



COMMUNITY

PROFILE REPORT 2015



SUSAN G. KOMEN®
SIOUXLAND

Table of Contents

Table of Contents	2
Acknowledgment	3
Executive Summary	6
Introduction to the Community Profile Report	6
Health System and Public Policy Analysis	10
Qualitative Data: Ensuring Community Input	13
Mission Action Plan	15
Affiliate History	18
Introduction	18
Affiliate Organizational Structure	20
Affiliate Service Area	21
Quantitative Data: Measuring Breast Cancer Impact in Local Communities	26
Quantitative Data Report.....	26
Quantitative Data Report Conclusions	40
Additional Quantitative Data Exploration	40
Selection of Target Communities	41
Health Systems and Public Policy Analysis	44
Health Systems Analysis Data Sources	44
Health Systems Overview	44
Public Policy Overview	52
Health Systems and Public Policy Analysis Findings	63
Qualitative Data: Ensuring Community Input	65
Qualitative Data Sources and Methodology Overview	65
Qualitative Data Findings	72
Mission Action Plan	75
Breast Health and Breast Cancer Findings of the Target Communities.....	75
References	79
Appendices	80

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Executive Summary

Introduction to the Community Profile Report

Susan G. Komen® Siouxland originated from the efforts of Lesa McDermott, a local attorney, who in 1999 lost her mother to breast cancer. She was discouraged by the lack of resources available to breast cancer patients in the Siouxland area. Having knowledge of Susan G. Komen she felt the need to organize and pursue the formation of an Affiliate for the Siouxland tri-state area centered in Sioux City, Iowa. In April 2004, formation of Susan G. Komen Siouxland was announced. The counties ultimately served include Woodbury, Plymouth, Sioux, and Lyon in Iowa; Dakota and Thurston in Nebraska; and Union in South Dakota.

During the past years, Susan G. Komen Siouxland has awarded more than \$1 million in grants locally to promote breast health at all stages of life through risk reduction and early detection and over \$250,000 to Komen Headquarters for breast cancer research. Fundraising and grant-awarded programs have provided education and support services to community members and health care providers.

Grantmaking is a key activity of Komen Siouxland. Recent grants have included *Serving Our Sisters* and *Patient Navigation* under the direction of the June E. Nylén Cancer Center which offers early detection services for women who may not have access to mammograms, support services to women passing through the continuum of care, and other patient assistance to those being impacted by their diagnosis. Also funded of late was the *Hermana a Hermana* project sponsored by Promise Community Health Center in Sioux County to primarily serve the needs of those in Sioux and Lyon Counties. The project increases awareness and breast health care needs in an area where breast cancer is disproportionately higher than other areas in the state.

Susan G. Komen Siouxland is active in efforts to drive inclusion in the breast cancer population and community outreach. Komen Siouxland has participated in health fairs in Lyon, Woodbury, Plymouth, and Thurston Counties. Board members, volunteers, and staff have taken part in the Woodbury County Multi-Cultural Fair and have provided educational information during October's Breast Cancer Awareness Month at area high schools, service organizations, and businesses.

Komen Siouxland depends on information obtained through the Community Profile Report to direct the attainment of the promise to end breast cancer forever. The Community Profile is used directly by the Komen Siouxland Community Grants team in developing the Request for Proposals and in the review of the proposals.

This information can also be used by other community organizations for the following:

- Program planning and service delivery
- Grant writing
- Opportunities for expanded referrals and inter-agency collaborations

The Community Profile Report provides an overview of demographic and breast cancer statistics. Two key elements in the crusade to end breast cancer are coordination and

collaboration. The Community Profile Report outlines the findings, analysis, conclusions, and action plans developed by the Affiliate to address the breast health needs of the service area along the continuum of care. The impact of the work will reduce the incidence and death of breast cancer and assist those with the disease along the continuum of care. The completed report directs the strategic efforts of Komen Siouxland. The Community Profile illuminates areas of greatest need for outreach, areas targeted for increased funding through grants, as well as areas of greatest strength for fundraising. In summary, the Community Profile not only informs Komen, but serves to impact the entire breast health and breast cancer community in Siouxland.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

The purpose of the quantitative data report for Komen Siouxland is to combine evidence from many credible sources and use the data to identify the highest priority areas for evidence-based breast cancer programs. Within the Quantitative Data Report is a section which provides specific information on the major types of data including incidence rates, death rates, late-stage diagnosis, mammography screenings, and demographic and socioeconomic measures.

Incidence rates and trends summary

Within the incidence rates and trends portion of the Quantitative Data Report the breast cancer incidence rate and trend in the Affiliate service area were lower than that observed in the U.S. as a whole. The incidence rate and trend of the Affiliate service area was not significantly different than that observed for the states of Iowa, Nebraska, and South Dakota.

Death rates and trends summary

Overall, the breast cancer death rate in the Komen Siouxland service area was similar to that observed in the U.S. as a whole and the death rate trend was not available for comparison with the U.S. as a whole. The death rate of the Affiliate service area was not significantly different than that observed for the states of Iowa, Nebraska, and South Dakota. None of the counties in the Affiliate service area had substantially different death rates than the Affiliate service area as a whole.

Late-stage incidence rates and trends summary

Overall, the breast cancer late-stage incidence rate in the Komen Siouxland service area 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 late-stage incidence rate and trend of the Affiliate service area were not significantly different than that observed for the states of Iowa, Nebraska, and South Dakota.

Significantly less favorable trends in breast cancer late-stage incidence rates were observed in the following county:

- Lyon County, IA

The remainder of the service area had late-stage incidence rates and trends not significantly different than the Affiliate service area as a whole or did not have enough data available.

Breast Cancer Screening Proportions Summary

The information provided in the Quantitative Data Report found the breast cancer screening proportion in the Komen Siouxland service area was not significantly different than that observed in the US as a whole. The screening proportion of the Affiliate service area was not significantly different than the states of Iowa, Nebraska, and South Dakota. None of the counties in the Affiliate service area had substantially different screening proportions than the Affiliate service area as a whole.

Population Characteristics Summary

Proportionately, the Komen Siouxland service area has a substantially larger White female population than the US as a whole and a slightly smaller Hispanic/Latina female population. The Affiliate's female population is about the same age as the US. The Affiliate's education level is slightly higher and income level is slightly higher than the US. There is a substantially smaller percentage of people who are unemployed in the Affiliate service area. The Affiliate service area has a substantially smaller percentage of people who are foreign born and a slightly smaller percentage of people who are linguistically isolated. There is a substantially larger percentage of people living in rural areas, a slightly smaller percentage of people without health insurance, and a slightly smaller percentage of people living in medically underserved areas.

The following county has substantially larger American Indian/Alaskan Native (AIAN) female population percentages than that of the Affiliate service area as a whole:

- Thurston County, NE

The following county has substantially larger Hispanic/Latina female population percentages than that of the Affiliate service area as a whole:

- Dakota County, NE

The following county has substantially lower education levels than that of the Affiliate service area as a whole:

- Dakota County, NE

The following county has substantially lower income levels than that of the Affiliate service area as a whole:

- Thurston County, NE

The following county has substantially lower employment levels than that of the Affiliate service area as a whole:

- Thurston County, NE

The following county has substantially larger foreign born and linguistically isolated populations than that of the Affiliate service area as a whole: Dakota County, NE

The following counties have substantially larger percentage of adults without health insurance than the Affiliate service area as a whole: Dakota County, NE Thurston County, NE

Conclusions: Healthy People 2020 Forecasts

Because death rate trend data are not available for the Komen Siouxland service area, it cannot be predicted whether the Affiliate service area will meet the HP2020 target of 20.6 female breast cancer deaths per 100,000.

The following county is **likely to miss** the HP2020 breast cancer death rate target unless the death rate falls at a faster rate than currently estimated: • Woodbury County, IA

Because data for small numbers of people are not reliable, it cannot be predicted whether Lyon County, IA, Sioux County, IA, Dakota County, NE, Thurston County, NE, and Union County, SD will reach the death rate target. The remaining county, Plymouth County, IA, is likely to achieve the target by 2020 or earlier.

The following counties **currently meet** the HP2020 late-stage incidence rate target of 41.0: Plymouth County, IA and Sioux County, IA

The following counties are **likely to miss** the HP2020 late-stage incidence rate target unless the late-stage incidence rate falls at a faster rate than currently estimated: Lyon County, IA and Union County, SD

Because data for small numbers of people are not reliable, it cannot be predicted whether Dakota County, NE and Thurston County, NE will reach the late-stage incidence rate target. The remaining county Woodbury County, IA is likely to achieve the target by 2020 or earlier.

Conclusions

Highest priority areas

Two counties in the Komen Siouxland service area are in the highest priority category. Both of the two, Lyon County, IA and Union County, SD, are not likely to meet the late-stage incidence rate HP2020 target.

Late-stage incidence trends in Lyon County, IA (25.5 percent per year) are significantly less favorable than the Affiliate service area as a whole (-9.4 percent per year).

Medium high priority areas

One county in the Komen Siouxland service area is in the medium high priority category. Woodbury County, IA is not likely to meet the death rate HP2020 target. The death rates in Woodbury County, IA (26.8 per 100,000) appear to be higher than the Affiliate service area as a whole (23.4 per 100,000) although not significantly.

Undetermined areas

Two counties in the service area have undetermined priorities but may still have significant needs. Both Dakota County, NE and Thurston County, NE have substantial minority populations

with multiple socioeconomic challenges among the key population characteristics in Table 3.3. Screening rates in Dakota County, NE (66 percent) appear to be lower than the Affiliate service area as a whole (74 percent) although not significantly.

Target communities

When selecting target communities, the Affiliate reviewed Healthy People 2020, a major federal government initiative providing specific health objectives for communities and the country. Specific to Komen Siouxland's work, goals around reducing women's death rate from breast cancer and reducing the number of breast cancers found at a late-stage were analyzed. Through the review, areas of priority were identified based on the time needed to meet Healthy People 2020 targets for breast cancer.

Key indicators Komen Siouxland reviewed when selecting target counties included but were not limited to:

- Healthy People 2020
- Incidence rates and trends
- Death rates and trends
- Late stage rates and trends
- Below average screening rates
- Residents living below poverty rates
- Residents living without health insurance
- Unemployment rates
- Rural residency
- Minority, ethnicity, and linguistically isolated and / or foreign born populations

The selected target communities are:

- Lyon County, IA
- Thurston County, NE
- Union County, SD

In order to substantiate the inclusion of Thurston County, as a Susan G. Komen Siouxland Target Community, Komen Siouxland validated the large number of American Indian female population in Thurston County and confirmed data that Thurston County as the poorest county in the State of Nebraska and the 58th poorest county in the U.S.

Health System and Public Policy Analysis

Summary of strengths and weaknesses of the continuum of care for target communities

Lyon County - Lyon County is within an hour and a half drive from Sioux City, Iowa. The county is a rural area where residents have to travel to larger communities to seek specialized health care. Providers indicated transportation, education, and the distance of the primary health providers are a few of the barriers inhibiting the expected health care needs of the community.

Within Lyon County, Sanford Rock Rapids Medical Center offers screening and diagnostic mammography, mobile mammography, CBE, diagnostics, ultra-sound, chemotherapy, surgery, support groups, and exercise and nutrition programs. In Sioux County which is south of Lyon County, Hegg Memorial Hospital and Promise Community Health Center offer breast health services.

The Health Services of Lyon County, the county community health department, indicated no breast health services beyond offering recommendations and referrals. The Health Services of Lyon County refer to Sanford Rock Rapids Medical Center, Sioux Center Hospital and Health Center and Sanford Health Facility of Rock Rapids, June E. Nylén Cancer Center, Mercy Medical Health Center, Mercy Breast Care Center, and Unity Point Health Breast Imaging and Breast Screening System. The medical clinics within Lyon County are part of Sanford Rock Rapids Medical Center, which offers mammography and other breast health care. In Lyon County there are no free clinics. Siouxland District Health Department serves Lyon County and offers support / survivorship services in the form of Care for Yourself State Program and Lifestyle Risk Factors for Breast Cancer (obesity, alcohol, and exercise).

Lyon County and nearby Sioux County have health care services willing to provide educational opportunities for residents. Sanford Rock Rapids Medical Center (Lyon County), Hegg Memorial Hospital (Sioux County), Promise Community Health Center (Sioux County) are exploring avenues to include screening and treatment into local facilities.

Thurston County – In Thurston County, breast health / cancer services are provided by two facilities. Winnebago Public Health Services Hospital (tribal / government funded hospital) and Pender Community Hospital both provide screening diagnostic and support / survivorship services to the underserved and underinsured population. Sioux City is a twenty minute commute from Thurston County and has comprehensive breast health / services available. Thurston County does not have a county health department, community health clinic nor any free clinics.

Thurston County is confronted by the lack of breast health education and the underutilization of the available services. The population of the county is primarily American Indian. The qualitative section of the Community Profile will discuss the county's challenges.

Union County – Union County is part the Sioux City, IA-NE-SD Metropolitan Statistical Area and offers primary care providers as well as two hospitals, the June E. Nylén Cancer Center, and mammography services. Typical with the majority of the Siouxland service area, Union County is predominately rural. Transportation and education are challenges for the residents.

Union County has no free clinics and has part-time county health nurses but no county health department and no direct breast health services. The medical clinics within the area offer breast health recommendations but no direct services.

