

Executive Summary

Introduction to the Community Profile Report

The Komen Detroit Race for the Cure (RFTC) was established in 1992 in partnership with the Michigan Cancer Foundation, now the Barbara Ann Karmanos Cancer Institute (KCI). KCI is a National Cancer Institute (NCI)-designated Comprehensive Cancer Center and has served as the local presenting sponsor for the Komen Detroit RFTC since inception. More than \$27 million has been raised and invested in the fight against breast cancer since 1992 with 25 percent of net proceeds dedicated to Susan G. Komen's Research and Training Grant Program. The remaining 75 percent helps fund local community grants supporting funding priorities related to improving breast cancer outcomes in Wayne, Oakland and Macomb Counties. More than \$15 million has been invested into local grant programs since 1992.

The Komen Detroit RFTC is a top-tier event in the Susan G. Komen Race for the Cure® Series of more than 150 events, the world's largest and most successful breast cancer education and fundraising event ever created. With the help of approximately 100 community volunteers the Komen Detroit RFTC staff work year-round providing resources and information to address the breast cancer burden in metropolitan Detroit. Such resources include breast cancer education, grantmaking, public policy and advocacy, engagement with community organizations and resources for patient navigation and support. The Komen Detroit RFTC actively participates in coalitions dedicated to fighting cancer in Michigan, along with maintaining productive relationships with state and federal elected officials. Because of its continued public policy and advocacy work, the Komen Detroit RFTC staff was recognized as the Susan G. Komen Public Policy Advocate of the year by Susan G. Komen Headquarters in 2009. Komen Detroit RFTC staff is active with organizations in the metropolitan Detroit community and committed to furthering Komen's mission of ending breast cancer forever.

The Komen Detroit RFTC Service Area includes Wayne, Oakland and Macomb Counties each located in Michigan's southeast region. These counties are the three most populous counties in Michigan and contain nearly 40 percent of the state's population. Detroit is located in Wayne County and is the state's most populous city. Wayne, Oakland and Macomb Counties are home to a diverse population of ethnic groups. Uniquely, the Detroit metropolitan area is home to the largest proportion of Arab Americans residing outside of the Middle East. Arab Americans are one of the fastest growing immigrant groups in the country. The total population is likely underreported as Arab Americans are not recognized as an ethnic minority group and are counted as White when race or ethnicity data are collected. Detroit's metropolitan area is home to the 21st largest Jewish community in the nation; concentrated mostly in central and southern Oakland County. Additionally, Oakland County is home to the 36th largest Asian/Pacific Islander population in the United States.

All three American automotive manufacturers are headquartered in metropolitan Detroit making this region a historic economic powerhouse. Automotive manufacturing and healthcare are Michigan's largest industries. However, over the past several years due to the economic downturn, the Komen Detroit RFTC Service Area has struggled with high unemployment rates, directly affecting health and health care access for its residents.

The *Community Profile* is a periodic assessment that describes the state of breast cancer in the Komen Detroit RFTC Service Area. An effective profile helps the local Komen Organization align its community outreach, grantmaking, public policy activities and all day-to-day operations toward the same mission goal.

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The *Community Profile* is a resource that allows Komen Detroit RFTC staff and volunteers to:

- Include a broad and diverse range of people and stakeholders in its work
- Fund, educate and build awareness in the areas of greatest need
- Make data-driven decisions about resource allocations to make the greatest impact
- Strengthen relationships with supporters by clearly communicating the breast health and breast cancer needs of the community
- Advocate to policymakers
- Direct marketing and outreach to areas of greatest need
- Assure synergy between mission-related and operational strategic plans

The themes that emerge during this process will determine funding priorities and help develop an action plan for the next four years to address community needs. Themes will also help determine necessary community partnerships to address breast health and breast cancer service gaps in Wayne, Oakland and Macomb Counties. *The Komen Detroit Race for the Cure® Community Profile Executive Summary* will be posted on the Komen Detroit RFTC website with the full report available upon request. The report will also be shared with prospective grantees and public officials to make them aware of breast cancer's effects in the districts they represent, and to encourage them to address resource and health system gaps. The Komen Detroit RFTC will continue to serve Wayne, Oakland and Macomb Counties as a year-round resource, and work to implement practical solutions to issues discovered during the profile process.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

