



# COMMUNITY PROFILE REPORT

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2011



## Acknowledgements

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## **Executive Summary**

### **Introduction**

The Nebraska Affiliate of Susan G. Komen for the Cure raises funds to support the Komen Promise to save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to find the cures. Since 1994, the Affiliate's efforts have meant substantive distribution to statewide breast cancer organizations and programs. Nearly \$5 million has been distributed to Nebraska-based organizations for education, screening, and treatment support services.

Komen Nebraska's service area includes 91 of the 93 Nebraska counties. Dakota and Thurston Counties in northeast Nebraska are supported by the Komen Siouxland Affiliate.

The purpose of the Community Profile report is to gather information about the community to identify gaps in services and those areas in most need of breast health services. This information helps to guide our Affiliate's activities such as grant making, fund raising and education outreach so as to not duplicate programs already in place, and focus our efforts on addressing any unmet breast health and breast cancer needs. In addition, this information can be used by other organizations for program planning and service delivery, grant writing, and finding opportunities for expanded referrals and interagency collaborations.

The Executive Summary describes methods, analysis, and key findings of (1) Statistical and Demographic information, (2) Health Systems Analysis, (3) Qualitative Data Overview, and (4), Conclusions / Identified breast health needs in the Affiliate's service area.

### **Statistics and Demographic Review**

#### *Methodology*

State level 2009 demographic estimates were obtained from the United States Census (U.S. Census Bureau, 2011), Thomson Reuters (Thomson Reuters ® 2009), and Nebraska Health Information Project Data Book and Reporter (Hongmei, Mueller, & Xu, 2008). Breast cancer mortality and incidence information for Nebraska and the United States were obtained from the Nebraska Cancer Registry (Nebraska Department of Health and Human Services, 2011) and American Cancer Society reports (American Cancer Society, 2010) and Thomson Reuters ® 2009. Breast cancer screening rates are based on data from Nebraska Behavioral Risk Factor Surveillance System (Nebraska Department of Health and Human Services, 2010) and Thomson Reuters ® 2009.

#### *Key Findings*

The analysis of demographic and breast cancer statistics in Nebraska revealed seven initial target areas for the Affiliate. North Omaha, South Omaha, Lancaster County, the West Central District Health Department, Southeast District Health Department, East Central District Health

Department, and Central District Health Department's service areas have been identified as having high risk populations, low mammography screening rates or other significant barriers to quality breast health services. These priority areas were selected based on mammography rates, incidence rates, mortality rates, stage of diagnosis data, and socioeconomic statistics such as family income and insurance status. These target areas are the same target areas identified in the Affiliate's 2009 Community Profile report. Other communities that should be considered for targeted efforts, but are not specifically discussed in this report, include Dawson, Scottsbluff, Saline, and Madison Counties which have high Hispanic populations that face significant barriers to breast health care. An additional note should be made that Native American women have low screening rates in Nebraska and should be considered a priority population, although there is not a detailed overview included in this report.

## **Health Systems Analysis**

### *Methodology*

In addition to analyzing demographics and statistics, the Community Profile Team determined what kinds of breast health programs and services are currently available in the Affiliate priority areas, through a Health Systems Analysis. The Health Systems Analysis is intended to identify the greatest gaps in services and unmet needs within the targeted priority areas. In addition, the Health Systems Analysis includes the prioritization of existing breast health service providers and key organizations. Our research included identifying programs and services that exist throughout the State of Nebraska, resource databases, partnership and grant opportunities, and public policy perspectives. The data was collected through the following resources: Nebraska Cancer Coalition, National Association of Community Health Centers, National Rural Health Association, Nebraska's National Breast and Cervical Cancer Early Detection Program, and the Komen Nebraska Grantee Database. Additionally, the Nebraska Affiliate completed 10 key informant interviews in the identified priority areas. The key informants shared their perspectives on the specific needs and gaps in services that exist in their service areas. All of the interviews were conducted via telephone. The key informants who participated in the survey included program directors, outreach agency staff, health care providers, and health department contacts. The intent of the key informant interviews was not to generalize the issues in the priority communities but rather to gain a more complete understanding of the status of breast health and breast health services in the service area.

### *Key Findings*

The Health Systems Analysis has uncovered many useful resources that can be maximized by the Nebraska Affiliate in providing the most comprehensive, high quality and culturally competent breast health services. The geography and population distribution of the state of Nebraska poses great challenges for the Affiliate in addressing barriers and gaps in breast health programs and services. In rural communities, we have found that many providers offer Every Woman Matters services; however, they may be inaccessible due to clinic hours, limited resources, and lack of knowledge of the program. In urban areas of the state, we have found that many of the same challenges exist: limited financial resources, lack of transportation, and lack of knowledge of the importance of breast health screenings. There are six federally qualified community health centers in Nebraska that help to address these barriers to care - three of which are located in the

Affiliate's identified target areas: North Omaha, South Omaha, and Lancaster County. Nebraska's community health centers are located in urban population centers and are often times operating at maximum capacity with a growing number of underserved patients in need of free or reduced cost services being turned away.

While researching information related to program and services in the priority areas, the Affiliate has strengthened relationships with current partners and discovered opportunities to engage several new potential partners in our promise. The Affiliate has specifically identified opportunities in the faith community, local district health departments, community action agencies, and critical access hospitals to be of particular interest in developing new and innovative outreach and education programs.

The Nebraska Affiliate has also developed a heightened understanding of the important role the organization plays in advocating for the breast health needs of women through public policy initiatives. The Affiliate continues to participate in the Nebraska Cancer Policy Coalition at the state level, which includes such organizations as the Nebraska Cancer Coalition and the American Cancer Society. The Affiliate also continues to participate in the annual Susan G. Komen for the Cure Lobby Day in Washington D.C.

One of the most significant impacts of Nebraska's public policy on breast health services in the state of Nebraska was that of Legislative Bill 403. In 2009, the Nebraska State Legislature passed LB 403, which requires all state agencies and political subdivisions to verify the lawful status of individuals who apply for public benefits. This bill has affected the enrollment requirements of Nebraska's Every Woman Matters program, and as a result, many Hispanic women across the state of Nebraska who previously qualified for screening and diagnostic breast cancer services no longer qualify. This this has had an incredibly significant and negative impact on the number of Hispanic women across the state getting screened.

Key informants highlighted the lack of financial resources for low income, uninsured, rural and minority populations.

## **Qualitative Data Overview**

### *Methodology*

The Nebraska Affiliate conducted an online survey of existing providers of breast health services and programs to gain a better understanding of what kinds of services and programs are currently available in the state, as well as feedback regarding what kinds of breast health programs are still needed. Over 900 surveys were sent out, and 54 surveys were completed. The survey questions were developed in order to identify what services were made available by existing organizations, what the current needs are in their communities, and what would be valuable additions to programs and services currently available in the state.

In addition to the Provider Surveys, the Komen Nebraska Affiliate distributed an online Survivor Survey to 818 breast cancer survivors across the state of Nebraska. One hundred and five surveys were completed. The survey questions were developed to identify what services were available to survivors, and what they identify as unmet needs in the survivor community. This

is the first time the Komen Nebraska Affiliate has conducted a survivor survey as part of the Community Profile process. The intent of the survivor survey was to gain a better understanding of the issues that survivors face, what resources are currently available to survivors, and what services and resources are still needed.

Three focus groups were also held in two of the seven identified priority areas: North Omaha and South Omaha. A fourth focus group was held in Gering, Nebraska (Scottsbluff County), and included participants from a number of western Nebraska communities. While Western Nebraska is not one of the Affiliate's seven target priority areas, the Scottsbluff community was identified as being in need of targeted Affiliate efforts, due to the large number of underserved women. All focus groups conducted in order to gather additional information and feedback from community members in their own words. A total of 58 people participated in these focus groups.

### *Key Findings*

The results of the Komen Nebraska Provider Survey, Survivor Surveys, and Focus Groups are intended to offer a "snapshot" of the attitudes and opinions on breast health and breast cancer in Nebraska, from individuals who are either providing or receiving services in our priority areas. The quantitative and qualitative data gathered is meant to provide insight into the community's attitudes, beliefs and behaviors, and provides a community perspective on what is working, and what is not working. This information can be used to improve program planning and service delivery as well as uncover opportunities for the Affiliate to partner with new organizations.

After analyzing the responses to the provider survey, two overarching themes emerged, and were consistent with the themes that emerged in the Affiliate's 2009 report. These themes were identified as 1) a lack of education / awareness of breast health among underserved women in Nebraska, and 2) lack of access to breast health screening services among uninsured, low-income, rural and minority women in Nebraska. Responses indicated that there are definite disparities in breast health services across the state, primarily because of language and financial barriers.

The survivor survey resulted in rich feedback regarding the greatest needs of the Nebraska survivor community. Based on this information, the Komen Nebraska Affiliate has a number of new opportunities to work with the medical community to provide much-needed resources to breast cancer survivors

The themes that emerged from the focus groups mirrored the information obtained from the provider survey. It is clear from the responses that many women in the State of Nebraska face great barriers to routine breast health care, due to cost and awareness.

### **Conclusions**

The Community Profile team has developed Affiliate Priorities based on the information gathered and analyzed in this report. The Affiliate Priorities are meant to help guide our Affiliate's activities such as grant making, fund raising and educational outreach so as to not duplicate programs already in place, and to focus our efforts on addressing any unmet breast

health and breast cancer needs or gaps in services. In addition, this information can be used by other organizations for program planning and service delivery, grant writing, and the development of new interagency collaborations. The 2011 Affiliate Priorities outlined below are the same priorities outlined in the 2009 Community Profile.

The objectives listed below have been identified as steps the Affiliate can take that may directly or indirectly impact the priorities. This action plan can be seen as a measure of the Affiliate's progress toward addressing the identified gaps in services and resources that have been discussed in the report.

### **Priority One**

**Increase the number of Affiliate-supported programs, services, and educational resources available to the women in the following target areas; North Omaha, South Omaha, Lancaster, Dawson, Scottsbluff, Saline, and Madison Counties, and the West Central District Health Department, Southeast District, East Central District Health Department, and Central District Health Departments.**

#### *Objective 1*

By March 2012 the Affiliate will reach out to 10 total health and community organizations in the target areas to help develop highly competitive grant proposals that have a significant impact in the community and are outcome-based. It is the intention to have a grant proposal from all of the Affiliate's identified priority areas in this time period. These grants should address some of the most significant challenges / needs identified in this report, including patient navigator programs; screening and treatment services for immigrants; breast cancer media campaigns to increase awareness; financial assistance programs; and, survivorship programs.

#### *Objective 2*

By March 2012, increase the Affiliate's targeted educational efforts to increase breast health awareness among women within our priority areas, as well as women across the entire state of Nebraska.

#### *Objective 3*

By March 2012, work with Every Woman Matters to promote increased awareness and enrollment for the program in parallel priority areas as well as the entire state of Nebraska.

