



COMMUNITY PROFILE REPORT

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Table of Contents

Executive Summary	5
Introduction.....	5
Statistics and Demographic Review.....	5
Health Systems Analysis.....	7
Qualitative Data Overview	7
Conclusions.....	8
Introduction	11
Affiliate History.....	11
Organizational Structure	12
Description of Service Area	12
Purpose of the Report	14
Breast Cancer Impact in Affiliate Service Area.....	15
Methodology.....	15
Overview of the Affiliate Service Area	15
Communities of Interest	18
Conclusions.....	20
Health Systems Analysis of Target Communities.....	22
Overview of Continuum of Care.....	22
Methodology.....	22
Overview of Community Assets.....	23
Legislative Issues in Target Communities.....	26
Key Informant Findings	26
Conclusions.....	28
Breast Cancer Perspectives in the Target Communities	30
Methodology.....	30
Review of Qualitative Findings.....	30
Conclusions.....	33
Conclusions: What We Learned, What We Will Do.....	35
Review of the Findings	35
Conclusions.....	35
Action Plan	36

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 and launched the global breast cancer movement. Today, Komen for the Cure is the world's largest grassroots network of breast cancer survivors and activists fighting to save lives, empower people, ensure quality care for all and energize science to find the cures. Thanks to events like the Komen Race for the Cure®, we have invested more than \$1.3 billion to fulfill our promise, becoming the largest source of nonprofit funds dedicated to the fight against breast cancer in the world. For more information visit www.komen.org or call 1-877-GOKOMEN.

In 1997, the Greater Nashville Affiliate was founded through the leadership of Junior League of Nashville members, Shana Alford and Barb Sawyer. Shana, a breast cancer survivor herself, became the first president of the Affiliate, and serves on the board today. Currently, the service area includes Davidson county (Nashville) and our surrounding ten counties (Cheatham, Dickson, Maury, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson and Wilson). Through the leadership of these women and countless volunteers over the years, the Komen Greater Nashville Affiliate has grown to include staff and a strong and diverse Board of Directors (comprised of health care professionals, business leaders, educators and community volunteers).

Since 1997, the Greater Nashville Affiliate has provided more than \$4 million in grant monies in our community to improve breast health. In fiscal year 2010 (ending March 31, 2010), the Greater Nashville Race for the Cure hosted more than 10,000 participants. The Affiliate brought in over \$1.5 million during the last fiscal year and invested over \$700,000 in local mission-related programs by awarding thirteen community grants and six small grants.

The mission of Susan G. Komen for the Cure® is “to save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to find the cures.” To help achieve that mission, this community profile is intended to evaluate the existing breast health resources and services as well as the needs of the community members in our 11-county service area. Ultimately, the objective is to determine the gaps in services and needs and identify the areas where the Greater Nashville Affiliate of Susan G. Komen for the Cure® can have the biggest impact on improving breast health in our community. This assessment will guide the allocation of resources, grants and events for the organization.

Statistics and Demographic Review

Breast cancer impact in our Affiliate area (11 counties) was measured by several key variables. In this analysis, we focused on mortality, incidence by stage of diagnosis, and screening as the most critical indicators of breast cancer impact. This evaluation provided the background and framework that indicated a priority need to focus research

and outreach to three of the 11 counties: Davidson, Montgomery and Rutherford. After targeting these areas expansion to all counties will occur.

Key factors for choosing Davidson, Montgomery and Rutherford counties as target communities for this project are as follows:

- Ethnicity
- Access to Care
- Poverty/Education Levels
- Under/uninsured

Davidson, with Nashville at its center, is the largest populated county, with 327,000 females, representing 37 percent of the total female population in the Affiliate area. By comparison, the smallest county, Trousdale, has a population of less than 4,000, representing 0.44 percent of the total female population in the area. Davidson also has the highest population density. This county is ethnically diverse with higher percentage of African American, Hispanic and Kurdish populations. Davidson County has the highest percentage of persons below poverty level 16.9 percent (US Census Bureau, 2008). The rate of breast cancer mortality is higher, at 26.2 per thousand, than compared to the state average of 24.5 (TN Dept of Health, 2003-2007). There are fourteen mammography facilities within Davidson County, and the Affiliate has funded 11 grants in this area in FY 2010.

Montgomery has the highest percentage of minorities, with African American females at 19.7%, compared to the average across the Affiliate area of 12.6 percent (US Census Bureau, 2009). This county has the highest rate of breast cancer mortality amongst African Americans, 40.8 per thousand, compared to the state average of 38.8 (TN Dept of Health, 2003-2007). There are two mammography facilities within Montgomery, and the Affiliate has funded 1 grant in this county in FY 2010.

Rutherford is the second largest populated county in our Affiliate area, with a female population of 130,000. The county is comprised of a more underinsured and ethnically diverse female population. This county also has the highest total percentage of late stage breast cancers diagnosed (16 percent Stage III and IV, compared to the Affiliate area average of 13 percent (TN Cancer Coalition State Tumor Board Registry, 2009). There are four mammography facilities within Rutherford, and the Affiliate has funded 2 grants in this area in FY 2010.

The evaluation of the breast cancer impact includes a comparative summary of the demographic and breast health levels across our Affiliate area. The 11-counties in the Greater Nashville Affiliate vary greatly in demographic factors and breast cancer metrics. Demographic data was evaluated from US Census Bureau (www.quickfacts.census.gov) and Thomson Reuters (Thomson Reuters © 2009). The Thomson Reuters data is based on estimates using Surveillance, Epidemiology and End Results (SEER) data from 1998 to 2004. Breast cancer data was available by stage of diagnosis for 2009, through the Tennessee Cancer Coalition (TC2) State

Tumor Board Registry. The state of Tennessee has limited data on mortality attributed to breast cancer; the most accurate mortality data by county was an annual average garnered from the Cancer in Tennessee 2003-2007 publication from the Department of Health. In addition, the screening rate data available was limited to data provided by Thomson Reuters.

Health Systems Analysis

The Affiliate works within the service area to gain a greater understanding of the cultural differences, barriers and other factors that impact breast health and access to care. The health systems analysis reinforced the statistical data focusing the affiliate on three specific counties of need. Davidson, Montgomery and Rutherford counties have several gaps across the continuum of care. Specifically, access to care, distrust of organizations, lack of understanding options and available resources along with outreach/education opportunities.

Komen Greater Nashville discovered through conducting these key constituent interviews that access to care, lack of financial resources or insurance, trust/fear and education were the biggest barriers discussed. The key informants identified the following:

- More education/outreach to diverse communities (i.e., appropriate breast health educational materials, more speaking engagements, etc.).
- Mobile Mammography availability to better serve the community.
- Develop new relationships with community leaders and strengthen existing connections.
- Provide even more support to the local TBCCSP in order to continue to provide services to women who need them.

The Greater Nashville Affiliate will continue to gain a better understanding of the specific needs of the community and will particularly focus on reaching the underserved population.

Qualitative Data Overview

The direct community feedback garnered through the focus groups mirrored the issues identified from the health care providers.

The major themes from the community focus groups were:

- Knowledge and Beliefs can impact a woman from getting the proper screening and/or treatment when it comes to breast health/cancer.
- Education and Awareness need to be at the forefront for not only women seeking services, but also providers and nurses recommending the services.
- Access to Care hinders women from getting the care they oftentimes need.

Discovering this information from the women who live and work in each targeted community creates a better understanding for the Komen Greater Nashville team on how to meet the needs of women throughout our entire 11-county service area.

How can Komen Greater Nashville address these critical barriers to ultimately improve breast health?

- Help identify and provide information to women and organizations about breast care services that are affordable/free.
- Identify and provide breast care services that are accessible and convenient: mobile mammography, extended hours, transportation.
- Provide more education and awareness to help dispel myths and thoughts about breast cancer. Also, provide more education/awareness programming within locations that are critical to the overall community (i.e., churches, community centers, etc.).

Conclusions

The mission of Susan G. Komen for the Cure® is “to save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to find the cures.” To help achieve that mission, this Community Profile is intended to evaluate the existing breast health resources and services as well as the needs of the community members in our 11-county service area. Ultimately, the objective was to determine the gaps in services, needs and identify the areas where the Greater Nashville Affiliate of Susan G. Komen for the Cure® can make the biggest impact on improving breast health. This assessment will guide the allocation of resources, grants and events for the organization.