Initial county-level quantitative data were gathered for the Komen Detroit RFTC Service Area including breast cancer incidence, death and late-stage incidence rates. Overall, the Komen Detroit RFTC Service Area rates for breast cancer incidence, death and late-stage incidence are significantly higher when compared to the State of Michigan. Out of all three counties, Wayne County solely had breast cancer death rates that were significantly higher when compared to the Komen Detroit RFTC Service Area collectively. Comparatively, Oakland County has the highest incidence rate of all three counties followed by Wayne and Macomb Counties respectively. Conversely, Oakland County has the lowest death rates out of all three counties, along with the lowest rates for late-stage incidence. Screening rates for breast cancer were highest in Oakland County followed by Wayne County, then Macomb County. These screening data could account for the counties' comparative incidence rates. According to the CDC-Behavioral Risk Factor Surveillance System (BRFSS), more than 80 percent (80.2) of women in the Komen Detroit RFTC Service Area had a screening mammogram in the last two years compared to 79.5 percent for the State of Michigan and 77.5 percent for the United States.

Demographically, when compared to the United States female population, the Komen Detroit RFTC Service Area has a substantially larger Black female population. There are also lower income levels and higher unemployment levels than the United States in this area. Income and unemployment levels are substantially lower for Wayne County than Oakland and Macomb Counties.

Based on these statistics it is unlikely that the Komen Detroit RFTC Service Area will reach the Healthy People 2020 (HP2020) targets for late-stage incidence. Healthy People 2020 is a major federal government program that has set specific targets for improving Americans' health by the year 2020. The target for late-stage incidence is 41.0 cases per 100,000 individuals. The base rate for the Komen Detroit RFTC Service Area collectively, and the rates for Wayne, Oakland

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and Macomb individually are 45.1, 46.2, 44.1 and 44.3 respectively. Based on trend data, Wayne and Oakland Counties are not expected to meet the HP2020 target for late-stage incidence. Additionally, Wayne County is unlikely to meet the HP2020 target for breast cancer death rates based on trend data. The base rate for Wayne County was 29.2 deaths per 100,000; the HP2020 target is 20.6 deaths per 100,000.

The initial county-level incidence, death and late-stage incidence rate data gathered suggest that Wayne County is the highest priority for intervention. However, it was vital to examine sub-county level data to ensure that communities and/or populations outside of Wayne County that may be experiencing negative breast cancer-related outcomes are not overlooked. The Komen Detroit RFTC Community Profile team examined breast cancer screening, incidence, death, late-stage incidence and demographic data at the sub-county level. Additional data were obtained from the Michigan Behavioral Risk Factor Surveillance System (MIBRFSS), the Michigan Division of Vital Records and Health Statistics, the United States Census Bureau American Fact Finder website, and the Detroit Surveillance, Epidemiology, and End Results (SEER).

Additional data from the MIBRFSS showed that screening rates were just slightly greater than 50 percent (50.8 percent) for the Komen Detroit RFTC Service Area and 48.6, 56.1 and 48.2 percent for Wayne, Oakland and Macomb Counties respectively. Furthermore, 52.5 percent of women with health insurance surveyed received their annual breast cancer screening in the past year, and just 31.9 percent of uninsured surveyed women received their annual screenings during that time period. Susan G. Komen recommends women have a clinical breast exam (CBE) and mammogram annually beginning at age 40 for women who are at average risk to ensure early detection. Though the CDC BRFSS data show comparatively a larger percentage of the women in the Komen Detroit RFTC Service Area are having regular breast cancer screenings, the MIBRFSS numbers show that low annual screening numbers may likely be contributing to the grim outlook for breast cancer death and late-stage incidence rates.

When exploring sub-county demographic data related to income, there is a possible link between poverty and access to the breast cancer continuum of care. Data gathered in the 2011 Komen Detroit RFTC Community Profile showed a strong likelihood of being uninsured for populations living in poverty and thus a stronger likelihood for breast cancer to be detected at later stages when it is less treatable. Further, the likelihood for the disease to go undetected altogether was higher in these populations. While Oakland and Macomb Counties have fewer people living in poverty than Wayne County, the State of Michigan and the United States, there are communities in both of these counties that are experiencing high poverty and lower instances of breast cancer early detection. When examining sub-county level data for Oakland and Macomb Counties, the percentages of breast cancer cases diagnosed at later stages (i.e. regional and distant) generally increased as the percent of the population living in poverty increased.