#### *Objective 4*

By March 2012, continue to be involved in legislative efforts that may have significant impact on the target areas, or issues that impact breast health services across the entire state of Nebraska. In addition, Komen Nebraska will continue to identify ways to provide breast health screening and education services to women who were impacted by the passage of LB403.

### **Priority Two**

**Partner with leaders in minority communities in target areas and across the entire state to address cultural and language barriers that may exist for women seeking breast health services.**

*Objective 1*

By December 2011, identify and reach out to 2 leaders from African American and Hispanic communities in identified priority areas to help provide targeted breast health information and educational resources through a variety of outlets including media, churches, and schools.

*Objective 2*

By March 2012, provide grants to 5 total culturally-appropriate and diverse programs and services in minority communities for screening and education services.

**Priority Three**

**Work to partner with organizations in target areas to build collaborations and partnerships around breast health activities and raise awareness about breast health issues, specifically in the target communities.**

*Objective 1*

By March 2012, identify 2 key contacts in target areas who can act as “connectors” within the community to begin the discussion around breast health collaborations.

*Objective 2*

By March 2012, recruit 3 new organizations to join the Nebraska Cancer Policy Coalition that was developed by Komen Nebraska and American Cancer Society, in FY 2009.

*Objective 3*

By March 2012, work with other organizations such as Every Woman Matters, Nebraska Cancer Coalition and the American Cancer Society to maximize available resources in addressing barriers to breast health in Nebraska.

## **Introduction**

### **Purpose of Report**

Between June 2010 and March 2011 the Nebraska Affiliate conducted a community needs assessment of breast health and breast cancer in Nebraska. The report issued is referred to as the Community Profile. The purpose of the Community Profile is to gather information about the community to identify gaps in services and those areas in most need of breast health services. This information helps to guide our Affiliate's activities such as grant making, fund raising and educational outreach so as to not duplicate programs already in place and focus our efforts on addressing any unmet breast health and breast cancer needs. In addition, this information can be used by other organizations for program planning and service delivery, grant writing, and identifying opportunities for interagency collaborations.

A quality Community Profile will allow the Komen Nebraska Affiliate to drive inclusion efforts in the state of Nebraska; establish focused granting and educational outreach priorities; drive public policy efforts; and, align strategic and operational plans with identified needs.

### **Affiliate History**

The Nebraska Race for the Cure was started in 1993 by a group of dedicated activists and breast cancer survivors who were committed to saving and improving the lives of those affected by breast cancer. The organizing group conducted the city's first Susan G. Komen Nebraska Race for the Cure®. Seventeen years later in 2010, with nearly 20,000 Race® participants, the Nebraska Affiliate raised more than \$850,000.

Since its inception, the Komen Nebraska Affiliate has made great strides in improving breast health services and reaching out to the underserved women across the state. The Affiliate has established an annual grant funding program to award local breast health organizations for innovative breast health projects in their 91-county service area. Through events such as the Komen Nebraska Race for the Cure®, the Komen Nebraska Affiliate has raised over \$5 million in 17 years and worked to promote breast health awareness to women across the state.

The Nebraska Affiliate of Susan G. Komen for the Cure is working to better the lives of those facing breast cancer in the community. The Nebraska Affiliate joins more than 125,000 breast cancer survivors and activists around the globe as part of the world's largest and most progressive grassroots network fighting breast cancer. In 2010, the Affiliate invested nearly \$500,000 in local breast health and breast cancer awareness projects in Nebraska through the Community Grant and Small Grant programs. Up to 75 percent of all funds generated by the Komen Nebraska Affiliate stays in Nebraska while the remaining income goes to the national Susan G. Komen for the Cure Award and Research Grant Programs supporting research, education, and scientific programs around the world.

### **Organizational Structure**

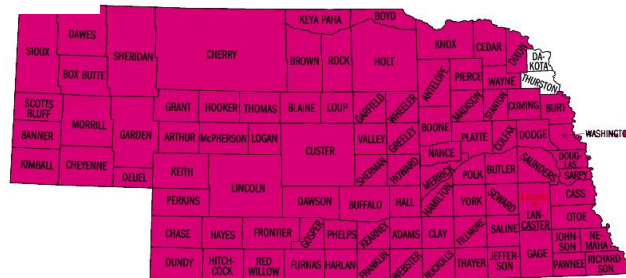
Susan G. Komen for the Cure is headquartered in Dallas, Texas. Komen Headquarters is governed by a Board of Directors. Komen Headquarters and the Komen Affiliates are separate, distinct legal entities; however, they are mutually interdependent units working together in pursuit of a common mission. The Nebraska Affiliate is governed by a 15-member volunteer Board of Directors and employs four full-time staff. The community work of the Affiliate is

accomplished through the activities of several different committees that report to the Board of Directors, including an Executive Committee, Governance, Development, and Mission Committees.

### Description of Service Area

The Nebraska Affiliate of Susan G. Komen for the Cure provides assistance to a 91-county service area across the State of Nebraska. All counties with the exception of Dakota and Thurston counties – which are served by the Siouxland Affiliate – are eligible for community programs and funding through the Affiliate.

Figure 1: Map of Affiliate Service Area



### Key Demographics

In 2009, the population of Nebraska was estimated to be 1,761,558 with about a half of the population made up of females (50.4%) (U.S. Census Bureau, 2011). Approximately 86.8% of the Nebraska female population is identified as Non-Hispanic White, 6% as Latino, 4.1% as African American, 1.5% as Asian/Pacific Islander, and .5% identified as American Indian (Thomson Reuters © 2009). The data shows that 27% of the female population in Nebraska is 19 and under, 25.7% is between 20 and 39 years old, and 47.2 % are 40 and older. African American, Hispanic, and American Indian populations tend to have a larger percentage of their female population under the age of 40 (Thomson Reuters © 2009). Ethnic/racial minority populations in Nebraska have been increasing at a rate greater than the White and non-Hispanic population in the state (Hongmei et al., 2008). This trend is expected to continue in the future.

Table 1: Nebraska female population by race/ethnicity and age group

Ethnicity	2009 Female Population	% Females 0-19	% Females 20-29	% Females 30-39	% Females 40-49	% Females 50-64	% Females 65+
White Total	770,952	24.9%	13.2%	11.6%	13.8%	19.3%	17.2%
Hispanic Total	54,082	44.7%	17.8%	15.2%	10.1%	8.3%	3.9%
Black Total	36,192	36.3%	14.1%	14.8%	12.7%	13.9%	8.2%
Asian Pacific Islander Total	13,543	31.0%	22.1%	17.0%	11.6%	13.4%	4.8%
American Indian Total	4,232	42.6%	15.7%	15.2%	11.2%	10.6%	4.7%
All Other Total	9,326	56.8%	16.0%	9.9%	7.7%	6.5%	3.0%
Total	888,327	27.0%	13.7%	12.0%	13.4%	18.2%	15.6%

Source: Thomson Reuters © 2009

The counties with a high proportion of African American females are: Douglas (11.4%), Sarpy (3.2%), and Lancaster (2.4%). Latino/Hispanic population is concentrated in West Central, East Central, and Eastern regions of the state. (Thomson Reuters ® 2009). The counties with a high proportion of Latino/Hispanic female population include Colfax (31%), Dawson (28%), Hall (17.4%), Scotts Bluff (16.1%), Saline (12.8%), Madison (8.4%), Platte (8.3%), and Douglas (8.2%). There are four federally recognized American Indian tribes in Nebraska: Omaha, Winnebago, Santee Sioux, and Ponca. Omaha, Nebraska and Santee Sioux Tribes are reservation-based tribes and located in Thurston and Knox Counties. The counties with a high percentage of American Indian females are: Sheridan (11.4%) Knox (7.9%), Cherry (4.2%), Dawes (3.6%). Counties near the Nebraska-South Dakota border also have high proportion of American Indian females residing (Thomson Reuters ® 2009).

The percentage of people living in poverty is slightly lower in Nebraska (11.8%) as compared to the United States (13.5%) (U.S. Census Bureau, 2011). About 16.9% of the Nebraska female population between the ages of 18-64 is uninsured, amounting to 90,262 females without insurance (Thomson Reuters ® 2009).

## **Breast Cancer Impact in Affiliate Service Area**

### **Methodology**

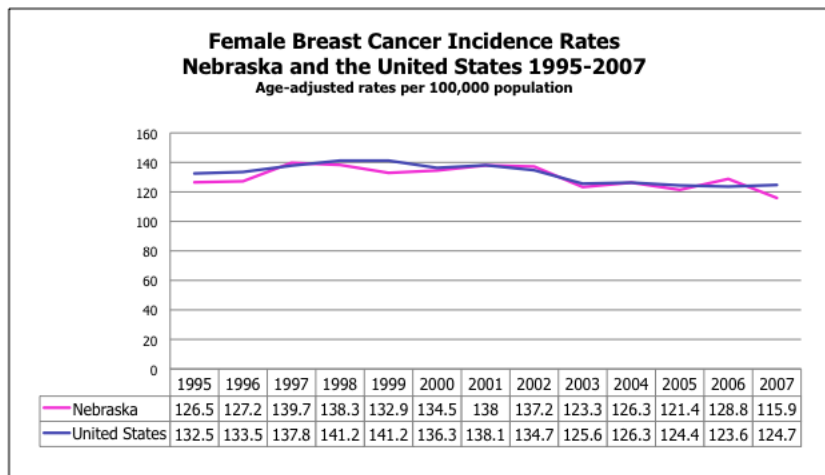
Breast cancer mortality and incidence information for Nebraska and the United States were obtained from Nebraska Cancer Registry and reports published by Nebraska Cancer Registry (Nebraska Department of Health and Human Services, 2010), the Nebraska Breast Cancer Control Plan (2010) and American Cancer Society reports (American Cancer Society, 2010). Breast cancer screening rates are based on data from Nebraska Behavioral Risk Factor Surveillance System (Nebraska Department of Health and Human Services, 2010) and Thomson Reuters ® 2009.

