susan g. komen.

# COMMUNITY PROFILE REPORT 2015


## NORTHWEST REGION

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## ABOUT SUSAN G. KOMEN®

In 1980, Nancy G. Brinker promised her dying sister, Susan, that she would do everything in her power to end breast cancer forever. In 1982, that promise became a global movement. What started with $200 and a shoebox full of potential donor names has now grown into the world's largest nonprofit source of funding for the fight against breast cancer - the Susan G. Komen® organization.

Komen funds more breast cancer research than any other nonprofit organization outside of the US government while also providing real-time help to those facing the disease. Since 1982, Komen and its local Affiliates have funded more than $920 million in research and provided more than $2 billion for breast cancer screening, education and treatment programs serving millions of people in more than 30 countries worldwide.

Our efforts have contributed to advancements in early detection and treatment that have reduced death rates from breast cancer by 37 percent (between 1990 and 2013).

## COMMUNITY PROFILE INTRODUCTION

The Community Profile is a needs assessment completed by Susan G. Komen and its Affiliates to assess breast cancer burden within the US by identifying areas at highest risk of negative breast cancer outcomes. Through the Community Profile, populations most at-risk of dying from breast cancer can be identified. The Community Profile provides detailed information about these populations, including demographic and socioeconomic characteristics, as well as, needs and disparities that exist in availability, access and utilization of quality care. This assessment allows Komen to make data-driven decisions in the development of collaborative opportunities, grant funding priorities and implementation of evidence-based community health programs that will meet the most urgent needs and address the most common barriers to breast cancer care in order to make the biggest impact.

This report contains data for Komen's Northwest Region. This region includes the states of Alaska, Colorado, Idaho, Montana, Oregon, Utah, Washington and Wyoming.

As of August 2016, there were eight Komen Affiliates[1] located in the Northwest Region:

- Komen Colorado
- Komen Colorado South
- Komen Eastern Washington
- Komen Idaho Montana
- Komen Oregon and Southwest Washington
- Komen Puget Sound
- Komen Utah
- Komen Wyoming

[1] While nine Affiliates within the Northwest Region completed the Community Profile process, only eight remain due to mergers and/or dissolution

# ANALYSIS OF THE 2015 COMMUNITY PROFILE DATA

## Purpose

From 2014-2016, Komen Affiliates completed Community Profiles of their local service areas while Komen Headquarters completed State Community Profiles.

While Komen Affiliates provide services at the community level, they are also grouped into seven regions that provide an opportunity for collaboration on a multi-state level. Although local and state level data are included in the Affiliate and State Community Profile Reports, regional data about breast cancer outcomes, needs and disparities were not. In addition, there was a lack of information regarding common strategies that Affiliates were implementing to address Community Profile findings.

Therefore, the Evaluation and Outcomes team at Komen Headquarters conducted an analysis of the Affiliate and State Community Profiles in order to compile data and provide a broader perspective of the results found within the Komen Northwest Region. The data provided in this report are meant to aid Komen Headquarters and the Affiliates within the Northwest Region in identifying issues and barriers to care that are common in the region, and enable Affiliates to work together to address common goals, when appropriate.

## Methods

The Evaluation and Outcomes team at Komen Headquarters reviewed data from the eight State and nine[2] Affiliate Community Profile Reports from the Komen Northwest Region and compiled the available data into this Komen Northwest Region Community Profile Report.

### *Quantitative Data*

To determine which communities (e.g., counties, cities) in the Northwest Region bear the greatest burden of breast cancer, data representing all communities from the State Community Profiles were compared to Healthy People 2020 breast cancer targets, the benchmark for each community. Healthy People 2020 (HP2020) is a major federal government initiative that provides specific health objectives for communities and for the country as a whole. HP2020 has several cancer-related objectives, including the targets used in this report: reducing the number of breast cancers that are found at a late-stage and reducing women's death rate from breast cancer.

