



SUSAN G. KOMEN®
UPSTATE NEW YORK
EXECUTIVE SUMMARY

Acknowledgments

Note: In 2017, four Komen New York Affiliates (Central, Northeastern, Twin Tiers and Western) merged to form Komen Upstate New York. The following report is a compilation of the four previous Komen Affiliate 2015 Community Profile Reports into one report for Komen Upstate New York. Therefore, the level of data collected and the presentation of the data will vary within each region.

The Community Profile Report could not have been completed without the exceptional work, effort, time and commitment of the many people and organizations involved in the process.

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Executive Summary

Introduction to the Community Profile Report

Affiliate History

Nancy G. Brinker promised her dying sister, Susan G. Komen, she would do everything in her power to end breast cancer forever. In 1982 that promise became Susan G. Komen for the Cure®, launching the global breast cancer movement. Today, Susan G. Komen® is the world's largest grassroots network of breast cancer survivors and activists.

Susan G. Komen® Upstate New York was officially formed in July of 2017 when four local affiliates in Upstate NY joined forces: Komen Central NY, Komen Northeastern NY, Komen Twin Tiers and Komen Western NY. The four regional offices have working together for months to collaborate and streamline daily administrative functions. While keeping local offices, outreach and events, greater savings and efficiency could be recognized, maximizing the impact on the fight against breast cancer. Each region in Komen Upstate NY has their own unique story on how they became part of the Komen family.

In the early fall of 1990, a small group of women led by Nancy Dunigan, a breast cancer survivor, gathered in the office of local plastic surgeon, Dr. Hadley Falk, to discuss the possibility of creating an organization designed to support the growing numbers of breast cancer survivors in the community. The first meeting for the newly formed Central New York affiliate was held on March 26, 1991, with fifteen people in attendance. In the beginning, the Affiliate's major focus was education and support. Starting in early summer of 1991, the Affiliate presented Breast Health Awareness programs in many and varied settings, including programs at universities, colleges, businesses, health fairs, community centers, and government agencies from Syracuse to Rochester, Buffalo, Oswego, Utica, Binghamton and surrounding areas. The dream of "having a RACE" became a reality on May 20, 1995. Nancy Dunigan was Chair of the first Central New York Komen Race for the Cure. The 1995 Race for the Cure allowed the Affiliate to award its first grant

Susan G. Komen® Northeastern New York began by hosting the organization's premier fundraising event – the Komen Race for the Cure®. The Albany Race for the Cure® began in 1995 with just 900 participants and was held at Washington Park Lakehouse in Albany, New York under the auspices of the Junior League of Albany. The Komen NENY Race grew steadily and in 2002, the Race was moved to the Empire State Plaza to better accommodate its growing size. The NENY was incorporated as a nonprofit in 2000 with a seven-member board and 501-C3 status apart from the Junior League of Albany.

Susan G. Komen® Twin Tiers Region began with an inspiration. LPGA golfer, Heather Farr, lost her battle to breast cancer at the age of 28. Moved by her story, the director of the Corning LPGA Classic challenged 12 local hospitals to sponsor a health fair during the annual tournament to raise breast cancer awareness. Led by Dr. Nancy King, they met that challenge. Their success inspired others to fight for the cause through public information campaigns, fundraisers and local screenings, including a breast cancer walk/run. By 1999 the movement evolved into Komen Twin Tiers, a nine-county, interstate organization dedicated to raising breast cancer awareness and fighting for a cure.

Through the efforts of a number of committed community leaders and health care providers, the Susan G. Komen® Western New York was formed in 2000. For the first four years, the Affiliate was an all-volunteer organization. Under the excellent leadership of the founding board president, the Affiliate grew to a size that allowed for the employment of an Executive Director, followed shortly thereafter by an Education Coordinator. This allowed the Affiliate to manage as a year-round agency active throughout the community with a variety of events. The founding board members of Komen Western New York prepared a Community Profile and a comprehensive strategic plan was developed to provide immediate focus and future direction for the Affiliate. In response to the need identified in the profile, the Affiliate utilized its diverse personal and professional contacts to organize and implement the first Race for the Cure® in Buffalo in May 2001.

Komen Upstate New York has developed an important and significant grant program in response to the Community Profile. As of 2017, Komen Upstate has distributed over \$14.7 million in local community grants to support breast cancer initiatives throughout its 49-county service area for breast cancer outreach and education, support, treatment, and screening. The vast majority of these funds have been raised at the Susan G. Komen Race for the Cure®, held annually in Albany, Buffalo, Elmira, and Syracuse.

The Affiliate has traditionally had two approaches to grant making: small grants and community grants. In 2006, the Western NY Affiliate instituted a small grants program that allowed it to receive grant requests and begin to forge relationships with grassroots organizations on a year-round basis. In 2009, Komen NENY added a small grants program (under \$5,000) to fund travel, educational, and conference grants to local nonprofit breast health and breast cancer programs.

Community grants provide larger funding amounts and are awarded once a year. Both large and small grant proposals must provide services within the service area of Upstate New York, and adhere to a rigorous and thorough review process before being submitted to the Board for approval. The overall goal of the grant program is to decrease disparities in care and improve healthcare access for under-served populations.

Komen Upstate New York has funded \$14,758,368 in community programs serving Upstate New York's women and men, while contributing \$5,285,182 to Komen research since 1997.

In addition to grantmaking and fundraising initiatives, Komen Upstate is a local leader in the fight against breast cancer. Staff and volunteers attend many community events throughout the year, including health fairs at local companies, events at local universities, breast cancer events held by grant recipients, and other community events.

In 2014, the Komen NENY Region held its first event focused on metastatic breast cancer education in conjunction with Affiliates in other cities. The Western NY regional office has established strong relationships with community partners, such as the New York State Cancer Services Program (CSP) in Erie and Allegany/Cattaraugus Counties, Roswell Park Cancer Institute, WCA Hospital in Jamestown, and many other community partners. Komen has

supported programs that bring together these partners with direct impact on screening, early diagnosis and treatment.

The Affiliate assumes leadership roles in organizing the Central New York Breast Cancer Network, and in partnering with SUNY Upstate Medical University's new Cancer Center to develop the "She Matters" program. This unique program uses peer-trained resident health advocates to educate, support, encourage and facilitate mammography screening among women who are over the age of 40 and live in the Syracuse Housing Authority's Pioneer Homes development.

Affiliate Organizational Structure

Under the leadership of the Board of Directors, Komen Upstate NY is composed of up to 21 Board of Director members, two Co-Executive Directors, and 5 Staff Members. The Affiliate's powerful network of approximately four hundred volunteers continues to lead the fight against breast cancer and are crucial in helping to carry out the mission of the Affiliate. See Figure 1 for the Affiliate organizational structure.

The Board of Directors consists of breast cancer survivors, activists, medical and research professionals as well as community leaders who combine their talents, networks and resources to promote the mission of Susan G. Komen in the Upstate New York community. The Affiliate has a number of Board committees which help to carry out activities. Within each committee there exists a variety of leadership opportunities which may be held by Board members or by general volunteers.