The Dakota Dunes area of Union County has an assortment of specialized medical clinics (including a mammography center) plus an affluent residential development detailed in Health System and Public Policy Analysis section.

Public policy implications for the states

With the Affordable Care Act, the opportunity for improved access to quality screening and treatment is important for residents throughout the Komen Siouxland area. The NBCCEDP can operate in concert with the ACA in providing excellent breast health care. As the states within the service area work to provide the medical care outlined in the comprehensive cancer control plans the impact on breast cancer should be substantial. Educating the public on available programs and insurance coverage is required. The emphasis on risk reduction, the expansion of coverage which is meaningful to so many who have been underserved, and the opportunity to improve quality of life make the public policy measures impactful to so many. Because so much is relatively new, the outcomes will be more fully measured in the upcoming four to five years.

Susan G. Komen Siouxland is initiating a Public Policy Committee. As time permits, the Affiliate will take part in Breast Cancer Awareness Month activities at the state capitals. The Affiliate will continue to educate constituents on the need for efficient, quality, and compassionate health care as well the opportunities both state and federal programs have in place.

Conclusions statements about the Health System and Public Policy Analysis findings

Susan G. Komen Siouxland's three target communities are rural in nature with underinsured and underserved populations. Some of difficulties encountered in providing the best of health care were transportation, education on the importance of breast health care, and assisting those requiring or undergoing treatment. For those required advanced treatment the transportation issue becomes monumental as the larger cancer and hospital facilities are sometimes two to three hour journeys. In Thurston County, the American Indian population has cultural attitudes which require intense education. There is an ongoing need to further educate in the areas of health insurance and other assistance programming.

The main gaps in the CoC for the three target counties are education, transportation, and distance to services. Many individuals are not being screened, do not follow-up with further treatment, lack transportation to proper services, and do not understand breast health.

In Lyon County, Komen Siouxland partnerships with Promise Community Health Center, the Iowa Department of Public Health, Orange City Area Health System, Sioux Center Community Hospital and Health Center, Sanford Rock Rapids, and the Floyd Valley Hospital.

Within the last two years, Komen Siouxland has been building Thurston County partnerships. Komen Siouxland has partnered with Pender Community Hospital and Winnebago Public Health Service Hospital.

In Union County, Komen Siouxland has partnered with Unity Point Health System and Mercy Medical Center. The two aforementioned entities are co-owners of the June E. Nylén Cancer

Center and serve the entire Siouxland area. Komen Siouxland has worked closely with both Unity Point Health Breast Imaging and Breast Screening System (an affiliate of Unity Point Health Systems) and Mercy Medical Center in creative working partnerships in breast health education and breast cancer care.

Qualitative Data: Ensuring Community Input

The Susan G. Komen Siouxland Community Profile Committee reviewed the quantitative and health systems data and identified the key assessment questions and variables. Data shows adequate health systems and services within all the target communities but transportation and access to those services and systems are problematic according the medical service professionals interviewed and surveyed for the health systems section. Medical service professionals interviewed and surveyed for the health system section indicated inadequate information and education access was evident in all target communities.

The data collection methods utilized were key informant interviews and focus groups. Both methods were used in all target communities. In each target community, Komen Siouxland met with health service and community leaders. The qualitative data collection processes, as well as the Community Profile, were explained and discussed in length. Komen Siouxland believed the input from these individuals was crucial in determining the best methods to collect information and provide a safe and collaborative environment for participants. The target community leaders were able to assist in selecting the data collection methods which would best provide required information and be agreeable to participants. Komen Siouxland executive director, Kristi Quinn, worked with all three target communities in data collection. Brittney Keegan, a Komen Siouxland volunteer, assisted Quinn. Keegan is working on a Master's Degree in Social Work.

In Thurston County, Winnebago Hospital administration staff assisted with the focus groups. The focus group discussion topics and supporting documents were supplied by the Susan G. Komen Community Profile Module 4c Toolkit: Focus Group and the key information discussion topics were supplied by the Susan G. Komen Community Profile Module 4b Toolkit: Key Informant Interview. Also used in the process was the Susan G. Komen Community Profile Qualitative Data Question Bank.

Discussion questions were tailored to the key informant and the group members. Depending on the individual i.e. medical providers, community leaders, cancer survivor, different questions were used. The individuals moderating the focus groups and key informant interviews reviewed the Komen Key Informant Interview Process and Focus Group Process. Findings in a focus group were recorded by Keegan with Quinn leading the discussion.

The data collection methods selected for the qualitative portion of the profile allow for a cross section of individuals to validate the strictly quantitative data and also uncover unique variances which may be neglected by the other methods. The data collection methods provided the same information from multiple perspectives.

The data from quantitative, health systems analysis, and qualitative is supportive. Individuals interviewed indicated adequate health services in the Target Community as confirmed by the health systems analysis. Participants reflected the distance to receive treatment was prohibitive.

As the quantitative data reported, Lyon County is a rural area and encounters problems of transportation to these services. Because the county has 11.5 percent of the population with no health insurance the expense of alternate transportation to health services over 50 miles would be prohibitive as corroborated by the interviewees.

Lyon County has been identified as a high priority county due to the amount of Predicted Time to Achieve Late-stage Incidence Target for Healthy People 2020 (HP2020) forecasts. Focus Groups and Key Informants felt education in various formats was needed. Women were not educated in understanding mammography, screening, breast health, and the continuation of treatment. The comments by qualitative participants of needing more education and having the education be available confirms the quantitative data. Although the qualitative participants did not personally state there was a financial issue with receiving medical care they indicated many members of the community had issues with insurance and funding. The medical providers also stated funding to be an issue.

Navigating through the Continuum of Care can be substantiated by the data sources. The health system analysis indicated no patient navigation professionals. The quantitative data indicates the priorities of not only detection but of continued care. Key informants and focus groups expressed a need for personal assistance through the health care system as well as understanding breast health.

Conclusion statements

Lyon County residents need to have accessibility to screening and treatments. Exploring transportation options and assistance with funding transportation is a necessity. The financial needs of low income and / or underinsured individuals in receiving health care and transportation to health service facilities should be explored and as the new insurance plans evolve reevaluated.

Thurston County - The health systems analysis indicated adequate breast health screening services within the target community and breast cancer treatment facilities within 30 miles. The qualitative data revealed that although the medical services were available many were not knowledgeable about breast health and the culture of the community had a stigma concerning health services and illness.

The prevailing concern is the general lack of understanding by non-natives of the American Indian culture. Education on both sides is paramount. Providing education which is accessible to American Indians is key. The request by interviewees that education is presented from an American Indian perspective is substantiated by the quantitative data stating the majority of the population is American Indian. As Thurston County is considered rural by the quantitative data, transportation to medical services is needed. As stated in the qualitative data, not only transportation but understanding the appointment schedules and assistance in finding appropriate transportation should be a focusing point.

Union County -According to the quantitative information, Union County in all likelihood will miss the HP2020 late stage incidence rate target, is "In Medically Underserved Areas," and has the lowest percentage of "Proportion of women ages 50-74 with screening mammography in the last two years, self-report." The qualitative data suggests the need for educational data on the

continuum of care and breast health care. Although the majority of the younger participants had a lack of knowledge of the health care systems the older participants were looking to medical providers for information. Providing education for all age demographics as well as different platforms is needed. Also important is a personal connection through patient navigation.

The quantitative data reported Union County's screen rate is lower than the United States, the state of South Dakota, and the service averages. As reported by quantitative information, within all the target counties, the identified socioeconomic populations are many times unable or prefer to travel to metropolitan areas to seek services. The target group and key informant interviews revealed transportation confirmed this data.

Union County's health system analysis indicated one breast health care facility. With Sioux City in such near proximity alternatives are closely available. The qualitative data suggest individuals in the target communities need assistance with funding and insurance as well as information about assistance programs and / or funding available for mammograms.

Mission Action Plan

The Mission Action Plan presents the following: Problem / Need Statements followed by Priorities and Objectives. The Mission Action Plan will address the following Mission areas: (1) Grantmaking Priorities, (2) Education, (3) Community Outreach and Collaboration, and (4) Public Policy.

Problem: Lyon County and Thurston Counties are considered to be 100 percent rural. Union County is predominantly rural. The health system analysis found that all target communities had advanced breast cancer treatment services a considered distance from rural areas. Focus groups and health care providers in Lyon, Thurston, and Union Counties indicated that the distance to treatment services made it difficult for women to adhere to treatment plans or to seek further treatment.

- **Priority:** Increase the opportunities for convenient and assessable transportation in Lyon, Thurston, and Union Counties to medical services for women requiring advanced screening and treatments.
 - **Objective 1:** In FY 2016, hold at least two meetings a year with health providers and community based organizations, and transportation planning officials to develop an action plan on transportation options for women seeking advanced breast health care. The meetings will specifically examine transportation options for Lyon, Thurston, and Union County women. Because many medical services and transportation logistics are handled outside the target counties of Lyon, Thurston, and Union in neighboring counties; the meetings will be open to all counties within the Komen service area
 - **Objective 2:** By the end of FY 2016, discuss with county and state elected officials transportation options for Lyon, Thurston, and Lyon Counties.
 - **Objective 3:** By February 2015, revise the Komen Siouxland RFA to give priority to grants programs which provide innovative approaches to providing Lyon, Thurston, and Union County women convenient and assessable transportation to advanced breast screening and treatments.

Problem: Women in the target community of Lyon County and Union County have been cited in the Quantitative Data Report to have special breast cancer incidents. Lyon County has been identified as a high priority county due to the amount of Predicted Time to Achieve Late-stage Incidence Target for Healthy People 2020 (HP2020) forecasts and the county demonstrated a “Rising” rating in the Late-stage Rate Trend Direction. Union County’s screen rate is lower than the United States, the state of South Dakota, and the service area averages. The Quantitative Data Report cited the possibility women are experiencing barriers to receiving mammography screening, although none of the counties in the Affiliate service area had substantially different screening proportions. The key informant interviews for both target communities revealed women had inadequate breast health education especially the type of education which utilized social media and new technologies.

- **Priority:** Increase Lyon and Union County's capabilities to provide breast health education for all residents especially focusing on innovative and new technologies and social media.
 - **Objective 1:** In FY 2016, meet with health care services and community leaders to discuss breast health education opportunities in Lyon and Union Counties.
 - **Objective 2:** By the end of FY 2016, partner with an area community college or high school to provide social media platform for breast health education in Lyon and Union Counties.
 - **Objective 3:** By the end of FY 2016, work with area health care services to provide a women's health fair providing breast health education. Each county will have their own health fair.
 - **Objective 4:** By February 2015, revise the Komen Siouxland RFA to give emphasis to programs targeting Lyon and Union Counties' breast health care and treatments.

Problem: Lyon County and Union County have been targeted for breast health care concerns. The health system analysis found there was no site in the Lyon County for advanced treatment or screening for breast cancer and sites in Union County were a distance for rural residents. The focus groups and discussion with medical professionals disclosed women in Lyon and Union Counties need assistance with progressing through the continuum of care.

- **Priority:** Access to breast health continuum of care through developing partnerships in Lyon and Union County as well as the neighboring counties who offer these target communities medical services. The partnerships will lead to improvements in the continuum of care for Lyon and Union Counties.
 - **Objective 1:** By December 2016, add a medical or non-profit professional from Lyon or Union Counties to the Affiliate's Board of Directors to ensure the needs of the counties in the service area are represented.
 - **Objective 2:** In FY 2016, hold a rural breast cancer community meeting with providers in Lyon and Union Counties as well as the neighboring counties offering medical assistance to the aforementioned counties to discuss possible partnerships

with the goal of providing a convenient, accessible, and safe progression through the breast health continuum of care.

Problem: Thurston County is comprised entirely of two American Indian reservations where the majority of the population is American Indian women. Advanced screening and treatment is over 20 miles from the county. Focus groups revealed a lack of breast health education specially aimed at the American Indian population and a lack of understanding of the American Indian culture by health care providers.

- **Priority:** Increase the capability in Thurston County to provide breast health education for American Indian residents.
 - **Objective 1:** By March 2016, meet with community leaders, tribal officials, and health service professionals to determine alternatives for educational messages in Thurston County.
 - **Objective 2:** By 2016, revise the RFA to include creative and innovative approaches to breast health education which include the American Indian culture.
 - **Objective 3:** By December 2016, add a medical or non-profit professional from Thurston County to the Affiliate's Board of Directors to ensure the needs of the counties in the service area are represented.
 - **Objective 4:** By January 2017, reach out to five American Indian schools or organizations in Thurston County to hold breast cancer community outreach presentations.

Disclaimer: Comprehensive data for the Executive Summary can be found in the 2015 Komen Siouxland Community Profile Report.

Introduction

Affiliate History

Susan G. Komen® Siouxland has been serving the Siouxland area nearly 15 years. The dedication of the volunteers, board, and staff of the organization is as solid as it was when the Affiliate was conceived in 1999.

In 1999, Lesa McDermott, a local attorney, lost her mother to breast cancer and was discouraged by the lack of resources available to breast cancer patients in the Siouxland area. She discovered the major cancer fundraising organizations in the area were the Siouxland Regional Cancer Center (now called the June E. Nylén Cancer Center) and the American Cancer Society (ACS). Further investigation indicated in 1999, the Cancer Center's primary focus was funding new equipment for cancer treatments. The ACS, historically a leading fundraiser in the community, had weathered many changes administratively and had lost volunteer support and financial contributions. In addition, very few funds were dedicated to local organizations and projects; most funding was applied to administrative costs and programs at a national level.