For this report, late-stage breast cancer is defined as regional (Stage III) or distant stage (Stage IV) using the Surveillance, Epidemiology and End Results (SEER)

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Summary Stage definitions (Young et al., 2001). The breast cancer late-stage diagnosis rate is calculated as the number of women with regional (Stage III) or distant (Stage IV) breast cancer at the time of diagnosis in a particular geographic area divided by the number of women living in that area. Late-stage diagnosis rates are presented in terms of 100,000 women and have been adjusted for age. Late-stage diagnosis rates are important because medical experts agree that it's best for breast cancer to be detected early. Women whose breast cancers are found at an early stage (Stage I or Stage II) usually need less aggressive treatment and do better overall than those whose cancers are found at a later stage (US Preventive Services Task Force, 2016).

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. 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 presented in terms of 100,000 women and have been adjusted for age.

The Evaluation and Outcomes team compiled breast cancer late-stage diagnosis and death rates and trends (changes over time) from the eight State Community Profile Reports reflecting the Northwest Region. Communities that are predicted not to meet both the breast cancer late-stage diagnosis rate and death rate benchmarks are referred to as "Highest Priority" communities, since they carry the highest burden of breast cancer within the region.

The Evaluation and Outcomes team also compiled key demographic and socioeconomic characteristics from the State Community Profile Reports including race, ethnicity, age, education level, poverty, unemployment, immigration (i.e., foreign born), use of English language (e.g., linguistically isolated), medically underserved, rural areas and uninsured. These population characteristics are known to impact health outcomes and may provide information on the types of services and interventions necessary to alleviate the burden of breast cancer in these areas (Adler and Rehkopf, 2008; American Cancer Society, 2015a; American Cancer Society, 2015c; Braveman, 2010; Danforth, 2013; Lurie and Dubowitz, 2007; Robert Wood Johnson Foundation, 2008;).

The following sources were used for gathering the quantitative data:

- Death rate data: Centers for Disease Control and Prevention (CDC)- National Center for Health Statistics- Surveillance, Epidemiology and End Results (SEER)* Stat, 2006-2010
- Death trend data: National Cancer Institute (NCI) and CDC- State Cancer Profiles, 2006-2010

- Late-stage diagnosis and trends data: North American Association of Central Cancer Registries (NAACCR)-CINA Deluxe Analytic File, 2006-2010
- Race, ethnicity and age data: US Census Bureau- Population Estimates, 2011
- Education level, poverty, unemployment, immigration and use of English language data: US Census Bureau- American Community Survey, 2007-2011
- Rural population data: US Census Bureau- Census, 2010
- Medically underserved data: Health Resources and Services Administration, 2013
- Health insurance data: US Census Bureau- Small Area Health Insurance Estimates, 2011

*Health System Analysis*

The Evaluations and Outcomes team used a comprehensive internet search to identify and classify facilities offering breast cancer services including screening providers, diagnostic providers and treatment providers for each state.

The internet search included the following sites. For additional detail regarding the internet search please see Appendix A.

- Community Health Centers: http://nachc.org/about-our-health-centers/find-a-health-center/
- Title X: http://www.hhs.gov/opa/title-x-family-planning/initiatives-and-resources/title-x-grantees-list/
- Mammography Centers: http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfMQSA/mqsa.cfm
- Hospitals: https://data.medicare.gov/Hospital-Compare/Hospital-General-Information/v287-28n3

The internet search consisted of locating the following types of facilities in each of the communities identifying as having the greatest need ("Highest Priority" communities):

- Hospitals (e.g., public or private, for-profit or non-profit)
- Community health centers that provide care regardless of an individual's ability to pay (e.g., Federally Qualified Health Centers (FQHCs) and FQHC look-alikes)
- Free and charitable clinics that utilize a volunteer staff model and restrict eligibility to individuals who are uninsured, underinsured and/or have limited to no access to primary health care
- Health departments (e.g., local county or city health department funded by a government entity)
- Title X providers that are usually family planning centers that also offer breast cancer screening services

- Facilities that provide breast cancer services, but do not fit under any of the other categories. (e.g., non-medical service providers)

Facilities were classified as screening if they provided clinical breast exams, screening mammograms and/or patient navigation into screening. Classification as a diagnostic service provider included locations that provide diagnostic mammography, ultrasound, biopsy, magnetic resonance imaging (MRI) scanning and/or patient navigation into diagnostic services. Classification as a treatment service provider included locations that provide chemotherapy, radiation therapy, surgery, reconstruction and/or patient navigation into treatment services. A facility may be classified under more than one classification depending on the breast cancer services provided.