Susan G. Komen believes in empowering women by providing reliable breast health information so they can take charge of their health. To help make that happen, Komen Upstate NY volunteers are available to speak to community groups, corporate organizations and schools. This service is provided at no cost as part of the Affiliate's mission to spread the life-saving message of early detection to the community. The Speakers Bureau (in the Western NY region) is available to present to organizations or groups on a wide range of breast cancer and breast health issues, including the importance of breast self-awareness techniques. Most of the speakers are breast cancer survivors or medical professionals and lend their personal experiences to the presentation.

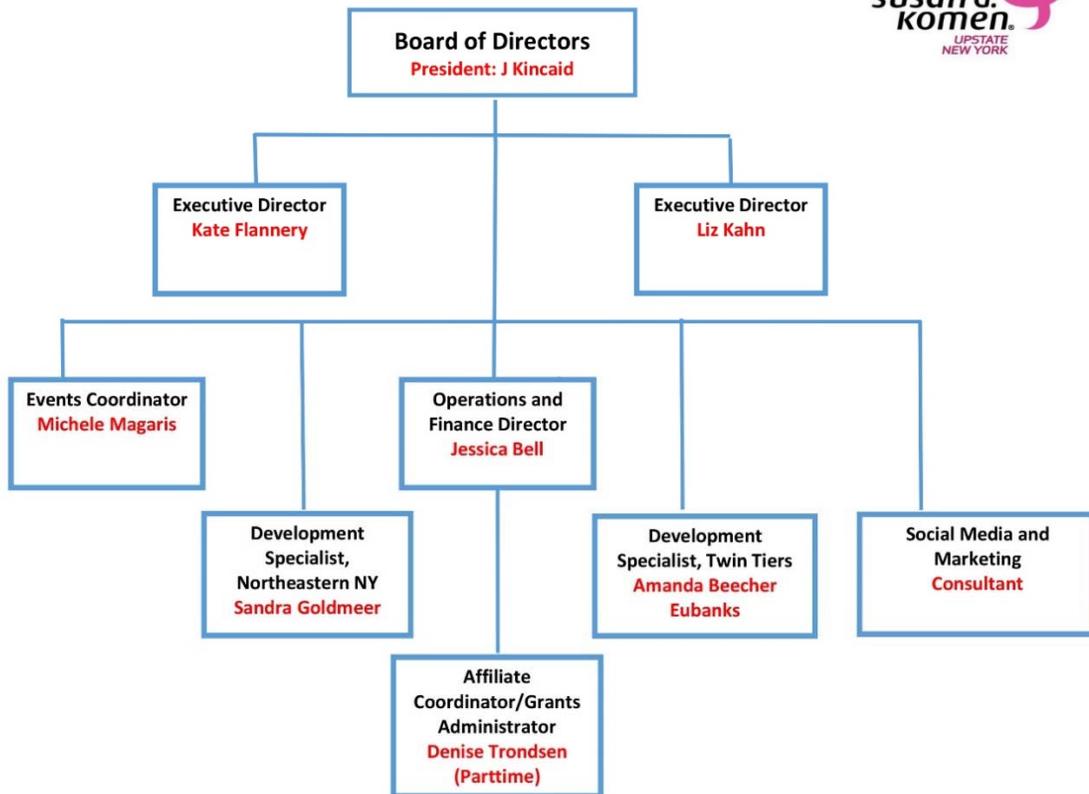


Figure 1. Susan G. Komen Upstate New York organizational structure

Affiliate Service Area

The Komen Upstate NY service area borders Canada to the north, Lake Erie to the west, Pennsylvania to the south, and New Hampshire, Massachusetts and Connecticut to the East. The service area includes the following 49 counties (Figure 2). They are:

- **New York:** Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Erie, Essex, Franklin, Fulton, Genesee, Green, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Niagara, Oneida, Onondaga, Ontario, Orleans, Oswego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Tioga, Tompkins, Warren, Washington, Wayne, Wyoming, Yates
- **Pennsylvania:** Bradford, Potter, Tioga

In the Komen Upstate NY service area, the median household income ranges from \$41,547 in Potter County, PA to \$69,826 in Saratoga County, NY (US Census Bureau, 2013). Approximately 13.9 percent of people in the region live below the poverty level and 11.5 percent of the adult population has less than a high school education.

Purpose of the Community Profile Report

The purpose of the Community Profile Report is to disseminate the knowledge and wisdom gained by Komen Upstate NY about the service area so that the Affiliate can best coordinate community resources and direct funding. An effective Community Profile will help Komen align its community outreach, grant making, and public policy activities towards the same Mission goal: to save lives and end breast cancer forever by empowering others, ensuring quality care for all and energizing science to find the cures.

The Community Profile will allow Affiliates to:

- Include a broad range of people and stakeholders in the Affiliate's work and become more diverse
- Fund, educate and build awareness in the areas of greatest need
- Make data-driven decisions about how to use its resources in the best way – to make the greatest impact
- Strengthen relationships with sponsors by clearly communicating the breast health and breast cancer needs of the community
- Provide information to public policymakers to assist focusing their work
- Strategize direction to marketing and outreach programs toward areas of greatest need
- Create synergy between Mission-related strategic plans and operational activities

Examination of target communities revealed opportunities to grow and influence effective breast health strategies. The results of the Community Profile will aid in driving the Affiliate's funding and programmatic initiatives. The Profile identifies areas of need and improvements in breast healthcare. The Affiliate aims to fund programs that address existing barriers due to lack of education and support, financial and transportation constraints, and availability of resources. The Affiliate will fund the most effective and impactful programs to reduce late stage diagnosis and promote screening and treatment. Supporting efforts that increase community outreach, establish, and strengthen community partnerships are imperative priorities that can have a direct impact on breast health and save lives.

The Community Profile report will be available to the community via several outlets. The Komen Upstate New York Affiliate website is a valuable resource that provides the community with a link to the Profile as well as with information found in the report. The Affiliate will also utilize social media platforms as a means to get the word out about the local Affiliate's work in the community and build a following. These platforms can also be used to connect interested members of the community with the results of the Profile. The results of the Profile will also be shared with existing networks in the community with which the Affiliate has an existing relationship.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

The quantitative data reports for each Komen Upstate New York region links evidence from sources including: North American Association of Central Cancer Registries (NAACCR), National Center for Health Services (NCHS), Centers for Disease Control and Prevention (CDC), to identify the highest priority areas for evidence-based breast cancer programs. The QDR is one of the key information sources that support the Community Profile with descriptive tables, maps, and identification of priority areas. Data are provided at the county-, regional- and state-levels, as well as for the United States for female breast cancer incidence (i.e., new cases) rates, death rates, late-stage diagnosis rates, mammography proportions as well as demographics (e.g., age, race/ethnicity) and socioeconomic indicators such as income and education level.

Central Region

The Central Region encompasses more than 1.2 million women spread over approximately 34 percent of the land area of New York State (US Census Bureau). A small number of populous urban counties are surrounded by many sparsely populated rural counties. Monroe and Onondaga Counties, centered around the cities of Rochester and Syracuse, respectively, include nearly 52 percent of the female population of the Affiliate service area. The racial composition of women in the service area is 88.3 percent White, 8.8 percent Black/African-American, 2.3 percent Asian-Pacific Islanders and 0.6 percent American Indian/Alaskan Native. Ethnically, approximately four percent of women are classified as Hispanic/Latina. Out of the entire Affiliate service area, a large proportion of Black/African-American women reside in Monroe and Onondaga Counties.