The Greater Nashville Affiliate Community Profile includes data gathered from multiple sources, including demographic and breast health statistics as well as personal interviews and focus groups within our targeted areas of Davidson, Montgomery and Rutherford counties. The report focused on these target communities to better understand breast care services, programs, perspectives and needs of women who live there.

Our key informant/focus group efforts consistently highlighted audiences with the greatest need: low income women (particularly the under/uninsured), and minorities (especially African Americans and Latina/Hispanics). Gaps and barriers to services were observed by Komen staff during key informant interviews that included but are not limited to: cost and availability of services, education/awareness, particularly regarding early detection, treatment options, available programs and addressing the fears surrounding breast cancer. Although the Affiliate had not previously targeted certain areas or provided significant funding to these identified counties, great strides to develop partnerships with the health departments, health councils, extension divisions and other organizations has become a focal point for improving breast health education and services within each target community.

Targeting these identified barriers (mentioned in the above paragraph) in the communities of Davidson, Montgomery and Rutherford counties aided in the creation of

the following action plan. These priorities and objectives will be the model for servicing our entire 11-county service area in the future.

Action Plan

Priority 1: Increase the availability and affordability of breast health services in our communities through grant funding, and developing partnerships with health providers to reach uninsured/underinsured and low income women as well as minorities - particularly Black/African American and Hispanic/Latina/Kurdish women.

Objective A: By January 2012, develop plan together with the Tennessee Breast and Cervical Screening Program leadership to address the major barriers to breast care services, including free or low cost services to minority populations.

Objective B: In 2011, initiate/support a mobile mammography program to fundamentally address access/convenience of mammograms and to increase coverage in our 11-county area.

Objective C: By end of August 2012, create and implement a development plan to increase funding for diversifying revenue streams beyond the annual Race for the Cure.

Priority 2: Increase breast health education in regards to the continuum of care regarding general awareness, the importance of early detection, and improvements in treatment options. Address and educate minority populations about commitment to self and help minimize fears surrounding breast cancer.

Objective A: By October 2012, distribute and maintain breast health materials to all 11 public health departments (within Komen Greater Nashville service area) and any other nonprofit organizations that provide breast health services to women, particularly the underserved population.

Objective B: By 2012, coordinate or participate in at least one educational event or health fair monthly within the Komen Greater Nashville targeted communities of Davidson, Montgomery and Rutherford counties to improve awareness of breast health to women. Add in one new county per month until entire 11-county service area is covered.

Objective C: By October 2012, increase awareness of breast health to young women, through at least four educational events such as Komen on the Go, and presentations at universities.

Priority 3: Build awareness of breast health programs and services in our communities.

Objective A: By December 2011, develop a communication plan by partnering with media outlets, launching a marketing campaign through social media channels and dispensing educational materials to help establish a clearinghouse for women in the 11-county service area seeking pertinent breast health information.

Objective B: By July 2012, establish a monthly update system to the web site with new programs and information. Create plan to develop bilingual materials.

Objective C: In December 2012, create and conduct continuing educational seminars for grantees and other community organizations to keep them up to date on trends in the breast cancer field.

Objective D: By May 2011, create and distribute a monthly eNewsletter to Komen email list including breast health education updates, information about Affiliate events, volunteer opportunities and men as advocate initiatives.

Objective E: By 2012, develop at least one new partnership within each county of the Komen Greater Nashville 11-county service area to help build relationships within our communities.

Objective F: By 2012, provided 12,000 pieces of breast health awareness materials to three targeted communities of Davidson, Montgomery and Rutherford counties (focusing on minority populations) through Worship In Pink initiative.

Objective G: By 2012, begin development on strategic plan for strengthening grantee policies and procedures.

Priority 4: Continue our endeavors in the public policy arena by focusing on lobbying efforts of the breast cancer community.

Objective A: In 2011, participate in the Komen Advocacy Day on Capitol Hill and Women's Day on the Hill in Nashville, coordinated by the Nashville Women's Caucus.

Objective B: By June 2012, develop a public policy plan with the other Tennessee Komen Affiliates, including setting advocacy priorities.

Objective C: In 2012, meet with key community leaders to develop a strategy to further our advocacy efforts.

Introduction

Affiliate 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 and launched the global breast cancer movement. Today, Komen for the Cure is the world's largest grassroots network of breast cancer survivors and activists fighting to save lives, empower people, ensure quality care for all and energize science to find the cures. Thanks to events like the Komen Race for the Cure®, we have invested more than \$1.3 billion to fulfill our promise, becoming the largest source of nonprofit funds dedicated to the fight against breast cancer in the world. For more information visit www.komen.org or call 1-877-GOKOMEN.

In 1991, 500 people gathered in Centennial Park to participate in Nashville's first Race for the Cure. During the first six years the Race was managed under the umbrella of the Sarah Cannon Cancer Center at Centennial Medical Center.

In 1997, the Greater Nashville Affiliate of Susan G. Komen for the Cure® was founded through the leadership of Junior League of Nashville members, Shana Alford and Barb Sawyer. Shana, a breast cancer survivor herself, became the first president of the Affiliate. Barb served as Race Chair. Today, the service area includes Nashville (Davidson County) and our surrounding ten counties (Cheatham, Dickson, Maury, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson and Wilson).

Through the leadership of these women and countless volunteers over the years, the Komen Greater Nashville Affiliate has grown to include staff and a strong, diverse Board of Directors (comprised of health care professionals, business leaders, educators and community volunteers). There are fifteen board members whose primary duties include appointment and oversight of the staff, fiscal oversight and the adoption of an annual budget, the establishment of policies and procedures and overview of the strategic plan. Many board members are actively engaged through board committees.

The first executive director was hired in 2007. The staff was expanded to include a race director, outreach/development director and office assistant. Currently, there are four full-time staff members and two independent contractors. One contractor oversees the annual Race for the Cure while the other contractor provides bookkeeping functions. The Komen Greater Nashville Affiliate has a large group of dedicated volunteers who assist with office duties, education requests and Race for the Cure needs.

Since 1997, the Greater Nashville Affiliate has provided more than \$4 million in grant monies throughout our community to improve breast health. In fiscal year 2010 (ending March 31, 2010), the Greater Nashville Race for the Cure hosted more than 10,000 participants. The Affiliate brought in over \$1.5 million during the last fiscal year and invested over \$700,000 in mission-related programs by awarding thirteen community grants and six small grants.

Organizational Structure

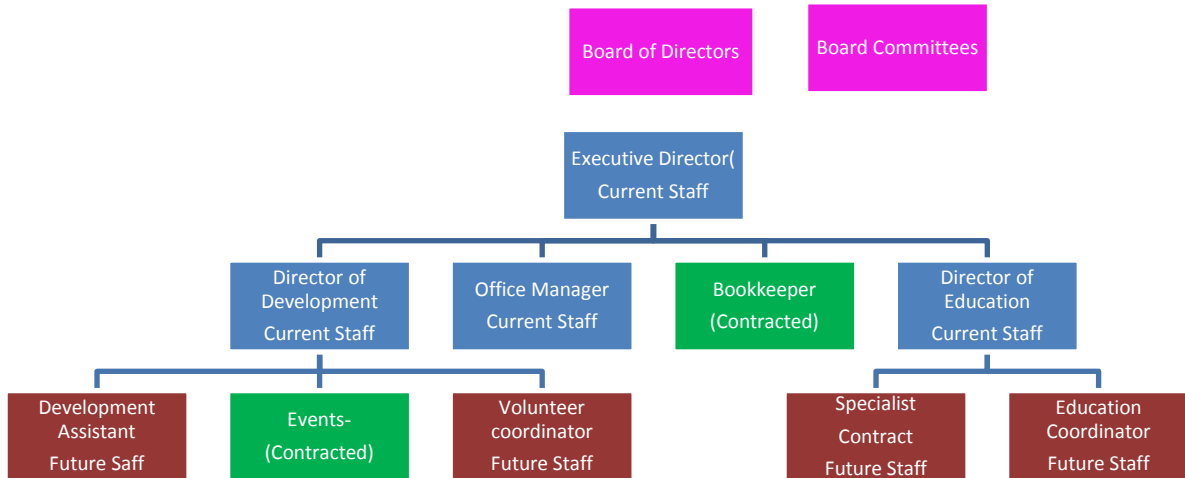


Figure 1. Komen Greater Nashville organizational chart with future growth.

Description of Service Area



Figure 2. Map of 11-county service area.