Having knowledge of Susan G. Komen and its 20-plus years of growth, McDermott discovered Affiliates existed in Omaha, Nebraska and eastern Iowa locations. She felt the need to organize and pursue the formation of an Affiliate for the Siouxland tri-state area centered on the metropolitan region of Sioux City, Iowa. The counties ultimately served through Komen Siouxland include Woodbury, Plymouth, Sioux, and Lyon in Iowa; Dakota and Thurston in Nebraska; and Union in South Dakota;

An involved group of community women applied for Affiliate membership in 2001. The group set goals to advance breast cancer education, provide funding for early detection of breast cancer for underinsured/uninsured women, and to conduct fundraising for breast cancer programs once approved as an Affiliate member of Susan G. Komen Siouxland. The application committee's efforts were rewarded when in April 2004, formation of Komen Siouxland was announced.

Fifteen dedicated women and men from the greater Siouxland community made up the first Komen Siouxland Board. The Siouxland board has gone from humble beginnings in the back room of a thrift shop to professional offices in downtown Sioux City (provided in-kind since May 2005) with generously donated office equipment. In 2008, the Affiliate hired a part-time coordinator who acted as the contact point person. In 2010 a part-time executive director was hired to increase the Affiliate's visibility in the community and in December 2013 a full-time executive director was appointed.

Successful fund- and awareness-raising events have included *Pink In The Rink*, *Dine Out for the Cure*, and *Boxers and Bras For A Cause*. These events honor breast cancer survivors by ensuring a generous percentage of the tickets are provided to disenfranchised women who are new or long-time breast cancer survivors.

Since 2004, the number of Komen events and the level of “pink awareness” in service area communities have consistently grown to exciting new levels. Women and men alike are participating in fulfilling the Komen mission which is “...to save lives and end breast cancer forever by empowering others, ensuring quality care for all and energizing science to find the cures.”

Komen Siouxland's first Race for the Cure[®] was held May 10, 2009 and in 2015 the Race was held on May 10. The Race's welcome by residents far exceeded the Affiliate's expectations. The second year of the *Race for the Cure* experienced overwhelming support with numbers far outweighing predictions.

The Affiliate Education Committee, with support and guidance from the national Komen office, has conducted widespread educational events that speak to the diversity of the area communities. The events continue to include school and civic group presentations and extensive participation in regional health fairs and festivals.

Annual Komen conferences in Dallas and other locations have provided a helpful venue for networking and idea sharing. During the past years, board members and staff have participated in training for Public Policy, Education, Fundraising, Community Profile, Board Development, Director/President conferences, and Treasurer training. The events have energized board members with a renewed enthusiasm.

Service area realignment and expansion occurred in early 2007, allowing us to better serve the region by incorporating two Nebraska counties. The counties are closely tied to the Sioux City metropolitan area, thus the new service area more accurately represents the Affiliate's interconnected communities.

In the years since inception, Susan G. Komen Siouxland is proud to have awarded more than \$750,000 in grants locally to promote breast health at all stages of life through risk reduction and early detection and over \$250,000 to Komen Headquarters for research. Komen Siouxland has awarded 59 grants. Fundraising and grant-awarded programs have provided education and support services to community members and health care providers. Despite today's difficult economic times, Komen Siouxland looks forward to new and creative ideas for fundraising so that the Affiliate can continue to increase the services offered to the Affiliate's counties. We remain deeply committed to the Affiliate's vision of living in a world free of breast cancer.

As the primary Siouxland breast cancer education organization, Susan G. Komen Siouxland has taken part in many educational fairs including Western Iowa Tech Community College Health Fair, Siouxland Multi-Cultural Fair, Sanford Hospital in Rock Rapids Women's Health Fair, Mother's Day Health Fair at the Southern Hills Mall, Winnebago Hospital Health Fair, as well as area high school health fairs. Susan G. Komen Siouxland assisted the Iowa Cancer Center with work on cancer and the American Indian/Alaskan Native.

Affiliate Organizational Structure

The governing board of Komen Siouxland is composed of no less than five and no more than fifteen members who represent the areas served by the Affiliate (see Figure 1.1). The Executive Committee is the Board President, Treasurer, and Secretary. Other key committee chairs are the Event Chair, Grant Chair, Race Chair, and Race Director. The committees of Komen Siouxland include: Event Committee, Grant Committee, and Finance Committee. The Siouxland Race for the Cure committees are, Volunteer Committee, Kids for the Cure, Survivor Committee, Sponsor Committee, I am the Cure, Expo Committee, Race Course Committee, Merchandise Committee, Teams Committee, and Public Relations Committee.

Board terms are generally three-year positions, and one third of the board rotates off each year. The Affiliate is staffed by an executive director and utilizes volunteer and intern assistance in the office. A volunteer liaison coordinates volunteers and volunteer outreach

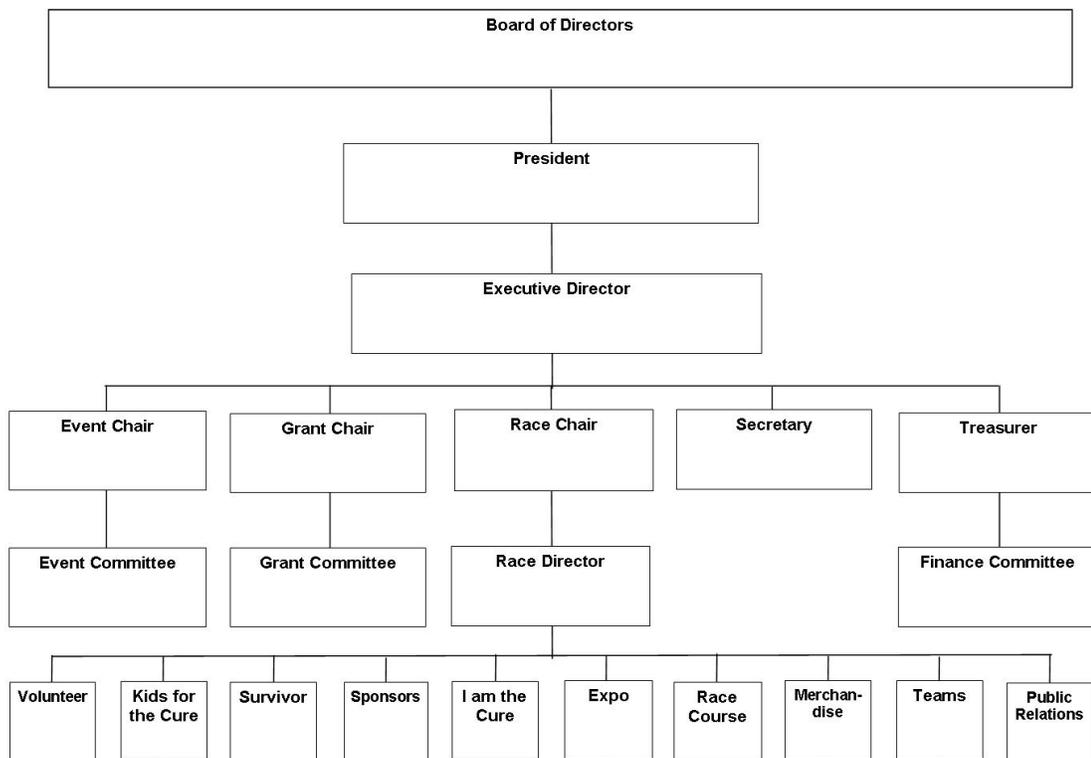


Figure 1.1. Affiliate Organization Structure

Affiliate Service Area

Komen Siouland serves seven counties in the tri-state area of Iowa, Nebraska, and South Dakota. Sioux City, Iowa is the largest metropolitan area and is located approximately 100 miles from any other large cities (Sioux Falls, South Dakota and Omaha, Nebraska).

Other primary descriptors are as follows:

- The Affiliate is located, regionally, where Iowa, Nebraska, and South Dakota meet. The U.S. Census names Sioux City, Iowa as the principal city of the area with more than 80,000 inhabitants. South Sioux City, Nebraska and Le Mars, Iowa are communities with over 10,000 inhabitants. The service area encompasses a large rural population according to the census and also a portion of the Sioux City metropolitan statistical area (Woodbury and Plymouth Counties in Iowa, Dakota County in Nebraska, and Union County in South Dakota).
- Lyon County, Iowa is also part of a tri-state area bordering Minnesota to the north and South Dakota to the west and northwest.
- The multiple state orientation results in individuals traveling across state lines for all aspects of life including medical care.
- Dakota County, Nebraska population estimate, according to the 2013 U.S. Census is 20,947. Of this population, 86.3 percent is White alone with 52.4 percent being White alone, not Hispanic or Latino. The Hispanic or Latino present percentage is 36.5 percent. Black or African-American alone is 4.4 percent, American Indian and Alaska Native alone is 3.8 percent, and Asian alone is 3.7 percent. The population reflects 36.4 percent where language other than English is spoken at home. Of the population, 72.8 percent have received a high school education or higher. Persons living below poverty level are 16.9 percent.
- Lyon County, Iowa population estimate, according to the 2013 U.S. Census is 11,712. Of this population 98.6 percent are White alone with 96.3 percent being white alone, not Hispanic or Latino. All other races and ethnicities are less than 3.0 percent. Of the population, 89.1 percent have received a high school education or higher. Persons living below poverty level are 8.0 percent.
- Plymouth County, Iowa population estimate, according to the 2013 U.S. Census is 24,957. Of this population 97.5 percent are White alone with 94.4 percent being white alone, not Hispanic or Latino. All other races and ethnicities are less than three percent. Of the population, 92.5 percent have received a high school education or higher. Persons living below poverty level are 6.4 percent.
- Sioux County, Iowa population estimate, according to the 2013 U.S. Census is 34,547. Of this population, 97.0 percent is White alone with 88.3 percent being White alone, not Hispanic or Latino. Of the population, 88.6 percent have received a high school education or higher. Persons living below poverty level are 8.2 percent.
- Thurston County, Nebraska population estimate, according to the 2013 U.S. Census is 6,895. Of this population, 40.7 percent is White alone with 39.0 percent being White alone, not Hispanic or Latino. The American Indian and Alaska Native alone present percentage is 55.9 percent. Hispanic or Latino population is 4.2 percent with

- all other races and ethnicities less than 3.0 percent of the population, 86.3 percent have received a high school education or higher. Persons living below poverty level are 26.9 percent.
- Union County, South Dakota population estimate, according to the 2013 U.S. Census is 14,829. Of this population, 95.4 percent is White alone with 92.5 percent being White alone, not Hispanic or Latino. All other races and ethnicities are less than 3.5 percent. Of the population, 92.7 percent have received a high school education or higher. Persons living below poverty level are 4.4 percent.
 - Woodbury County, Iowa population estimate, according to the 2013 U.S. Census is 102,130. Of this population 89.3 percent are White alone with 76.4 percent being white alone, not Hispanic or Latino. The Hispanic or Latino present percentage is 14.8 percent. All other races and ethnicities are less than 3.0 percent. Of the population, 85.4 percent have received a high school education or higher. Persons living below poverty level is 15.7 percent.
 - Most industry in the predominantly rural region is agricultural based, either through food production or food processing industries.
 - Public transportation is available but it remains expensive and inconvenient. Transportation to medical services is a concern for the rural areas.
 - Several of America's "grayest" counties are located in northwestern Iowa, as displayed by a higher-than-average percentage of aging and elderly populations.
 - During the past two decades, this region has also experienced some of the highest Hispanic / Latino population increases in the United States. Most of the growth has occurred in the metropolitan area.
 - Thurston County is home to a large American Indian population (51 percent of the county population) and unlike other counties in the region, it has a large population of young women who will be entering the at-risk age bracket within the next decade.
 - Thurston County is the poorest county in the state of Nebraska. Thurston County also is ranked as the 58th poorest county in the United States (per capita income).
 - Overall, the counties served exhibit lower levels of educational attainment and per capita income in comparison with national and state averages.

Taken together, these factors are access barriers to equitable, evidence-based health care services. These factors are the core issues addressed by the Affiliate's ongoing work.