When comparing breast cancer diagnoses in areas where 20.0 percent or more live below the Federal Poverty Level (FPL), to areas where less than 20.0 percent of the population live in poverty, there seems to be an association with late-stage incidence. Across the Komen Detroit RFTC Service Area, poorer individuals may be more likely to be diagnosed at later stages, even though Oakland and Macomb Counties are more affluent overall than Wayne County. There are still communities within these two counties with 20.0 percent or more of the population living in poverty, similar to many areas in Wayne County. Additionally, racial and ethnic minorities are disproportionately represented in poorer communities across the Komen Detroit RFTC Service Area with the majority of Blacks and Hispanics being impoverished in Wayne, Oakland and

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Macomb Counties. These data are important because Black women currently have the highest death rates from breast cancer despite less frequent diagnosis of breast cancer than Whites. Blacks are often diagnosed at later-stages when the disease is more challenging to treat. This may possibly be credited to less screening mammography, longer intervals between screenings and lack of timely follow-up for abnormal results for both Blacks and Hispanics alike. Hispanics are the least likely group in the United States to have regular and timely breast cancer screenings, and breast cancer is often discovered at a much advanced stage.

Other likely contributors to poor outcomes in these populations are low education attainment and unemployment. Individuals living in poverty across the Komen Detroit RFTC Service Area are less likely to have completed a high school education and more likely to experience unemployment. Both of these factors may decrease the likelihood of people having regular access to breast cancer screening and other necessary follow-up services due to the increased likelihood of not having adequate income or health insurance.

Many of the communities with large populations of people living in poverty are also located within HRSA-designated Medically Underserved Areas (MUAs). MUAs by definition face barriers to healthcare access and have a demonstrable shortage of healthcare resources relative to community needs. The Komen Detroit RFTC Service Area has 20 MUAs with 17 located in Wayne County, one located in Oakland County and two in Macomb County.

For all three counties in the Komen Detroit RFTC Service Area, people who are diagnosed with breast cancer are at least 0.8 times more likely to die within 4 years of their initial diagnosis. Based on these reasons individuals living in HRSA-designated Medically Underserved Areas and communities with high levels of poverty were chosen as the Komen Detroit RFTC target populations.

Health System and Public Policy Analysis

Given the poor breast cancer outcomes for women in the Komen Detroit RFTC target populations, we felt it was necessary to explore strengths and weaknesses in the health systems serving these populations. Health system strengths for the Komen Detroit RFTC Service Area include having several local facilities that provide breast health services offering many opportunities for women to enter the Breast Cancer Continuum of Care (CoC), which is a model that shows how women may move through the health care system for breast care. This model includes breast cancer screening, diagnosis, treatment, follow-up and/or survivorship care, with education incorporated into each. Many of these facilities are located in MUAs and other communities where the target populations reside, and include hospitals offering the services spanning the full extent of the CoC. However, severe gaps in access exist in the target populations which may be contributors to the high breast cancer death and late-stage incidence rates in Wayne, Oakland and Macomb Counties.

In Wayne County, there are numerous hospitals located in or near HRSA-designated MUAs offering the full array of breast health services. Wayne County MUAs include all or portions of Detroit, Dearborn, Ecorse, Hamtramck, Harper Woods, Highland Park, Inkster, Lincoln Park, River Rouge, Romulus and Taylor. Additionally, there are eight Federally Qualified Health Centers (FQHCs) and Look-Alike clinics across Wayne County, which serve individuals from the target populations.

Michigan's health care safety net is strong and includes the Breast and Cervical Cancer Control Program (BCCCP) of which Wayne County has the largest of these programs in Michigan.