The graphic above (*Figure 2*) includes the 11-county Affiliate service area: Cheatham, Davidson, Dickson, Maury, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson and Wilson counties.

The largest urban area is Nashville, located in Davidson County. It is the most culturally diverse county, having a large Kurdish and Somalian population, as well as large Latino and African American populations. The Williamson County area has the highest average household income in Tennessee, yet it includes rural and low economic areas, as well. Trousdale County is a predominately rural area and has the smallest population within the Komen Greater Nashville 11-county service area.

Nashville is home to Vanderbilt University Medical Center and the Vanderbilt-Ingram Cancer Center - the only area National Cancer Institute designated Comprehensive Cancer Center. Vanderbilt recently opened a new health facility in the 100 Oaks Neighborhood of Nashville which includes a breast health center. Centennial Medical Center is breaking ground on a \$160 million expansion that will include an expanded Sarah Cannon Cancer Center and Research Institute. We also have an excellent relationship with the Ascension Health System which includes Baptist and Saint Thomas Hospitals.

Davidson, with Nashville at its center, is the largest populated county, with 327,000 females, representing 37 percent of the total female population in the Affiliate area. Davison also has the highest population density. This county is ethnically diverse with higher percentage of African American, Hispanic and Kurdish populations. The rate of breast cancer mortality is higher, at 26.2 per thousand, than compared to the state average of 24.5 (TN Dept of Health, 2003-2007). There are fourteen mammography facilities within Davidson County, and the Affiliate has funded eleven grants in this area in FY 2010.

Clarksville, which is the largest city in Montgomery County, is home to the Fort Campbell Army Post which houses the only Air Assault Division in the world, the 101st Airborne Division (Air Assault). Clarksville is also home to Austin Peay University, a four-year public, master's level institution.

Montgomery has the highest percentage of minorities, with African American females at 19.7%, compared to the average across the Affiliate area of 12.6 percent (US Census Bureau, 2009). This county has the highest rate of breast cancer mortality amongst African Americans, 40.8 per thousand, compared to the state average of 38.8 (TN Dept of Health, 2003-2007). There are two mammography facilities within Montgomery, and the Affiliate has funded 1 grant in this county in FY 2010.

Murfreesboro, which is the largest city in Rutherford County, houses the University of Middle Tennessee which is the second largest university in the state of Tennessee. In October 2010, Middle Tennessee Medical Center (a hospital within the Saint Thomas health system) opened a new \$268 million facility in Murfreesboro.

Rutherford is the second largest populated county, with 130,000 female population. The county is comprised of a more underinsured and ethnically diverse female population. This county also has the highest total percentage of late stage breast cancers diagnosed (16 percent Stage III and IV, compared to the affiliate area average of 13 percent (TN Cancer Coalition State Tumor Board Registry, 2009). There are four mammography facilities within Rutherford, and the Affiliate has funded 2 grants in this area in FY 2010.

Purpose of the Report

The mission of Susan G. Komen for the Cure® is “to save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to find the cures.” To help achieve that mission, this Community Profile is intended to evaluate the existing breast health resources and services as well as the needs of the community members in our 11-county service area. Ultimately, the objective was to determine the gaps in services, needs and identify the areas where the Greater Nashville Affiliate of Susan G. Komen for the Cure® can make the biggest impact on improving breast health. This assessment will guide the allocation of resources, grants and events for the organization.

Breast Cancer Impact in the Affiliate Service Area

Methodology

The 11 counties in the Greater Nashville Affiliate service area vary greatly in demographic factors and breast cancer impact. Demographic data was evaluated from US Census Bureau (www.quickfacts.census.gov) and Thomson Reuters (Thomson Reuters © 2009). The Thomson Reuters data are based on estimates using Surveillance, Epidemiology and End Results (SEER) data from 1998 to 2004. Breast cancer data was available by stage of diagnosis for 2009, through the Tennessee Cancer Coalition (TC2) State Tumor Board Registry. Tennessee state has limited data on mortality attributed to breast cancer; the most accurate mortality data by county was an annual average garnered from the Cancer in Tennessee 2003-2007 publication from the Department of Health. In addition, the screening rate data available was limited to data provided by Thomson Reuters.

Overview of the Affiliate Service Area

There are 878,673 females in the 11-county Greater Nashville Affiliate service area. The population amongst the counties varies widely, with the largest county, Davidson, comprising 37 percent, and the smallest county, Trousdale, comprising 0.44 percent (see Figure 3.) The highest populated five counties (Davidson, Rutherford, Williamson, Montgomery and Sumner) account for 80 percent of the total female population within the coverage area. The population density within the communities also differs markedly, from 1,135 persons/square mile in Davidson to 64 persons/square mile in Trousdale.

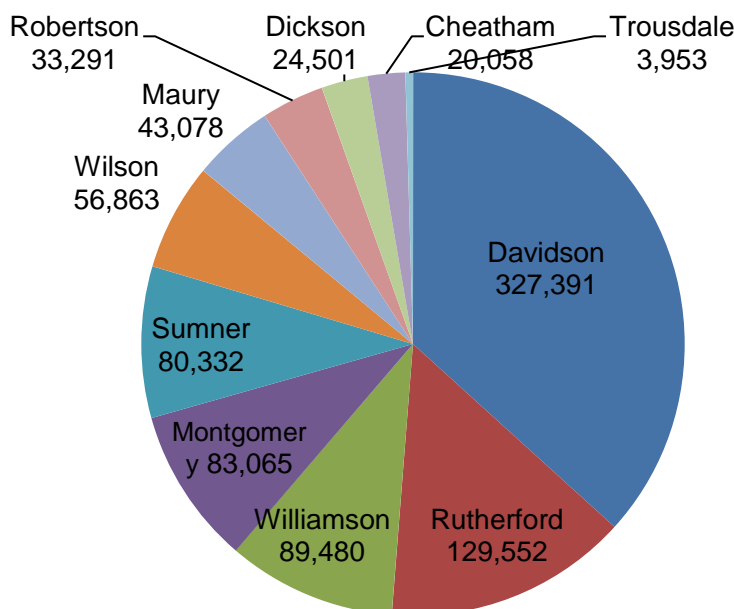


Figure 3. Female Population by County. US Census Bureau, 2009.

The population distribution and density disparities within our 11-county Affiliate service area challenge our ability to reach and educate women, and ultimately improve breast care. Major challenges include: education levels, socio-economic status, distance to travel.

Breast cancer impact in our 11-county Affiliate service area was measured by several variables. These variables included mortality rates, incidence rate by stage and screening rates.

. Mortality was most accurately assessed as an age-adjusted rate by county. The strong correlation between higher age and higher breast cancer mortality rates must be taken into account, in order to provide the best comparison between counties.

Table 1. Mortality Rates by county, annual average, age-adjusted rates per 100,000 population

County	All Races		Whites		African Americans	
	Rate	Count	Rate	Count	Rate	Count
Cheatham	28.6	28	29.3	28	0	0
Davidson	26.2	421	23.4	296	35.6	121
Dickson	23.6	30	23.8	29	^	^
Maury	22.4	50	21.1	41	^	^
Montgomery	22.4	69	20.5	52	40.8	16
Robertson	23.2	37	21.9	32	^	^
Rutherford	22.8	107	22.9	92	32.4	13
Sumner	22.5	91	21.9	84	^	^
Trousdale	^	^	^	^	^	^
Williamson	23	84	22.9	78	^	^
Wilson	26.3	70	26.9	67	^	^
State Average	25.4	4,495	23.4	3,600	38.8	869

Cancer in Tennessee, 2003-2007, Tennessee Dept of Health publication June 2010.

Note: ^ Indicates statistics suppressed when < 9 cases, for privacy concerns

Overall, Cheatham, Davidson and Wilson had the highest rates of breast cancer mortality. The mortality rates for African American females were significantly higher than for White females, which is also seen nationally. The counties with high mortality rates for African American females were Davidson, Montgomery and Rutherford (see *Table 1*).

The incidence of breast cancer (number of new breast cancers diagnosed) demonstrates the burden of breast cancer in a region. This means, higher incidence rates of breast cancer should be recognized as a health issue that should be communicated to the women living within a community. Further, the stage of diagnosis is an important indicator of breast health. Earlier stage cancers (Stages 0, I and II) are localized, and typically found on mammography, and generally correlate with better outcomes, compared to later stage, more advanced breast cancer cases (Stages III and IV). This supports the National statistic which states when breast cancer is found

before it spreads beyond the breast, the five-year survival rate in the U.S. is 98 percent. This is up from 74 percent in 1982.