KOMEN SIOUXLAND SERVICE AREA

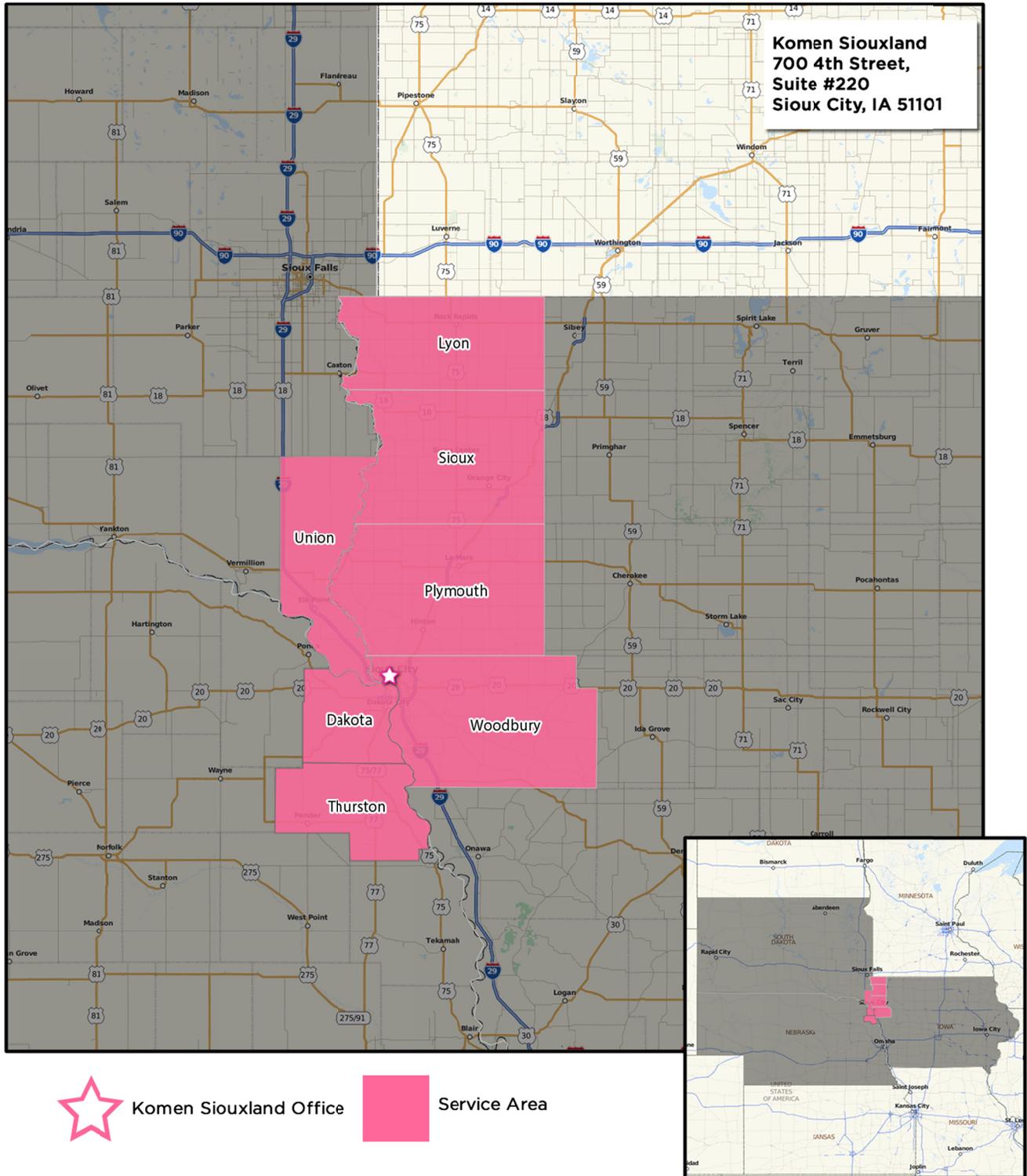


Figure 1.2. Susan G. Komen Siouxland Service Area Map

Purpose of the Community Profile Report

The Community Profile will be used by Komen Siouxland to align Susan G. Komen Siouxland strategic and operational plans. The board of directors will utilize the profile when creating policy as well as strategic planning. The profile will assist in understanding and developing operational processes as well as ensuring operations are aligned appropriately with strategic planning.

The Community Profile will be used to drive inclusion efforts in the service area. Komen Siouxland will look to the profile for guidance on understanding cultures and area dynamics. The profile will serve a critical role in igniting inclusion in events and volunteerism as well as building alliances.

Komen Siouxland will use the Community Profile to guide public policy efforts. Komen Siouxland will provide the profile through the website and emails to local elected officials, civic organizations, chambers of commerce, and medical services. The Affiliate will make presentations to the abovementioned groups as their schedules dictate.

Komen Siouxland has always utilized the profile to establish focused granting priorities and will continue to do so. The grants team follows the Community Profile's goals and objectives in grant review process. The Komen Siouxland's Grants Committee employs the profile when crafting the request for funding proposals.

The Community Profile will serve as the impetus for education and for the focus educational initiatives in the service area. The Affiliate will work with underserved populations, as outlined in the profile. The Affiliate will partner with breast health care providers to supply useful and innovative educational opportunities and work to tailor education to special needs

The Affiliate will use the Community Profile to establish directions for marketing and outreach. Komen Siouxland will use the profile as the basis for promotion of breast cancer information for individuals and communities. The profile will define the key audiences and assist in creating a tactical outreach plan.

The profile addresses the number of health care providers within the service area. Komen Siouxland will work to develop relationships, especially within the Target Communities with these health care providers and for those where a relationship exists to strengthen those partnerships. As the health care system is changing, so will the needs and concerns of the patients these health care providers are serving. The Community Profile is the compass for the Affiliate to follow in providing support to the medical services.

The Community Profile will be used to show the needs of the service area to sponsors. So many times the phrase "the fight to end breast cancer" can get lost in the constant flow of rhetoric. The Community Profile clearly demonstrates the needs within the communities where the sponsors live and work. The work the Affiliate does to help the sponsors neighbors, employees, and families is present in the Community Profile through data and facts.

In brief, the purpose of the Community Profile Report is to:

- Align Susan G. Komen Siouxland strategic and operational plans
- Drive inclusion efforts in the service area
- Drive public policy efforts
- Establish focused granting priorities
- Establish focused education needs
- Establish directions for marketing and outreach
- Strengthen partnerships with Siouxland breast health providers
- Strengthen sponsorship efforts

The Community Profile Study will be shared with health care systems within the service area and meetings will take place with health care services within the target communities. The profile will be available on the Komen Siouxland website. The Community Profile will be featured on a local television station that has a monthly spotlight on breast cancer and breast health. The television station will have an introduction to the Community Profile with basic information and where it can be read online. Later programs will deal with target communities and their needs as well as the results of the qualitative and quantitative data.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

Quantitative Data Report

Introduction

The purpose of the quantitative data report for Susan G. Komen Siouxland is to combine evidence from many credible sources and use the data to identify the highest priority areas for evidence-based breast cancer programs.

The data provided in the report are used to identify priorities within the Affiliate's service area based on estimates of how long it would take an area to achieve Healthy People 2020 objectives for breast cancer late-stage diagnosis and death(<http://www.healthypeople.gov/2020/default.aspx>).

The following is a summary of Komen Siouxland's Quantitative Data Report. For a full report please contact the Affiliate.

Breast Cancer Statistics

Incidence rates

The breast cancer incidence rate shows the frequency of new cases of breast cancer among women living in an area during a certain time period (Table 2.1). Incidence rates may be calculated for all women or for specific groups of women (e.g. for Asian/Pacific Islander women living in the area).

The female breast cancer incidence rate is calculated as the number of females in an area who were diagnosed with breast cancer divided by the total number of females living in that area.

Incidence rates are usually expressed in terms of 100,000 people. For example, suppose there are 50,000 females living in an area and 60 of them are diagnosed with breast cancer during a certain time period. Sixty out of 50,000 is the same as 120 out of 100,000. So the female breast cancer incidence rate would be reported as 120 per 100,000 for that time period.

When comparing breast cancer rates for an area where many older people live to rates for an area where younger people live, it is hard to know whether the differences are due to age or whether other factors might also be involved. To account for age, breast cancer rates are usually adjusted to a common standard age distribution. Using age-adjusted rates makes it possible to spot differences in breast cancer rates caused by factors other than differences in age between groups of women.

To show trends (changes over time) in cancer incidence, data for the annual percent change in the incidence rate over a five-year period were included in the report. The annual percent

change is the average year-to-year change of the incidence rate and may be either a positive or negative number.

- A negative value means that the rates are getting lower.
- A positive value means that the rates are getting higher.
- A positive value (rates getting higher) may seem undesirable—and it generally is. However, it's important to remember that an increase in breast cancer incidence could also mean that more breast cancers are being found because more women are getting mammograms. So higher rates do not necessarily mean that there has been an increase in the occurrence of breast cancer.

Death rates

The breast cancer death rate shows the frequency of death from breast cancer among women living in a given area during a certain time period (Table 2.1). Like incidence rates, death rates may be calculated for all women or for specific groups of women (e.g. American Indian/Alaskan Native/African-American women).

The death rate is calculated as the number of women from a particular geographic area who died from breast cancer divided by the total number of women living in that area. Death rates are shown in terms of 100,000 women and adjusted for age.

Data are included for the annual percent change in the death rate over a five-year period.

The meanings of these data are the same as for incidence rates, with one exception. Changes in screening do not affect death rates in the way that they affect incidence rates. So a negative value, which means that death rates are getting lower, is always desirable. A positive value, which means that death rates are getting higher, is always undesirable.

Late-stage incidence rates

For this report, late-stage breast cancer is defined as regional or distant stage using the Surveillance, Epidemiology and End Results (SEER) Summary Stage definitions (<http://seer.cancer.gov/tools/ssm/>). State and national reporting usually uses the SEER Summary Stage. It provides a consistent set of definitions of stages for historical comparisons.

The late-stage breast cancer incidence rate is calculated as the number of women with regional or distant breast cancer in a particular geographic area divided by the number of women living in that area (Table 2.1). Late-stage incidence rates are shown in terms of 100,000 women and adjusted for age.

Table 2.1. Female breast cancer incidence rates and trends, death rates and trends, and late-stage rates and trends.

Population Group	Incidence Rates and Trends				Death Rates and Trends			Late-stage Rates and Trends		
	Female Population (Annual Average)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of Deaths (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)
US	154,540,194	182,234	122.1	-0.2%	40,736	22.6	-1.9%	64,590	43.8	-1.2%
HP2020	.	-	-	-	-	20.6*	-	-	41.0*	-
Iowa	1,525,409	2,241	123.4	1.1%	431	21.3	-2.4%	755	42.7	1.0%
Nebraska	907,187	1,251	122.3	-1.7%	224	20.1	-2.6%	426	42.4	-4.3%
South Dakota	400,083	548	117.9	-1.0%	105	20.3	-2.2%	200	44.1	-0.3%
Komen Siouxland Service Area	107,334	142	116.7	-5.8%	31	23.4	NA	51	42.5	-9.4%
White	99,228	136	116.1	-5.5%	31	23.7	NA	48	42.2	-8.1%
Black/African-American	1,943	SN	SN	SN	SN	SN	SN	SN	SN	SN
American Indian/Alaska Native (AIAN)	4,054	SN	SN	SN	SN	SN	SN	SN	SN	SN
Asian Pacific Islander (API)	2,109	SN	SN	SN	SN	SN	SN	SN	SN	SN
Non-Hispanic/ Latina	96,211	140	119.4	-5.1%	31	24.1	NA	50	43.3	-7.6%
Hispanic/ Latina	11,123	SN	SN	SN	SN	SN	SN	SN	SN	SN
Lyon County - IA	5,809	8	117.7	2.7%	SN	SN	SN	4	55.1	25.5%
Plymouth County - IA	12,589	20	119.5	-2.6%	4	21.2	-4.7%	6	38.1	-11.1%
Sioux County - IA	16,747	23	125.5	-4.6%	4	18.8	NA	6	33.6	-4.6%
Woodbury County - IA	51,397	67	117.8	-6.5%	17	26.8	-1.3%	25	45.0	-13.3%
Dakota County - NE	10,380	9	85.7	-16.4%	SN	SN	SN	SN	SN	SN
Thurston County - NE	3,466	4	106.4	-6.0%	SN	SN	SN	SN	SN	SN
Union County - SD	6,946	10	127.3	-4.7%	SN	SN	SN	5	62.8	0.5%

*Target as of the writing of this report.

NA – data not available

SN – data suppressed due to small numbers (15 cases or fewer for the 5-year data period).

Data are for years 2006-2010.

Rates are in cases or deaths per 100,000.

Age-adjusted rates are adjusted to the 2000 US standard population.

Source of incidence and late-stage data: North American Association of Central Cancer Registries (NAACCR) – Cancer in North America (CINA) Deluxe Analytic File.

Source of death rate data: Centers for Disease Control and Prevention (CDC) – National Center for Health Statistics (NCHS) death data in SEER*Stat.

Source of death trend data: National Cancer Institute (NCI)/CDC State Cancer Profiles.

Incidence rates and trends summary

Overall, the breast cancer incidence rate and trend in the Komen Siouxland service area were lower than that observed in the US as a whole. The incidence rate and trend of the Affiliate

service area were not significantly different than that observed for the State of Iowa. The incidence rate and trend of the Affiliate service area were not significantly different than that observed for the State of Nebraska. The incidence rate and trend of the Affiliate service area were not significantly different than that observed for the State of South Dakota.

For the United States, breast cancer incidence in Blacks/African-Americans is lower than in Whites overall. The most recent estimated breast cancer incidence rates for APIs and AIANs were lower than for Non-Hispanic Whites and Blacks/African-Americans. The most recent estimated incidence rates for Hispanics/Latinas were lower than for Non-Hispanic Whites and Blacks/African-Americans. There were not enough data available within the Affiliate service area to report on Blacks/African-Americans, APIs, and AIANs so comparisons cannot be made for these racial groups. Also, there were not enough data available within the Affiliate service area to report on Hispanics/Latinas so comparisons cannot be made for this group.

None of the counties in the Affiliate service area had substantially different incidence rates than the Affiliate service area as a whole. It's important to remember that an increase in breast cancer incidence could also mean that more breast cancers are being found because more women are getting mammograms.

Death rates and trends summary

Overall, the breast cancer death rate in the Komen Siouland service area was similar to 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 Affiliate service area was not significantly different than that observed for the State of Iowa. The death rate of the Affiliate service area was not significantly different than that observed for the State of Nebraska. The death rate of the Affiliate service area was not significantly different than that observed for the State of South Dakota.