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Eligible uninsured and underinsured women in Wayne County can enroll in the program to receive an annual clinical breast exam and mammogram, and treatment if needed. Despite Wayne County's local health system strengths the number of women receiving regular breast cancer screening is low. This is possibly due to the lack of FQHCs in Wayne County offering services beyond clinical breast exams and referrals to mammography. Barriers may present for vulnerable populations with few resources including access to reliable transportation, having to attend multiple appointments in multiple locations and such facilities may not have convenient hours of service for the target populations. For those who remain uninsured or underinsured there may be cost barriers preventing access to the CoC.

Oakland County has one HRSA-designated MUA located in Pontiac, MI where three hospitals offer breast cancer screening services. Two of the three hospitals offer the complete range of services along the CoC. Two FQHCs and one Look-Alike clinic offering clinical breast exams and mammogram referrals are also located in Pontiac.

Other communities located in Oakland County, but outside of its only MUA, have high levels of poverty. These communities have breast health services available in neighboring cities. Hazel Park and Oak Park citizens in Oakland County must travel to nearby Southfield or Royal Oak to seek services at hospitals.

Uninsured and underinsured women in Oakland County also have access to the BCCCP to receive timely breast cancer screening and have breast health resources available within close proximity. However, there remain many barriers to accessing the available resources. Similar to Wayne County, Oakland County FQHCs do not offer breast health services beyond the clinical breast exam or referrals to mammograms, which requires women to schedule appointments at multiple locations. This could prove difficult for those with transportation limitations even when facilities are close. Whether a woman is uninsured or underinsured, financial barriers can prevent her from accessing these services.

There are no hospitals in Macomb County located in the county's HRSA-designated MUAs, which include the cities of Center Line, Lenox, Ray, Richmond and Washington. There are several hospitals in nearby communities that serve the target populations which include one in Warren that neighbors Center Line, and in Clinton Township. Although Warren and Clinton Township have high levels of poverty, they are not HRSA-designated MUAs. Only a few FQHCs and Look-Alike Clinics are located in Macomb County offering clinical breast exams and referrals to mammography. One of the FQHCs in Macomb County administers the Macomb County BCCCP for uninsured and underinsured women providing access to breast cancer screening. Macomb County also offers breast health-related services. However, the Macomb County BCCCP is limited to screening services solely and must refer enrollees to the Wayne County BCCCP for treatment if diagnosed with breast cancer. This referral process may cause a delay in treatment because of the time taken to exchange patients across programs.

The Breast and Cervical Cancer Control Program (BCCCP) is Michigan's version of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP); a partnership between the U.S. Centers for Disease Control and Prevention (CDC) and state health departments. The program provides low-income, uninsured and underinsured women ages 40-64 with life-saving breast cancer screening, diagnostics, education, outreach and patient navigation. It exists in all 50 states, Washington D.C., 11 tribal organizations and five U.S. territories. The CDC provides program funding for women ages 50 to 64 with the State of Michigan funding coverage for women ages 40-49. Appropriations for this program vary from year to year depending on state budget priorities. Wayne County's program has received funds from a Komen Detroit RFTC

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community grant and local donations from community to help more women get access to services. Most recently, the State of Michigan produced a specialty pink ribbon breast cancer awareness license plate with proceeds allocated to the BCCCP. Eligible women are in most cases the same women who live in communities experiencing high levels of poverty and lack health insurance. The data show that limited program capacity can make a serious difference in whether or not people in the Komen Detroit RFTC target populations access the CoC. Women diagnosed with breast cancer through the BCCCP are automatically enrolled into Medicaid if they meet residency and citizenship criteria. Women who are not U.S. citizens are eligible to enroll in the BCCCP. However, non-citizens cannot enroll in Medicaid. This policy also extends to women who have had U.S. citizenship for less than five years and for those who have Medicare Part A and have not purchased Part B.

The Patient Protection and Affordable Care Act (ACA) of 2010 eliminated annual lifetime limits on health care, declared discrimination against people with pre-existing conditions illegal and outlawed price gauging women for the same coverage as men. ACA requires all Americans to have some form of health insurance coverage or face a tax penalty. The ACA extends tax credits and subsidies for people who may have difficulty paying for coverage, and places new restrictions on collecting profit by insurance companies.