Table 2.
Breast Cancer Incidence by Stage, by County

County	Stage 0		Stage I		Stage II		Stage III		Stage IV		TOTAL
	N	%	N	%	N	%	N	%	N	%	
Cheatham	21	18%	45	38%	40	34%	11	9%	0		117
Davidson	441	20%	878	39%	609	27%	205	9%	102	5%	2235
Dickson	33	19%	70	40%	51	29%	13	7%	10	6%	177
Maury	50	16%	114	37%	99	32%	31	10%	16	5%	310
Montgomery	58	15%	170	43%	111	28%	39	10%	16	4%	394
Robertson	41	23%	78	43%	33	18%	18	10%	10	6%	180
Rutherford	109	17%	265	42%	157	25%	75	12%	26	4%	632
Sumner	87	19%	167	37%	145	32%	37	8%	18	4%	454
Trousdale	*		*		*		*		*		
Williamson	121	21%	232	39%	170	29%	48	8%	18	3%	589
Wilson	47	19%	113	46%	65	27%	19	8%	0	0%	244
Affiliate Area	1,008	19%	2,132	40%	1,480	28%	496	9%	216	4%	5,332

Tennessee Cancer Coalition (TC2) State Tumor Board Registry, 2009 statistics.
*Indicates statistics not available

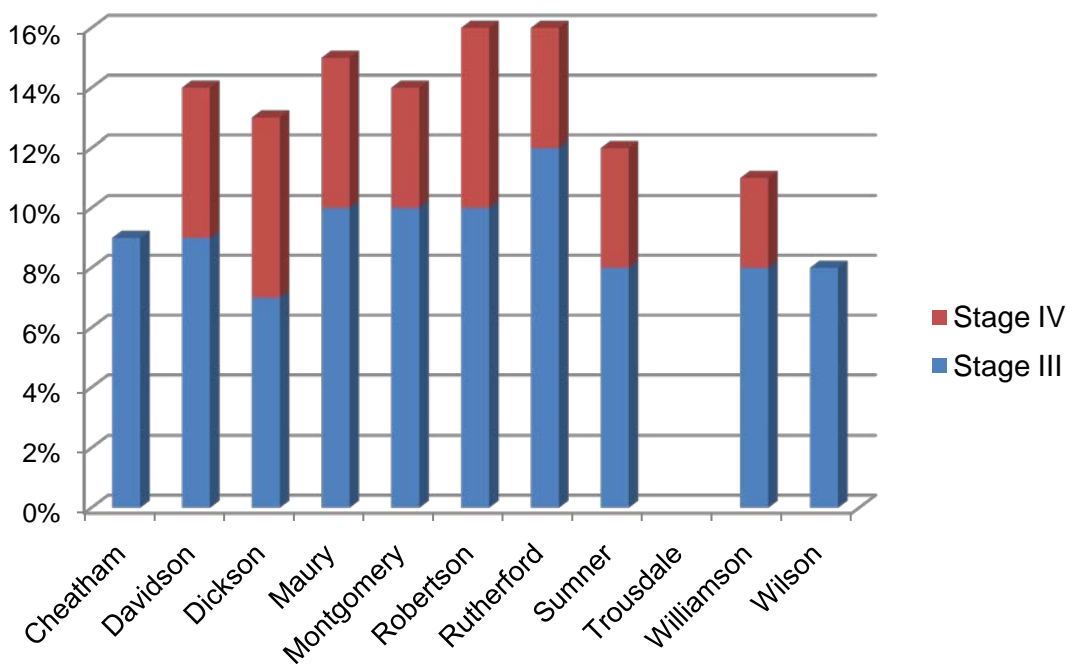


Figure 4. Breast Cancer Incidence, High Risk (defined by Stage III-IV), by county. Tennessee Cancer Coalition (TC2) State Tumor Board Registry, 2009 statistics. Note: * Indicates statistics not available.

The counties with high rates of late stage diagnoses (Stage III and IV) represent opportunities for improving education and exploring the factors affecting the higher rates. Davidson, Maury, Montgomery, Robertson, and Rutherford had the highest rates of late stage diagnoses (see Figure 4).

Looking closely at the trends associated with the key variables of mortality, incidence by stage of diagnosis and screening rates will help ensure that Komen Greater Nashville is communicating the correct message to those communities that need it most. That message being early detection is key to survival.

Mammography screening rates are a critical measure of breast health in a community. The non-screening rates range from 31.4 percent to 42.1 percent in our 11-county service area, with the lowest rates of mammography screening in Dickson, Maury, and Trousdale counties (see Figure 5). Note that these are small counties (by population) in the Affiliate area.

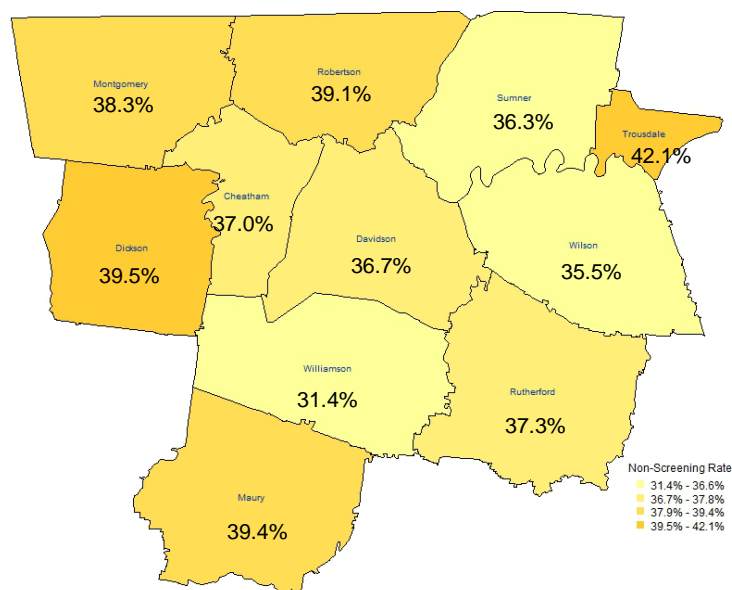


Figure 5. Screening Rates, Women \geq 40 Years of Age with No Mammogram in Last Year. Thomson Reuters \copyright 2009.

Communities of Interest

Assessing the most critical indicators of breast cancer impact across counties, we identified three locations for further analysis to help us determine why mortality rates are higher, why incidence rates at later stage diagnosis are higher and why screening rates are lower (see Table 3). The focal counties are Davidson, Montgomery and Rutherford.

Key factors for choosing Davidson, Montgomery and Rutherford counties as target communities for this project are as follows:

- Ethnicity – Each of these counties have low percentages of White Non-Hispanics and higher proportions of African American and Hispanic populations (see Table 4).
- Access to Care – Each of these locations has a large health system within the community; therefore, proximity to care is more attainable.
- Poverty/Education Levels – Poverty rates within these focal counties is relatively high. Education level has been shown nationally to correlate with mammography screening compliance (see Table 5).
- Under/uninsured – These rates are critical to identifying unmet needs of our target communities. The data from our target communities identifies higher rates of uninsured females; particularly those in the age range of 18-64 (see Table 6).

Table 4.
Demographics: Ethnicity, by County

County	% White Non-Hispanic	% African American	% Am Indian	% Asian	% Pacific Islander	% 2+ Races	% Hispanic
Davidson	76.50%	16.80%	0.30%	1.40%	0.10%	1.20%	4.20%
Montgomery	69.70%	19.70%	0.50%	2.00%	0.20%	2.80%	6.00%
Rutherford	77.50%	12.40%	0.30%	2.80%	0.00%	1.30%	6.00%
Affiliate Area	80.01%	12.58%	2.21%	7.27%	0.06%	1.31%	4.58%

US Census Bureau, 2009.

Table 5.
Demographics: Poverty and Education Levels, by County

County	Median HH Income*	Persons Below Poverty Level,%*	High School grad, ≥25 years**
Davidson	\$46,413	16.90%	81.50%
Montgomery	\$47,716	13.30%	84.30%
Rutherford	\$54,335	10.20%	81.80%
Affiliate Area	54,265	12.49%	81.57%

US Census Bureau.