The comprehensive internet search also included the identification of facilities that provide breast cancer services that are accredited by a national organization that monitors the facility to ensure that the quality of care being provided meets specific benchmark measures. Each national organization's website was used to identify the accredited facilities in each state. For this report, the following are the national accreditations used to measure the quality of care available:

- American College of Surgeons Commission on Cancer Certification (CoC) - https://www.facs.org/quality-programs/cancer/coc
- American College of Surgeons National Accreditation Program for Breast Centers (NAPBC)- https://www.facs.org/quality-programs/napbc)
- American College of Radiology Breast Imaging Centers of Excellence (BICOE)- http://www.acr.org/Quality-Safety/Accreditation/BICOE
- National Cancer Institute's designated Cancer Centers - http://www.cancer.gov/research/nci-role/cancer-centers

Each state Community Profile Report contained the number, type and location of facilities that provided breast cancer services along with the number of accredited facilities that were available. The Evaluations and Outcomes team extracted from the State Community Profile Reports the number, type and location of facilities that provided breast cancer services in the Northwest Region's "Highest Priority" communities. In addition, the number and type of accredited facilities in each Northwest Region's "Highest Priority" community were also extracted and used in this report.

The following icons are used in the health systems analysis and discussion section to represent the different types of breast cancer services available in the "Highest Priority" communities.


Screening


Diagnostic


Treatment

### *Qualitative Data*

The Evaluations and Outcomes team analyzed qualitative data from nine[3] Komen Affiliates in the Northwest Region, which were collected during the 2014-2015 Community Profile process. Data were gathered from health care providers, breast cancer survivors and community members who represented the target communities selected by the Affiliates. The methods used by Affiliates to collect an individual's attitude and beliefs about breast cancer care in the local community included:

- Surveys: open-ended questions to gather information in an online or paper format
- Focus groups: structured discussion used to obtain in-depth information from a group of people
- Key informant interviews: in-depth, structured discussions with people who are very familiar with the community
- Document review: review of published materials that used qualitative data collection methods

Using thematic analysis, the Evaluations and Outcomes team identified common themes from the qualitative data findings presented in the Affiliate Community Profile Reports. Themes were added, combined and revised as commonalities became more prevalent. The themes were tracked in a spreadsheet and were classified by Affiliates and community of interest. The most frequently cited themes are discussed in the qualitative data section of this report. A list of all themes and their corresponding definitions are located in Appendix B.

The following icons were used in the qualitative data analysis section to represent different data collection methods conducted by the Affiliates.


Survey


Focus Group


Key Informant Interview


Document Review

### *Mission Action Plan*

Using the data collected during the Community Profile process, Komen Affiliates developed an action plan, referred to as the Mission Action Plan (MAP), to implement

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within a four-year time period to address the needs identified. Each Affiliate's MAP consists of problem statements, priorities and objectives. The problem statements summarize the issues revealed during the Community Profile process in the communities of interest. Priorities represented the goals that the Affiliates expected to achieve within five years. Objectives are the activities that an Affiliate is going to do to reach the priorities. There were nine Affiliates[4] in Komen's Northwest Region that completed a Mission Action Plan.

The Evaluations and Outcomes team used descriptive analysis to identify commonalities within the problem statements, priorities and objectives in each Affiliate's Mission Action Plans. The problem statements, priorities and objectives were first classified into descriptive categories. The categories were then analyzed to identify commonalities. Commonalities identified from the Northwest Region Affiliates' MAPs are presented in the conclusions section of this report.

## Challenges and Limitations

The various methods used to gather data for the 2015 Community Profile process resulted in challenges that limit the generalizability of the data collected.