States were given the option to expand Medicaid eligibility to include more low-income families and individuals previously ineligible for Medicaid. Michigan chose to expand its Medicaid program in accordance with the ACA. The Healthy Michigan Plan provides comprehensive health coverage for individuals between ages 19 and 64 who were not previously eligible for Medicaid or Medicare, along with prescription benefits and incentives for managing chronic health conditions including elimination of copays. This program is intended to make it easier for more low-income residents to access the Breast Cancer Continuum of Care.

Qualitative Data: Ensuring Community Input

The Barbara Ann Karmanos Cancer Institute is the local presenting sponsor for the Komen Detroit RFTC and is affiliated with Wayne State University (WSU) School of Medicine. Because of these contractual relationships with both Karmanos and WSU, the Community Profile process has been deemed human subjects research requiring approval by the WSU Institutional Review Board (IRB). All study methods and tools were approved by the IRB prior to collecting any data. Based on data gathered in the Quantitative Data Section and the Health Systems Analysis and Public Policy Section, the Komen Detroit RFTC Service Area has high levels of insurance coverage, but low rates of screening for breast cancer. The target populations are more likely to be uninsured and experience challenges when attempting to access the Breast Cancer Continuum of Care (CoC). Additionally, women with health insurance may not utilize breast health services due to other challenges related to access. Demographics show higher death rates from breast cancer in MUAs and amongst those living in poverty. All qualitative data collection efforts sought to identify the access and utilization factors that may contribute to these data.

Key informant interviews were done with staff and board members at health care facilities that serve the target populations. Health plan administrators for health insurance plans serving the target populations were also interviewed. This data collection method was chosen based on the high likelihood of receiving valuable information that could provide potential insight into the possible reasons for such poor outcomes in the Komen Detroit RFTC target populations. In addition, focus groups were held in communities across Wayne, Oakland and Macomb Counties

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that included members from the target populations in order to hear directly from community members on what they feel are the biggest complicating factors stopping them from accessing the CoC.

A few conclusions were drawn from each key informant interview and focus group for the target populations in the Komen Detroit RFTC Service Area. Data gathered through these collection methods will help the Komen Detroit RFTC develop an action plan that may help reduce the number of breast cancer cases diagnosed at late stages and ultimately reduce the number of deaths. Conclusions for each county are as follows:

Conclusions from data for Wayne County:

1. Health care affordability remains a major contributing factor to why women in the Wayne County target populations don't get screened for breast cancer. There is a need for programs to assist with financial barriers preventing women from entering and remaining in the CoC.
2. Attitudes toward personal health in the Wayne County target populations are overwhelmingly reactive, rather than proactive, leading people to only seek health care when their health is in crisis. Resource awareness and education about the importance of regular breast cancer screening may help change health behaviors.
3. Myths and fears related to breast cancer seem common in the Wayne County target populations possibly leading to low rates of breast cancer screening. Education and community outreach programs may help change beliefs and attitudes toward breast cancer in the target populations.

Conclusions from data for Oakland County:

1. Many in the Oakland County target populations have difficulty adjusting to the changes implemented by the Affordable Care Act. Patient navigation services may help eliminate confusion on how health insurance works and ultimately increase the number of people entering and remaining in the CoC in the target populations.
2. Affordability of out-of-pocket costs and transportation to appointments are barriers that seem to prevent people in the target populations from entering and remaining in the CoC. Increasing awareness of available resources for low income and underinsured women may help more individuals in the target populations get access to regular breast cancer screenings.
3. Myths and fears related to breast cancer seem to be common in the Oakland County target populations possibly leading to low rates of breast cancer screening. Education and community outreach programs may help change beliefs and attitudes toward breast cancer in the target populations.

Conclusions from data for Macomb County:

1. Many people in Macomb County's target populations now have access to health care and are newly insured. Patient navigation services may help eliminate confusion about health insurance and potentially increase the number of people entering and remaining in the CoC in the target populations.
2. Many people in Macomb County's target populations do not recognize the need for regular breast health screenings. This might explain why Macomb County has the lowest screening rates for breast cancer out of the three counties in the Komen Detroit RFTC Service Area; possibly a big reason why late-stage incidence and death rates are high in the target communities. Education and community outreach programs may help increase rates for screening and the likelihood for early detection of breast cancer.