*2008 statistics

**2000 statistics

Table 6.
Demographics: Uninsured Females, by County

County	Females		Females 18-64	
	Population	%	Population	%
Davidson	41,787	12.60%	37,144	17.50%
Montgomery	8,450	10.90%	7,166	14.90%
Rutherford	14,684	11.60%	12,733	15.40%
Affiliate Area		10.49%		14.36%

Thomson Reuters © 2009.

Davidson County is the largest county in the Greater Nashville Affiliate service area, comprising 37 percent of the female population. In Northern Davidson County, there are some zip code areas with notably high mortality rates, and low incidence rates (see *Figure 6*). These areas will be targeted for further research beyond this report.

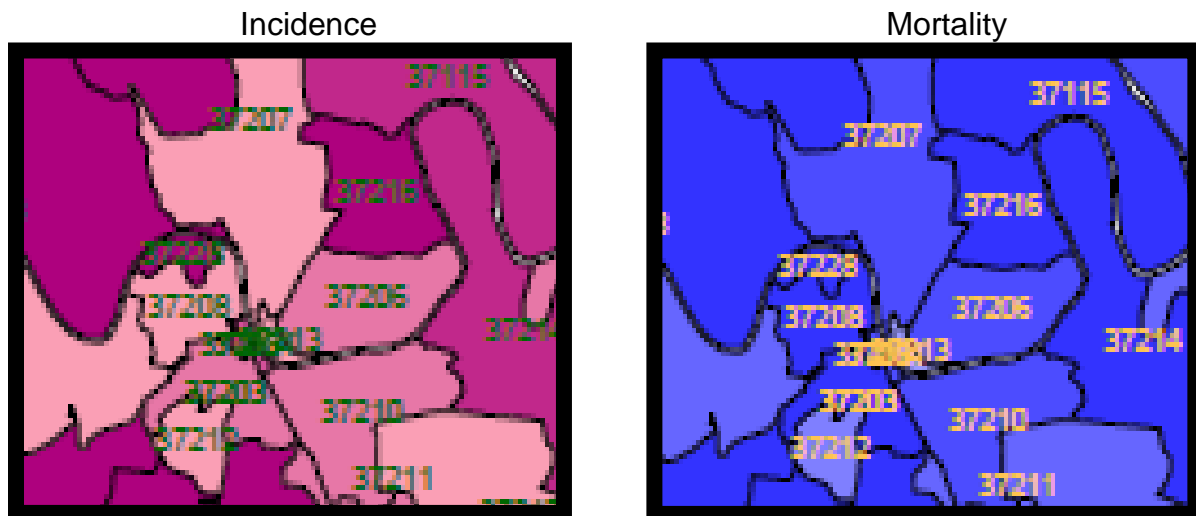


Figure 6. Low Incidence and High Mortality Within Specific Zip Code Areas in North Davidson County.
Thomson Reuters © 2009.

Conclusions

The 11 counties in the Greater Nashville Affiliate service area vary greatly in population, demographic factors, and breast cancer impact. An analysis of key variables influencing breast health, namely mortality, incidence of late stage diagnosis, and screening mammography rates, identified three counties for further analysis: Davidson, Montgomery and Rutherford (see *Table 3*).

The key factors identified that influence these variables are as follows:

- Ethnicity – Each of these counties have low percentages of White Non-Hispanics and higher proportions of African American and Hispanic populations (see Table 4).
- Access to Care – Each of these locations has a large health system within the community; therefore, proximity to care is more attainable.
- Poverty/Education Levels – Poverty rates within these focal counties is relatively high. Education level has been shown nationally to correlate with mammography screening compliance (see Table 5).
- Under/uninsured – These rates are critical to identifying unmet needs of our target communities. The data from our target communities identifies higher rates of uninsured females; particularly those in the age range of 18-64 (see Table 6).

Utilizing the data above, the goal of the Komen Greater Nashville team will be to identify gaps and barriers (in regards to breast health) within the target communities of Davidson, Montgomery and Rutherford counties. Exploring these issues closely will allow for targeted education, awareness and community mobilization. Thus, building a substantial model that can be translated into other communities throughout the 11-county service area.

Health Systems Analysis of Target Communities

Overview of Continuum of Care

The breast cancer continuum of care is vital in assessing the needs of a specific community. The continuum helps identify an individual's movement through the healthcare system for breast health. This tool may provide a greater understanding of the gaps, barriers and issues for women at each phase. It's important to understand and utilize this process when identifying areas of focus. The continuum of care is the true framework for the Community Profile project (see Figure 7).

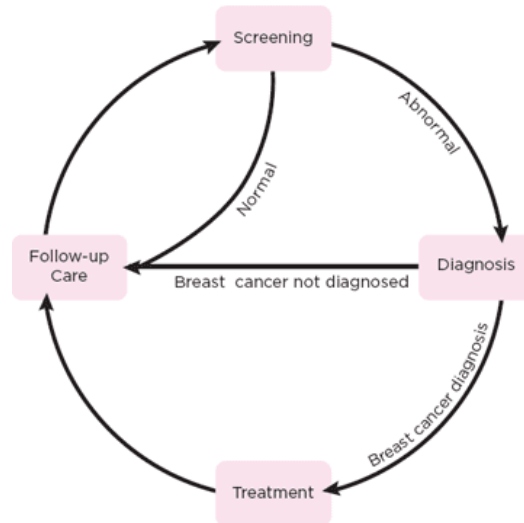


Figure 7: Diagram of the breast cancer continuum of care.

This section will focus primarily on health systems within the target counties and beginning to analyze the following questions:

1. Why do some women never enter the continuum of care?
2. Why do some women never complete the continuum of care?

Methodology

The Greater Nashville Affiliate of Susan G. Komen for the Cure® service area has many resources available to provide breast health to the community. There are 40 permanent mammography facilities located in the Greater Nashville Affiliate service area. Within Rutherford County, there are four screening locations while in Montgomery County there are two. Davidson County (Nashville) has thirteen mammography facilities. Information on these facilities can be obtained from the U.S. Food and Drug Administration website www.accessdata.fda.gov.

Google mapping system was used to display the permanent mammography facilities located throughout the service area. The asset map also displays local grantees within the targeted locations; Davidson County, Montgomery County and Rutherford County (see Figure 8).

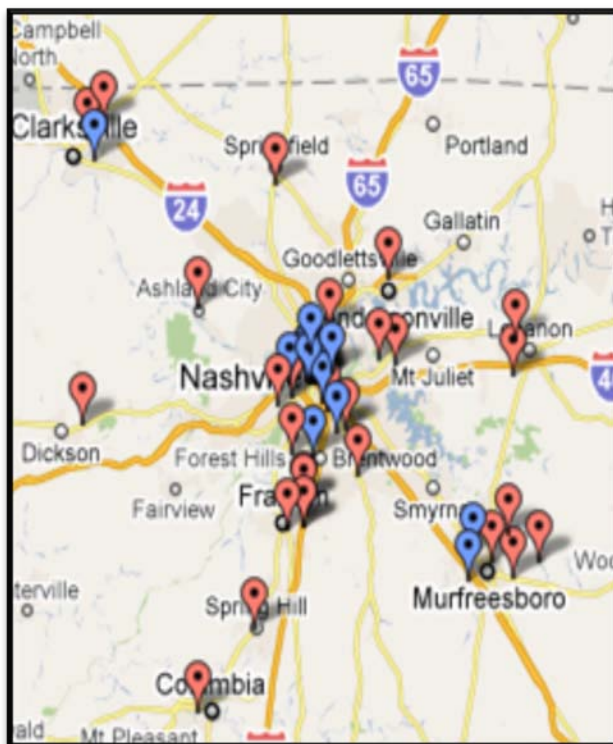


Figure 8: Eleven-county service area highlighting Affiliate grantees in blue and mammography facilities in red.

Information about breast health services and breast cancer support programs was collected through meeting with community key informants from the targeted communities (i.e., hospitals, nonprofits, public health departments and oncology groups).

In order to expand our reach beyond Davidson County where Nashville is centered, presentations were made at the Rutherford and Montgomery County Health Council monthly meetings. Local breast cancer providers and educators were represented at these meetings. Following introductory presentations from Komen Greater Nashville, participating organizations volunteered their input, and identified appropriate individuals for more in-depth interviews. In total, the Community Profile team met one-on-one with over 20 different individuals who represented local hospitals, breast health provider physicians, public health departments, nurse navigators, universities, nonprofit organizations and the Human Services division of the University of Tennessee.