The highest age-adjusted death rate from breast cancer in the service area is seen in Monroe County. In addition, the breast cancer incidence rate is significantly higher in Monroe County than the service area as a whole. For these reasons, Monroe County was assigned the “highest priority” based on predicted time to achieve Healthy People 2020 (HP2020) targets for both age-adjusted death rate and late-stage diagnosis rate. Monroe and Onondaga Counties also have a high percentage of Black/African-American women, who have higher age-adjusted death rates and late-stage diagnosis rates than the corresponding rates in the USA, New York State and Central Region. Additionally, Black/African-American women are historically disadvantaged regarding health care in general and breast cancer care (Hunt et al, 2013; Shavers & Brown, 2002) and have been the focus of Central Region’s efforts over the years. Komen Upstate New York is committed to continuing to serve this population.

One rural county, Seneca County, stood out in the quantitative data due to a high age-adjusted death rate and strong trend for accelerating death and late-stage diagnosis rates. Seneca County was also identified as a highest priority area based on HP2020 targets. The remainder of the Central Region is predominantly rural and suffers from poverty, poor access to health care and transportation barriers. The Affiliate has and will continue to meet the needs of women in these areas; however, the Community Profile Report will emphasize the Central Region target communities with the highest population densities and proportions of historically underserved women, as well as the rural county with the most alarming breast health trends.

Central Region target communities selected for this report include Monroe County, Black/African-American women in Monroe and Onondaga Counties and Seneca County.

Monroe County was selected because of its high breast cancer death and incidence rate and because of its worsening trends with respect to HP2020 targets. In addition, Monroe County is home to a high proportion of Black/African-American women, who have high death and late-stage diagnosis rates, and who are historically underserved by the health care system. Onondaga County, too, has a high proportion of Black/African-American women. This population has historically been the focus of many of the Affiliate's efforts to improve awareness of, and access to, breast cancer prevention and treatment services. Finally, Seneca County, owing to its high death rate and identification as a priority area for HP2020 targets, was also selected as a target community.

Northeastern Region

Albany County is predicted to take 13 years or longer to achieve the Healthy People 2020 late-stage incidence target. Albany County is predicted to take one year to achieve the death rate target for HP2020. Because of the projected time to achieve these targets, Albany County has been identified as a medium high priority county. Schenectady County is predicted to take 13 years or longer to achieve the Healthy People 2020 late-stage incidence target. Schenectady County is predicted to take four years to achieve the death rate target for HP2020. Because of the projected time to achieve these targets, Schenectady County has been identified as a medium high priority county. In Albany and Schenectady Counties there is a large Black/African-American population.

Franklin County is predicted to take 13 years or longer to achieve the Healthy People 2020 late-stage incidence target. Franklin County is predicted to take two years to achieve the death rate target for HP2020. Because of the projected time to achieve these targets, Franklin County has been identified as a medium high priority county. Key population characteristics for Franklin County include a large number of American Indian/Alaskan Natives, low education, medically underserved and rural populations.

Fulton County is predicted to take 13 years or longer to achieve the Healthy People 2020 late-stage incidence target. Fulton County is predicted to take two years to achieve the death rate target for HP2020. Because of the projected time to achieve these targets, Fulton County has been identified as a medium high priority county. Additionally, Fulton County has relatively high rural population, high unemployment as well as those with low education levels.

Montgomery County is predicted to take 13 years or longer to achieve the Healthy People 2020 late-stage incidence target. Montgomery County is predicted to take one year to achieve the death rate target for HP2020. Because of the projected time to achieve these targets, Montgomery County has been identified as a medium high priority county. In Montgomery County, there are a large proportion of Hispanic/Latina, low education, medically underserved and rural populations.

Saratoga County is predicted to take 13 years or longer to achieve the Healthy People 2020 late-stage incidence target. Saratoga County is predicted to take eight years to achieve the death rate target for HP2020. Because of the projected time to achieve these targets, Saratoga County has been identified as a high priority county.

Twin Tiers Region

Overall, the female breast cancer incidence rate in the Twin Tiers Region was slightly higher than that observed in the US as a whole, but the trend was decreasing slightly more rapidly. The female breast cancer incidence rate and trend of the Twin Tiers Region were not significantly different than that observed for the State of New York nor for the State of Pennsylvania.

Overall, the female breast cancer death rate in the Twin Tiers Region was slightly lower than that observed in the US as a whole and the death rate trend was not available for comparison with the US as a whole. The death rate of the Twin Tiers Region was not significantly different than that observed for the State of New York nor than that observed for the State of Pennsylvania.

Overall, the female breast cancer late-stage incidence rate in the Twin Tiers Region was slightly lower than that observed in the US as a whole, and the late-stage incidence trend was lower than the US as a whole. The female late-stage incidence rate and trend of the Twin Tiers Region were not significantly different than that observed for the State of New York. The female breast cancer late-stage incidence rate in the Twin Tiers Region was significantly lower than that observed for the State of Pennsylvania, and the late-stage incidence trend was not significantly different than in the State of Pennsylvania.

While the late-stage rate data in the Twin Tiers Region was similar to that of New York and more favorable than in Pennsylvania, the trend in these rates was less favorable in two counties within the Twin Tiers Region, namely, Bradford County, PA, and Tioga County, NY. In addition, because of these less favorable trends, neither county is expected to meet the Healthy People 2020 late-stage diagnosis goal of 41.0 per 100,000 for 13 years or more. Because these trends were less favorable and because these counties are not expected to meet the Healthy People 2020 late-stage diagnosis goal, the Affiliate chose Bradford County, PA, and Tioga County, NY, as the counties of focus in the Twin Tiers Region.

Western Region

Allegany County falls into the medium-high priority area for HP 2020 targets. Allegany County is predicated to take 2 years to achieve its target death rate, and 13 years or longer to achieve its target late-stage incidence. Allegany County, located in the Southern Tier of the Western Region, is defined as a rural and medically underserved county. Allegany's population and geographic demographics are comparable to neighboring Cattaraugus County, with 39 percent of county residents living below 250 percent of the poverty line, and 49.5 percent of the total female population over the age of 40. Due to the similarities and geographic proximity between the two counties, they often collaborate in delivering services.

Cattaraugus County falls into the medium priority guidelines for HP 2020 targets. Cattaraugus County is predicated to take three years to achieve its target death rate, and 11 years or longer to achieve its target late-stage incidence. Cattaraugus County is classified as a rural and medically underserved area in the Southern Tier of the Western Region. The annual average female population is 40,877 and 52.3 percent of those women are over the age of 40. Approximately 94 percent of the total female population is comprised of White women and 38.9 percent of the county residents fall below 250 percent of the poverty line. There are also large proportions of American Indian and Amish communities in the county.

Erie County has been identified as a priority county due to the length of intervention time estimated to achieve the HP2020 targets. It is predicated to take 11 years for the county to achieve its target death rate, and 13 years or longer to achieve its target late-stage incidence. Erie County includes the City of Buffalo, and is the largest and most diverse county in the service area. In general, the minority population in Erie County is higher than the rest of the Western Region, with 14.8 percent Black/African-American residents and 4.6 percent Hispanic/Latina residents. Black/African-American women face higher death rates from breast cancer compared to other races. Black/African-American and Hispanic/Latina women are significantly less likely to be diagnosed at an earlier stage than White women.

