Today's Agenda

- Welcome and Introduction
- Community Profile Process and Planning
- The Community Profile Team
- Quantitative Data Reports
- Affordable Care Act (ACA) Overview
- Questions & Answers

Training Objectives

- To provide participants with a clear understanding of the 2015 Community Profile processes and resources made available
- To provide participants with step-by-step instructions on how to successfully complete each phase of the Community Profile process for 2015:
  - Understand how to utilize the Quantitative Data Reports
  - Address the Health Systems and Public Policy Analysis
  - Conduct qualitative data collection and analysis
  - Develop the Mission Action Plan
**What is the Community Profile?**

- An assessment of the breast health/cancer needs in the service area and the resources that exist to meet the needs

- **Purpose:**
  - Identify areas of highest need in the Affiliate service area
  - Identify community partners to address needs, barriers and gaps in services
  - Enable Affiliate to develop priorities and Mission Action Plan to meet the need in the target community
  - Communicate the state of breast health and breast cancer in the target community

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**Components of the Community Profile**

- **Quantitative Data**
- Health Systems & Public Policy Analysis

- **Qualitative Data**
- Mission Action Plan

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**Preparing for the Community Profile**
Section Review & Approvals

New Requirements for the 2015 Community Profile Process:

• Each section of the Community Profile Report must be approved prior to submission to Komen Headquarters:
  • Board of Directors: Mission Action Plan
  • Board President or Executive Director: All other sections

• An Affiliate must receive approval of submitted Community Profile section(s) prior to submission of subsequent sections.

Community Profile Section Deadlines

- April 28, 2014: Quantitative Data Reports
- June 16, 2014: Health System and Public Policy Analysis
- November 17, 2014: Qualitative Data Reports
- January 14, 2015: Introduction and Acknowledgment Page
- March 16, 2015: Mission Action Plan
- April 13, 2015: Executive Summary
Community Profile Budget

- Board of Directors should allocate funding for the Community Profile for FY 15 (April 1, 2014- March 30, 2015).

- All costs associated with the Community Profile process are part of the Affiliate’s Mission expenses.

- Average Costs:
  - Affiliates with existing staff or a dedicated volunteer: between $1,000 and $5,000.
  - Affiliates that have contracted with consultants for a portion or the entire process: more than $5,000.

Komen Headquarters Community Profile Team will Provide Affiliates:

- Guidebook, toolkits, templates and resources to help ensure you have a successful Community Profile process
- On-going Community Profile communications through Affiliate Weekly, direct emails and the Community Profile forum on myKomen
- One-on-one technical assistance (when requested)
- Training webinars on specific topics or areas of special interest (when deemed necessary)

Module 1
The Community Profile Team
Building Your Community Profile Team

- Determine the type and size of team you will use (advisory vs. work group).
- Be sure your team includes a Team Lead, Board Liaison, qualitative resource and other key individuals.
- If the Affiliate chooses to hire a consultant, the consultant MUST be part of the Community Profile Team.
- The entire Team should be familiar with the Community Profile process.

Board Liaison

The Board Liaison must:
- Commit to the entire 2015 Community Profile process
- Be an active Affiliate Board member, staff or volunteer
- Attend the Affiliate’s Community Profile Orientation/Training
- Attend/View all formal/required Community Profile training webinars provided by Headquarters
- Ensure that Community Profile updates are added to the Affiliate Board’s standing meeting agenda for the duration of the process
- Present or submit regularly scheduled status reports/updates during each phase of the Community Profile process
- Attend most Community Profile Team meetings

How to Effectively Work with the Affiliate Board of Directors

The Affiliate should:
- Educate the Board about the Community Profile (to include access to the new Community Profile Guidebook and an overview of the process).
- Allow the Board to ask questions and make sure they understand the role and structure of the Community Profile Team to include the Board Liaison.
- Provide regular Board updates throughout the process and clearly communicate challenges and successes encountered at each phase.
Module 2
Quantitative Data

Female Breast Cancer Incidence and Death Rates* by Race and Ethnicity, United States

Quantitative Data Reports

Purpose of the quantitative data reports

Quantitative Data Report Contents (tables & maps):
- Incidence
- Screening rates
- Late-stage incidence
- Mortality
- Demographic data (e.g. population, race/ethnicity)
- Socioeconomic indicators (e.g. insurance status, education level, poverty)

Healthy People 2020

What is Healthy People 2020 (HP2020)?
- An initiative of the federal government
- Aims to provide science-based, 10-year national objectives for improving the health of all Americans