Overview of Community Assets

The assets in the three target areas of Davidson, Montgomery and Rutherford counties varies, but this health systems analysis gives an overarching view of the existing gaps within the breast health field and the continuum of care.

Davidson County Health System Analysis

There are 13 local screening facilities throughout Davidson County (where Nashville is located). Seven of these locations offer breast health assistance through the entire

continuum of care cycle. The remaining facilities offer mammography screenings and/or can make referrals for screenings. These locations are spread throughout the county to help give more women access; however, in reviewing the statistical data on women throughout the 11-county service area, Davidson County has the highest breast cancer mortality rate.

The Davidson County Health Department plays a large role within this particular health system. The Tennessee Breast and Cervical Cancer Screening Program (TBCCSP) is housed at the health department and serves women who meet the eligibility guidelines.

Montgomery County Health System Analysis

Montgomery County has one breast health facility that offers assistance throughout the entire continuum of care process. The remaining location offers mammography screening services. Through the local Montgomery County Health Department, women can receive a clinical breast exam and be referred to receive a mammogram, diagnostic testing and/or treatment through TBCCSP.

Montgomery County is a unique location due to Fort Campbell Army Base being so close. Access to care for this population and others due to the limited resources may pose the notion of why women in this county have higher mortality rates of breast cancer. Mobile mammography could assist in more women starting the continuum of care process and not falling out. Currently, Komen Greater Nashville has no large grantees located within Montgomery County.

Rutherford County Health System Analysis

Rutherford County has two breast health facilities that offer full service breast health care. The remaining three locations offer screening and referral services. The Rutherford County Health Department provides the TBCCSP to eligible women and will make referrals for women who may need them.

Rutherford County is a fast growing community that sits south of Nashville. It is currently home to the largest college in the state of Tennessee. This county also has the highest total percentage of late stage breast cancers diagnosed (16 percent Stage III and IV, compared to the Affiliate area average of 13 percent (source TN Cancer Coalition State Tumor Board Registry. Education and access to care are limitations that need to be addressed in why these women enter and do not remain in the continuum of care.

Existing Community Partnerships

Tennessee Breast and Cervical Cancer Screening Program (TBCCSP)
The Greater Nashville Affiliate has been a consistent supporter of the TBCCSP. The BeST (Breast Screening and Treatment) for Tennessee Women Project provides screenings for women between the ages of 50 and 64 who are uninsured or underinsured and have income below 250 percent of the federal poverty level. The project specifically targets women who have never had a mammogram or have not had one in two or more years. The program has a cap of 14,000 women statewide, although

65,000 women in the state who are 45-65 years old meet the income eligibility requirements. Through the grants program, the Greater Nashville Affiliate of Susan G. Komen for the Cure® has been able to impact breast cancer screening and treatment in the service area. According to the 2011 BeST for Tennessee Women Project report, from April 2009-March 2010, 1,772 breast screenings were provided in the Komen Greater Nashville service area. Twenty-four women were diagnosed with breast cancer during the 2010 fiscal year.

Tennessee Comprehensive Cancer Control Coalition

The TCCCC (TC2) exists to wage a unified fight against cancer across the state. To this end, the Coalition has developed and sustained, integrated and coordinated approach to reducing cancer incidence, mortality and improving the quality of life for those affected by cancer in Tennessee. With membership in TC2, the Greater Nashville Affiliate has been involved in forming relationships with the key players in the area and will participate in the Tennessee Summit in June 2011.

Cancer Centers and Hospitals

The 11-county service area has several hospital systems, including the large Tri-Star hospital network, Sumner Regional, Gateway Medical and the Vanderbilt University Medical Center research hospital. The local Affiliate has begun forging a relationship with the cancer medical community. We have been attending the Oncology Committee meetings for the Tri-Star Hospital systems at Summit, Skyline, Centennial in Nashville and in Dickson and Smyrna. We have a working relationship with the new Vanderbilt Breast Center, including covering health fairs and educational events. We also have an excellent relationship with the Ascension Health System which includes Baptist and St. Thomas Hospitals. We have three board members from hospitals in our service area and have key volunteers to help provide opportunities for collaboration.

Witness Project

In 2007, the Tennessee Comprehensive Cancer Coalition and Tennessee Breast and Cervical Screening Program established the evidence-based Witness Project of Davidson County. Breast and cervical cancer survivors reach out to African American women in their communities and provide screening information. The Greater Nashville Affiliate grants program provided funding in 2010 and remains a partner in their efforts.

Community Partnerships Needed

The Greater Nashville Affiliate of the Susan G. Komen for the Cure® has granted over \$4 million since 1997 in breast health education, screening and treatment programs. While grants have been offered in our 11-county service area, the majority of grants have been designated within the city of Nashville where there is high population density.

Even with current funding, several gaps remain in the community to address breast health. Of the 26 requests for 2010-2011 year, only three requests were outside Davidson County (Nashville). One request was for Rutherford County while the other two small grants were for Sumner and Montgomery counties. For the 2011-2012 grant

cycle, the Affiliate Education team has been developing relationships in outlying counties to promote a wider range of grant opportunities.

The rural areas outside Nashville are a focus for the Komen Greater Nashville Affiliate. Developing sustainable relationship within the communities will increase the possibility for more grant opportunities. Komen Greater Nashville has identified this issue and is currently looking at alternatives to addressing the need. Specifically, mobile mammography has been suggested by numerous county organizations as a way to help with access to care. Komen Greater Nashville is in talks with a local hospital to determine the possibilities of this request.

Legislative Issues

The Tennessee Breast and Cervical Cancer Screening Program (TBCCSP) is a successful, state-funded program, offering screening and diagnostic services for low income women throughout the Affiliate service area. Issues over funding for TBCCSP have become a legislative concern for the Tennessee Komen Affiliates.

The state of Tennessee is projected to face a \$1 billion budget gap for the Fiscal Year 2011. If funding for this program is cut, many women would not be eligible to receive the screening or diagnostic services that are made available through this program. Komen Greater Nashville along with the other five Tennessee Affiliates will continue to lobby for this program. The Greater Nashville Affiliate will participate in the Susan G. Komen for the Cure Advocacy Alliance Day on Capitol Hill in April 2011, and the Day on the Hill Event for Women March 8 in Nashville. We will also be represented at the Tennessee Comprehensive Cancer Control Coalition Summit event in June to continue our efforts in supporting the need for this program. Ongoing relationships exist with Representative Jim Cooper, Senator Lamar Alexander and Congressman Marsha Blackburn.

Findings from Key Informant Interviews

Key informant interviews were conducted in Davison, Rutherford and Montgomery counties to gain a greater understanding of the community at large. Each in-person interview had an open format for discussion. The Director of Education and a volunteer epidemiologist contacted each informant and set up a time to meet.

The key informant interviews identified common themes and ideas for both counties. Much of the advice we received was geared toward providing easier methods of screening for underserved women.

The following are a sample of quotes from our key informants that represent common issues, concerns and ideas from the group. Each quote is categorized by a theme.

Breast Health Education and Outreach

“Educational programming is needed to help those understand the importance of breast health.”

“Providing us (public health departments) with educational materials to make available would assist tremendously in getting the word out.”

“Over 40% of our clientele is Spanish speaking. It would be extremely helpful to have more educational materials in Spanish and also have more resources available to these women so they can communicate easier.”

“Educational materials are great, but we have many people in our rural areas that have literacy issues. They are an important group to reach out to, but what’s the best way?”

“Trust issues prevent women from getting the care they need. Identifying those areas and building that trust through education could really make a difference.”

In general, the key informant interviews expressed the need for more breast health communication throughout the targeted communities of Davidson, Montgomery and Rutherford counties. Language barriers and even literacy issues appeared to be barriers as to why women may not seek out breast health services. Education and outreach to the community at large should be a priority for the Affiliate.

Barriers to Breast Care/ Screening and Diagnosis

“In order to get a mammogram in some places, you have to be referred by a doctor. This keeps many women from getting screened. A mobile unit could assist with these issues.”

“We don’t turn anyone away who needs assistance. But, we’re limited on funding for screenings and services. There’s got to be an alternative to help with services, so we can help more women.”

“Mobile Mammography would help provide access to many of our patients.”

“One group we’re really missing out on is the ‘working poor’. They don’t get the assistance they need, and we need something more accessible for them so they can get screened.”