### *Recent data*

At the time of quantitative data collection for the State and Affiliate Community Profile Reports, the most recent data available were used but, for breast cancer late-stage diagnosis and death rates, these data are still several years behind. The breast cancer late-stage diagnosis and death rates data available in 2013 when data were being collected were from 2010. For the US as a whole and for most states, breast cancer late-stage diagnosis and death rates do not often change rapidly. Rates in individual communities might change more rapidly. In particular, if a cancer control program has been implemented in 2011-2013, any impact of the program on death and late-stage diagnosis rates would not be reflected in this report.

As time passes, the data in this report will become more out-of-date. However, the trend data included in the report can help estimate current values. Also, the State Cancer Profiles Web site (http://statecancerprofiles.cancer.gov/) is updated annually with the latest cancer data for states and can be a valuable source of information about the latest breast cancer rates. However, it is unlikely that the data that is presented in this report will change significantly in the five years between Community Profile updates, to result in changes to the "Highest Priority" communities.

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The available breast cancer services (e.g., screening, diagnostic and treatment) and accredited facilities (e.g., CoC, BICOE, NAPBC, and NCI Cancer Centers) identified in the health system analysis section of this report were collected between September 2014 – March 2015. Therefore, local facilities that provide breast cancer services (e.g., screening, diagnostics and treatment) may have changed since March 2015 and may be either over-represented or under-represented in the community.

### *Data Availability*

For some communities, data might not be available or might be of varying quality. Cancer surveillance programs vary from state to state in their level of funding and this can impact the quality and completeness of the data in the cancer registries and the state programs for collecting death information. There are also differences in the legislative and administrative rules for the release of cancer statistics for studies such as community needs assessments. These factors can result in missing data for some of the data categories in this report. Communities missing both death and late-stage diagnosis rate data were excluded from HP2020 priority classification. This does not mean that the community may not have high needs; it only means that sufficient data are not available to classify the community.

There are also 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. Good quantitative data are not available on how factors such as these vary from place to place.

### *Qualitative Data*

Qualitative methods (e.g., surveys, focus groups, key informant interviews) that were used during the Affiliate Community Profile process gathered information regarding an individual's attitude and beliefs about breast cancer care in their local community. The qualitative data used in this report have some specific limitations that were unable to be controlled for because the methods implemented and data collected were completed by nine different Affiliates[5]. These limitations include, but are not limited to:

- Small sample sizes limit the ability of the data to accurately represent everyone in the community
- Data collected by the Affiliates were not always from communities that were classified as "Highest Priority" in this report
- Bias of the facilitator and/or interviewer in which they give preference to their own view over others and recall information that favors their view only

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- Response bias in which participants provide answers they believe the facilitator or interviewer wants to hear, even if untrue
- Poor wording of questions may have resulted in inaccurate, or unrelated responses that do not match the intent of the question
- Sampling bias in which attitudes and beliefs of those that participated in the different qualitative methods may be different than those that did not (e.g., those that participated may have less barriers than those that did not participate)

These limitations may result in the qualitative data in this report not being representative of the geographic areas that are not predicted to meet HP2020 targets for death and late-stage diagnosis rates, and may only represent the perspectives of those that participated in the surveys, focus groups and key informant interviews.

## DISCUSSION

In order to better understand the breast cancer issues and barriers to care that are common across the Northwest Region and enable Affiliates within the region to work together to address common goals, Komen Headquarters Evaluation and Outcomes team compiled available quantitative, health systems and qualitative data within the Northwest Region. This section details the findings of this regional analysis.

### Quantitative Data Analysis

Breast cancer late-stage diagnosis and death rates and trends were analyzed across the Northwest Region in order to assess the burden of breast cancer within the region. These data were then compared to Healthy People 2020 targets for breast cancer to identify the areas of greatest need within the region. Table 1 shows both late-stage diagnosis and death rates and trends for the states within Komen's Northwest Region.