Wyoming County is unlikely to achieve HP2020 objectives for breast cancer and is the highest priority county. Several factors contribute to this estimation, with economic and access barriers presenting the greatest obstacles. Wyoming County is predicated to take 13 years or longer to achieve its target death rate, and 13 years or longer to achieve its target late-stage incidence. Wyoming County, also located in the Southern Tier of the Western Region, is the least populated county in the region, with a total population of just under 42,000 people, and just over 19,000 females. Wyoming County's female population is primarily White and over the age of 40. Over 31 percent of county residents fall below 250 percent of the poverty line.

Overall, the breast cancer late-stage incidence rate in the Western Region was slightly higher than that observed in the US as a whole and the late-stage incidence trend was higher than the US as a whole. The late-stage incidence rate and trend of the Western Region were not significantly different than that observed for the State of New York. For the Western Region as a whole, the incidence rate was lower among Blacks/African-Americans than Whites, lower among Asian Pacific Islanders than Whites, and lower among American Indian/Alaska Natives than Whites. The incidence rate among Hispanics/Latinas was lower than among Non-Hispanics/Latinas. None of the counties in the Affiliate service area had substantially different incidence rates than the Western Region as a whole.

Overall, the breast cancer death rate in the Western Region was slightly higher than that observed in the US as a whole and the death rate trend was not available for comparison with the US as a whole. The death rate of the Western Region was significantly higher than that observed for the State of New York. The breast cancer death rate reflects the access to care and the quality of care in the health care delivery area, as well as cancer stage at diagnosis. The meanings of these data are the same as for incidence rates, with one exception; changes in screening don't affect death rates in the way that they affect incidence rates.

Health Systems and Public Policy Analysis

Continuum of care

The breast cancer continuum of care represents an ongoing process that may be initiated with screening, which is preferable, or with diagnosis. Women with a positive screen result should receive prompt, high-quality diagnosis and, if necessary, treatment services. A negative screening result or a diagnosis that does not include breast cancer should be directed to follow-up care that includes later screening at age- and risk-appropriate intervals.

Strengths and weaknesses of the continuum of care in target communities

Central Region

The two most populous target communities in the Central Region, Monroe and Onondaga Counties, feature academic medical centers with high-quality cancer care. Despite these apparent strengths, elevated late-stage diagnosis and death rates among Black/African-American women persist, suggesting that this population may not be receiving the best diagnostic and treatment care.

Other strengths in these two counties include a strong Cancer Services Program in Monroe County that provides frequent screening and education events designed to introduce underserved women into the continuum of care, while Onondaga County boasts a new Cancer Care Center at Upstate Medical University. Both counties have state-of-the-art mammography facilities in proximity to some communities with poverty.

Despite these advantages, not all neighborhoods with large concentrations of underserved women enjoy ready access to high quality preventive care, and some care that is accessible uses outdated technology. In addition, changes in large health systems within these communities threaten to disrupt the networks of care that are available for the underserved. In addition, there are pockets of refugees, particularly in Onondaga County, whose health needs are poorly understood. In both counties, deficits in health literacy and cultural issues constitute additional barriers to high-quality breast cancer care and greater coordination is needed to introduce underserved women into and through the continuum of care.

Seneca County, the third target community, has a small population (35,000) and limited health services. The county is largely rural and lies between the two largest Finger Lakes in the Central Region. The county has no hospital and just one facility for screening mammography, located in the north. A federally qualified health center opened in the southern part of the county serving the poor rural population in this area. Strengths include access to excellent health facilities for those with the means to travel to them and strong collaboration among health care providers and the Cancer Services Program (CSP). Lack of health services within the county and the necessity for women to travel long distances to receive care are the main weaknesses in this area.

Northeastern Region

The five counties of interest in the Northeastern Region include 11 hospitals, four community health centers, one free health clinic, and several other facilities providing direct services such as imaging centers and breast health clinics. These include four American College of Surgeons Commission on Cancer accredited facilities, five American College of Radiology Centers of Excellence and no American College of Surgeons National Accreditation Program for Breast Centers (NAPBC) facilities or National Cancer Institute Designated Cancer Centers.

In Albany and Schenectady Counties, there were 43 locations that provided breast cancer services varying between screening, diagnostic, treatment, and survivorship. There were 21 locations providing screening services, 13 locations providing diagnostic services and nine locations providing treatment services. In the entire county, there were 27 locations that provided survivorship services or care.

In Franklin County, there were nine locations that provided breast cancer services varying between screening, diagnostic, treatment, and survivorship. There were eight locations providing screening services, three locations providing diagnostic services and two locations providing treatment services. In the entire county, there were four locations that provided survivorship services or care.

In Fulton County, there were a total of four locations that provided breast cancer services varying between screening, diagnostic, treatment and survivorship. There were three available locations providing screening. There were two locations that provided diagnostic services, no locations that provided treatment services and two locations that provided support/survivorship.

In Montgomery County, there were five locations that provided breast cancer services varying between screening, diagnostic, treatment, and survivorship. There were four locations providing screening services, one location providing diagnostic services and two locations providing treatment services. In the entire county, there were two locations that provided survivorship services or care.

In Saratoga County, there were 17 locations that provided breast cancer services varying between screening, diagnostic, treatment, and survivorship. There were 13 locations providing screening services, eight locations providing diagnostic services and two locations providing treatment services. In the entire county, there were six locations that provided survivorship services or care.

Twin Tiers Region

Female breast cancer was the “leading type of cancer” in Tioga County in the period 2007-2009. With no hospitals located within Tioga County, NY, and because only very limited screening services are available within the county, patients requiring diagnostic services or, with one exception, treatment must travel outside the county. Due to its rural nature and the lack of convenient public transportation options, this lack of local breast health services poses a significant barrier to care, especially for patients in the northern communities that lie further from major highways. Additionally, there are no programs for survivors available in the county.

On the positive side, a mobile mammography van makes periodic visits to Tioga County, an Affiliate grantee helps educate and coordinate mammograms, and the New York State Cancer Services Program makes low and no cost screening available to uninsured women otherwise unable to afford it.

In contrast to Tioga County, NY, screening mammography is available at four distinct Bradford County, PA locations, three hospitals, including a major cancer center, are located within the county, and a wide range of diagnostic and treatment options are available. Guthrie’s Robert Packer Hospital in Sayre, PA offers a full spectrum of breast health services and includes a specialized diagnostic and breast education facility. Located in the far northern section of the county, this facility is difficult to reach for women from the very rural southern communities. In addition, treatment for lymphedema is not available at this facility. Administered by an Affiliate grantee, the Pennsylvania Healthy Woman Screening Program is available to assist uninsured and underinsured women from throughout the county. As in Tioga County, NY, transportation is a barrier to care, however, especially for women in the very rural southern section of the county.

In addition, there are no programs specifically for breast cancer survivors in Bradford County, although Guthrie does offer a monthly general women's cancer support group.