For the United States, breast cancer death rates in Blacks/African-Americans are substantially higher than in Whites overall. The most recent estimated breast cancer death rates for APIs and AIANs were lower than for Non-Hispanic Whites and Blacks/African-Americans. The most recent estimated death rates for Hispanics/Latinas were lower than for Non-Hispanic Whites and Blacks/African-Americans. There were not enough data available within the Affiliate service area to report on Blacks/African-Americans, APIs, and AIANs so comparisons cannot be made for these racial groups. Also, there were not enough data available within the Affiliate service area to report on Hispanics/Latinas so comparisons cannot be made for this group.

None of the counties in the Affiliate service area had substantially different death rates than the Affiliate service area as a whole.

Late-stage incidence rates and trends summary

Overall, the breast cancer late-stage incidence rate in the Komen Siouland service area 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 late-stage incidence rate and trend of the Affiliate service area were not significantly different than that observed for the State of Iowa. The late-stage incidence rate and trend of the Affiliate service area were not significantly different than that

observed for the State of Nebraska. The late-stage incidence rate and trend of the Affiliate service area were not significantly different than that observed for the State of South Dakota.

For the United States, late-stage incidence rates in Blacks/African-Americans are higher than among Whites. Hispanics/Latinas tend to be diagnosed with late-stage breast cancers more often than Whites. There were not enough data available within the Affiliate service area to report on Blacks/African-Americans, APIs, and AIANs so comparisons cannot be made for these racial groups. Also, there were not enough data available within the Affiliate service area to report on Hispanics/Latinas so comparisons cannot be made for this group.

Significantly less favorable trends in breast cancer late-stage incidence rates were observed in the following county:

- Lyon County, IA

The rest of the counties had late-stage incidence rates and trends that were not significantly different than the Affiliate service area as a whole or did not have enough data available.

Mammography Screening

Getting regular screening mammograms (and treatment if diagnosed) lowers the risk of dying from breast cancer. Screening mammography can find breast cancer early, when the chances of survival are highest. Table 2.2 shows some screening recommendations among major organizations for women at average risk.

Table 2.2. Breast cancer screening recommendations for women at average risk*

American Cancer Society	National Comprehensive Cancer Network	US Preventive Services Task Force
<p>Informed decision-making with a health care provider at age 40</p> <p>Mammography every year starting at age 45</p> <p>Mammography every other year beginning at age 55</p>	<p>Mammography every year starting at age 40</p>	<p>Informed decision-making with a health care provider ages 40-49</p> <p>Mammography every 2 years ages 50-74</p>

*As of October 2015

Because having regular mammograms lowers the chances of dying from breast cancer, it's important to know whether women are having mammograms when they should. This information can be used to identify groups of women who should be screened who need help in meeting the current recommendations for screening mammography. The Centers for Disease

Control and Prevention's (CDC) Behavioral Risk Factors Surveillance System (BRFSS) collected the data on mammograms that are used in this report. The data come from interviews with women age 50 to 74 from across the United States. During the interviews, each woman was asked how long it has been since she has had a mammogram. The proportions in Table 2.3 are based on the number of women age 50 to 74 who reported in 2012 having had a mammogram in the last two years.

The data have been weighted to account for differences between the women who were interviewed and all the women in the area. For example, if 20.0 percent of the women interviewed are Latina, but only 10.0 percent of the total women in the area are Latina, weighting is used to account for this difference.

The report uses the mammography screening proportion to show whether the women in an area are getting screening mammograms when they should. Mammography screening proportion is calculated from two pieces of information:

- The number of women living in an area whom the BRFSS determines should have mammograms (i.e. women age 50 to 74).
- The number of these women who actually had a mammogram during the past two years.

The number of women who had a mammogram is divided by the number who should have had one. For example, if there are 500 women in an area who should have had mammograms and 250 of those women actually had a mammogram in the past two years, the mammography screening proportion is 50.0 percent.

Because the screening proportions come from samples of women in an area and are not exact, Table 2.3 includes confidence intervals. A confidence interval is a range of values that gives an idea of how uncertain a value may be. It's shown as two numbers—a lower value and a higher one. It is very unlikely that the true rate is less than the lower value or more than the higher value.

For example, if screening proportion was reported as 50.0 percent, with a confidence interval of 35.0 to 65.0 percent, the real rate might not be exactly 50.0 percent, but it's very unlikely that it's less than 35.0 or more than 65.0 percent.

In general, screening proportions at the county level have fairly wide confidence intervals. The confidence interval should always be considered before concluding that the screening proportion in one county is higher or lower than that in another county.

Table 2.3. Proportion of women ages 50-74 with screening mammography in the last two years, self-report.

Population Group	# of Women Interviewed (Sample Size)	# w/ Self-Reported Mammogram	Proportion Screened (Weighted Average)	Confidence Interval of Proportion Screened
US	174,796	133,399	77.5%	77.2%-77.7%
Iowa	2,713	2,106	78.2%	76.2%-80.1%
Nebraska	7,536	5,194	72.9%	71.6%-74.2%
South Dakota	2,816	2,177	77.1%	75.1%-78.9%
Komen Siouxland Service Area	407	279	74.4%	68.6%-79.5%
White	398	274	75.0%	69.1%-80.1%
Black/African-American	SN	SN	SN	SN
AIAN	SN	SN	SN	SN
API	SN	SN	SN	SN
Hispanic/ Latina	SN	SN	SN	SN
Non-Hispanic/ Latina	399	273	73.2%	67.3%-78.4%
Lyon County - IA	SN	SN	SN	SN
Plymouth County - IA	15	12	82.8%	53.5%-95.3%
Sioux County - IA	18	16	90.6%	60.1%-98.4%
Woodbury County - IA	69	50	72.6%	58.3%-83.3%
Dakota County - NE	294	193	66.5%	59.5%-72.9%
Thurston County - NE	SN	SN	SN	SN
Union County - SD	11	8	58.5%	29.8%-82.3%

SN – data suppressed due to small numbers (fewer than 10 samples).

Data are for 2012.

Source: CDC – Behavioral Risk Factor Surveillance System (BRFSS).

Breast cancer screening proportions summary

The breast cancer screening proportion in the Komen Siouxland service area was not significantly different than that observed in the US as a whole. The screening proportion of the Affiliate service area was not significantly different than the State of Iowa, was not significantly different than the State of Nebraska and was not significantly different than the State of South Dakota.

For the United States, breast cancer screening proportions among Blacks/African-Americans are similar to those among Whites overall. APIs have somewhat lower screening proportions than Whites and Blacks/African-Americans. Although data are limited, screening proportions among AIANs are similar to those among Whites. Screening proportions among Hispanics/Latinas are similar to those among Non-Hispanic Whites and Blacks/African-Americans. There were not enough data available within the Affiliate service area to report on

Blacks/African-Americans, APIs, and AIANs so comparisons cannot be made for these racial groups. Also, there were not enough data available within the Affiliate service area to report on Hispanics/Latinas so comparisons cannot be made for this group. None of the counties in the Affiliate service area had substantially different screening proportions than the Affiliate service area as a whole.

Population Characteristics

The report includes basic information about the women in each area (demographic measures) and about factors like education, income, and unemployment (socioeconomic measures) in the areas where they live (Tables 2.4 and 2.5). Demographic and socioeconomic data can be used to identify which groups of women are most in need of help and to figure out the best ways to help them.

It is important to note that the report uses the race and ethnicity categories used by the US Census Bureau, and that race and ethnicity are separate and independent categories. This means that everyone is classified as both a member of one of the four race groups as well as either Hispanic/Latina or Non-Hispanic/Latina.

The demographic and socioeconomic data in this report are the most recent data available for US counties. All the data are shown as percentages. However, the percentages were not all calculated in the same way.

- The race, ethnicity, and age data are based on the total female population in the area (e.g. the percent of females over the age of 40).
- The socioeconomic data are based on all the people in the area, not just women.
- Income, education and unemployment data did not include children. They are based on people age 15 and older for income and unemployment and age 25 and older for education.
- The data on the use of English, called “linguistic isolation”, are based on the total number of households in the area. The Census Bureau defines a linguistically isolated household as one in which all the adults have difficulty with English.

Table 2.4. Population characteristics – demographics.

Population Group	White	Black /African-American	AIAN	API	Non-Hispanic /Latina	Hispanic /Latina	Female Age 40 Plus	Female Age 50 Plus	Female Age 65 Plus
US	78.8 %	14.1 %	1.4 %	5.8 %	83.8 %	16.2 %	48.3 %	34.5 %	14.8 %
Iowa	94.1 %	3.4 %	0.5 %	2.0 %	95.2 %	4.8 %	49.6 %	36.8 %	16.9 %
Nebraska	91.2 %	5.2 %	1.4 %	2.2 %	91.1 %	8.9 %	47.1 %	34.6 %	15.3 %
South Dakota	87.7 %	1.5 %	9.6 %	1.2 %	97.3 %	2.7 %	48.1 %	35.9 %	16.2 %
Komen Siouxland Service Area	92.2 %	2.1 %	3.7 %	2.1 %	88.4 %	11.6 %	46.6 %	34.4 %	15.4 %

Population Group	White	Black /African-American	AIAN	API	Non-Hispanic /Latina	Hispanic /Latina	Female Age 40 Plus	Female Age 50 Plus	Female Age 65 Plus
Lyon County - IA	99.0 %	0.4 %	0.2 %	0.4 %	98.2 %	1.8 %	50.0 %	38.4 %	18.8 %
Plymouth County - IA	98.2 %	0.7 %	0.3 %	0.7 %	96.9 %	3.1 %	53.3 %	40.0 %	18.7 %
Sioux County - IA	97.9 %	0.7 %	0.5 %	1.0 %	91.6 %	8.4 %	43.9 %	33.1 %	16.1 %
Woodbury County - IA	91.5 %	3.0 %	2.7 %	2.9 %	86.8 %	13.2 %	45.9 %	33.6 %	14.6 %
Dakota County - NE	89.3 %	3.5 %	3.7 %	3.5 %	65.9 %	34.1 %	42.9 %	30.8 %	13.0 %
Thurston County - NE	41.9 %	0.8 %	57.0 %	0.3 %	96.5 %	3.5 %	41.0 %	29.6 %	13.7 %
Union County - SD	97.2 %	0.7 %	0.8 %	1.3 %	97.9 %	2.1 %	51.3 %	37.6 %	15.8 %

Data are for 2011.

Data are in the percentage of women in the population.

Source: US Census Bureau – Population Estimates

Table 2.5. Population characteristics – socioeconomics.

Population Group	Less than HS Education	Income Below 100% Poverty	Income Below 250% Poverty (Age: 40-64)	Un-employed	Foreign Born	Linguistically Isolated	In Rural Areas	In Medically Underserved Areas	No Health Insurance (Age: 40-64)
US	14.6 %	14.3 %	33.3 %	8.7 %	12.8 %	4.7 %	19.3 %	23.3 %	16.6 %
Iowa	9.7 %	11.9 %	27.6 %	5.5 %	4.2 %	1.6 %	36.0 %	10.9 %	9.4 %
Nebraska	9.7 %	12.0 %	28.2 %	5.4 %	6.0 %	2.4 %	26.9 %	18.9 %	12.2 %
South Dakota	10.2 %	13.8 %	30.0 %	4.8 %	2.4 %	1.0 %	43.3 %	31.0 %	13.0 %
Komen Siouxland Service Area	14.3 %	12.1 %	29.9 %	4.7 %	7.3 %	3.8 %	38.4 %	22.4 %	12.5 %
Lyon County - IA	12.9 %	7.4 %	27.9 %	3.4 %	1.0 %	0.4 %	100.0 %	7.7 %	11.5 %
Plymouth County - IA	8.3 %	5.0 %	21.9 %	2.3 %	1.4 %	0.5 %	62.9 %	4.9 %	8.2 %
Sioux County - IA	13.2 %	7.2 %	24.0 %	2.4 %	6.4 %	2.3 %	50.8 %	4.9 %	11.8 %
Woodbury County - IA	14.8 %	15.1 %	33.6 %	5.8 %	8.0 %	4.1 %	17.5 %	12.6 %	13.3 %
Dakota County - NE	27.0 %	15.1 %	36.7 %	4.9 %	21.5 %	14.6 %	21.1 %	47.6 %	18.2 %
Thurston County - NE	14.5 %	29.0 %	47.3 %	13.7 %	1.5 %	0.8 %	100.0 %	100.0 %	21.0 %
Union County - SD	8.1 %	4.9 %	18.6 %	3.5 %	2.5 %	0.0 %	61.4 %	100.0 %	7.2 %

Data are in the percentage of people (men and women) in the population.

Source of health insurance data: US Census Bureau – Small Area Health Insurance Estimates (SAHIE) for 2011.

Source of rural population data: US Census Bureau – Census 2010.

Source of medically underserved data: Health Resources and Services Administration (HRSA) for 2013.

Source of other data: US Census Bureau – American Community Survey (ACS) for 2007-2011.