Screening services throughout the three target communities of Davidson, Montgomery and Rutherford counties are limited. Access to care seems to be a major barrier that keeps many women from seeking breast health services. TBCCSP which is housed within each local health department is allotted a certain number of slots for women who need mammography screenings. A mobile unit would increase the potential to reach more individuals.

Barriers to Breast Care/Treatment

“People need to know how they can schedule a mammogram and need assistance to get diagnostic services or treatment if they have an abnormal finding.”

“A lot of the women who come here aren’t aware they have TennCare; therefore, having someone to assist them in understanding their TennCare options and what services are available to them would be extremely beneficial.”

“Many families in this area are transient, so they don’t stay around long enough to follow through on their treatment.”

“There are trust issues with the local hospital. Some people are happy to go there, others are not.”

Once women are diagnosed with breast cancer, treatment can prove to be a difficult task to maneuver through from the key informant’s perspective. The TBCCSP can assist women who qualify for TennCare, but understanding the options and process along with dealing with a diagnosis may be cumbersome. Also, women may have to travel quite a distance to receive the care they need which may lead to financial issues. Trust of local facilities may deter women from getting the treatment they need. Whether the distrust is valid or not, the implications from an entities “reputation” may lead people away from receiving care.

A woman who is insured through TennCare moving through the continuum of care may have access to certain programs and/or services, but due to lack of understanding of the system, she may not get the screenings available to her. She may not understand the coverage for screening and follow- up care.

Based on the key informant information we gathered, women who are uninsured could also enter the continuum of care at a later stage. Due to fear of losing hours at work, costs, etc., these individuals may never receive the initial services needed for healthcare in general. Also, if a language barrier exists, they may not understand the importance of getting screened or the risk factors associated with breast cancer.

For women who are eligible for TBCCSP, the issues are two-fold. Due to funding concerns, the number of women who could be served is limited. Many women may qualify, but the program is allotted a certain amount of slots each year. Once those slots are filled, things become much more difficult. Also, follow-up care for these women can be an issue. If there are suspicious findings, tracking women for follow-up care can prove to be a daunting/exhausting task that may or may not provide a positive outcome. Therefore, these women can easily fall out of the continuum of care cycle. This may also apply to women who have undocumented status.

Conclusions

In conclusion, the Affiliate strives to work closely within the 11-county service area to gain a greater understanding of the cultural differences, barriers and other factors that impact breast health and access to care. The health systems analysis reinforced the statistical data that suggested focusing in on three target communities of Davidson, Montgomery and Rutherford.

Davidson, Montgomery and Rutherford counties have several gaps across the continuum of care. Specifically, access to care, distrust of organizations, lack of understanding options and available resources along with outreach/education opportunities.

Komen Greater Nashville discovered through conducting these key informant interviews that access to care, lack of financial resources or insurance, trust/fear and education were the biggest barriers discussed. The key informants identified the following:

- Greater education/outreach to diverse communities (i.e., appropriate breast health educational materials, more speaking engagements, etc.).
- Mobile Mammography availability to better serve the community.
- Develop new relationships with community leaders and strengthen existing connections.
- Provide even more support to the local TBCCSP in order to continue to provide services to women who need them.

Through the key informant interview process, the Community Profile field team discovered the need for a more in depth analysis of each county within the 11-county service area to gain a greater understanding of the community at large.

The Greater Nashville Affiliate will continue to gain a better understanding of the specific needs of the community and will particularly focus on reaching the underserved population.

Breast Cancer Perspectives in the Target Communities

Methodology

Komen Greater Nashville focused extensive outbound efforts to assess the accessibility, awareness and level of breast health services with various health care providers in our targeted counties of Davidson, Montgomery and Rutherford. Their experience and evaluation of community perspectives and needs regarding breast care are very similar across communities, as evidenced in the conclusions outlined in the previous section.

Following the health systems analysis, a total of three focus groups were organized and conducted to help identify pertinent information from residents within the targeted communities of Davidson, Montgomery and Rutherford counties. Interviews were conducted to assist in understanding what gaps/barriers (in regards to breast health) might be evident within the general public. The focus groups also helped identify different thoughts, attitudes, belief systems and patterns of behavior that exist between communities.

Review of Qualitative Findings

Recruitment

Focus groups participants were recruited with the help of the Komen Greater Nashville Race for the Cure database, After Breast Cancer program, Vanderbilt Coalition on Healthy Aging and the local county public health departments. In order to represent a relatively diverse population in each community, few limitations existed for participation. The specific target population was women aged 40-60; however, those under 40 and over 60 were not turned away. Emails and letters were sent to constituents in all three target counties asking for participation. Requests were made of local providers to invite potential participants. Participants were asked to contact the Director of Education by email or phone if they wanted to attend.

Focus Groups

A total of 37 women participated in all three combined focus groups. Within Davidson County, three African American and 12 Caucasian women participated, within Montgomery County, two African American and nine Caucasian women participated and within Rutherford County, two African American and 9 Caucasian women participated.

Incentives were provided to those who chose to participate in each focus group. A meal was provided and each attendee also received a small, non-cash gift. Each event was held in a different location. In Davidson County, the event was held at the Komen Greater Nashville office in Nashville, TN. In Montgomery County, the event was held at the local Public Health Department located in Clarksville, TN, and in Rutherford County, the event was held at the local YMCA in Murfreesboro, TN. Each event was tape recorded to assist in identifying common themes.

Sample questions were generated through the Susan G. Komen Community Profile guide. The focus group discussion (at each location) was facilitated by the same qualitative volunteer facilitator. The facilitator guided the discussion by leading with six open ended questions that provided understanding into knowledge and beliefs around breast health from the women in attendance.

Each focus group started off with an introductory question to help the participants focus on the topic at hand. Specifically, the Community Profile team was interested in understanding what the name Susan G. Komen meant to each participant and how/why they decided to attend the focus group. Also, they were asked where someone in their community would most likely go for breast health information.

The key questions were open ended questions that focused directly on what information the Community Profile team wanted to know. The team was interested in finding out what barriers exist for the women within each community and may cause them not to seek out breast health screening/treatment. In addition, information was gathered on how each community could leverage its resources to make sure that correct breast health messages and services get to the women that really need them.

The final question related directly to how Susan G. Komen could make more of a direct impact within each community; whether it be providing mobile unit access, education, events, etc.

The data was reviewed and coded to identify specific themes. There were three overarching themes identified from the interviews: Knowledge/Beliefs, Education/Awareness and Access to Care.

Limitations

Pitfalls identified in regards to the focus group sessions are as follows:

- Majority of women from Montgomery County focus group were over age of 60.
- Majority of women in both Montgomery and Rutherford Counties were breast cancer survivors; therefore, this may not be a true representation of the general public.
- Majority of women in all target counties were Caucasian; therefore, not a true diverse population.

Theme 1: Knowledge & Beliefs

When asked what the barriers were to women seeking out breast health screening and treatment services, there were a few common themes that appeared to be at the forefront of this discussion. Fear and embarrassment stood out as reasons why some women in all three target communities may not seek out the necessary breast screening services available to them.

“It can be frightening. We need to know more of the good news. Things are much better than they used to be. We need to hear that there’s a 5-year 98% survival rate.”

“Women need to hear other women say it doesn’t hurt to alleviate fear.”

“Older women are less likely to question things. They won’t contradict what their doctor says.”

“There tend to be conflicting messaging in the media. It’s hard to know what’s right and what’s wrong in regards to Breast Self Exams, mammograms, etc.”

Another identified barrier to women in the three target communities from getting screened for breast cancer was lack of commitment to self. Women putting others before themselves in regards to health care.

“Women are caregivers, not takers.”

“Women are too independent and think they can handle everything all on their own.”

“Breast cancer is not in the family tree, so they don’t think they need to worry about it.”

Theme 2: Education/Awareness

Members of all three focus groups discussed in detail the importance of education/awareness programming. Each group identified the lack of information available to the public hinders women from getting the proper preventative care they need in regards to breast health. Specifically, lack of resources within rural area and lack of knowledge of resources within urban areas were enforced during these discussions.

“We have a huge hurdle in this county in regards to awareness about early detection. The word is not getting out to the women who need to hear it.”

“There’s such a lack of resources in our rural areas. It’s truly isolation.”

“Doctors and nurses need to be more diligent with their patients. They need to stay up to date with their own education so they can advise women and men of the importance of early detection, self breast exams and mammograms.”