### **Overview of Affiliate Service Area**

#### Cancer incidence and mortality

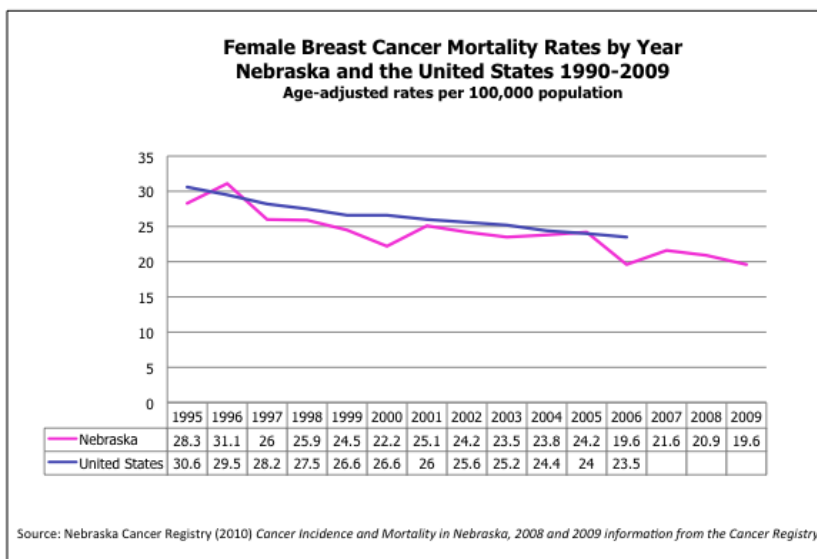
In both Nebraska and the United States, the incidence rate of breast cancer has declined between 1995 and 2007 (Nebraska Breast Cancer Control Plan, 2010). Also, the breast cancer mortality rate is lower in Nebraska as compared to the US. Nationally, mortality has declined steadily from 30.6 deaths per 100,000 women in 1990 to 23.5 deaths per 100,000 in 2006. Mortality rates for Nebraska have also declined from 28.3 in 1995 to 19.6 in 2009. (Nebraska Breast Cancer Control Plan, 2010)

Figure 2: Female breast cancer incidence rate by year: Nebraska and the United States 1995-2007 (as reported in the Nebraska Breast Cancer Control Plan)



Source: Nebraska Cancer Registry (2010).

Figure 3: Female breast cancer mortality rate by year: Nebraska and the United States 1990-2009 (as reported in the Nebraska Breast Cancer Control Plan)



Source: Nebraska Cancer Registry, 2010

White and African American women have a higher breast cancer incidence rate than other population groups in Nebraska and African American females have a disproportionately higher mortality rate than other population groups. (Nebraska Cancer Registry, 2010)



### Cancer stage at diagnosis

According to the Nebraska Breast Cancer Plan, about half of breast cancer cases diagnosed between 2003 and 2007 in Nebraska were local stage (50%), 26% regional stage, 17.7% in-situ, and 3.5% distant stage (Nebraska Breast Cancer Control Plan 2010).

### **Communities of Interest**

#### *North Omaha*

A large percentage of the African American population in Nebraska lives in North Omaha. Zip codes 68110, 68111, 68102, and 68104 are the areas in Omaha that have the highest population of African American individuals. As reported in Figure 3, the national trend is that African American women have a disproportionately higher mortality rate than other ethnic groups, and the same is true in the state of Nebraska (Nebraska Cancer Registry, 2010). Women from these areas of North Omaha also face a number of socio-economic challenges. These zip codes (68110, 68111, 68102, and 68104) have significant rates of uninsured females, ages 18-64 (42.69%, 47.8%, 39.4%, and 24%, respectively). In addition, these zip codes contain some of the highest rates of individuals with income below the Federal Poverty Level in all of Nebraska (Thomson Reuters © 2009).

#### *South Omaha*

The data analysis indicates that minority populations in Nebraska have been increasing at a rate greater than the White and non-Hispanic population in the state (Hongmei et al, 2008) and the trend is expected to continue. Additionally, Hispanic and other minority populations tend to have a larger percentage of their female population under the age of 40 in Nebraska (Thomson Reuters © 2009). The U.S. Census Bureau indicates that a majority of the Hispanic population in Douglas County lives in zip codes 68105, 68107, and 68108.

There are several challenges that Hispanic women face when accessing breast health care. The percentage of uninsured Hispanic individuals (26%) is much higher than those of white individuals (11%) in Nebraska. (Kaiser Family Foundation 2011) Insurance status is just one of many barriers Hispanic women face. With the number of Hispanic individuals increasing in Nebraska and a higher percentage of them being under the age of 40, the Affiliate has an opportunity to engage the Hispanic community in breast health initiatives in South Omaha and other densely populated Hispanic communities.

Table 2: Uninsured Rates for the Nonelderly by Race/Ethnicity, Nebraska (2008-2009)

	Nebraska #	Nebraska %
White	136,400	11%
Black	16,100	22%
Hispanic	40,900	26%
Other	13,900	24%
Total	207,300	13%

Source: Kaiser Family Foundation State Health Facts. [www.statehealthfacts.org](http://www.statehealthfacts.org)

#### *Lancaster County*

Lancaster County is one of the three metropolitan statistical areas in Nebraska, including the Omaha metropolitan area as well as Sioux City (which is not in the Affiliate's service area).

There is a significant minority population including Hispanic (4.7%), African American (3.2%), and Asian (3.2%) (Thomson Reuters ® 2009). Additionally, Lancaster County has the second highest percentage of uninsured females aged 18-64, particularly in the following zip codes: 68508, 68502, 68503, and 68521 (Thomson Reuters ® 2009).

### *Health Department Districts*

As noted in the data analysis, the four health department districts with the lowest mammography screening rates are the West Central District Health Department, Southeast District Health Department, East Central District Health Department, and the Central District Health Department. Many of these departments encompass counties that have high Hispanic populations and counties that require attention to their rural nature.

### West Central District Health Department

The West Central District Health Department covers Lincoln, Logan, McPherson, Arthur, Grant, Hooker, Keith and Thomas counties. The total population of the West Central District Health Department is 46,800 individuals (Thomson Reuters ® 2009). Individuals who identify as Hispanic account for 5.3% of the total population of the district. A total of 28 primary care physicians were in practice in the district in 2003 (Nebraska Department of Health and Human Services, 2011).

The West Central District Health department area has the second highest breast cancer mortality rate in the state at 30.0 per 100,000 (Nebraska Department of Health and Human Services, 2011).

### Southeast District Health Department

Otoe, Johnson, Nemaha, Pawnee and Richardson Counties are served by the Southeast District Health Department. The population estimate for this service area is 37,160 (Thomson Reuters ® 2009). The largest racial and ethnic minority groups in this service area include Hispanics (3.3%) and Native Americans (0.8%) (Thomson Reuters 2009). Approximately 16.1% of district residents who are 25 years of age or older have less than a high school education (Southeast Health District, 2005) and the proportion of residents living in households with incomes below 100% of the federally-defined poverty level was 6.9%, which is higher than the state rate of 6.5% (Thomson Reuters Healthcare 2009).

The Southeast District Health Department breast cancer incidence rate is 125.8 per 100,000 population and the mortality rate due to breast cancer is 21.4 per 100,000 (Nebraska Department of Health and Human Services, 2011).

### East Central District Health Department

The East Central District Health Department district serves Platte, Colfax, Boone and Nance counties, and covers 2,219 square miles. The total population estimate of the four counties is 51,229. Most of this district is comprised of small communities and family farms, and there is not a significant urban area. The largest racial and ethnic minority group in this service area is Hispanics (14%). While the total population has remained relatively stable over the past seventeen years the Hispanic/Latino population has increased tremendously, primarily due to the presence of the meatpacking industry in the service area.

The service area is largely agricultural and other incomes are often generated from lower paying jobs. Additionally, there are disparities in income distribution, the district average percent of Caucasians living below the poverty level is 8.3%, and the district average for Hispanic/Latinos (19.4%) living below poverty is more than double the Caucasian average (US Census Bureau, 2011).

The breast cancer incidence rate for this district is 144.7 per 100,000 population which is the highest among all the health department districts in Nebraska. The breast cancer mortality rate is 29.4 per 100,000 population (Nebraska Department of Health and Human Services, 2011).

#### Central District Health Department

The Central District Health Department encompasses Hall, Hamilton, and Merrick counties. According to the 2009 population estimates, 72,885 people live in this service area. Those identified as Hispanic account for 16% of the total population of the district. The amount of residents living in households with incomes below 100% of the federally-defined poverty level was 8.2% in 2009 (Thomson Reuters © 2009). The proportion of residents living in poverty was generally higher for racial/ethnic minority groups than it was for whites in the district. In 2003, a total of 48 primary care physicians were in practice in the district. There were also 4 psychiatrists, 16 physician assistants, and 12 nurse practitioners practicing at that time. The breast cancer incidence rate in the Central District Health Department is 135.7 per 100,000 and the mortality rate is 23.1 (Nebraska Department of Health and Human Services, 2011).

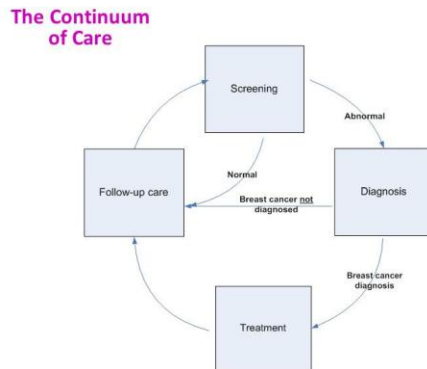
#### **Conclusions**

The analysis of demographic and breast cancer statistics in Nebraska revealed seven initial target areas for the Affiliate. North Omaha, South Omaha, Lancaster County, the West Central District Health Department, Southeast District Health Department, East Central District Health Department, and Central District Health Department's service areas have been identified as having high risk populations, low mammography screening rates or other significant barriers to quality breast health services. These priority areas were selected based on mammography rates, incidence rates, mortality rates, and socioeconomic statistics such as family income and insurance status. These target areas are the same target areas identified in the Affiliate's 2009 Community Profile report. Other communities that should be considered for targeted efforts, but are not specifically discussed in this report, include Dawson, Scottsbluff, Saline, and Madison Counties which have high Hispanic populations that face significant barriers to breast health care. An additional note should be made that Native American women have low screening rates in Nebraska and should be considered a priority population, although there is not a detailed overview included in this report.

## Health Systems Analysis of Target Communities

### Overview of Continuum of Care

The Breast Cancer Continuum of Care represents one's movement through the healthcare system to screen for breast cancer, and if necessary diagnose and treat breast cancer. The Community Profile attempts to identify the gaps and deficiencies in the continuum. The Continuum of Care has four stages: Screening, Diagnosis, Treatment and Follow-up Care.



It is important to understand why women do not enter or continue the continuum, especially those who are part of “high need” or target communities. Once Affiliates know which factors are important in their target communities, they can address them through education programs, partnerships, grant making, and advocacy. (Susan G. Komen for the Cure, 2011)

### Methodology

The Nebraska Affiliate Community Profile team completed a Health Systems Analysis which includes identification and prioritization of provider and key organizational data. Our research included identifying pertinent program and services that exist throughout the State of Nebraska, resource databases, partnership and grant opportunities and public policy perspectives. The data was collected through the following resources; Nebraska Comprehensive Cancer Control Program, National Association of Community Health Centers, Nebraska's National Breast and Cervical Cancer Early Detection Program, the Nebraska Breast Cancer Control Plan and the Komen Nebraska Grantee Database. Additionally, the Nebraska Affiliate completed 10 key informant interviews in the identified priority areas. The interviewees shared their perspectives on the specific needs and gaps in services that women in their service areas encounter. All of the interviews were conducted via telephone. A pre-determined set of thirteen questions was used to guide the interviewer during the interview process. The key informants who participated in the survey included program directors, outreach agency staff, health care providers, and health department contacts. The intent of the key informant interviews was not to generalize the issues in the priority community but rather to gain a more full understanding of the gaps in services and current assets in the target communities.