Western Region

In Cattaraugus County, community-based organizations are crucial in providing breast health education and resources to women. Many breast health services offered in the county are provided by the two largest healthcare systems in the Southern Tier region of the Western Region, Southern Tier Community Health Center Network and Olean General Hospital. Most outreach programs in this target area are provided by Cancer Services Program (CSP), funded by the New York State Department of Health. CSP offers education, screening, diagnostics, case management, and treatment assistance for breast, cervical, and colorectal cancers at various locations in the Western Region. Additionally, CSP sponsors low cost or no cost breast and cervical cancer risk reduction services to uninsured or underinsured women, ages 40 and over. Other agencies that provide education and support programs include the Cattaraugus County Health Department and the Breast and Cervical Health Partnership of Cattaraugus County.

Few screening and treatment options exist in Cattaraugus County. Only Olean General Hospital offers chemotherapy treatment services (located in the region's largest city, Olean) and is over an hour drive for many residents. Due to this limitation, many women are referred to hospitals or larger organizations outside of their county to receive breast health services. The distance to screening facilities and treatment services makes accessing breast healthcare difficult for many women. American Indian women are eligible to receive services from two healthcare institutions that primarily serve the Native American community. However, distance between the reservations require women to travel great distances outside of their communities to access these services. Patient navigation, support groups, and survivorship services are severely lacking in Cattaraugus County. The Affiliate could only identify one location that offered a breast cancer support group, again located in the city of Olean.

Allegany County shares many resources and services with neighboring Cattaraugus County, including the same two large healthcare systems which offer screening mammograms to residents. Community-based organizations play a large role in providing education and support services, several of which aim to reduce financial and transportation barriers. The two counties also share CSP, which provides most of the outreach in this area.

Breast health screening and treatment services are even more limited for women living in Allegany County. The lack of available resources requires women to travel over 60 miles round trip to neighboring counties in order to access services. Although Allegany County offers some services for Native American women, much like Cattaraugus County, resources are limited and require additional travel. Breast cancer support groups and patient navigation programs, at the screening and treatment levels, are limited in Allegany. The Affiliate was unable to identify any breast cancer support groups available in Allegany County, instead residents were required to travel to neighboring Cattaraugus County to access the one support group available to both counties.

Of all the target areas in the Western Region, the largest numbers of screening and treatment options are available to women accessing the continuum of care in Erie County. There are

many community based and health based organizations in Erie County that provide a variety of breast health education and support, including cancer care and patient navigation services to residents, particularly to those in underserved communities.

Until recently, few mammography facilities exist inside the City of Buffalo. In early 2015, however, there were at least 2 new Mammography facilities opened in the city.

Patient navigation services are a valuable resource for women transitioning through the continuum of care. Though some healthcare institutions offer patient navigation at the screening level, the availability of these services are limited. Safety-net practices and health centers see an abundance of patients with multiple complex conditions and often find prioritizing health needs challenging. Limited access to technology makes navigating the complex health system difficult for many women.

Wyoming County has one location that offers screening mammograms to residents; Wyoming County Community Hospital. Oak Orchard Community Health Center provides Clinical Breast Exams. Financial resources for uninsured and underinsured women are available through the Cancer Services Program of Livingston and Wyoming Counties.

Overall, Wyoming County severely lacks breast cancer screening, treatment, and support services, including patient navigation programs. Wyoming County currently has no treatment centers. Due to Wyoming County's rural geography, residents must travel substantial distances to adjacent counties in order to access breast care. Resources for uninsured and underinsured women are available through community-based organizations, such as CSP.

Public Policy Environment and Implications

The public policy environment affects the relationship between Komen Upstate New York and state and local agencies that provide access to breast health services for uninsured and underinsured women in the Affiliate service area. Another consideration includes the recently implemented Affordable Care Act (ACA) and how that may alter the landscape for breast health care.

Women without private health insurance can receive breast health services through a complex network of federal, state and local agencies. Screening services are available through the National Breast and Cervical Cancer Early Diagnosis Program (NBCCEDP), also known as the Cancer Services Program in New York and the Healthy Women Program in Pennsylvania. Coverage for breast cancer diagnosis and treatment is available for Medicaid enrollees through the Medicaid Cancer Treatment Program (MCTP). Not surprisingly, given the complexity of the program's enrollment process, many women in need of breast cancer services fall through the cracks in the system and do not receive the high-quality care that they need. Komen Upstate New York collaborates with the NBCCEDP programs and with health care providers directly to provide a safety net for women who are unable to access breast health preventive, diagnosis and treatment services.

Under the ACA, New York State has participated in the expansion of Medicaid coverage, which will allow more women to receive health insurance coverage through marketplace exchange programs. Pennsylvania did not expand Medicaid coverage. Although the safety net for breast cancer prevention and treatment may expand under the ACA in New York, Komen Upstate New

York anticipates that the need to provide services for women who “fall through the cracks” in the system will persist in both states. This need is expected to be most pressing in minority communities that include historically underserved women. Furthermore, some providers of breast health services may decline to take Medicaid enrollees due to low reimbursement, resulting in reduced access to needed care for these women. In addition, the fragmented nature of the health care system will continue to create barriers for uninsured or underinsured women in need of breast cancer prevention and treatment services. These will continue to be focus areas for Komen Upstate New York to enable all women who are in need of breast health services to obtain them.

Qualitative Data: Ensuring Community Input

The Affiliate recognizes and understands the importance of involving the community it serves in addressing issues related to breast cancer prevention, diagnosis and treatment. Accordingly, the Affiliate enlisted the help of multiple community leaders in the target communities

Central Region

Key assessment questions were similar for Monroe and Onondaga Counties, but assessment questions were unique for the rural agricultural population of Seneca County. Due to elevated late-stage diagnosis and death among Black/African-American women in Monroe and Onondaga Counties, the Affiliate questioned where in the continuum of care the system was failing. What were barriers relating to knowledge, culture, health literacy, trust, geography and belief systems that blocked access to high-quality care. In rural Seneca County, which had the highest breast cancer death rate in the Central Region, the Affiliate wanted to know where, when and how women were accessing and receiving breast health services through the continuum of care.

Key informant interviews revealed three salient themes about impediments to the continuum of care that were common to both urban women of color (Monroe and Onondaga Counties) and rural mainly White women (Seneca County). These commonalities included pervasive poverty, lack of all preventive medical practices in general, and an urgent need for medical homes for all.

In urban Monroe County, key informants highlighted barriers to high-quality breast cancer care among women of color who are faced with poverty and poor access to health care in general. These barriers include care facilities that are not conveniently located, lack of diversity among care providers, prohibitive cost of deductibles for follow-up diagnoses, low health-related knowledge and literacy levels, fatalistic health beliefs, and lack of a coordinated system to assist women through the continuum of care. Residents of Onondaga County face similar life circumstances and barriers to high-quality cancer care. Prevention is a low priority among women who struggle to make ends meet in their everyday lives. Here too, health-related knowledge and literacy are limited, women frequently seek advice from unscientific resources, and many women do not have strong relationships with primary care medical providers. Although the health insurance picture may be changing as a result of the ACA, many women in both Monroe and Onondaga Counties historically have lacked health insurance, and there is much uncertainty about how changes brought on by the ACA will affect access to breast cancer care in these communities.

Barriers identified by key informants in Seneca County are also related to poverty and lack of primary care. In this rural county, many women face social isolation and transportation difficulties, often putting off health care needs until they are in crisis. Many women do not prioritize their own health and do not regularly visit primary providers. Despite availability of free or low-cost prevention services through CSPs, many women refuse to take advantage of these because they consider them to be "hand-outs".