HP2020 breast cancer indicators utilized by Komen:
- Reduce the female breast cancer death rate to 20.6 deaths per 100,000 females.
- Reduce late-stage diagnosis of female breast cancer incidence to 41.0 new cases per 100,000 females.
Prioritization of Counties- HP2020

Based on the current trend, the predicted number of years to accomplish HP2020 Goal:

- 13 years and above: Will not likely meet HP2020 goal
- 7-12 years: Likely to meet HP2020 goal
- 0-6 years: More likely to meet HP2020 goal
- Currently meets target: HP2020 goal met

Predicted number of years is based on the mid-point of the data range (2008) for years 2006-2010.
### Prioritization of Counties

<table>
<thead>
<tr>
<th>County</th>
<th>Priority</th>
<th>Time to Achieve Early Detection Target</th>
<th>Time to Achieve Mortality Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>County C</td>
<td>Highest</td>
<td>13 yrs. and above</td>
<td>NA</td>
</tr>
<tr>
<td>County E</td>
<td>High</td>
<td>13 yrs. and above</td>
<td>10 yrs.</td>
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<td>Medium High</td>
<td>8 yrs.</td>
<td>7 yrs.</td>
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<tr>
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<td>13 yrs. and above</td>
</tr>
<tr>
<td>County D</td>
<td>Medium Low</td>
<td>4 yrs.</td>
<td>5 yrs.</td>
</tr>
<tr>
<td>County F</td>
<td>Lowest</td>
<td>On Target</td>
<td>NA</td>
</tr>
</tbody>
</table>

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### Prioritization of Counties

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### Next Steps Decision-Making

- Quantitative Data Report
- Health System and Public Policy Analysis
- Qualitative Data Collection
- Mission Action Plan
Quantitative Data Narrative Report

Contents of Report:
- Section 1: Quantitative Data Report (provided by HQ)
- Section 2: Additional Quantitative Exploration (if applicable)
  - Data Sources and Methodology
  - Additional Data Overview
- Section 3: Target Communities
  - List of target communities selected and description of process for selecting target communities

When will the Affiliate’s receive their respective Quantitative Data Report?

**Affiliate Reports:** February 2014

**State Reports:** Later in 2014

The Affordable Care Act (ACA)
**ACA Overview**

Major Themes/Goals:
- Expand access to care through insurance coverage
- Enhance the quality of health care
- Improve coverage for those with health insurance
- Make health care more affordable

**ACA Overview Continued**

- **ALL** of Komen’s priorities were included in health reform:
  - Mammography as a required benefit
  - Breast cancer education for young women
  - Access to clinical trials and patient navigation
  - Elimination of pre-existing condition exclusions, lifetime and annual caps
  - Out-of-pocket spending limits

**Medicaid Expansion**

- Medicaid access matters: A recent study, found a significant increase in the number of mammograms received by women with Medicaid coverage compared to their peers who applied, but were not able to enroll in Medicaid.
- Medicaid Expansion – States can expand Medicaid to all individuals not eligible for Medicare under age 65 (children, pregnant women, parents, and adults without dependent children) with incomes up to 133% FPL with enhanced federal match.
- If states choose to begin expansion in 2014, the federal match is 100 percent. The match will continue to adjust over the years until 2020 and beyond when the match will stay at 90 percent.
Future Implications and Gaps

Gaps will remain:
- The Congressional Budget Office (CBO) estimates that nearly 30 million non-elderly individuals will be uninsured in 2016.
- Who are they?
  - Undocumented immigrants
  - Individuals eligible for Medicaid but not enrolled
  - Individuals exempt from mandate (i.e. no income tax, religious exemptions, or other hardships)
  - Those that will choose to remain uninsured and pay the penalty

Things to Consider

- What is your state’s marketplace/exchange status: state, federal or combined?
- Did your state choose to expand Medicaid?
- How your population is going to change?
- Who in your community is likely to stay uninsured?
- What the health systems are doing to be prepared for health care reform (community assessment)?
Resources

- Kaiser Family Foundation - www.kff.org & www.statehealthfacts.org
- American Medical Association - www.ama-assn.org
- American Assoc. of Medical Colleges - www.aamc.org
- American Public Health Association - www.apha.org

Part Two of Webinar...

- Health Systems and Public Policy Analysis
- Qualitative Data Collection and Analysis
- Mission Action Plan

Where to Go for Help

For Support
- Regional Support Manager (RSM)
- Community Profile Forum on myKomen

For General Questions
- Please e-mail: communityprofile@komen.org

For access to Community Profile information, guidebook, toolkits, discussion forum and training materials:
- Please visit http://mykomen.org