## **Overview of Community Assets**

While reviewing the Community Assets of each of the Affiliate's seven target areas, it is important to keep in mind that Nebraska's Every Woman Matters Program does not pay for treatment costs for women diagnosed with breast cancer. Women are automatically enrolled in Medicaid through the Every Woman Matters program when cancer is found, but for those women who do not qualify for Medicaid, their treatment costs are not paid by the Every Woman Matters Program.

### **Target Areas**

#### *North Omaha*

North Omaha is geographically considered zip codes 68102, 68104, 68110, and 68111. There is a Federally Qualified Community Health Center (FQHC), Charles Drew Health Center, which provides options for uninsured residents, as well as assistance with transportation. There are five Every Woman's Matters providers who offer early detection services. According to the key informants from North Omaha, low-income, less educated, uninsured or underinsured, and African American women in this community are least likely to access services. In addition, there is not an abundance of cancer clinic providers in this area. This is one area where the Continuum of Care ("Treatment" stage) may be breaking down in North Omaha. The cancer center that is located in closest proximity to North Omaha cannot be identified as having targeted outreach services for this community.

Through a Community Grant provided by the Komen Nebraska Affiliate, the Visiting Nurse Association provides a Patient Assistance Fund for women who are currently going through breast cancer treatment. This program serves women in Omaha who are in need, and referrals are accepted from all hospital systems as well as other nonprofit organizations. The Affiliate has an opportunity to work with the VNA to get the word out on the availability of this program for women in North Omaha.

A support group (and past Affiliate grantee) called My Sister's Keeper that meets in North Omaha has been identified as a positive partnership for the Affiliate. North Omaha additionally offers a strong faith-based community that provides an opportunity for the Affiliate to partner on breast health initiatives through events like "Pink Sunday."

#### *South Omaha*

The geographic designation for South Omaha includes zip codes 68105, 68107, and 68108. One World Community Health Centers, Inc. is the FQHC that provides services to uninsured and underinsured individuals in this area. There are 10 Every Woman Matters Providers in this community who offer low-cost screening services to eligible women. However, as of October of 2009, women without legal status no longer qualify for enrollment into the Every Woman Matters program. Overwhelmingly, key informants indicated that the impact of the passage of LB403 was felt greatly by the large number of Hispanic women in South Omaha. Because of this new legislation, women who are not legal residents of the United States no longer qualify for the Every Woman Matters program. OneWorld estimates that over 90% of the women they previously screened through the Every Woman Matters program no longer qualify. This is a major breakdown in the "Screening" stage of the Continuum of Care in South Omaha. The

Komen Nebraska Affiliate has partnered with OneWorld to address this problem, through two funded grant projects in 2010-2011. In addition, the Visiting Nurse Association's Patient Assistance Fund for women who are currently going through breast cancer treatment is available for women in South Omaha.

There are several organizations that have close ties to underserved individuals in South Omaha. The Affiliate has identified the South Omaha Community Care Council (SOCCC), Latino Center of the Midlands, the Eastern Nebraska Office on Aging, and One World Community Health Centers, Inc. as potential partners to help grow our presence and impact in this community.

#### *Lancaster County*

Lancaster County includes the cities of Bennet, Davey, Denton, Firth, Hallam, Hickman, Lincoln, Malcolm, Martell, Raymond, Roca, Walton, and Waverly, with Lincoln being the most populous city. The other towns and cities are more rural in nature, and women from these areas may face many of the issues that women from other rural areas of the state face, including transportation and financial issues, which would contribute to a breakdown in the "Screening" stage of the Continuum of Care. There are 49 Every Woman Matters providers who offer early detection services. Two cancer centers, St. Elizabeth's Regional Medical Center and Bryan LGH, provide cancer care services for the majority of Lancaster county and outlying areas. There is also a Federally Qualified Community Health Center, People's Health Center, located in Lincoln.

There are several support groups that serve Lancaster County. St. Elizabeth's Cancer Center facilitates a Breast Cancer Support Group and they also host A Time to Heal, which is a breast cancer rehabilitation program that is funded by the Komen Nebraska Affiliate.

Key informants indicated that free screening and mammogram programs would be very beneficial in reaching underserved women in Lancaster County.

#### *West Central District Health Department*

This large geographic area includes Every Woman Matters providers in Lincoln (16), Hooker (one), and Keith counties (6). The Callahan Cancer Center at Great Plains Regional Medical Center is located in North Platte which is in Lincoln County. There is a critical access hospital in Ogallala (Keith County). Because of the rural nature of many of these counties, there is a breakdown in the "Screening" stage of the Continuum of Care.

Key informants indicated that promotoras / lay community navigators who can provide culturally appropriate breast health messages are vital to improving breast health disparities in this service area.

A past Affiliate grantee, Community Action Partnership of Mid-Nebraska, provides much needed breast health services to this area of the state.

#### *Southeast District Health Department*

The Every Woman Matters Program has providers in Otoe (4), Johnson (4), Nemaha (4), Pawnee (2) and Richardson (4). There is not a cancer center in this district and most women seek cancer

services in Omaha or Lincoln. This is a breakdown in the “Treatment” stage of the Continuum of Care. However, there is a critical access hospital in every county. They are located in Nebraska City (Otoe County), Tecumseh (Johnson County), Pawnee City (Pawnee County), Falls City (Richardson County), and Auburn (Nemaha County).

In addition, key informants indicated that many women are too proud to ask for help, put their families first, and as a result, preventative care isn’t high on their list of priorities. The key informants indicated that due to factories located in the service area, there is a high rate of Hispanics in Johnson and Otoe Counties. The impact of LB403 has certainly been felt, as many of these women no longer qualify for the program, due to their illegal resident status. Key informants also reported that there are a number of women who “fall through the cracks” of the Every Woman Matters program because they do not meet income guidelines, but are unable to afford screening services on their own. The key informants indicated that there is a great opportunity for Komen to help establish a coordinated effort within the service area to improve breast health awareness among the women in this district.

The Southeast District Health Department has indicated that they would like to partner with the Affiliate in the future.

#### *East Central District Health Department*

The Every Woman Matters program has seven providers in Platte County, six in Colfax County, three in Boone County and four in Nance County. There is a community health center located in Columbus and critical access hospitals in Schuyler, Genoa and Albion. Fremont Area Medical Center and Carson Cancer Center are located approximately 50 miles from this area.

Key informants in the East Central District Health Department indicate that women in the greatest need of breast health services in their communities are of lower economic status, uninsured or under insured (high deductibles), and living in very rural locations. Limited hours at the mammography facility in this area provide an obstacle to receiving screenings for many of the underserved women. Additionally, transportation was discussed as a significant barrier to accessing services. It was expressed that there needs to be more effort made to provide breast health education messages with an emphasis on the importance of getting screened to women in the service area, in both English and Spanish.

There are limited hours for mammography services in this service area and noted barriers to transportation, which would indicate a breakdown in the “Screening” stage of the Continuum of Care. The Affiliate has made grants to the East Central District Health Department to help address the gaps in program and services. The Affiliate will continue to build relationships in the District and identify potential partners.

#### *Central District Health Department*

There are fourteen Every Woman Matters Providers in Hall County, three providers in Hamilton County and two providers in Merrick County. St. Francis Medical Center is located in Grand Island which is in Hall County. There are critical access hospitals in Aurora (Hamilton County) and Central City (Merrick County). Because of the rural nature of the Central District Health Department, the “Screening” stage is where the Continuum of Care often breaks down.

The key informants reported that health fairs, breast health presentations at large employers (meat packing plants), churches, and local high schools may be effective ways to disseminate breast health information. Not having insurance and the fear of mammography were also cited as being significant barriers to breast health services.

St. Francis Medical Center is a past Komen Nebraska Affiliate grantee. The Affiliate has also granted funds in past years to Central Nebraska Community Services, a community action agency that serves Hall County.

## **Partnerships and Grant Opportunities**

### *Affiliate Grantees*

By funding culturally competent programs that work toward eliminating disparities in education, screening, and treatment for breast cancer, the Nebraska Affiliate can make great strides toward our vision of a world without this breast cancer. The Affiliate has had the opportunity to provide grants and partner with several worthy organizations across the state. The Komen Nebraska Affiliate provided nearly \$480,000 in funding through our Community Grants program in 2010-2011 for education, screening, and treatment support programs. In addition, the Affiliate also grants funds through our Small Grant program, which helps to support smaller breast health projects throughout the year.

### *Faith Community*

The Community Profile team has received feedback that partnering with the faith communities in priority areas may provide an effective outlet in reaching target populations. There are several faith based organizations in the designated priority areas that offer outreach services that would be compatible with the Nebraska Affiliate health education goals. It will be beneficial to the Affiliate to identify faith leaders in our target areas and develop relationships to address the breast health needs of the community.

### *Health Departments*

There are 21 local health departments that cover all 93 counties in the State of Nebraska. The health departments work to implement essential services and functions of public health in their communities. Their focus includes educating, empowering, and informing individuals regarding health issues. Developing and enhancing partnerships with the local health departments is an important way to provide breast health education and services in the State of Nebraska.

### *Community Action Agencies*

The Nebraska Affiliate has successfully partnered with four community action agencies to provide education, outreach and screening services in Nebraska through our Community Grants Program. Nebraska has nine total Community Action Agencies, serving all 93 counties with a variety of programs designed to empower low-income families and individuals and make our state a better place to live. There is great potential to engage and involve all of the community action agencies in programs and services related to breast health in Nebraska. Past Nebraska Affiliate grantees include Blue Valley Community Action Partnership (BVCA), Central Nebraska Community Services (CNCS), Community Action Partnership of Mid-Nebraska (MNCA), and Community Action Partnership of Western Nebraska (CAPWN). There are potentially important collaboration opportunities among the Panhandle Community Services,

Lincoln Action Program, and Greater Omaha Community Action Agency which provide services in the identified target areas. (Community Action of Nebraska, 2011)

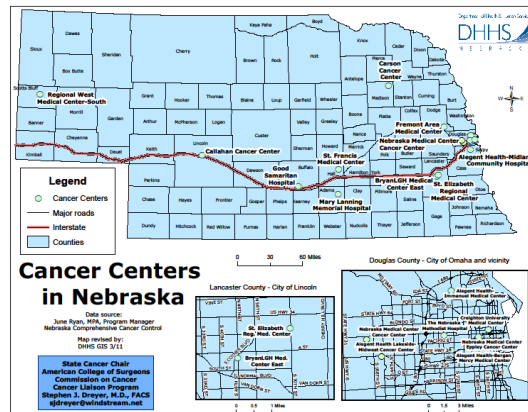
*Critical Access Hospitals*

The Critical Access Hospitals (CAH) program was designed to improve rural health care access and reduce hospital closures. CAH’s are located more than 35 miles from another hospital or 15 miles from another hospital in mountainous terrain or areas with only secondary roads. They provide essential medical services and are reimbursed by Medicare through a unique payment system. Additionally, CAH’s have agreements with acute care hospitals related to patient referral and transfer, communication, emergency and non-emergency patient transportation. There are 65 CAH’s in Nebraska. The Affiliate may be able to better access smaller communities through building relationships with these hospitals. (Nebraska Office of Rural Health, 2010)

*Cancer Centers*

There are 13 Cancer Centers in Nebraska that are accredited by the American College of Surgeons Commission on Cancer. This accreditation recognizes that comprehensive cancer care is available at a facility and that they offer a commitment that you will have access to a variety of medical specialists who are involved in the diagnosis and treatment of cancer.

