritize funding grant programs that incorporate evidence-based breast cancer interventions or strategies within their standards of practice beginning in the 2012/2013 grant cycle.

Objective 3: Komen Atlanta will continue to fund programs that are both culturally relevant and aim to eliminate cultural barriers that preclude women from receiving information and from accessing breast cancer screening and treatment during the 2012/2013 grant cycle.

Objective 4: Komen Atlanta will continue to fund grants that ensure the availability of breast cancer services throughout every county in the Affiliate's service area during the 2012/2013 grant cycle.

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

Objective 1: Preserve and enhance the BreasTest and More program through ongoing monitoring of the state budget and through continued education of elected officials about the importance of the program.

Objective 2: Komen Atlanta representatives will meet with a minimum of 8 elected officials during FY12 to discuss Profile results as well as budget and policy action items related to increasing screening and access to care for breast cancer.