“High schools girls need to be targeted in this community to make girls aware of their responsibility early...just like with chores and other things they do on a regular basis.”

When asked to identify how we as a community can leverage our resources to make sure the breast health messages are getting to the women that need it most, all three focus groups advised their thoughts on how to do this legitimately.

“Create a young people’s (maybe college age) speakers bureau to have a more peer to peer educational opportunity.”

“Utilize Ambassadors in every small town to distribute educational materials to the local stops (hair salons, minimarts, etc.).”

“Reach out to men to encourage their wives, sisters, mothers to learn more.”

“Utilize male survivors.”

“Make self breast exams a key educational component.”

Theme 3: Access to Care

Access to care was identified by all three groups as a reason for not receiving mammograms and/or clinical breast exams. It was also identified as a reason why women may not seek treatment. In Tennessee, the Breast and Cervical Cancer Screening Program (TBC CSP) is a resource to women who qualify, but many women do not know the program is available to them and are not clear how to go about getting the assistance. While all three groups agreed that screening and early detection are key to survival of breast cancer, they also agreed that access to care may be a defining factor in a woman’s journey through breast cancer.

“Getting a mobile unit out to a local place such as Wal-Mart where people know it will be there once or twice a year would be key.”

“Having a mobile unit visit employers would be helpful. Employers know it’s costly to have sick employees and some companies will reimburse for copays or cost of mammograms.”

“Transportation to and from Nashville for treatment is costly.”

“Utilize social networking outlets to identify when, where and how women can get mammograms from the mobile unit.”

“Having mammograms available to outlying areas is good, but they still need transportation to the unit. Need to organize through churches in those areas or other organizations to provide the transportation to and from the unit.”

Conclusions

The direct community feedback garnered through the focus groups mirrored the issues identified from the health care providers.

The major themes from the community focus groups were:

- Knowledge and Beliefs can impact a woman from getting the proper screening and/or treatment when it comes to breast health/cancer.

- Education and Awareness need to be at the forefront for not only women seeking services, but also providers and nurses recommending the services.
- Access to Care can hinder women from getting the care they often times know they need.

Discovering this information from the women who live and work in each targeted community creates a better understanding for the Komen Greater Nashville team on how to meet the needs of women throughout our entire 11-county service area.

How can Komen Greater Nashville address these critical barriers to ultimately improve breast health?

- Identify and provide information to women and organizations about breast care services that are affordable/free.
- Identify and provide breast care services that are accessible and convenient: mobile mammography, extended hours, transportation.
- Provide more education and awareness to help dispel myths and thoughts about breast cancer. Also, provide more education/awareness programming within locations that are critical to the overall community (i.e., churches, community centers, etc.).

These conclusions were based on findings within the target communities of Davidson, Montgomery and Rutherford counties and will be replicated throughout the Komen Greater Nashville entire 11-county service area.

Conclusions: What We Learned, What We Will Do

Review of the Findings

The Community Profile process completed by the Komen Greater Nashville Affiliate included a review of demographic factors and breast cancer statistics for the entire service area with more in-depth analysis of the target areas of Davidson, Montgomery and Rutherford counties. The breast cancer statistics and evaluation of the impact determined the priorities for the Komen Greater Nashville 2011 Community Profile. The Affiliate surveyed community partners, grantees, mammography screening facilities, and local breast healthcare service providers in the targeted communities of Davidson, Montgomery and Rutherford counties to assess perceptions about breast health services, needs and focal areas for the Affiliate.

Our interviews consistently highlighted audiences with the greatest need: low income women (particularly the under/uninsured), and minorities (especially African American and Hispanics). Gaps and barriers to services emphasized were cost and availability, and education/awareness, particularly regarding early detection and improvements in treatment options, and addressing the fears surrounding breast cancer. Another key issue highlighted was building awareness of programs, and bringing education to the communities where people work, shop and recreate.

Conclusions

The Greater Nashville Affiliate Community Profile includes data gathered from multiple sources, including demographic and breast health statistics as well as personal interviews from community key informants and community focus groups within our identify targeted counties of Davidson, Montgomery and Rutherford.

Komen Greater Nashville discovered through conducting these key informant interviews within the targeted communities of Davidson, Montgomery and Rutherford counties that access to care, lack of financial resources or insurance, trust/fear and education were the biggest barriers discussed. The key informants identified the following:

- Greater education/outreach to diverse communities (i.e., appropriate breast health educational materials, more speaking engagements, etc.).
- Mobile Mammography availability to better serve the community.
- Develop new relationships with community leaders and strengthen existing connections.
- Provide even more support to the local TBCCSP in order to continue to provide services to women who need them.

Komen Greater Nashville also discovered through focus group sessions that many of the same issues mirrored the identified concerns from the key informant interviews.

The major themes from the community focus groups were:

- Knowledge and Beliefs can impact a woman from getting the proper screening and/or treatment when it comes to breast health/cancer.

- Education and Awareness need to be at the forefront for not only women seeking services, but also providers and nurses recommending the services.
- Access to Care hinder women from getting the care they often times know they need .

Discovering this information from the women who live and work in each targeted community creates a better understanding for the Komen Greater Nashville team on how to meet the needs of women throughout our entire 11-county service area.

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Targeting these identified key variables of mortality rates, incidence by stage of diagnosis and screening rates the communities of Davidson, Montgomery and Rutherford counties aided in the creation of the following action plan which will be the model for servicing our entire 11-county service area in the future.

Action Plan

Priority 1: Increase the availability and affordability of breast health services in our communities through grant funding, and developing partnerships with health providers to reach uninsured/underinsured and low income women as well as minorities - particularly Black/African American and Hispanic/Latina/Kurdish women.

Objective A: By January 2012, develop plan together with the Tennessee Breast and Cervical Screening Program leadership to address the major barriers to breast care services, including free or low cost services to minority populations.

Objective B: In 2011, initiate/support a mobile mammography program to fundamentally address access/convenience of mammograms and to increase coverage in our 11-county area.

Objective C: By end of August 2012, create and implement a development plan to increase funding for diversifying revenue streams beyond the annual Race for the Cure.

Priority 2: Increase breast health education in regards to the continuum of care regarding general awareness, the importance of early detection, and improvements in treatment options. Address and educate minority populations about commitment to self and help minimize fears surrounding breast cancer.

Objective A: By October 2012, distribute and maintain breast health materials to all 11 public health departments (within Komen Greater Nashville service area) and any other nonprofit organizations that provide breast health services to women, particularly the underserved population.

Objective B: By 2012, coordinate or participate in at least one educational event or health fair monthly within the Komen Greater Nashville targeted communities of Davidson, Montgomery and Rutherford counties to improve awareness of breast health to women. Add in one new county per month until entire 11-county service area is covered.

Objective C: By October 2012, increase awareness of breast health to young women, through at least four educational events such as Komen on the Go, and presentations at universities.

Priority 3: Build awareness of breast health programs and services in our communities.

Objective A: By December 2011, develop a communication plan by partnering with media outlets, launching a marketing campaign through social media channels and dispensing educational materials to help establish a clearinghouse for women in the 11-county service area seeking pertinent breast health information.

Objective B: By July 2012, establish a monthly update system to the web site with new programs and information. Create plan to develop bilingual materials.

Objective C: In December 2012, create and conduct continuing educational seminars for grantees and other community organizations to keep them up to date on trends in the breast cancer field.

Objective D: By May 2011, create and distribute a monthly eNewsletter to Komen email list including breast health education updates, information about Affiliate events, volunteer opportunities and men as advocate initiatives.

Objective E: By 2012, develop at least one new partnership within each county of the Komen Greater Nashville 11-county service area to help build relationships within our communities.

Objective F: By 2012, provided 12,000 pieces of breast health awareness materials to three targeted communities of Davidson, Montgomery and Rutherford counties (focusing on minority populations) through Worship In Pink initiative.

Objective G: By 2012, begin development on strategic plan for strengthening grantee policies and procedures.

Priority 4: Continue our endeavors in the public policy arena by focusing on lobbying efforts of the breast cancer community.

Objective A: In 2011, participate in the Komen Advocacy Day on Capitol Hill and Women's Day on the Hill in Nashville, coordinated by the Nashville Women's Caucus.

Objective B: By June 2012, develop a public policy plan with the other Tennessee Komen Affiliates, including setting advocacy priorities.

Objective C: In 2012, meet with key community leaders to develop a strategy to further our advocacy efforts.

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