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3. There still remain people in the target populations who are uninsured or underinsured. Lack of US citizenship and the affordability of out-of-pocket costs are barriers that seem to prevent people in the target populations from entering and remaining in the CoC. Increasing awareness of available resources for low income, uninsured and underinsured women may help more individuals in the target communities get access to regular breast cancer screenings.

Conclusions from health plan administrator key informant interviews:

1. There are differences in the audiences targeted for breast cancer screening in the target populations based on the breast cancer screening guidelines being followed (i.e. recommending annual mammography at age 40 or 50). Such differences may account for the low level screening for breast cancer across the Komen Detroit RFTC Service Area. Stronger outreach and education may help to eliminate confusion for women in the target populations and increase the number of women screened regularly.
2. Barriers to breast cancer screening still exist for women who have health insurance in the target populations which include lack of transportation, child care and misunderstanding of insurance coverage for services. Navigation services may be a necessary component for ensuring that women enter and remain in the CoC.

Mission Action Plan

Based on data gathered from the Quantitative Data, Health Systems Analysis and Public Policy, and Qualitative Data Sections, the Komen Detroit RFTC has drafted an action plan including feasible priorities and objectives to address critical needs in the target populations identified in the Komen Detroit RFTC Service Area. The action plan will be implemented from FY16 through FY19 and has been organized into three categories: Community Education and Outreach, Partnership Opportunities and Grantmaking.

Community Education and Outreach

Problem Statement I: Annual breast cancer screening rates for women in Wayne, Oakland and Macomb Counties are low, which is a likely contributor to high rates of late-stage incidence and death in the Komen Detroit RFTC Service Area.

- **Priority 1:** Increase education about breast cancer in target populations in Wayne, Oakland and Macomb Counties.
 - **Objective 1:** Recruit three college student interns, one each for Wayne, Oakland and Macomb Counties, to each conduct 12 group education sessions per year in Komen Detroit RFTC target populations starting September 2016 to consistently educate target populations on the importance of breast cancer screening. Based on data gathered in focus groups and key informant interviews, taking a more proactive approach in finding audiences that may benefit from this type of education may help to increase the number of those being screened for breast cancer in Komen Detroit RFTC target populations.
 - **Objective 2:** In preparation to strengthen outreach efforts and increase education in Komen Detroit RFTC target populations, reinforce breast cancer knowledge for Komen Detroit RFTC community volunteers through developing an annual, comprehensive training program to sustain knowledge about breast cancer and breast cancer screening by June 2016. Developing such a program may help to ensure that volunteers are prepared and equipped to provide accurate

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information that may encourage target populations to seek timely breast cancer screening.

- **Priority 2:** Increase community involvement in developing Komen Detroit RFTC programs to reduce and dispel myths and fears about breast cancer and breast cancer screening. Special focus is needed on this topic especially based on feedback from focus group participants to help increase regular and timely screening for breast cancer in the target populations.
 - **Objective 1:** Create a community advisory council for the Komen Detroit RFTC Service Area composed of focus group participants, breast cancer survivors and Komen Detroit RFTC grantees by December 2016. Such members will help develop at least one breast cancer community outreach initiative focused on reducing fears and dispelling myths about breast cancer and breast cancer screening for specific target populations in each county. Developing such a community council may help determine the best strategy to implement in each target population in each county.
 - **Objective 2:** Develop a breast cancer survivor ambassador program and identify at least three breast cancer survivors from each county in the Komen Detroit RFTC Service Area to partner with interns and community volunteers to help implement initiatives developed by the community advisory council in the target populations by December 2016. Based on feedback from focus group participants, hearing directly from breast cancer survivors about their personal experiences may help to ease their fears about screening and the disease itself.

- **Priority 3:** Improve public awareness of breast cancer and patient navigation resources to guide women through the Breast Cancer CoC.
 - **Objective 1:** Implement an evidence-based, comprehensive, social media campaign to increase public awareness of breast health and breast cancer screening recommendations to begin in January 2016, monitored through the use of web analytics. Based on the feedback from focus group participants, many women in Wayne, Oakland and Macomb Counties are unaware of general breast cancer information and the recommended screening regimen; increasing public awareness via online platforms may lead to higher screening rates in all three counties.
 - **Objective 2:** Develop a comprehensive resource page on the Komen Detroit RFTC website including information for patient navigation, support and breast cancer education by December 2016. Such information will include website links to the *CDC Bring Your Brave Campaign* for young survivors, the Metastatic Breast Cancer Alliance and others.