Key informants in all three target communities described dedicated providers who work tirelessly and creatively to bring underserved women into the continuum of care. This was evidenced, for example, by Rochester screening days that offer free services such as massages, and Seneca County providers who coordinate their efforts to find medical homes for at-risk women.

Interviews during this Community Profile cycle focused heavily on understanding barriers to mammography screening because, as the first line of defense, early detection is the best tool to combat breast cancer death and morbidity. Future investigations in the Central Region could be enhanced by learning directly from at-risk women about their experiences with the continuum of care. The Affiliate also needs timely methods to evaluate the availability, affordability, and utilization of breast health services in various communities that are undergoing rapid consolidations in health care.

Twin Tiers Region

To best evaluate the experiences of breast cancer survivors in Bradford County, Pennsylvania, the Affiliate constructed a short (11 question) survey and interviewed key informants at several Bradford County health care providers. The Affiliate chose to utilize a survey in an attempt to reach as many survivors as possible in this predominantly rural county and assess their experiences along the entire continuum of care. As the key informants are present and working with breast cancer patients on a daily basis, the Affiliate values their insights into the conditions facing those affected by breast cancer throughout the continuum of care. Together, these methods enabled the Affiliate to assess the levels and quality of care available in Bradford County, Pennsylvania from the perspectives of caregivers and care recipients, thus rendering a more accurate assessment than it could have achieved had the inquiry been limited to only one of these groups.

Although the Affiliate received minimal responses to its survey, both the respondents and the key informants interviewed concurred that women in the mountainous southern sections of Bradford County experienced more barriers along the entire continuum of care, and breast cancer survivor programming is a need and of interest throughout the county.

As in Bradford County, PA, the Affiliate constructed a short (10 question) survey and interviewed key informants at several health care providers both within and outside Tioga County, New York, to best evaluate the availability and accessibility of breast health services. The Affiliate chose to utilize a survey in an attempt to reach as many women over 40 as possible in this predominantly rural county that has only limited health services available and no hospitals, in an attempt to determine their experiences along the entire continuum of care. The use of a survey and key informant interviews with breast health care providers, including the operator of the mobile

mammography unit that services Tioga County, enabled the Affiliate to assess the availability and accessibility of breast health services in Tioga County.

Despite limitations of the data, with no surveys completed and returned, it does appear that breast health services are less available and accessible in the rural northern communities of Tioga County than in the southern communities, which are linked by a major highway to breast health facilities in adjacent Broome County, NY, and Bradford County, PA. Given that there are limited public transport options in the county and that for many Tioga County residents, in particular those in the northern communities, the nearest primary or specialized health care provider can be up to 30-60 miles away, transportation is a key barrier to care. These shortcomings most likely play a role in the increase in late-stage diagnoses identified in Tioga County.

Western Region

The Affiliate conducted key informant interviews and focus groups with five different demographic groups from each of the four target areas to gain a more in-depth perspective on the barriers women face in accessing breast health care. These groups included primary care providers, cancer care providers, community-based organizations, women 40 years old and older, and breast cancer survivors. A set of predetermined interview questions were used to guide the conversations. Questions were selected to elicit information about three identified content areas; access to cancer care across the continuum of care, barriers to screening and early detection, and availability of support services.

The Affiliate conducted key informant interviews with primary care providers, cancer care providers, and community based organizations. All of these groups were identified as important in assisting women through the continuum of care, specifically recognizing the importance of primary care providers as the gateway to screening mammography. All key informants were asked about the availability of resources in their counties, and barriers women face in seeking screening and/or treatment. Both primary care providers and cancer care providers were asked to consider factors that may contribute to late stage diagnosis, their opinions on current screening guidelines, and barriers they faced in follow up care with patients in treatment.

Women 40 years of age and older, and breast cancer survivors participated in key informant interviews and focus groups. It was important to explore the views of women without breast cancer to understand the barriers they may face in accessing care, particularly in regards to early detection and screening. In addition, the Affiliate wanted to assess the experiences of survivors, specifically the challenges they faced throughout the entire cancer care continuum. Survivors were recruited to share feedback of their experience in navigating the continuum of care for their treatment resources. Survivors were asked to comment on barriers they faced in getting screened and receiving treatment, the availability of resources and barriers to accessing those resources, and how they thought the continuum of care could be improved.

Overall, similar and recurring barriers existed in each target area among key informants and focus group participants. Financial and transportation barriers were common issues that women faced in accessing quality breast health services. Key informants identified cost and lack of insurance as main concerns inhibiting women from accessing services. The cost of co-pays and potential out of pocket costs for uninsured and underinsured women deter them from accessing services. Focus groups noted gas prices and frequency of travel for treatments as a concern,

particularly for rural communities where inconvenient locations require women to travel great distances for breast health services, and public transportation was not always a reliable alternative. Focus group participants also mentioned a concern for the cost of services and co-pays.

In all target areas, key informants noted fear as a prevalent deterrent for many women from seeking services, and overcoming the fears associated with a potential diagnosis as essential to encouraging women to enter the continuum of care. Women in the focus groups acknowledged they were fearful of the mammogram procedure itself, having endured painful experiences in the past, and many were afraid of the potential for positive findings.

A lack of appropriate breast health knowledge inhibited many women in the target areas from recognizing the importance of breast screening and early detection. Key informants and focus groups revealed women received breast health knowledge from several sources, including primary care physicians, community based organizations, and media outlets. However, there is still a considerable lack of awareness among residents. Increasing the availability and access to culturally appropriate breast health education can aid in reducing fears and improving screening rates.

Communication deficits and a lack of primary care physicians were largely mentioned among key informants in Allegany and Cattaraugus counties. Many women in the focus groups indicated that having a good rapport with their doctor is an imperative element to their care. Participants across all counties mentioned that if they did not feel comfortable or felt that the physician was not empathetic to their situation, changing doctors was their prerogative. An improvement in communication and coordination of care among the health system is necessary.

Key informants and focus group participants acknowledged family history or knowing someone personally affected by cancer was a strong motivator for seeking screening services. Also, if a woman is more health conscious and visits her doctor regularly, she is more likely to seek screening. Key informants specifically mentioned a lack of time and scheduling challenges as factors preventing women from seeking mammography screening.

Overall, there is a need for increased breast health education, reducing barriers to access to care, and inadequate availability of services, in hopes of making an impact on breast cancer death.

Mission Action Plan

Note: Some of the objectives below were accomplished by the individual four affiliates prior to the formation of Komen Upstate New York.

CENTRAL REGION

Black/African-American women in Onondaga and Monroe Counties, NY

Problem

In the context of longstanding disadvantages regarding health care in general and breast cancer services in particular, Black/African-American women continue to experience high late-stage diagnosis and death rates, as indicated in the Central Region Quantitative Data Report. The health systems and public policy analysis and the qualitative analysis reveal that even in those

areas where services are close to where they live, Black/African-American women in Onondaga and Monroe Counties face other barriers include fatalism, low health expectations, and competing health, psychosocial and economic problems.

Priority

Partner with community-based outreach/health organizations to effectively promote breast health education and services including breaking down cultural barriers for Black/African-American women in Onondaga and Monroe Counties.