Population characteristics summary

Proportionately, the Komen Siouxland service area has a substantially larger White female population than the US as a whole, a substantially smaller Black/African-American female population, a substantially smaller Asian and Pacific Islander (API) female population, a slightly larger American Indian and Alaska Native (AIAN) female population, and a slightly smaller Hispanic/Latina female population. The Affiliate's female population is about the same age as that of the US as a whole. The Affiliate's education level is slightly higher than and income level is slightly higher than those of the US as a whole. There is a substantially smaller percentage of people who are unemployed in the Affiliate service area. The Affiliate service area has a substantially smaller percentage of people who are foreign born and a slightly smaller percentage of people who are linguistically isolated. There is a substantially larger percentage of people living in rural areas, a slightly smaller percentage of people without health insurance, and a slightly smaller percentage of people living in medically underserved areas.

The following county has substantially larger AIAN female population percentages than that of the Affiliate service area as a whole:

- Thurston County, NE

The following county has substantially larger Hispanic/Latina female population percentages than that of the Affiliate service area as a whole:

- Dakota County, NE

The following county has substantially lower education levels than that of the Affiliate service area as a whole:

- Dakota County, NE

The following county has substantially lower income levels than that of the Affiliate service area as a whole:

- Thurston County, NE

The following county has substantially lower employment levels than that of the Affiliate service area as a whole:

- Thurston County, NE

The following county has substantially larger foreign born and linguistically isolated populations than that of the Affiliate service area as a whole:

- Dakota County, NE

The following counties have substantially larger percentage of adults without health insurance than does the Affiliate service area as a whole:

- Dakota County, NE
- Thurston County, NE

Priority Areas

Healthy People 2020 forecasts

Healthy People 2020 (HP2020) is a major federal government initiative that provides specific health objectives for communities and for the country as a whole. Many national health

organizations use HP2020 targets to monitor progress in reducing the burden of disease and improve the health of the nation. Likewise, Komen believes it is important to refer to HP2020 to see how areas across the country are progressing towards reducing the burden of breast cancer.

HP2020 has several cancer-related objectives, including:

- Reducing women's death rate from breast cancer (Target as of the writing of this report: 41.0 cases per 100,000 women).
- Reducing the number of breast cancers that are found at a late-stage (Target as of the writing of this report: 41.0 cases per 100,000 women).

To see how well counties in the Komen Siouxland service area are progressing toward these targets, the report uses the following information:

- County breast cancer death rate and late-stage diagnosis data for years 2006 to 2010.
- Estimates for the trend (annual percent change) in county breast cancer death rates and late-stage diagnoses for years 2006 to 2010.
- Both the data and the HP2020 target are age-adjusted.

These data are used to estimate how many years it will take for each county to meet the HP2020 objectives. Because the target date for meeting the objective is 2020, and 2008 (the middle of the 2006-2010 period) was used as a starting point, a county has 12 years to meet the target.

Death rate and late-stage diagnosis data and trends are used to calculate whether an area will meet the HP2020 target, assuming that the trend seen in years 2006 to 2010 continues for 2011 and beyond.

Identification of priority areas

The purpose of this report is to combine evidence from many credible sources and use the data to identify the highest priority areas for breast cancer programs (i.e. the areas of greatest need). Classification of priority areas are based on the time needed to achieve HP2020 targets in each area. These time projections depend on both the starting point and the trends in death rates and late-stage incidence.

Late-stage incidence reflects both the overall breast cancer incidence rate in the population and the mammography screening coverage. 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.

There has not been any indication that either one of the two HP2020 targets is more important than the other. Therefore, the report considers them equally important.

Counties are classified as follows (Table 2.6):

- Counties that are not likely to achieve either of the HP2020 targets are considered to have the highest needs.
- Counties that have already achieved both targets are considered to have the lowest needs.
- Other counties are classified based on the number of years needed to achieve the two targets.

Table 2.6. Needs/priority classification based on the projected time to achieve HP2020 breast cancer targets.

	Time to Achieve Late-stage Incidence Reduction Target					
		13 years or longer	7-12 yrs.	0 – 6 yrs.	Currently meets target	Unknown
Time to Achieve Death Rate Reduction Target	13 years or longer	Highest	High	Medium High	Medium	Highest
	7-12 yrs.	High	Medium High	Medium	Medium Low	Medium High
	0 – 6 yrs.	Medium High	Medium	Medium Low	Low	Medium Low
	Currently meets target	Medium	Medium Low	Low	Lowest	Lowest
	Unknown	Highest	Medium High	Medium Low	Lowest	Unknown

If the time to achieve a target cannot be calculated for one of the HP2020 indicators, then the county is classified based on the other indicator. If both indicators are missing, then the county is not classified. This does not mean that the county may not have high needs; it only means that sufficient data are not available to classify the county.

Affiliate Service Area Healthy People 2020 Forecasts and Priority Areas

The results presented in Table 2.7 help identify which counties have the greatest needs when it comes to meeting the HP2020 breast cancer targets.

- For counties in the “13 years or longer” category, current trends would need to change to achieve the target.
- Some counties may currently meet the target but their rates are increasing and they could fail to meet the target if the trend is not reversed.

Trends can change for a number of reasons, including:

- Improved screening programs could lead to breast cancers being diagnosed earlier, resulting in a decrease in both late-stage incidence rates and death rates.
- Improved socioeconomic conditions, such as reductions in poverty and linguistic isolation could lead to more timely treatment of breast cancer, causing a decrease in death rates.

The data in this table should be considered together with other information on factors that affect breast cancer death rates such as screening rates and key breast cancer death determinants such as poverty and linguistic isolation.

Table 2.7. Intervention priorities for Komen Siouxland service area with predicted time to achieve the HP2020 breast cancer targets and key population characteristics.

County	Priority	Predicted Time to Achieve Death Rate Target	Predicted Time to Achieve Late-stage Incidence Target	Key Population Characteristics
Lyon County - IA	Highest	SN	13 years or longer	Rural
Union County - SD	Highest	SN	13 years or longer	Rural, medically underserved
Woodbury County - IA	Medium High	13 years or longer	1 year	
Plymouth County - IA	Low	1 year	Currently meets target	Rural
Sioux County - IA	Lowest	NA	Currently meets target	Rural
Dakota County - NE	Undetermined	SN	SN	%Hispanic/Latino, education, foreign, language, insurance, medically underserved
Thurston County - NE	Undetermined	SN	SN	%AIAN, poverty, employment, rural, insurance, medically underserved

NA – data not available.

SN – data suppressed due to small numbers (15 cases or fewer for the 5-year data period).

Map of Intervention Priority Areas

Figure 2.1 shows a map of the intervention priorities for the counties in the Affiliate service area. When both of the indicators used to establish a priority for a county are not available, the priority is shown as “undetermined” on the map.

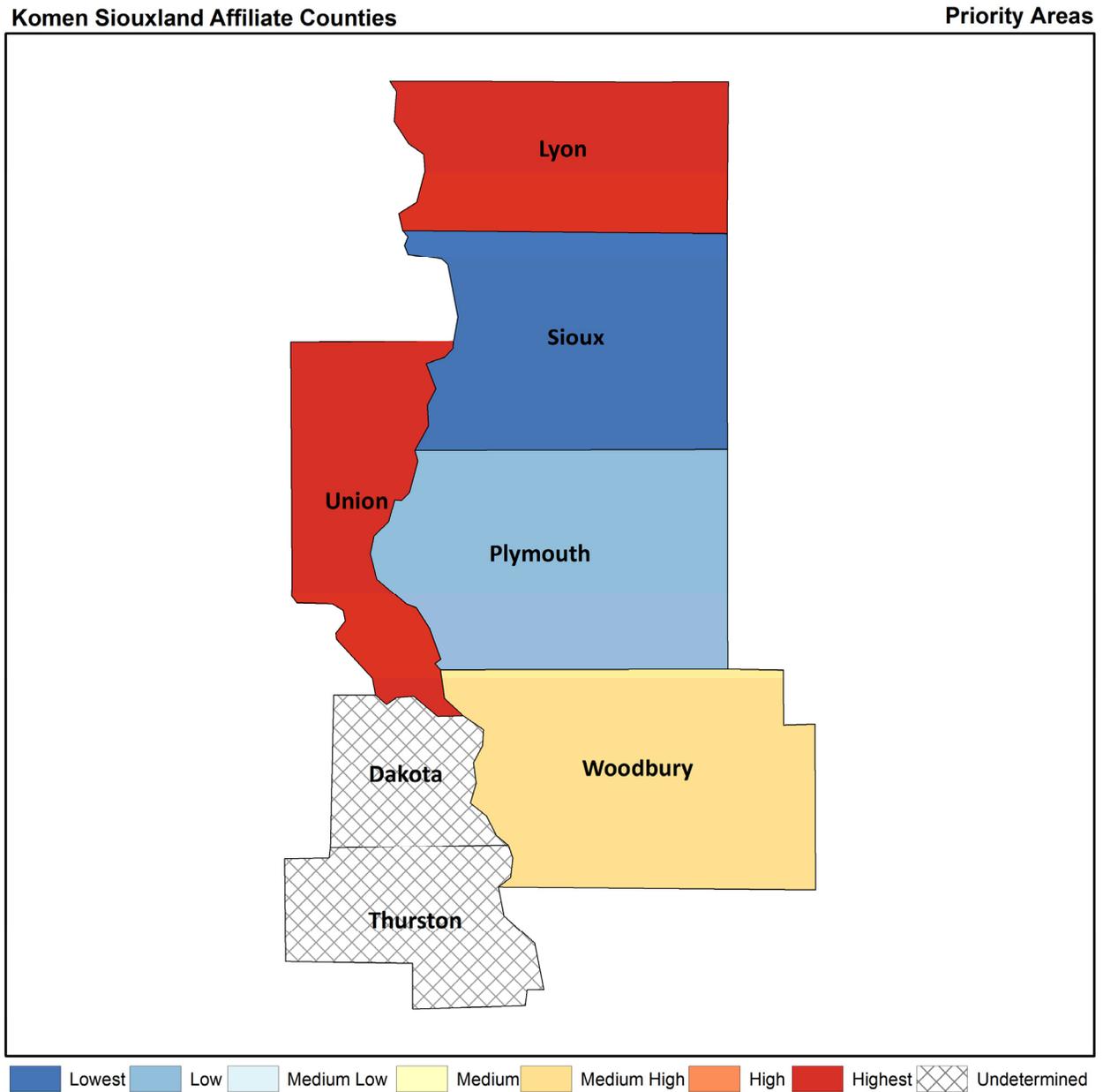


Figure 2.1. Intervention priorities.

Data Limitations

The following data limitations need to be considered when utilizing the data of the Quantitative Data Report:

- The most recent data available were used but, for cancer incidence and deaths, these data are still several years behind.
- For some areas, data might not be available or might be of varying quality.
- Areas with small populations might not have enough breast cancer cases or breast cancer deaths each year to support the generation of reliable statistics.
- There are often several sources of cancer statistics for a given population and geographic area; therefore, other sources of cancer data may result in minor differences in the values even in the same time period.
- Data on cancer rates for specific racial and ethnic subgroups such as Somali, Hmong, or Ethiopian are not generally available.
- The various types of breast cancer data in this report are inter-dependent.
- There are many factors that impact breast cancer risk and survival for which quantitative data are not available. Some examples include family history, genetic markers like HER2 and BRCA, other medical conditions that can complicate treatment, and the level of family and community support available to the patient.
- The calculation of the years needed to meet the HP2020 objectives assume that the current trends will continue until 2020. However, the trends can change for a number of reasons.
- Not all breast cancer cases have a stage indication.

Quantitative Data Report Conclusions

Highest priority areas

Two counties in the Komen Siouxland service area are in the highest priority category. Both of the two, Lyon County, IA and Union County, SD, are not likely to meet the late-stage incidence rate HP2020 target.

Late-stage incidence trends in Lyon County, IA (25.5 percent per year) are significantly less favorable than the Affiliate service area as a whole (-9.4 percent per year).

Medium high priority areas

One county in the Komen Siouxland service area is in the medium high priority category. Woodbury County, IA is not likely to meet the death rate HP2020 target.

The death rates in Woodbury County, IA (26.8 per 100,000) appear to be higher than the Affiliate service area as a whole (23.4 per 100,000) although not significantly.

Additional Quantitative Data Exploration

In order to substantiate the inclusion of Thurston County, NE as a Susan G. Komen Siouxland Target Community, the following additional data were collected. The Affiliate gathered information from the U.S. Census as follows:

In order to validate the large number of American Indian female population in Thurston County, the following table will be included.

Table 2.8. 2008-2012 American Indian and Alaska Native Population in Susan G. Komen Siouxland Service Area

	Lyon County, Iowa	Plymouth County, Iowa	Sioux County, Iowa	Woodbury County, Iowa	Dakota County, Nebraska	Thurston County, Nebraska	Union County, South Dakota
Total:	20	58	75	1,785	499	3,919	107
Male:	0	14	51	907	251	1,886	82
Female:	20	44	24	878	248	2,033	25

Source: U.S. Census 2008-2012 American Factfinder Survey 5-Year Estimate

The Affiliate will be including 2010 U.S. Census data citing Thurston County as the poorest county in the state of Nebraska. Thurston County also is ranked as the 58th poorest county in the United States (per capita income).

Selection of Target Communities

In order to be the most efficient stewards of resources, Susan G. Komen Siouxland has selected three target communities within the service area. The Affiliate will focus strategic efforts in the target communities over the course of the next five years. Target communities are those communities which have cumulative key indicators showing an increased chance of vulnerable populations likely at risk for experiencing gaps in breast health services and / or barriers in access to care.