Figure 6:



Source: Nebraska Cancer Coalition, 2011

*Federally Qualified Community Health Centers*

A federally qualified health center (FQHC) is a “safety net” healthcare organization that is defined by the Medicare and Medicaid statutes and receives grants under Section 330 of the Public Health Service Act. Federally qualified community health centers provide vital primary care services regardless of insurance status or a patient’s ability to pay (National Association of Community Health Centers, 2011). Health centers work to remove common barriers to care by serving communities who may not otherwise receive health care services. There are six FQHC’s in Nebraska that provide preventative screening services as well as primary medical care.

Figure 7:

<p><b>Nebraska Federally-Supported Health Centers</b> Number of Organizations 6 Number of Delivery Sites 21 Total Patients 57,842 Number Migrant/Seasonal Farmworker Patients 972 Number Homeless Patients 3,116</p>
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Source: National Association of Community Health Centers, 2010

### *National Breast and Cervical Cancer Early Detection Program*

The NBCCEDP is a federally funded program administered by the Nebraska Department of Health and Human Services called “Every Woman Matters” (EWM) that offers free or low-cost breast cancer screenings and follow-up to eligible women in Nebraska. Women are eligible for screening services if they have incomes that are at or below 225% of the Federal poverty guidelines. The program is open to women 40-64 years of age for screening services including clinical breast exams, mammograms and diagnostic procedures as necessary. Women ages 18-39 are eligible for diagnostic procedures through the Every Woman Matters program if they meet income guidelines. (Every Woman Matters Program, 2011).

Though EWM does not pay for treatment, any woman diagnosed with breast cancer is referred to Medicaid for assistance in paying treatment costs. Women are automatically referred to Medicaid if they meet the eligibility requirements, are diagnosed with breast cancer through the program, if they are a Nebraska resident, US citizen, and if they do not have any creditable insurance. Program staff assists women in accessing Medicaid services, giving them full Medicaid benefits as long as they are receiving active treatment.

Those women who are ineligible for Medicaid treatment are referred to the EWM Foundation. The Foundation has limited funds available and provides a cap of \$2000 per woman to assist with treatment costs, which barely touches the amount needed to fully reimburse for breast cancer treatment.

The Every Woman Matters program has served 60,250 women since its inception in 1991 (Every Woman Matters, 2011). The program screened nearly 14,000 women in 2007-2008 in the state of Nebraska and has 430 provider contracts representing over 800 clinical service sites (Nebraska Breast Cancer Control Plan, 2010). Approximately 95% of primary care providers in the state participate in this program. The number of Nebraska women 40-64 years of age who are program eligible for breast cancer screening is 66,091 (Nebraska Breast Cancer Control Plan, 2010).

The program has enrolled and screened a significant number of the State’s minority population. However, since the passage of LB403 in 2009, a significantly lower number of Hispanic females have been screened, due to the fact that enrollees must have legal residence in the US as a result of this policy. In 2010, mammography screening rates for the program have declined, possibly due in part to confusion over screening guidelines, as well as the passage of LB403 (Nebraska Breast Cancer Control Plan, 2010).

According to the Nebraska Breast Cancer Control Plan, which was completed in November of 2010, there are fifteen counties who have populations that have been designated as those most in need:

- Whites in Douglas, Sarpy, and Lancaster Counties (Komen Nebraska Priority Area)
- African American women aged 50-64 in Douglas, Sarpy and Lancaster counties (Komen Nebraska Priority Area)
- Latina women in Dakota and Sarpy Counties age 50-64
- Asian women in Douglas and Sarpy Counties age 40-64
- Native American women in Knox, Sarpy and Sheridan Counties
- Rural white women in the following counties: Arthur (Komen Nebraska Priority Area), Butler, Cass, Dakota, Dixon, Hayes, Otoe (Komen Nebraska Priority Area), Perkins, Washington and Wayne.

### **Public Policy Issues**

In the past four years, the Nebraska Affiliate has significantly increased their public policy efforts on a local and national level. At the national level, the Affiliate staff has attended Komen's National Lobby Day in Washington DC annually since 2007 to meet with all five of Nebraska representatives regarding pertinent legislation. The Nebraska Affiliate is also actively involved in the Susan G. Komen for the Cure® Advocacy Alliance, which takes a stand on issues of importance to breast cancer survivors, advocates, and others involved in the movement. Primarily their positions relate to breast cancer research, early detection, and access to high-quality care. From time to time, they may also comment on other health-related topics which they feel have may have an impact on the breast cancer community.

In the fall of 2008, Komen Nebraska joined forces with the American Cancer Society – Nebraska Chapter and the Nebraska Cancer Coalition to form the Nebraska Cancer Policy Coalition. The Coalition, which includes a number of organizations with like missions, represents individuals and organizations that support public policy initiatives that address cancer research, public education, prevention, early detection, and treatment. On March 31, 2009, the Nebraska Policy Coalition held a “Lobby Day” in Lincoln, in an effort to inform state senators and the general public about the Coalition’s 2009 Legislative Priorities, which included continuing the Colon Cancer Screening Program and to increase funding for the Every Woman Matters Program. This program was a great success, with nearly 100 individuals attending. Due in part to the Coalition’s efforts, the Every Woman Matters Program’s appropriation (LB 369) was increased from \$125,000 to \$250,000 for FY2010 and FY2011, and the Colon Cancer Screening program, called “Stay in the Game” (LB 459) was appropriated \$700,000 in FY10 and FY11. The Nebraska Cancer Policy Coalition continues to meet throughout the year to discuss legislative priorities and any action that needs to be taken by the Coalition.

One of the most significant impacts of Nebraska’s public policy on breast health services in the state of Nebraska was that of Legislative Bill 403. In 2009, the Nebraska State Legislature passed LB 403, which requires all state agencies and political subdivisions to verify the lawful status of individuals who apply for public benefits. This bill has affected the enrollment requirements of Nebraska’s Every Woman Matters program, and as a result, many Hispanic women across the state of Nebraska who could have previously enrolled for screening and

diagnostic breast cancer services through this program no longer qualify. This has had an incredibly significant and negative impact on the number of Hispanic women across the state getting screened.

### **Key Informant Interviews**

The purpose of the key informant interviews is to collect in-depth information related to breast health services from a wide range of people in the identified priority areas. The following topics were covered in the key informant interviews, and the following common themes related to breast health emerged.

#### Access

Key informants were asked to describe which women in their community are least likely to access services.

- Low income, uninsured, uneducated, rural, and minority populations were the most reported groups. Specific minority groups mentioned included Hispanic, African American, and African immigrants and refugees.
- It was reported by several key informants that the passage of LB403 in 2009 has resulted in tremendous disparities in the screening of Hispanic women in Nebraska.

Key informants were asked to provide information about the best ways to get breast health information to underserved individuals in their communities.

- Providing information to the faith based community and directly to employers in the service area were the most common responses for places to distribute breast health information. In addition, respondents indicated that community health fairs are also effective in distributing educational information.
- It is noted that an emphasis on having materials in the appropriate languages and promoted by someone that is trusted in the community is a vital strategy in effectively promoting breast health information.
- Community-based patient navigator programs were mentioned as being an important way to reach underserved and minority women across the state of Nebraska. Komen Nebraska has funded these types of programs in the past, and the programs have had success. Komen Nebraska acknowledges that these types of program will likely become more prominent throughout Nebraska's health care system in the next 5 years.

#### Barriers

Key informants were asked to discuss their perceived barriers to breast health care in their community.

- Cost, lack of insurance, lack of transportation (particularly in rural communities), and differences in cultural beliefs were common themes that were identified as barriers to routine breast health care.
- A lack of understanding and education regarding preventative care and screening in general was additionally a frequent response in regards to barriers to breast health care.

- It was frequently reported that lack of financial resources for women who do not qualify for the Every Woman Matters program, particularly those who are not legal residents, as well as those who “fall through the cracks” because they don’t meet financial guidelines but still can’t afford mammograms or carry high deductibles, pose significant barriers as well.
- It was also frequently reported that often women in rural communities are more concerned with taking care of their families than taking care of their own personal health.

### Health Care System

Key informants were asked how successful the current health care system is at meeting breast health needs in the community.

- Most interviewees indicated that there were several gaps in services in their communities.
- There was a consensus that much more can be done by the health care systems to promote early detection and preventative care among underserved populations.
- A majority of respondents indicated that there were little or no outreach services to promote the health care programs and services, and that “promotora” or patient navigator programs are needed.

Key informants were asked what type of programs they believe would improve the current health care system.

- Common themes reported for programs to improve the health care system include financial assistance programs for women to access breast health services, transportation programs, reduced rate mammogram programs, and patient navigator programs.
- Several key informants indicated that mobile mammography units may be a method to provide breast health services to underserved and / or rural populations in Nebraska.

### Collaboration

Key informants were asked about collaborating with other organizations to address unmet breast health needs in their community.

- Many responses indicated that there was a need for more structured collaboration around breast health issues.
- Some key informants indicated that collaboration is often a challenge due to competition between agencies for grant dollars.
- Several key informants indicated that they are already collaborating with agencies in the provision of breast health services.

### Laws and policies

Key informants were asked about laws and policies that make it difficult for women to access breast health services in their community.

- Overwhelmingly, key informants indicated that the passage of LB403 had impacted their ability to serve immigrant populations in their service area.

- The income guidelines for Medicaid and the Every Woman Matters program were also identified by key informants as being barriers for women who are “too rich” to qualify for these programs, but unable to afford mammogram and screening services on their own.
- Several issues related to insurance coverage and high deductibles were raised as barriers to accessing breast health services. Specifically, confusion over what screening and diagnostic services were actually covered by insurance, and the need for assistance with paying high deductibles were mentioned.

### **Health Systems Analysis Conclusions**

The Health Systems Analysis has uncovered many useful resources that can be maximized by the Nebraska Affiliate in providing comprehensive, high quality and culturally competent breast health services. The geography of the state of Nebraska poses great challenges for the Affiliate in addressing some of the barriers women face in accessing breast health programs and services. In rural Nebraska communities, we have found that while there may be Every Woman Matters providers in the area, women may not be taking advantage of the services due to limited clinic hours, limited transportation resources, and / or lack of knowledge of the program. In addition, there are federally qualified community health centers in three of the Affiliate’s seven target areas, serving North Omaha, South Omaha, and Lancaster County. Unfortunately, these community health centers are often operating at maximum capacity with a growing number of underserved patients in need of free or reduced cost services being turned away.