Objectives

In FY 18-19, reach out to two predominantly Black/African-American faith-based organizations in Onondaga and Monroe Counties to hold breast health community outreach presentations.

In FY 18-19, a key funding priority will be to encourage grant applications that address action-oriented, evidence-based and culturally appropriate approaches to moving women through the continuum of care in Onondaga and Monroe Counties.

Monroe County, NY

Problem

According to the Central Region Quantitative Data Report, urban Black/African-American women in the target community of Monroe County have high breast cancer death rates compared to the Central Region and the state as a whole, and lack of breast health services in proximity to where they live. In addition, the qualitative data analysis indicated that they lack access to medical homes and have few opportunities to participate in screening activities.

Priority

Facilitate access to consistent, high quality primary health care and increase opportunities to participate in breast cancer screening for urban, Black/African-American women in Monroe County. Reduce economic barriers to urban Black/African-American women's ability to access quality breast health services in Monroe County.

Objective

In FY 18-19 a key funding priority will be to develop and/or improve navigation services to facilitate movement through the continuum of care - from primary care and screening through post-treatment support - for women of color provided by urban Black/African-American women in Rochester/Monroe County.

Seneca County, NY

Problem

According to the Central Region Quantitative Data Report, Seneca County has a high age-adjusted breast cancer death rate as well as a significant positive increase in the death rate of 21.4 percent annually. The health systems and public policy analysis indicated that there are limited health facilities due to the sparse rural population and geographic barriers that prohibit convenient and timely care. In addition, the qualitative data analysis suggested that social isolation in this rural environment is common, and that there may be a reluctance to accept free or reduced cost services due to the perception that these are "handouts".

Priority

Increase the availability and accuracy of information for women in Seneca County regarding the importance of early screening, treatment of breast cancer and the services accessible to them.

Objective

In FY 18-19, hold one training session in Seneca County to teach providers how to apply for grants that would address the amount and quality of breast cancer education and navigation services.

NORTHEASTERN REGION

Albany and Schenectady Counties, NY

Problem

Albany and Schenectady Counties are categorized as medium high priority with predicted time to achieve the HP2020 breast cancer targets and key populations characteristics. Albany County is predicted to take one year to achieve death rate and 13 years or longer to achieve late-stage incidence targets for Healthy People2020. Schenectady County is predicted to take four years to achieve death rate and 13 years or longer to achieve late-stage incidence targets for Healthy People2020. These counties have larger Black/African-American population and a growing immigrant and refugee population that may have unique access barriers to breast cancer services.

Priority

Increase access to breast cancer services for Black/African-American and foreign-born women residing in Albany and Schenectady Counties.

Objectives

From FY2017 through FY2019, the Community Grant Request for Application (RFA) will specify that evidence-based programs providing assistance for Black/African-American and foreign born women in Albany and Schenectady Counties to access available breast cancer services are a funding priority.

From FY2017 through FY2019, Komen Upstate New York will work to facilitate partnerships between organizations who serve the target populations and organizations who have expertise in breast cancer. The partner organization will understand the unique barriers faced by the target population (Black/ African-American and foreign-born). The goal of the partnership is to create outreach programs which effectively link the target population to the necessary breast health education and services.

Franklin County, NY

Problem

Franklin County is categorized as medium high priority with predicted time to achieve the HP2020 breast cancer targets and key populations characteristics. The county is predicted to take two years to achieve death rate targets and 13 years or longer to achieve late-stage incidence targets for Healthy People2020. This county also has a large rural, low-education, medically underserved and American Indian population that may have unique access barriers to breast cancer services.

Priority

Increase access to breast cancer services for rural, low-education, medically underserved and/or American Indian women residing in Franklin County.

Objectives

From FY2017 through FY2019, the Community Grant Request for Application (RFA) will specify that evidence-based programs providing assistance for rural women in Franklin County to access available breast cancer services are a funding priority.

From FY2017 through FY2019, the Affiliate will make it a priority to identify and build relationships with community or tribal organizations in Franklin County who serve the American Indian population in Franklin County. By FY2020, the Affiliate will have identified at least one community granting partner in Franklin County.

Fulton County, NY

Problem

Fulton County is categorized as medium high priority with predicted time to achieve the HP2020 breast cancer targets and key populations characteristics. The county is predicted to take two years to achieve death rate targets and 13 years or longer to achieve late-stage incidence targets for Healthy People2020. This county also has a large rural and low-education population that may have unique access barriers to breast cancer services.

Priority

Increase access to breast cancer services for rural, low-income and/or low-education women residing in Fulton County.

Objective

From FY2017 through FY2019, the Community Grant Request for Application (RFA) will specify that evidence-based programs providing assistance for rural women in Fulton County to access available breast cancer services are a funding priority.

Montgomery County, NY

Problem

Montgomery County is categorized as medium high priority with predicted time to achieve the HP2020 breast cancer targets and key populations characteristics. The county is predicted to take one year to achieve death rate targets and 13 years or longer to achieve late-stage incidence targets for Healthy People2020. This county also has a large Hispanic/Latina, rural, low-education, medically underserved and high poverty populations that may have unique access barriers to breast cancer services.

Priority

Increase access to breast cancer services for Hispanic/Latina, rural, low-education, medically underserved and high poverty women residing in Montgomery County.

Objectives

From FY2017 through FY2019, the Community Grant Request for Application (RFA) will specify that evidence-based programs providing assistance for rural women and Hispanic/Latina women in Montgomery County to access available breast cancer services are a funding priority.

From FY2017 through FY2019, the Affiliate will work with community partners and grantees to increase access to patient navigation through lay or professional bi-lingual breast health navigators.

Saratoga County, NY

Problem

Saratoga County is categorized as high priority with predicted time to achieve the HP2020 breast cancer targets and key populations characteristics. The county is predicted to take eight years to achieve death rate and 13 years or longer to achieve late-stage incidence targets for Healthy People2020. Saratoga County is a wealthy area, with high levels of health insurance, however many working class individuals have high deductibles and cost-sharing through marketplace health plans. This creates a barrier to care for insured women. There are also several rural areas of Saratoga County which lack access to public transportation and where there is limited access to medical care.

Priority

Increase access to breast cancer services for women in Saratoga County.

Objectives

From FY2017 through FY2019, the Community Grant Request for Application (RFA) will specify that evidence-based programs providing assistance for women in Saratoga County to access available breast cancer services are a funding priority.

By FY2019, Komen Upstate New York will assess and determine the feasibility of creating a dedicated fund to assist underinsured women with co-pays and deductibles in order to eliminate high cost sharing as a barrier to care.

TWIN TIERS REGION

Bradford County, PA

Problem

Although Bradford County, PA is home to one of the largest health care providers in the Twin Tiers Region, there is a lack of breast cancer survivor programming available, and breast health services generally are less accessible in the predominantly rural southern portion of the county. There has been a rise in late-stage diagnoses in Bradford County, PA. After assessing the results of the quantitative data, which indicate that the incidence of late-stage breast cancer diagnoses are on the rise in Bradford County, PA, and the qualitative data, which highlight the reasons that could be contributing to that result, Komen Upstate New York has identified the following mission priority.

Priority

Increase programming and support available to all breast cancer patients and survivors in Bradford County PA throughout the continuum of care.