When selecting target communities, the Affiliate reviewed Healthy People 2020, a major federal government initiative providing specific health objectives for communities and the country as a whole. Specific to Komen Siouxland’s work, goals around reducing women’s death rate from breast cancer and reducing the number of breast cancers found at a late-stage were analyzed. Through the review, areas of priority were identified based on the time needed to meet Healthy People 2020 targets for breast cancer.

Additional key indicators Komen Siouxland reviewed when selecting target counties included but were not limited to:

- Incidence rates and trends
- Death rates and trends
- Late stage rates and trends
- Below average screening rates
- Residents living below poverty rates
- Residents living without health insurance
- Unemployment rates
- Rural residency
- Minority, ethnicity, and linguistically isolated and / or foreign born populations

The selected target communities are:

- Lyon County, IA
- Thurston County, NE
- Union County, SD

Thurston County, NE: Due to small population sizes, data has been suppressed for Thurston County, NE. The county has been selected due to unique population demographic, income below the poverty level, unemployment, no health insurance, and rural and medically underserved populations.

The Siouan speaking Omaha and smaller Winnebago Tribe of Nebraska (Ho-Chunk) each have reservations in Thurston County. Together, the two reservations officially comprise the entire land area of the county. In the past, breast cancer in American Indians was rare. Unfortunately, the last two decades have seen large increases in both incidence and death rates for this group of women. American Indian women make up 29.3 percent of the population and 58.4 percent of the female population of Thurston County. As illustrated in the table below, the largest numbers of American Indians in the service area reside in Thurston County.

Table 2.9. 2008-2012 American Indian and Alaska Native Population in Susan G. Komen Siouxland Service Area

	Lyon County, Iowa	Plymouth County, Iowa	Sioux County, Iowa	Woodbury County, Iowa	Dakota County, Nebraska	Thurston County, Nebraska	Union County, South Dakota
Total:	20	58	75	1,785	499	3,919	107
Male:	0	14	51	907	251	1,886	82
Female:	20	44	24	878	248	2,033	25

Source: U.S. Census 2008-2012 American Factfinder Survey 5-Year Estimate

In Thurston County, socioeconomic characteristics indicate probable concerns about women’s access to affordable breast health care. The county has the highest “Income Below 250 Percent Poverty (Age: 40-64)” percentage in the Susan G. Komen Siouxland service at 47.3 percent. According to the U.S. Census, the poorest county in the state of Nebraska is Thurston and the census also ranks the area as the 58th poorest county in the United States (per capita income). Thurston County is the only county within the Siouxland service area to be 100 percent “In Rural Areas” and the unemployment is nearly 50 percent higher than the United States, over 50 percent than the state of Nebraska and far exceeds the remainder of the service area.

The health systems analysis component of the report will explore the available breast health services in Thurston County. Due to the area’s rural nature, the extreme poverty, and other socioeconomic indicators, an understanding of health care service accessibility as well as the utilization of the available services and understanding / knowledge of breast cancer and breast health by residents is crucial.

Lyon County, IA: Lyon County, IA is the most northwesterly Iowa county and is considered by the U.S. Census to be 100 percent rural. With the second lowest female population in the service area, Lyon County echoes Thurston County in data suppression. The socioeconomic indicators for Lyon County are not as extreme as Thurston County but the rural population evokes concern as does other mitigating data. The county has 11.5 percent of the population with No Health Insurance which exceeds the state levels. Lyon County slightly exceeds the state of Iowa level for Income Below 250 percent Poverty.

Lyon County has been identified as a high priority county due to the amount of Predicted Time to Achieve Late-stage Incidence Target for Healthy People 2020 (HP2020) forecasts (refer to Table 2.7 in “Quantitative Data: Measuring Breast Cancer Impact in Local Communities”). Lyon County demonstrated a “Rising” rating in the Late-stage Rate Trend Direction and is the only county within the service area to have the designation. Rising Trend Direction indicates, based on statistical methods, a significant likelihood of an increase in the occurrence of female breast cancer among women in the area over the observation period, which is unfavorable for Lyon County women.

Within the service area, Lyon County had the highest trend for breast cancer incidence (refer to Table 2.7 in “Susan G. Komen®Siouxland Quantitative Data Report”) with 2.7 percent. Although the data were suppressed for Death Rates and Trends, Lyon County also ranked significantly higher than the other service area counties in Late-stage Trends with 25.5 percent.

Although Lyon County was ranked at 7.7 percent “In Medically Underserved Areas,” a reasonable rating, a health systems study will provide a deeper look at underserved areas. Since the county is 100 percent rural, many residents would benefit from medical assistance and analysis of the delivery methods of services would be advantageous. The availability of the services will be reviewed in a health systems analysis.

Union County, SD: Located in the most southeasterly point of South Dakota, Union County, SD, like the aforementioned counties, is predominantly rural and has much of the data suppressed due to small numbers. Even though Union County is within the Sioux City Metropolitan Statistical Area, a larger area is rural in nature. Union County has been chosen as a target community due to the likelihood the area will miss the HP2020 late stage incidence rate target, is “In Medically Underserved Areas,” and has the lowest percentage of “Proportion of women ages 50-74 with screening mammography in the last two years, self-report.”

Union County’s screening rate is lower than the United States, the state of South Dakota, and the service area averages. There is a possibility that women are experiencing barriers to receiving mammography screening, although none of the counties in the Affiliate service area had substantially different screening proportions.

Within all the target counties, the identified socioeconomic populations are many times unable or prefer to travel to metropolitan areas to seek services. The ability for these populations to receive no cost services through the National Breast and Cervical Cancer Early Detection Program will be explored in the health systems analysis.

Health Systems and Public Policy Analysis

Health Systems Analysis Data Sources

The Health Systems and Public Policy Analysis will discuss the health systems and public policy available within the Susan G. Komen Siouxland Target Communities. The sources Susan G. Komen Siouxland utilized to obtain an understanding of programs and services were organizations and services discovered through internet search, Community Profile Committee recommendation, Susan G. Komen “Resources for Completing the Health Systems Analysis (HSA) Template,” and the 2011 Susan G. Komen Siouxland Community Profile.

The data was collected through a Community Health Systems Survey (the template provided by Susan G. Komen Colorado). The survey was sent to sources via email or regular mail. When necessary, telephone calls were made to organizations / services to obtain levels of breast health care or to clarify survey information. Information collected via the survey was inserted in the health system analysis template. The information was reviewed by the Susan G. Komen Siouxland Community Profile Committee (Team) for comment. As in any information gathering scenario, establishing contact with the proper individuals and receiving responses in a timely manner was challenging. The findings of the Health System Analysis Template were analyzed for services rendered to target communities and gaps in services provided.

Health Systems Overview

Continuum of Care (CoC)

The Breast Cancer Continuum of Care (see Figure 3.1) represents movement through the health care system.

If a screening exam resulted in abnormal results, diagnostic tests would be needed, possibly several, to determine if the abnormal finding is, in fact, breast cancer. These tests might include a diagnostic mammogram, breast ultrasound or biopsy. If the tests were negative (or benign) and breast cancer was not found, she would go into the follow-up loop, and return for screening at the recommended interval. The recommended intervals may range from three to six months for some women to 12 months for most women. Education plays a role in communicating the importance of proactively obtaining test results, keeping follow-up appointments and understanding what it all means. Education can empower a woman and help manage anxiety and fear.

If breast cancer is diagnosed, she would proceed to treatment. Education can cover such topics as treatment options, how a pathology reports determines the best options for treatment, understanding side effects and how to manage them, and helping to formulate questions a woman may have for her providers.

For some breast cancer patients, treatment may be a few months and for others, treatment may last years. While the CoC model shows that follow up and survivorship come after treatment ends, actually follow up and survivorship may occur at the same time. Follow up and survivorship may include things like navigating insurance issues, locating financial assistance, symptom management, such as pain, fatigue, sexual issues, bone health, etc. Education may

address topics such as making healthy lifestyle choices, long term effects of treatment, managing side effects, the importance of follow-up appointments and communication with providers. Most women will return to screening at a recommended interval after treatment ends, or for some, during treatment (such as those taking long term hormone therapy).

Individuals often experience delays in moving from one point of the continuum to another – at the point of follow-up of abnormal screening exam results, starting treatment, and completing treatment – that can all contribute to poorer outcomes. There are also many reasons why a woman does not enter or continue in the breast cancer CoC. These barriers can include things such as lack of transportation, system issues including long waits for appointments and inconvenient clinic hours, language barriers, fear, and lack of information - or the wrong information (myths and misconceptions). Education can address some of these barriers and help a woman progress through the CoC quickly.

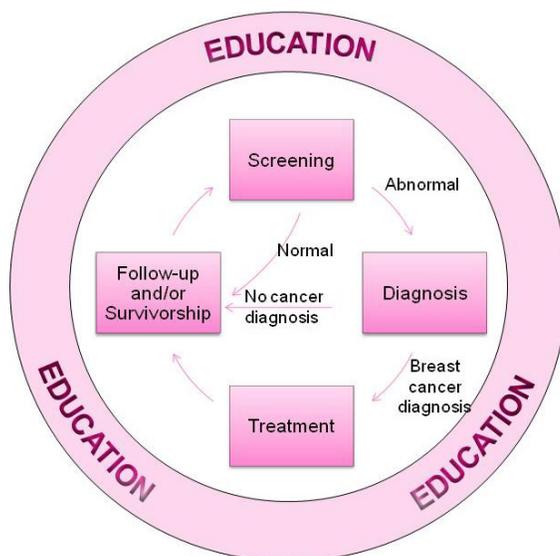


Figure 3.1. Breast Cancer Continuum of Care (CoC)

Summary of Health Systems Strengths and Weaknesses for Each Target Community

Lyon County - Lyon County is within an hour and a half drive from Sioux City, Iowa. The county is a rural area where residents have to travel to larger communities to seek specialized health care. Providers indicated transportation, education, and the distance of the primary health providers are a few of the barriers inhibiting the expected health care needs of the community. Within Lyon County, Sanford Rock Rapids Medical Center offers screening and diagnostic mammography, mobile mammography, CBE, diagnostics, ultra-sound, chemotherapy, surgery, support groups, and exercise and nutrition programs. In Sioux County, which is south of Lyon County, Hegg Memorial Hospital and Promise Community Health Center offer breast health services.

The Health Services of Lyon County, the county community health department, indicated no breast health services beyond offering recommendations and referrals as did the health clinics in the county. The Health Services of Lyon County refer to Sanford Rock Rapids Medical Center, Sioux Center Hospital and Health Center and Sanford Health Facility of Rock Rapids, June E. Nysten Cancer Center, Mercy Medical Health Center, Mercy Breast Care Center, and Unity Point Health Breast Imaging and Breast Screening System. The medical clinics within Lyon County are part of Sanford Rock Rapids Medical Center, which offers mammography and other breast health care. In Lyon County there are no free clinics. Siouxland District Health Department serves Lyon County and offers support / survivorship services in the form of Care for Yourself State Program and Lifestyle Risk Factors for Breast Cancer (obesity, alcohol, and exercise). Lyon County and nearby Sioux County have health care services willing to provide educational opportunities for residents. Sanford Rock Rapids Medical Center (Lyon County), Hegg Memorial Hospital (Sioux County), Promise Community Health Center (Sioux County) are exploring avenues to include screening and treatment into local facilities.