Partnership Opportunities

Problem Statement I: Only half of women with health insurance and less than one-third of women with no health insurance are receiving annual breast cancer screening in Wayne, Oakland and Macomb counties.

- **Priority 1:** Increase the number of organizations partnered with Komen Detroit RFTC that offer resources to the community to assist both insured and uninsured women in Wayne Oakland and Macomb Counties with entering and remaining in the Breast Cancer Continuum of Care (CoC).

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- **Objective 1:** Develop partnerships with at least five community organizations trained as Affordable Care Act navigator sites to help get people connected to breast cancer screening during the open enrollment period in Wayne, Oakland and Macomb Counties by December 2016.
- **Objective 2:** Connect with at least five health plans serving Wayne, Oakland and Macomb Counties to explore potential opportunities to educate enrollees about breast cancer screening and help connect them to services by December 2016.
- **Priority 2:** Engage community partners to provide educational resources in target populations including Komen Detroit RFTC sponsors, businesses and organizations located in Wayne, Oakland and Macomb County target communities and/or serving Wayne, Oakland and Macomb County target populations.
 - **Objective 1:** Working with current Komen Detroit RFTC grantees, identify at least three businesses serving the target populations to explore sponsorship and community partnership potential to provide breast cancer education to consumers by December 2016. Such businesses include Walgreens and local dollar stores.
 - **Objective 2:** Identify at least three current Komen Detroit RFTC sponsors located in key communities in Wayne, Oakland and Macomb Counties that can help with community education and outreach to target populations by December 2016.
 - **Objective 3:** Collaborating with the Michigan Cancer Consortium, identify at least three current Komen Detroit RFTC sponsors to implement evidence-based Community Guide strategies to increase breast cancer screening rates for employees by January 2017.

Grantmaking

Problem Statement I: Women in HRSA-designated Medically Underserved Areas (MUAs) and communities with high rates of poverty in Wayne, Oakland and Macomb counties are disproportionately diagnosed with breast cancer at late stages.

- **Priority 1:** Ensure Komen Detroit RFTC grant program funding priorities for 2015 through 2019 address possible factors contributing to late-stage incidence rates in Wayne, Oakland and Macomb County MUAs and communities with high poverty.
 - **Objective 1:** Beginning with the FY17 Community Grant Request for Applications (RFA), funding priority will be provided to proposals that seek to increase the proportion of breast cancer diagnoses at earlier stages in the Komen Detroit RFTC target populations by increasing awareness of breast cancer risk factors and the importance of breast cancer screening.
 - **Objective 2:** Beginning with the FY17 Community Grant RFA funding priority will be provided to proposals that seek to support strong community education and outreach programs in the Komen Detroit RFTC target populations focused on dispelling myths, reducing fears and providing support services related to breast cancer.
 - **Objective 3:** Beginning with the FY17 Community Grant RFA funding priority will be provided to proposals that seek to increase timely and complete breast cancer screening, follow-up care and treatment in the Komen Detroit RFTC target populations through patient navigation and by reducing financial, individual,

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- provider and other barriers to care (e.g. co-pays, deductibles, transportation, etc.).
- Objective 4: Beginning with FY17 Community Grant RFA funding priority will be provided to proposals that seek to increase support for health care safety net programs that help increase timely and complete access to the Breast Cancer Continuum of Care for underinsured and uninsured in the Komen Detroit RFTC target populations.
- **Priority 2**: Market community grant program and funding opportunity to nonprofit organizations serving the Komen Detroit RFTC target populations to diversify grant slate.
 - Objective 1: Beginning with the FY17 Community Grant Writing Workshop, recruit five new nonprofit organizations to participate in annual grant writing workshops each year.
 - Objective 2: Annually, beginning with the FY17 Community Grant cycle, through the use of surveys identify barriers that are preventing organizations from applying for a grant and work to reduce these barriers for the next grantmaking period.