Example Definitions of Common Breast Health and/or Breast Cancer Concerns:

- **Access to Care:**
  - Timely use of personal health services to achieve the best possible health outcomes—it is about access to care that is timely, appropriate, of high quality, culturally relevant, affordable and coordinated. - *Institute of Medicine and Change*.

- **Barriers:**
  - Anything that prevents, discourages, limits, or inhibits a woman from accessing the continuum of care. - *Komen Community Profile ALD Workgroup, April 2013*.
  - A person’s estimation of the level of challenge of social, personal, environmental and economic obstacles to a specified behavior or their desired goal status on that behavior. - *Glasgow; National Institute of Health, National Cancer Institute-Cancer Control and Population Sciences*.

- **Disparities:**
  - Inequity in healthcare outcomes due to economic status, race/ethnicity, geography, education, language. Includes access to and utilization of services or lack of services. - *Komen Community Profile ALD Workgroup, April 2013*.
  - Differences in access to or availability of facilities and services and health status disparities refer to the variation in rates of disease occurrence and disabilities between socioeconomic and/or geographically defined population groups. - *National Institutes of Health*.

- **Education/Awareness:**
  - Providing accurate and culturally appropriate information, including low-literacy materials when needed, about topics related to health (CDC). - *Komen Community Profile ALD Workgroup, April 2013*.
  - Comprising of consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health. - *World Health Organization*.

- **Health Care System Performance Improvement:**
  - Improving outcomes and continuum of care. - *Komen Community Profile ALD Workgroup, April 2013*.
  - Positive changes in capacity, process and outcomes as related to the healthcare system. It involves strategic changes to address weaknesses and the use of evidence to inform decision making. - *National Public Health Performance Standards Program*.

- **Health Care System “Bottleneck”:**
  - Delay or denial of entry into the continuum of care or along specific points of the continuum. - *Komen Community Profile ALD Workgroup, April 2013*.
  - Any part of the system where patient flow is obstructed causing waits and delays. It interrupts the natural flow and hinders movement along the continuum of care. - *National Health Service Institute for innovation and Improvement*. 
o **Quality of Care:**
  - Standard of care which includes culturally/linguistically competent health care delivery system (Staff, providers, etc.). - *Komen Community Profile ALD Workgroup, April 2013.*
  - Measures of how well breast cancer is treated and how well a person is cared for during and after treatment. – *Susan G. Komen*
  - Health system should seek to make improvements in six areas or dimensions of quality: effective (adherent to evidence base and improved outcomes), efficient (maximizes resources), accessible, acceptable/patient-centered, equitable, and safe- *World Health Organization.*

o **Survivorship:**
  - Health and well-being from the time of diagnosis. - *Komen Community Profile ALD Workgroup, April 2013.*
  - The emotional and physical health, life and care of a breast cancer survivor from the time of diagnosis until the end of life. – *Susan G. Komen*
  - Focuses on the health and life of a person with cancer post treatment until the end of life. It covers the physical, psychological, and economic issues of cancer beyond the diagnosis and treatment phases. Included issues related to the ability to get healthcare and follow-up treatment, late effects of treatment, second cancers, and quality of life. – *National Institute of Health, National Cancer Institute*

o **Timely Care:**
  - Expectation that a patient will receive care in a reasonable time frame that does not prolong anxiety or impede treatment. - *Komen Community Profile ALD Workgroup, April 2013.*
  - Time between referral and initial mammogram less than 90 days. Time between initial mammogram and date of diagnosis less than 60 days. Time between diagnosis and start of treatment is less than 60 days- *Center for Disease Control and Prevention/NBCCEDP.*

o **Utilization of Care:**
  - Multiple forces determine how much health care people use, the types of health care they use, and the timing of that care. One paradigm of health care utilization identifies predisposing, enabling and need determinants of care. –*Center for Disease Control and Prevention- Health Care in America: Trends in Utilization.*