While researching information related to programs and services in the priority areas, the Affiliate has strengthened relationships with current partners and identified opportunities to engage new partner organizations in our promise. The Affiliate will work with current grantees on how to expand services in their areas and maximize the funding that is provided to them. The Affiliate has also specifically identified opportunities in the faith community, local health departments, community action agencies, and critical access hospitals to be of particular interest.

The Nebraska Affiliate has also developed a heightened understanding of the important role the organization plays in advocating for the breast health needs of women through public policy initiatives. The Affiliate has successfully implemented public policy programs to increase state funding for the Every Woman Matters program. The Affiliate will continue to enhance and grow public policy efforts, and will work to address the negative impact the passage of LB403 has had on minority women in the state of Nebraska.

Finally, the following themes emerged from the key informant interviews:

- Women in our identified target areas face financial barriers to accessing breast health services, particularly among low-income, uninsured, rural, and minority populations.
- There is a tremendous need for increased breast health education efforts in our identified priority areas.

## **Breast Cancer Perspectives in the Target Communities**

### **Methodology**

The Nebraska Affiliate conducted an online survey of existing breast health providers of breast cancer services and programs to gain an understanding of what is available throughout the State of Nebraska. The online survey was distributed to approximately 900 Every Woman Matters providers and oncology services providers, approximately 20 community-based agencies. A postcard containing the web address for the online survey was mailed and an email containing the web address for the online survey was also sent. Fifty-four surveys were completed. Respondents included organizations located in 32 zip codes across Nebraska. The survey was comprised of 39 open and closed ended questions. The survey questions were developed to identify what services were made available by the organizations, what the current needs are in their communities, and what would be valuable additions to programs and services currently offered. It is important to note that the Komen Nebraska Affiliate recognizes that the results of this survey have significant limitations, may not be generalizable, and the validity of these results is strained due to the low response rate.

In addition to the Provider Surveys, the Komen Nebraska Affiliate distributed an online Survivor Survey to 818 breast cancer survivors across the state of Nebraska. An email containing the web address to the online survey was sent out by the Komen Nebraska Affiliate, using our existing survivor database. One hundred and five surveys were completed. Respondents included women from 52 zip codes across the state of Nebraska. The survey was comprised of 27 open and closed ended questions. The survey questions were developed to identify what services were available to survivors, and what they identify as unmet needs in the survivor community. This is the first time the Komen Nebraska Affiliate has conducted a survivor survey as part of the Community Profile process. The intent of the survivor survey was to gain a better understanding of the issues that survivors face, what resources are currently available to survivors, and what services and resources are still needed. Once again, it is important to note that the Komen Nebraska Affiliate recognizes that the results of this survey have significant limitations, may not be generalizable, and the validity of these results is strained due to the low response rate.

Three focus groups were also held in two of the seven identified priority areas: North Omaha and South Omaha. In addition, a focus group was held in rural western Nebraska (Gering, Nebraska – Scottsbluff County). While Western Nebraska is not one of the Affiliate's seven target priority areas, the Scottsbluff community was identified as being in need of targeted Affiliate efforts, due to the large number of underserved minority women. These focus groups were intended to gather additional information and ideas from community members on breast cancer, breast health programs and services, and what can be done to make a difference in their communities when it comes to breast health. A total of 58 people participated in these focus groups.

### **Review of Qualitative Findings**

#### *Provider Program and Services Survey*

Eighty-nine percent of participating organizations reported providing breast cancer education materials. Ninety-six percent of respondents identified a need for breast health education materials and services in languages other than English, with Spanish being the most frequently

mentioned language. Seventy-two percent of respondents indicated that breast cancer information is most often sought out at a doctor's office. The internet and outreach workers were the next most common responses regarding how individuals access breast cancer information (13% and 11 %, respectively).

The survey results show that 62 % of responding organizations offer screenings or diagnostic services to women. Women who are uninsured, have a low income, are uneducated, or would be classified as the "working poor" are the least likely to access regular breast screenings. When asked how organizations reach out to women who are not currently accessing services, 42% of respondents reported using an outreach worker, 42% indicated using media campaigns, and 16% indicated partnering with faith-based organizations. When asked what they viewed as the most significant barriers to women seeking or obtaining breast health services in the community, lack of knowledge (N=24) was indicated as the most prominent barrier. Also, lack of access to health care (N=12), and "other" (N=8), which included such responses as language, rural living, lack of insurance, cost of services, and being undocumented were reported as the most significant barriers to care.

It was reported that uninsured women in the respondents' service areas most often do not seek any breast health care (N=21). Others reported that uninsured women most often seek care at federally funded community health centers (N=15), 'other' places including Every Women Matters providers (N=13), cancer centers (N=2) and emergency rooms (N=1). When asked what types of programs may help improve the delivery of breast health services, 37% of the respondents suggested that a breast health media campaign would be the most helpful. (It is interesting to note that 42% of respondents indicated that they are currently using media campaigns, and 37% of respondents indicated that media campaigns would be effective in improving breast health services.) Thirty-three percent thought that patient navigator programs would be most beneficial in improving service delivery. Thirteen percent of respondents selected "other", which included such responses as funding for undocumented women, financial assistance for copays for women with insurance, and additional information / education on the Every Woman Matters program. Twelve percent of the individuals surveyed believed that transportation services and extended mammography clinic hours were the most significant ways to improve breast health services in their area, while survivorship programs were chosen by 5% of respondents.

Sixty-two percent of the organizations surveyed indicated that they offer some type of financial assistance for uninsured, underinsured, and/or low-income clients. Most often the organization offers the Every Woman Matters program, while others indicated they provide services on a sliding fee scale as well as charity care for qualifying patients. Seventy-one percent of the respondents indicated that they would be likely or very likely to provide needed breast health services or develop needed programs if funding were made available. This information provides a new opportunity to grow the Affiliate's grant-making program and involve new organizations.

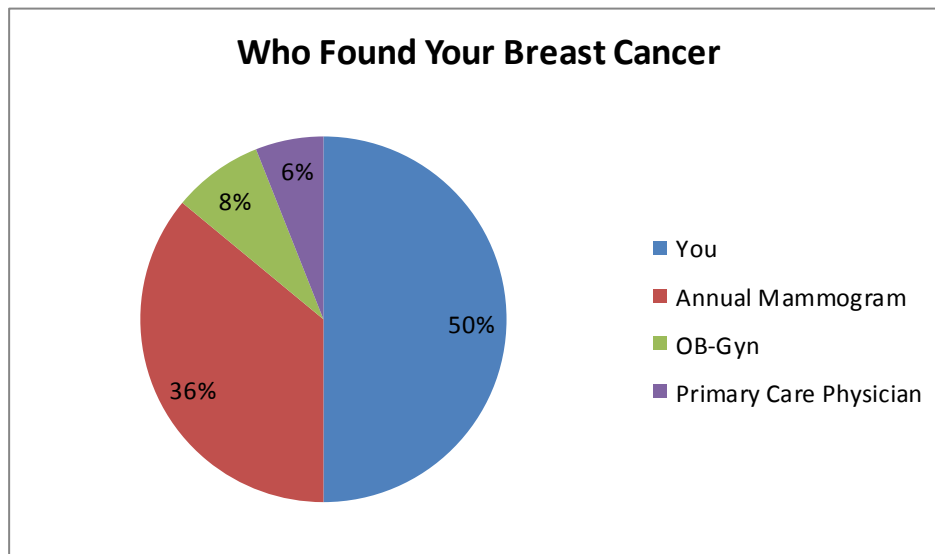
Responses show that only 46% of those surveyed partner with other organizations for the provision of breast health services. This data indicates that Komen Nebraska has the opportunity to engage and encourage shared community efforts to reach the underserved populations in need of breast health outreach, education, screening, and diagnostic services.

### Survivor Survey

The survivor survey results show that 62% of survey respondents are between the ages of 51-70, 24% are between 41-50, 9% are 31-40, 3% are 70+, and 2% are between the ages of 18-30. When asked how many years ago they were diagnosed, 51% responded between 1-5 years ago, 25% responded between 5-10 years ago, 17% responded between 10-20 years ago, 6% responded less than 1 year ago, and 1% responded 20+ years ago. When asked if their breast cancer was their first breast cancer, recurrent, or metastatic, 90 % of respondents indicated it was their first breast cancer, 6% indicated it was metastatic, and 4% indicated it was recurrent breast cancer.

When asked who found their breast cancer, 50% of respondents indicated they themselves had found their breast cancer, 36% indicated their routine mammogram had identified the breast cancer, 8% said their OB-GYN, and 6% said their primary care physician found their breast cancer. This reinforces Komen’s educational messaging that early detection is the best protection, and that Breast Self Awareness and regular screenings are vital.

Figure 8:



In regards to the care that survivors received while going through treatment, 98% of respondents indicated that they felt that they had enough time to talk with their doctor / provider about their care and treatment options. Ninety-six percent of respondents were pleased with their overall level of treatment / care. When asked what they view as the main challenges faced, as survivors, in getting the support they need, there were a wide range of responses. The three main themes that can be gleaned from the responses include: 1) financial challenges, 2) the need for additional emotional support programs after treatment, and 3) physical challenges after treatment. A number of respondents cited financial challenges, including the need for assistance for everyday expenses, high insurance deductibles, and the challenge of working full-time while still seeking support services. Rural women, in particular, indicated that they face many financial challenges in accessing support groups due to geographic location and travel costs. In regards to survivor support services, there were a large number of respondents who indicated that they were unable to find adequate support services / support groups after treatment, and that a central database or list of community resources available would be extremely helpful. Many

respondents simply did not know where to go once their treatment was over. Twenty percent of all respondents indicated that they did not have a post-treatment plan. Some kind of “buddy” or mentor system / nurse navigator system for women going through treatment was also mentioned as a program that would be greatly beneficial to “new” survivors. In addition, respondents indicated that the lack of any kind of support groups for metastatic breast cancer survivors, as well as the lack of support groups for young survivors (under age 40), was a significant problem. In regards to the physical challenges faced by survivors post-treatment, a large number of respondents indicated that more information regarding lymphedema treatments was needed, as was general information about proper exercise and nutrition after treatment. A number of women also indicated that one of the biggest challenges they face post-treatment is that of fatigue.

The information from the survivor survey presents the Komen Nebraska Affiliate with a number of new opportunities to work with the medical community to provide much-needed resources to breast cancer survivors. Specifically, Komen Nebraska should work to identify programs and / or partner with organizations to develop the following types of programs in the state: 1) a central list or database of survivor support groups and resources 2) the development of stage-specific support groups 3) “buddy” or “mentor” programs and nurse navigator programs for survivors 4) financial assistance programs for survivors, and 5) nutrition and exercise classes for survivors.