Objectives

Designate two Board Members as Mission co-chairs, with focus on both Survivors and Education (accomplished in late 2014). Create a Mission Committee that will include a survivor mentorship program in 2015

By 2017, develop a partnership with one or more health care providers and/or community organizations operating within Bradford County, and encourage at least one of them to apply for one or more grants focused on Survivor programming.

Priority

Increase Komen's presence and support in Bradford County, especially the very rural, southern regions.

Objectives

In 2014, identify and invite a Bradford County resident to join the board or directors.

In 2015, attend at least one public event in southern Bradford County including education materials with Affiliate staff and board member participation.

In 2018, plan at least one public event highlighting Komen Upstate New York's mission and presence in Bradford County.

Tioga County, NY

Problem

Late-stage breast cancer diagnoses are on the rise in rural Tioga County, NY, which has almost no breast health services available within the county and limited public transportation options available for travel to and from health care providers in neighboring counties, especially from communities situated in the northern section.

Priority

Increase breast cancer education, programming and services available to women over 40 residing in predominantly-rural Tioga County, NY.

Objectives

In 2015, meet with the breast support organizations operating in or providing services to residents of Tioga County, NY to determine how best the Affiliate can support their efforts.

By 2017, develop a funding priority for organizations providing breast-health education, programming and services in Tioga County.

Priority

Increase awareness of transportation options and encourage improvement of transportation options for patients seeking breast health-related services, especially those patients from northern Tioga County, NY.

Objectives

In 2015, identify and meet with at least one community organization to determine how best to address transportation needs from northern Tioga County.

By 2017, encourage and help one or more community organizations to apply for an Affiliate grant to address transportation needs from northern Tioga County.

Priority

Increase Komen Upstate New York's presence in Tioga County, NY.

Objectives

In 2015, attend at least one public event in Tioga County, NY including education materials with the Affiliate staff and board member participation.

In 2018, plan at least one public event highlighting Komen Upstate New York's mission and presence in Tioga County, NY.

WESTERN REGION

Allegany County, NY

Problem

Analysis of the qualitative data shows that distance to breast cancer screening and treatment services is a major barrier, impeding access to care for women in Allegany County. Two priorities were identified with objectives developed to aid in tackling the transportation barrier and lack of navigation services in Allegany County.

Priority

Increase the number of women screened annually by improving access to breast health services among women in Allegany County, by 2019.

Objective

In FY 2016-2017 encourage community-based and/or health organizations in Allegany County to submit grant proposals to increase programs that aim to reduce transportation and financial barriers and improve access to breast health services.

Priority

By 2019, promote peer support and patient navigation in Allegany County to increase the awareness of the importance of breast health and screening.

Objective

By 2019, partner with Allegany County health organizations and local media and marketing personnel to educate the community about Komen Upstate New York's presence and activities.

Cattaraugus County, NY

Problem

Key informant interviews and focus groups conducted in Cattaraugus County revealed that women in Cattaraugus County have limited access to affordable and convenient breast health services, particularly screening and treatment options.

Priority

By 2019, increase the number of women screened annually by improving access to breast health services in Cattaraugus County.

Objective

By 2019, increase marketing efforts through media outlets to encourage organizations in Cattaraugus County to submit grant proposals that aim to reduce transportation and financial barriers and improve access to breast health services

Priority

By 2019, promote peer support and patient navigation in Cattaraugus County to increase the awareness of the importance of breast health and screening.

Objectives

Beginning with 2016-17 RFA, make grant applications targeting programs with an emphasis on patient navigation, support groups, and/or survivorship efforts in Cattaraugus County a funding priority.

By 2019, promote Community and Small Grant applications in Cattaraugus County, with an emphasis on improving patient navigation, support groups, and/or survivorship.

By 2019, implement a public relations/marketing campaign around Komen-sponsored education and outreach regarding screenings and resources available for breast cancer patients and survivors.

Erie County, NY

Problem

Data obtained through the Quantitative Report and Qualitative assessment shows that underserved women in Erie County, especially African-American and Latino populations, are significantly less likely to be diagnosed at an early stage of breast cancer. The most common factors that contribute to this problem are barriers to transportation, access to breast health services, and inadequate availability of services. The Affiliate has identified two main priorities with several objectives established to help alleviate the problems:

Priority

Decrease disparities in breast care services and increase the number of minority women screened annually in Erie County, by 2019.

Objectives

By Fiscal Year (FY) 2016-2017, make Request for Applications (RFA) aiming to alleviate transportation barriers to breast health services, particularly to breast screenings, a funding priority.

By 2019, collaborate with other local cancer-focused agencies and the state health department in developing initiatives toward educating underserved populations about breast health.

By 2019, identify, collaborate with, and support at least three community-based organizations experienced in combating the social and cultural barriers that prevent many underserved women from seeking or successfully accessing breast cancer services.

Priority

Promote peer support and patient navigation to increase awareness of the importance of breast health and screening in Erie County, by 2019.

Objectives

In FY 2016-2017, promote grant proposals aiming to support patient navigation programs providing breast health guidance to women.

By 2019, identify and collaborate with four community-based and/or faith based organizations in the city of Buffalo to disseminate Komen-produced breast health information to the local community.

By 2019, collaborate with two community-based and/or health organizations and local media and marketing personnel in Erie County to educate the community about the Affiliate's presence and activities.

Wyoming County, NY

Problem

The health systems analysis and qualitative data assessments shows that Wyoming County severely lacks breast cancer screening, treatment, and support services creating major barriers to access for women in this rural, medically underserved region.

Priority

Increase the number of women screened annually by improving access to breast health services among women in Wyoming County by, 2019.

Objectives

Beginning with 2016-17 RFA, make grant applications targeting programs with an emphasis on patient navigation, support groups, and/or survivorship efforts in Wyoming County a funding priority.

By 2019, partner with at least two Wyoming County organizations for collaboration efforts in education of area residents and providers regarding Komen breast health standards and services.

Beginning with 2016-17 RFA, identify and target community-based and/or health organizations to submit grant proposals to increase programs reducing transportation and financial barriers and improving access to breast health services in Wyoming County.

Priority

By 2019, promote peer support and patient navigation in Wyoming County to increase the awareness of the importance of breast health and screening.

Objectives

By 2019, offer grant writing workshops promoting the Community and Small Grants programs targeting providers and community-based organizations in Wyoming County in order to provide patient navigation, support groups, and/or survivorship efforts.

By 2019, collaborate with one local healthcare institution and local media and marketing personnel in Wyoming County to educate the community about Komen Upstate New York's presence and activities, and assist in the dissemination of Komen supported breast health education.

Public Policy

Problem

Data shows that many women in the target areas are not meeting screening guidelines, and are not set up to meet Healthy People 2020 objectives in the next 10 years. Because so many women in the service area are not set up to meet Health People 2020 objectives, this is a service area wide priority.

Priority

By 2019, develop new partnerships to advance the Affiliate's mission.

Objective

By 2019, develop a partnership with the New York State Cancer Consortium (NYSCC) and formally join the Cancer Consortium to align with statewide initiatives.

Disclaimer: Comprehensive data for the Executive Summary can be found in the 2015 Susan G. Komen® Upstate New York Community Profile Report.