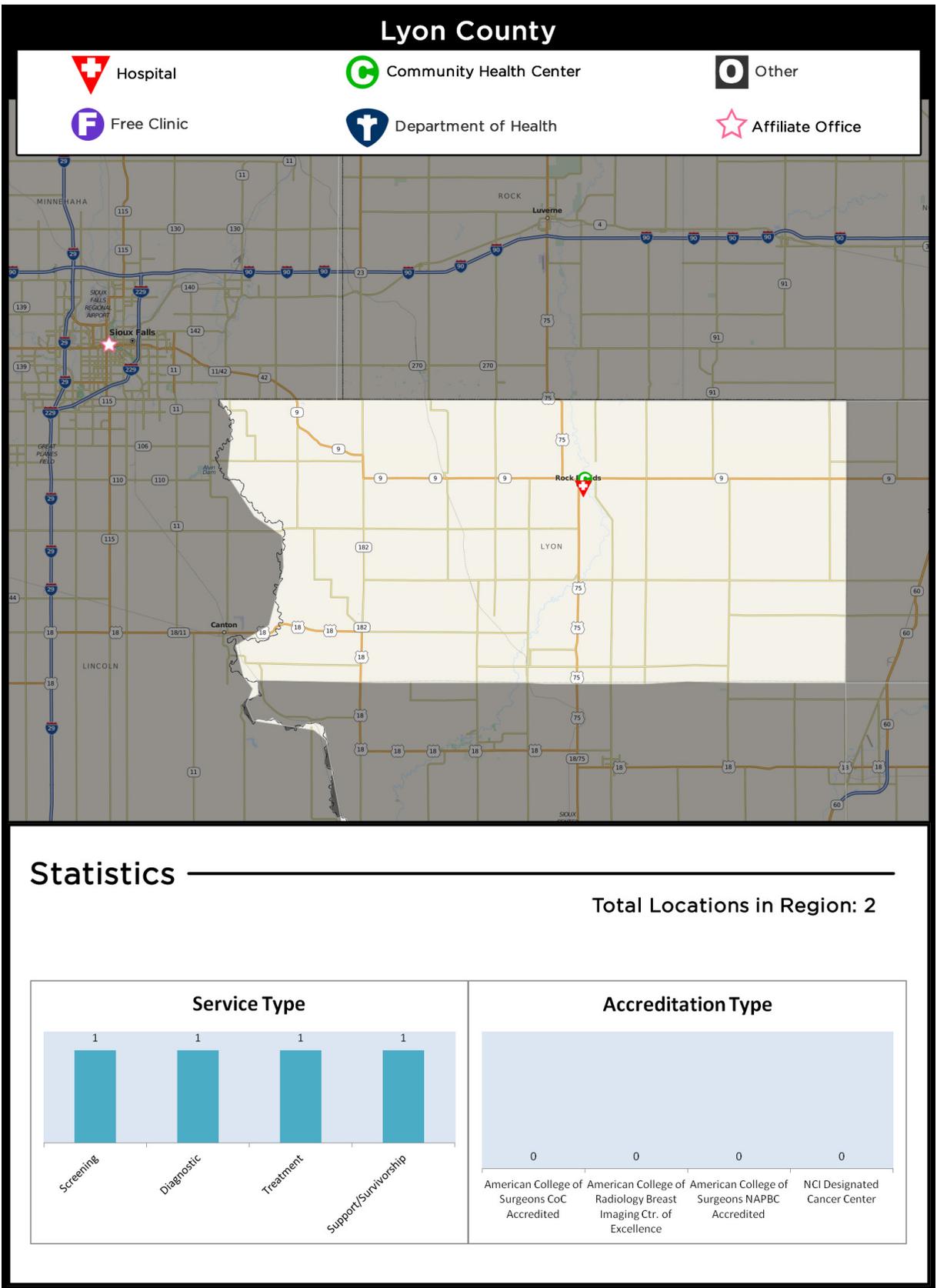


Figure 3.2. Breast Cancer Services Available in Lyon County

Thurston County – In Thurston County, breast health / cancer services are provided by two facilities. Winnebago Public Health Services Hospital (tribal / government funded hospital) and Pender Community Hospital both provide screening diagnostic and support / survivorship services to the underserved and underinsured population. Sioux City is a twenty minute commute from Thurston County and has comprehensive breast health / services available. Thurston County does not have a county health department, community health clinic nor any free clinics.

Thurston County is confronted by the lack of breast health education and the underutilization of the available services. The population of the county is primarily American Indian/Alaskan Native and with the demographic a series of challenges is presented. The qualitative section of the Community Profile will discuss the aforementioned challenges. Transportation barriers are also an issue as is true in all rural communities.

Union County – Union County is part the Sioux City, IA-NE-SD Metropolitan Statistical Area and offers primary care providers as well as two hospitals, the June E. Nylén Cancer Center, and mammography services. Typical with the majority of the Siouxland service area, Union County is predominately rural. Transportation and education are challenges for the residents outside the metro area.

As with the other Siouxland target communities, Union County has no free clinics. Union County has part-time county health nurses but no county health department and no direct breast health services. The medical clinics within the area offer breast health recommendations but no direct services.

The Dakota Dunes area of Union County has a wide assortment of specialized medical clinics (including a mammography center) plus an affluent residential development. According to dakotadunes.com, the Dakota Dunes area of the county has a population as of 2013 of 2,688 . As stated by the U.S. Census 2010, Dakota Dunes has an estimated 30 percent of the population with an estimated income of \$100,000 and over. The remainder of the county remains rural and underserved. The disparities in the socio-economic areas causes disconnect with those who are underserved.

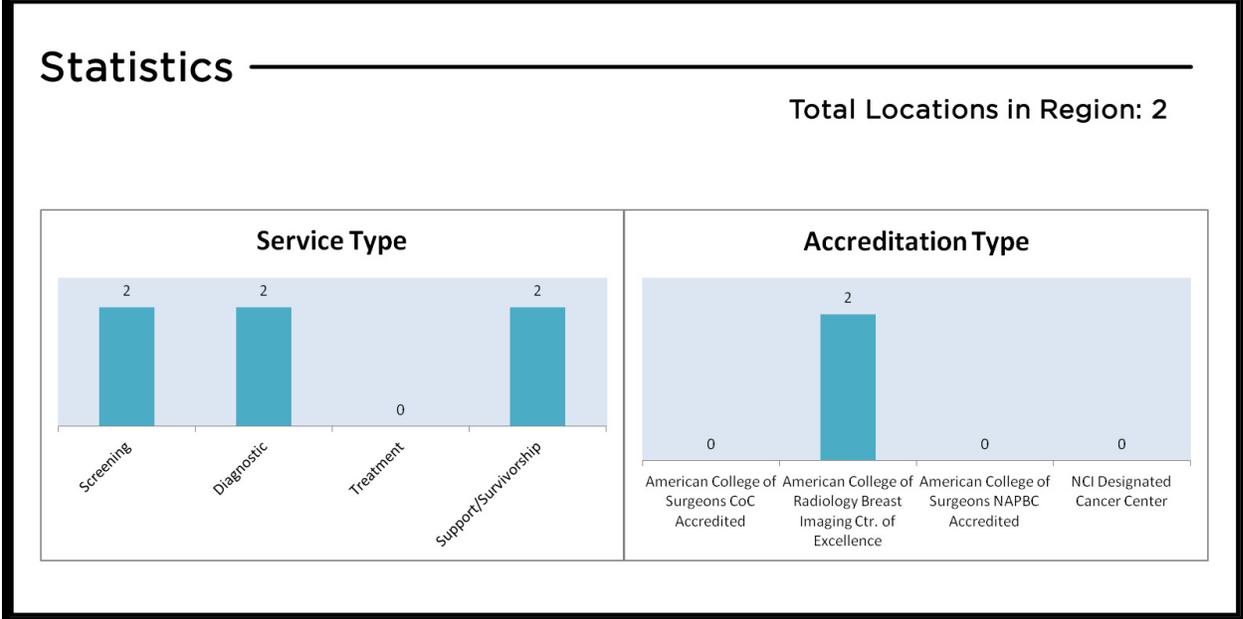
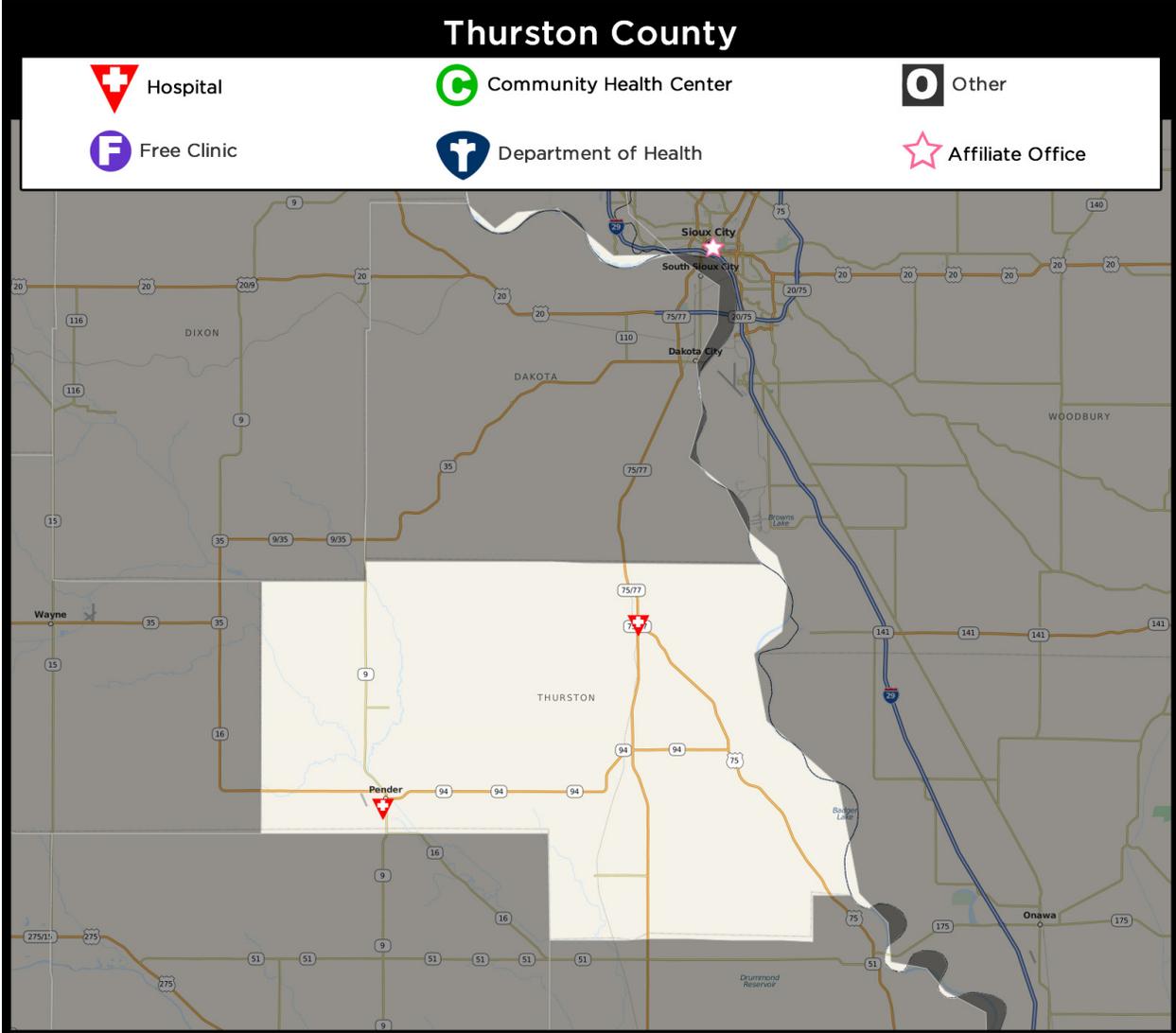


Figure 3.3. Breast Cancer Services Available in Thurston County

Union County



Hospital



Community Health Center



Other



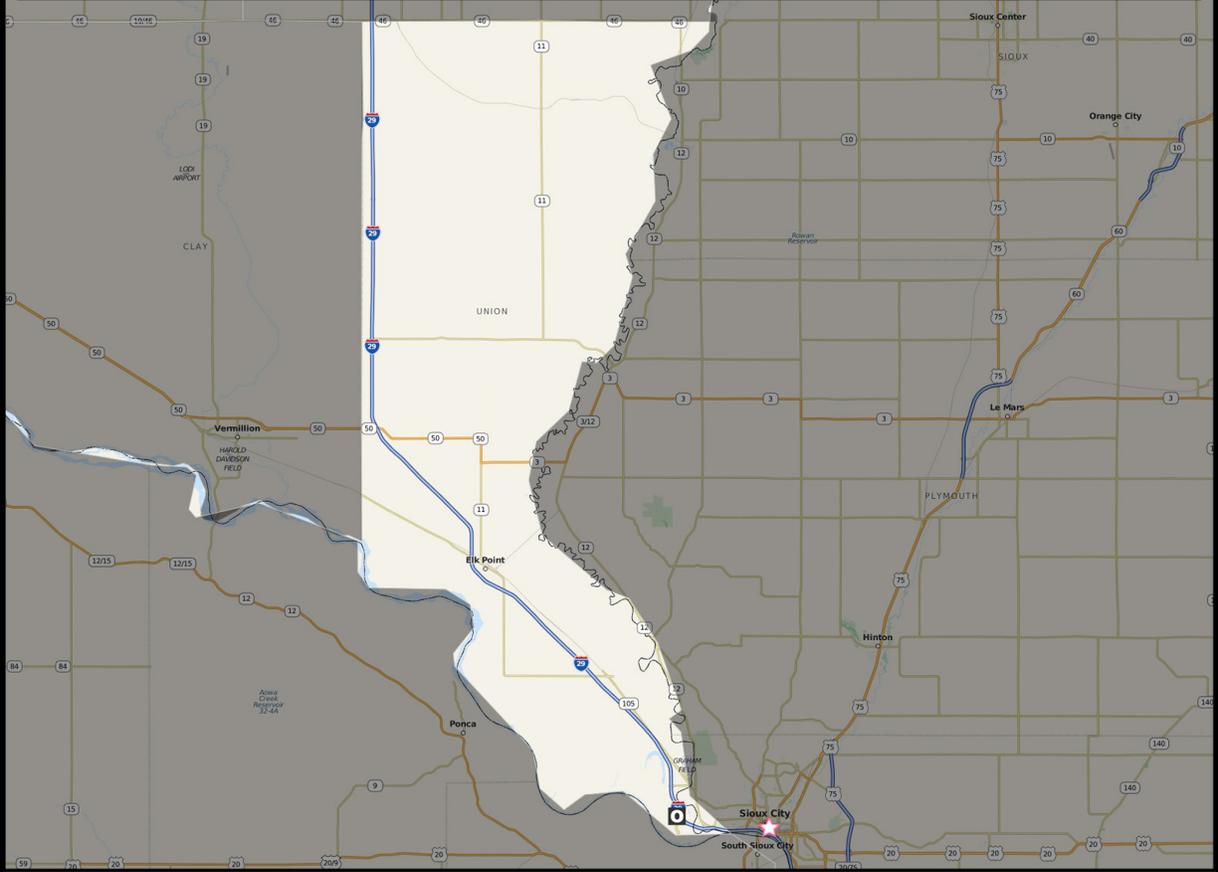
Free Clinic



Department of Health



Affiliate Office



Statistics

Total Locations in Region: 1