While it is clear that there is still progress to be made in the area of survivorship, Komen Nebraska and their community partners have made great strides in addressing some of the greatest needs of survivors. In 2010, two of Komen Nebraska’s Community Grant recipients were programs for survivors. The “A Time to Heal Program is a state-wide, 12-week holistic wellness rehabilitation program for women who have completed treatment for breast cancer. Komen Nebraska has funded this program since its inception in 2005. In addition, in 2010, Komen Nebraska provided a Community Grant to the Visiting Nurse Association for their program that provides financial assistance and homemaker services to women going through treatment. Komen Nebraska will continue their work in addressing survivorship issues.

### *Focus Groups*

The purpose of the focus groups was to capture rich and in-depth feedback and information regarding breast health services directly from community members who live and work in our priority areas. The following topics were covered in the focus groups, and the following common themes related to breast health emerged. More specific information regarding each of the identified priority areas will be more fully addressed later in this report.

### Access

Focus group participants were asked to describe which women in their community are in need of breast health messages and services.

- Participants indicated that everyone – women of all ages - are in need of breast health messages and services.
- Participants also indicated that low-income women are in great need of breast health messages and services, as are minority women.

- South Omaha focus group participants indicated a lack of providers in South Omaha contributes to the challenges that Hispanic women face in accessing services.

### Barriers

Focus group participants were asked what they think are the barriers that prevent women from seeking or getting breast health screenings in their communities.

- Across the board, focus group participants indicated that financial barriers kept women from accessing breast health screenings and services.
- Transportation – participants indicated that often times women are unable to get screened due to their lack of transportation.
- Participants indicated that there is a lack of education regarding the importance of screenings and mammograms in many of the underserved communities.
- Fear – participants indicated that many women are fearful of getting screened, either because of the perceived pain involved in getting a mammogram, or because they are afraid to find out negative results.
- Cultural beliefs – some cultures view the need for preventative care very differently, and as a result, women are not getting screened.
- Women from the North Omaha focus group indicated that they occasionally received what they considered poor treatment from providers.

### What Can Providers Do

Focus group participants were asked what providers can do in order to better serve women in need of breast health services.

- Participants indicated that providers can be more proactive in following up with women who are in need of their routine mammogram.
- Participants indicated that providers should do a better job of encouraging and educating women on the importance of breast exams and annual mammograms.
- Providers should provide information in appropriate languages for growing minority communities.
- Providers should provide reduced fee mammograms.

### What Can Komen Do

Focus group participants were asked what the Komen Nebraska Affiliate can do to best get the word out about breast health to women in the target communities.

- Participants indicated that Komen should do more marketing of breast health messages in the target communities.
- Participants indicated that Komen Nebraska should participate in any and all community health fairs and events in the target communities.
- Participants indicated that Komen should provide outreach at local businesses and schools.

### **Conclusions**

The results of the Komen Nebraska Provider Program and Services Survey, Survivor Survey, and Focus Groups are intended to offer a “snapshot” of perspectives on breast health services and breast cancer in Nebraska. The information gathered through these sources will be used to

improve program planning and service delivery, as well as uncover opportunities for the Affiliate to partner with other organizations in order to address some of the existing disparities in breast health services. In addition, the information gathered helps to reinforce the need breast health for services in our designated priority areas.

There are two overarching themes regarding breast health services that can be gleaned from the “Breast Cancer Perspectives” portion of this report, that of **cost** and **awareness**:

- Women in our identified target areas face financial barriers to accessing breast health services, particularly among low-income, uninsured, rural, and minority populations. Whether it is due to lack of insurance, lack of transportation, or the fact that they do not qualify for assistance programs such as Every Woman Matters, there are many women in the identified priority areas that are not accessing breast health services simply because they cannot afford to.
- There is a tremendous need for increased breast health education efforts in our identified priority areas. Despite the advances made in the areas of breast health education in the last 30 years, there are still women who do not have sufficient education on the importance of breast health screenings. Sometimes this lack of education is due to language or cultural barriers. Sometimes, the lack of breast health awareness is due to the fact that there are too few health care facilities providing any kind of outreach services in the designated priority areas. Sometimes, women in the target areas simply don't prescribe to the notion that preventative breast health care is incredible important. Komen Nebraska has an opportunity to increase distribution of multi-lingual breast health education materials using the information obtained from the qualitative data analysis.

## **Conclusions: What We Learned, What We Will Do**

### **Target Area Findings**

#### *North Omaha*

North Omaha is identified as having a dense population of African American women living in the area. African American women are at much higher risk to die from breast cancer than those of other races. The key informant and focus group information obtained from the North Omaha community confirms information gathered in the demographic and statistical analysis. Low-income, less educated, uninsured or underinsured, and African American women in this community are least likely to access services. Some of the biggest barriers for African American women in North Omaha include financial barriers, as well as fear of mammograms, and fear of poor treatment from providers. Overwhelmingly, key informant and focus group participants indicated that breast health education was one of the greatest needs in their community. There are many opportunities to engage the North Omaha community, particularly through the faith community. The support group, My Sister's Keeper, is also a very well-respected and trusted breast cancer organization serving African American women, and they are providing tremendous support in the North Omaha community. In addition, it was recommended that Komen should try to do outreach at businesses that women frequent such as grocery stores, through partnerships

with employers in the area, and at local high schools. Screening events or educational booths at community events were also indicated as effective ways to reach women in North Omaha.

### *South Omaha*

South Omaha is home to a high number of Hispanic women who face significant barriers to accessing breast health services. Key informants and focus group participants from South Omaha provided helpful insight into the barriers that women face in accessing breast health services in the South Omaha community. Overwhelmingly, both key informants and focus group participants indicated that the impact of the passage of LB403 was felt greatly by the large number of Hispanic women in South Omaha. Because of this new legislation, women who are not legal residents of the United States no longer qualify for the Every Woman Matters program. Because of this, many Hispanic women in South Omaha are not getting screened. While Komen Nebraska has attempted to address this problem by partnering with OneWorld Community Health Centers, Inc. through a grant, there are still a number of women who are still not receiving breast health services. In addition to the impact made by LB403, key informants and focus group participants also indicated that the lack of providers in South Omaha is a significant barrier to receiving quality breast health services. While OneWorld Community Health Centers, Inc. (a federally qualified community health center) is located in South Omaha, they are forced to turn some patients away due to the lack of appointment availability. In addition to these barriers, a large percentage of the women in need of improved breast health services are Hispanic women and may often times not speak English. Preventative care is also not generally practiced by Hispanic women, so breast health education and education on the importance of screenings and mammograms are vital components of providing quality breast health services to the South Omaha community.

### *Lancaster County*

There are several untapped breast health resources in Lancaster County, which is one of three major population centers in Nebraska. Lower income and less educated women with no insurance were identified by key informants as those least likely to access breast health services in Lancaster County. Transportation, cost of services, lack of insurance, and lack of knowledge about the Every Woman Matters program were identified as significant barriers to accessing services. Komen Nebraska has already partnered with Saint Elizabeth Hospital on providing free mammograms through a Community Grant program in 2010.

### *West Central District Health Department*

The rural nature of the West Central District Health Department service area contributes to the many barriers women face in accessing breast health services. The West Central District Health Department service area is described as having a large rural population and a growing Hispanic population, and it is these women who are the least likely to be accessing breast health services. Transportation / distance to services were cited as being significant barriers to women receiving breast health services. Rural women in this service area often don't want to make a day trip to access healthcare. Minority women often do not have transportation of their own. Key informants indicated that promotoras / lay community navigators who can provide culturally appropriate breast health messages are vital to improving breast health disparities in this service area.

### *Southeast District Health Department*

The Southeast District Health Department area has a low mammography screening rate. The service area of the Southeast District Health Department is very rural, and is made up predominantly of small farming communities. Women from this service area face a variety of barriers to accessing quality breast health services, including lack of insurance, or having insurance with very high deductibles (most farmers are self-insured and have high deductibles and no preventative care clause in their insurance). In addition, key informants indicated that many women are too proud to ask for help, put their families first, and as a result, preventative care isn't high on their list of priorities. The key informants indicated that due to factories located in the service area, there is a high rate of Hispanics in Johnson and Otoe Counties. The impact of LB403 has certainly been felt, as many of these women no longer qualify for the program, due to their illegal resident status. Key informants also reported that there are a number of women who "fall through the cracks" of the Every Woman Matters program because they do not meet income guidelines, but are unable to afford screening services on their own. The key informants indicated that there is a great opportunity for Komen to help establish a coordinated effort within the service area to improve breast health awareness among the women in this district.

### *East Central District Health Department*

The East Central District Health Department has low mammography screening rates and many challenges to engaging the growing Hispanic community and women living in rural settings in their service area. Key informants in the East Central District Health Department indicate that women in the greatest need of breast health services in their communities are of lower economic status, uninsured or under insured (high deductibles), and living in very rural locations. Limited hours at the mammography facility in this area provide an obstacle to receiving screenings for many of the underserved women. Additionally, transportation was discussed as a significant barrier to accessing services. It was expressed that there needs to be more effort made to provide breast health education messages with an emphasis on the importance of getting screened to women in the service area, in both English and Spanish.

### *Central District Health Department*

The service area of the Central District Health Department includes a growing Hispanic population and like the other districts, the challenge of rural considerations. The low mammography screening rate in this area provides an impetus for the Affiliate to engage organizations in early detection and screening programs. Hispanic women, those with long travel times to facilities, and a growing number of new refugees / immigrants from Africa have been identified as being the least likely women in their service area to receive breast health services. There are many reasons for this, including cultural differences that affect their perceptions of preventative health care; financial barriers / the high cost of mammograms and screenings; and, the lack of knowledge of the health care system in general. The key informants reported that health fairs, breast health presentations at large employers (meat packing plants), churches, and local high schools may be effective ways to disseminate breast health information. Not having insurance and the fear of mammography were also cited as being significant barriers to breast health services.

## **Conclusions**

An analysis of the demographics and breast cancer statistics for the Nebraska Affiliate's service area has provided tremendous insight into the state of breast cancer in Nebraska. Through the information obtained, the Affiliate was able to identify seven priority areas for the 2011 Community Profile. These priority areas are the same priority areas that were identified during the 2009 Community Profile process. Follow-up data collection including a health systems analysis, provider and survivor survey distribution, key informant interviews and focus groups were completed to help supplement and reinforce the data collected from the identified target areas. North Omaha, South Omaha, Lancaster County, West Central District Health Department, Southeast District Health Department, East Central District Health Department, and Central District Health Department were identified as some of the areas of greatest need throughout the state.

The review of resources in the identified priority areas highlighted several opportunities for Komen Nebraska to work with other organizations in the state to address the existing disparities in breast health. The provider survey produced rich information on what is available in terms of breast health materials and services throughout the state, as well as what is needed. There was a consensus that culturally and linguistically appropriate materials and services are greatly needed, as well as access to information regarding financial assistance programs for breast health services. There are two overarching themes regarding breast health services that can be gleaned from the key informant interviews and focus groups: cost and awareness. Time and time again key informants and focus group participants indicated that women were not accessing breast health services because they either could not afford the services, or because they were not aware of the importance of getting screened. Many women in the State of Nebraska face great barriers to routine breast health care, and there is much work to be done to address these challenges.

## **Nebraska Affiliate Priorities and Action Plan**

The Community Profile team has developed Affiliate Priorities based on the information gathered and analyzed in this report. The Affiliate Priorities are meant to help to guide our Affiliate's activities such as grant making, fund raising and educational outreach so as to not duplicate programs already in place, and to focus our efforts on addressing any unmet breast health and breast cancer needs or gaps in services. In addition, this information can be used by other organizations for program planning and service delivery, grant writing, and the development of new interagency collaborations. The 2011 Affiliate Priorities outlined below are the same priorities outlined in the 2009 Community Profile.

The objectives listed below have been identified as steps the Affiliate can take that may directly or indirectly impact the priorities. This action plan can be seen as a measure of the Affiliate's progress toward addressing the identified gaps in services and resources that have been discussed in the report.

### **Priority One**

**Increase the number of Affiliate-supported programs, services, and educational resources available to the women in the following target areas; North Omaha, South Omaha, Lancaster, Dawson, Scottsbluff, Saline, and Madison Counties, and the West Central**

**District Health Department, Southeast District, East Central District Health Department, and Central District Health Departments.**

*Objective 1*

By March 2012 the Affiliate will reach out to 10 total health and community organizations in the target areas to help develop highly competitive grant proposals that have a significant impact in the community and are outcome-based. It is the intention to have a grant proposal from all of the Affiliate's identified priority areas in this time period. These grants should address some of the most significant challenges / needs identified in this report, including patient navigator programs; screening and treatment services for immigrants; breast cancer media campaigns to increase awareness; financial assistance programs; and, survivorship programs.

*Progress since 2009: The Komen Nebraska Affiliate has continued to increase the number of grant applications received from our priority areas since 2009. In the summer of 2009, the Affiliate initiated a Letter of Intent process for their Community Grants program that enables the Affiliate to provide feedback to potential applicants on their proposed programs. The hope is that the Affiliate will receive stronger applications as a result of this process. The Affiliate will continue to offer grant writing workshops in the fall of each year to provide additional grant-writing assistance to potential applicants.*

*Objective 2*

By March 2012, increase the Affiliate's targeted educational efforts to increase breast health awareness among women within our priority areas, as well as women across the entire state of Nebraska.

*Progress since 2009: In FY 2011, the Affiliate reached an estimated 42,000 individuals through education and outreach efforts (including 20,000 Race for the Cure participants). The Affiliate is developing a formal strategic plan for all Affiliate Education / Outreach activities, and will continue to work to grow their educational reach in the identified priority areas and throughout the entire state of Nebraska.*

*Objective 3*

By March 2012, work with Every Woman Matters to promote increased awareness and enrollment for the program in parallel priority areas as well as the entire state of Nebraska.

*Progress since 2009: In 2010, Komen Nebraska participated in the development of the Nebraska Breast Cancer Control Plan, which was a state-wide collaboration initiated and funded by the Every Woman Matters program. The Affiliate will continue to work with this group of partners to address the breast cancer needs identified in the Plan, and to increase awareness of the Every Woman Matters program across the state.*

*Objective 4*

By March 2012, continue to be involved in legislative efforts that may have significant impact on the target areas, or issues that impact breast health services across the entire state of Nebraska. In addition, Komen Nebraska will continue to identify ways to provide breast health screening and education services to women who were impacted by the passage of LB403.

*Progress since 2009: Komen Nebraska continues monitor the activity of the Nebraska Legislature, and also continues to participate in the Nebraska Cancer Policy Coalition, which was formed in the fall of 2008. This Coalition successfully lobbied for an increased appropriation for the Every Woman Matters program in 2009, from \$125,000 to \$250,000. Komen Nebraska also participates in Komen's National Lobby Day in Washington D.C. every year.*

### **Priority Two**

**Partner with leaders in minority communities in target areas and across the entire state to address cultural and language barriers that may exist for women seeking breast health services.**

#### *Objective 1*

By December 2011, identify and reach out to 2 leaders from African American and Hispanic communities in identified priority areas to help provide targeted breast health information and educational resources through a variety of outlets including media, churches, and schools.

*Progress since 2009: Komen Nebraska continues to establish relationships with leaders in minority communities in the identified priority areas, primarily through our Community Grants program. In addition, Komen Nebraska provided outreach and education through a number of health fairs and events in minority communities, and will continue to work on increasing these efforts in FY 2012.*

#### *Objective 2*

By March 2012, provide grants to 5 total culturally-appropriate and diverse programs and services in minority communities for screening and education services.

*Progress since 2009: The Komen Nebraska Affiliate has increased grant funding from just over \$400,000 in FY 2009 to over \$478,000 in FY 2010. Six of the 11 grants awarded in FY 2010 focused specifically on culturally appropriate and diverse programs in minority communities.*

### **Priority Three**

**Work to partner with organizations in target areas to build collaborations and partnerships around breast health activities and raise awareness about breast health issues, specifically in the target communities.**

#### *Objective 1*

By March 2012, identify 2 key contacts in target areas who can act as “connectors” within the community to begin the discussion around breast health collaborations.

*Progress since 2009: Komen has identified potential key contacts, and will search for ways to engage these contacts in 2011. This is a potential area for growth for the Affiliate.*

*Objective 2*

By March 2012, recruit 3 new organizations to join the Nebraska Cancer Policy Coalition that was developed by Komen Nebraska and American Cancer Society, in FY 2009.

*Progress since 2009: The Komen Nebraska Affiliate will work on increasing the network of organizations in the Nebraska Cancer Policy Coalition in FY 2012. This is a potential area of growth for the Affiliate.*

*Objective 3*

By March 2012, work with other organizations such as Every Woman Matters, Nebraska Cancer Coalition and the American Cancer Society to maximize available resources in addressing barriers to breast health in Nebraska.

*Progress since 2009: The Komen Nebraska Affiliate has been successful in establishing meaningful partnerships with other organization in an effort to maximize available resources in addressing barriers to breast health in Nebraska. The Affiliate's involvement with the development of the Nebraska Breast Cancer Control Plan in 2010 was extremely positive, and the Affiliate looks forward continuing their work with this collaborative effort to address breast health disparities in the state.*

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The findings outlined in this report provide tremendous incentive to continue, and expand, our work in addressing breast health disparities in the state. The Community Profile research has uncovered many opportunities for the Komen Nebraska Affiliate to work with community partners, both old and new, in addressing some of the most significant gaps in breast health services and barriers to care across the state of Nebraska.

It is our sincere hope that Komen Nebraska's efforts through grant making and educational outreach continue to make an impact, and that one day our efforts, as well as the efforts of our community partners, result in a world without breast cancer.

## References

- American Cancer Society. (2011). *Breast Cancer Facts and Figures*. Retrieved February 23, 2011, from [http://www.cancer.org/docroot/STT/STT\\_0.asp](http://www.cancer.org/docroot/STT/STT_0.asp)
- Community Action of Nebraska. (2011). *State of Nebraska community action agencies*. Retrieved February 23, 2011 from <http://www.canhelp.org/index.htm#>
- Every Woman Matters (NE DHHS). (2011) *Every Woman Matters Program*. Retrieved March 1, 2011 from <http://www.hhs.state.ne.us/hew/owh/ewm/>
- Flex Monitoring Team. (2011). *CAH information: Nebraska*. Retrieved February 23, 2011 from <http://www.flexmonitoring.org/cahlistRA.cgi?state=Nebraska>
- Go Local. (2011). *Go Local Project Blog Spot* Retrieved March 1, 2011 from <http://golocalne.blogspot.com/>
- Hongmei, W., Mueller, K., & Xu, L. (2008). *Nebraska health information project: Health data reporter: Health and health related behaviors in nebraska: Overall trends, progress toward healthy people 2010 goals, and rural-urban comparisons*
- National Association of Community Health Centers. (2011). *Nebraska health centers* Retrieved February 23, 2011 from [http://findahealthcenter.hrsa.gov/Search\\_HCC.aspx](http://findahealthcenter.hrsa.gov/Search_HCC.aspx)
- National Rural Health Association. (2011). *Critical access hospitals*. Retrieved February 23, 2011 from <http://www.ruralhealthweb.org/go/rural-health-topics/critical-access-hospitals>
- Nebraska Breast Cancer Control Plan, 2010. DRAFT.
- Nebraska Cancer Coalition (2011). *Nebraska Cancer Centers*. Retrieved March 8, 2011 from <http://necancer.org>.
- Nebraska Center for Rural Health Research, University of Nebraska Medical Center. (2005). *The nebraska health information project 2005 data book*. Omaha, Nebraska: University of Nebraska Medical Center.
- Nebraska Department of Health and Human Services. (2007a). District profile highlights-2005: Central district. Retrieved March 17, 2009 from [http://www.hhs.state.ne.us/profiles/central\\_HD\\_narr.htm](http://www.hhs.state.ne.us/profiles/central_HD_narr.htm)

Nebraska Department of Health and Human Services. (2007b). District profile highlights-2005: West central district. Retrieved March 17, 2009 from [http://www.hhs.state.ne.us/profiles/west\\_central\\_HD\\_narr.htm](http://www.hhs.state.ne.us/profiles/west_central_HD_narr.htm).

Nebraska Department of Health and Human Services. (2010). Nebraska behavioral risk factor surveillance system report 2004-2006. Nebraska Department of Health and Human Services, Division of Public Health.

Nebraska Department of Health and Human Services. (2010b). Nebraska cancer registry 2005 annual report. Lincoln, Nebraska: Nebraska Department of Health and Human Services.

Southeast Health District. (2005). *District profile highlights 2005*. Retrieved March 8, 2009 from <http://www.sedhd.org/pdf/District%20Profile%20Highlights-2005.pdf>

Susan G. Komen For the Cure. (2011). *Affiliate Corner: Education Guide*. Retrieved March 7, 2011 from <http://affiliatecorner.komen.org/AffiliateCorner/CommunityHealth/EducationGuide/index.htm>.

Thomson Reuters © 2009 SGK community profile analysis data pack

United Way. (2011). *2-1-1 information and referral search*. Retrieved February 28 2011 from <http://www.211.org/>.

Urban Institute and Kaiser Commission on Medicaid and the Uninsured. (2011). *Health coverage & uninsured*. Retrieved February 28, 2011 from <http://www.statehealthfacts.org/profileind.jsp?sub=40&rgn=29&cat=3>.

U.S. Census Bureau. (2011). *State and county quick facts*. Retrieved February 23, 2011, from <http://quickfacts.census.gov/qfd/states/31000.html>

Watanabe-Galloway, S., & Hansen, K. L. (2009). Trends and patterns of cancer diagnosis in nebraska: 1965-2005.