**Table 1.** Female breast cancer late-stage diagnosis and death rates and trends- Komen Northwest Region

| Population Group | Female Population (Annual Average) | Late-Stage Diagnosis and Trends | | | Death Rates and Trends | | |
|---|---|---|---|---|---|---|---|
| | | # of New Late-stage Cases (Annual Average) | Age-adjusted Late-stage Diagnosis Rate /100,000 | Late-stage Trend (Annual Percentage Change) | # of Deaths (Annual Average) | Age-adjusted Death Rate /100,000 | Death Trend (Annual Percent Change) |
| US (states with available data) | 145,332,861 | 70,218 | 43.7 | -1.2% | 40,736 | 22.6 | -1.9% |
| Alaska | 332,250 | 133 | 43.2 | 2.7% | 64 | 24.2 | -1.2% |
| Colorado | 2,437,011 | 1,089 | 42.5 | 1.2% | 495 | 19.6 | -2.3% |
| Idaho | 761,268 | 346 | 43.9 | -2.9% | 176 | 21.6 | -2.0% |
| Montana | 485,248 | 255 | 43.7 | 1.8% | 123 | 19.8 | -2.5% |
| Oregon | 1,899,501 | 953 | 43.3 | -1.7% | 508 | 21.6 | -2.0% |
| Utah | 1,322,539 | 469 | 42.4 | -0.7% | 238 | 21.8 | -1.2% |
| Washington | 3,293,650 | 1,599 | 44.2 | -0.4% | 802 | 21.5 | -2.1% |
| Wyoming | 267,757 | 121 | 40.3 | -4.4% | 65 | 21.3 | -2.4% |

NA – data not available.
Late-stage diagnosis data are for years 2006-2010.
Death data are for years 2006-2010.
Rates are cases/deaths per 100,000.
Age-adjusted rates are adjusted to the 2000 US standard population.
Source of late-stage diagnosis rate and trend data: NAACCR – CINA Deluxe Analytic File.
Source of death rate data: CDC – NCHS mortality data in SEER*Stat.
Source of death trend data: NCI/CDC State Cancer Profiles.

### *Comparison to Healthy People 2020 Targets*

Healthy People 2020 (HP2020) is a major federal government initiative that provides specific health objectives for communities and for the country as a whole. HP2020 targets for breast cancer late-stage diagnosis and death rates were used as a benchmark to determine which communities (e.g., county, city) in the Northwest Region have the highest breast cancer needs. In 2014, the HP2020 target for late-stage diagnosis rate was 41.0 per 100,000 females and the target for breast cancer death rate was 20.6 per 100,000 females.

Breast cancer late-stage diagnosis and death rates and trends (changes over time) were used to calculate whether each community in the Northwest Region would meet the HP2020 target, assuming that the trend seen in years 2006 to 2010 continue for 2011 and beyond. A negative trend means that the rates are predicted to decrease each year; while a positive trend indicates that rates are increasing each year. For breast cancer late-stage diagnosis and death rate, a negative trend is desired.

Communities are classified as follows:

- Communities that are not likely to achieve either of the HP2020 targets for late-stage diagnosis or death rates are considered to have the highest needs.

- Communities that have already achieved both targets are considered to have the lowest needs.
- Other communities are classified based on the number of years needed to achieve the two targets.

Table 2 shows how communities are assigned to priority categories. 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.

**Table 2.** Priority classification based on the projected time to achieve HP2020 breast cancer targets

| | | Time to Achieve Late-stage Diagnosis Reduction Target | | | | |
|---|---|---|---|---|---|---|
| Time to Achieve Death Rate Reduction Target | | 13 years or longer | 7-12 yrs. | 0 – 6 yrs. | Currently meets target | Unknown |
| | 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 the HP2020 target cannot be calculated for one of the HP2020 indicators (i.e., late-stage diagnosis rate or death rate), then the community is classified based on the other indicator. If both indicators are missing, then the community is classified as "unknown". This doesn't mean that the community may not have high needs; it only means that sufficient data are not available to classify the community.

Table 3 represents communities in the Komen Northwest Region that have been designated "Highest Priority". The "Highest Priority" designation means that they are not likely to meet the Healthy People 2020 targets for breast cancer late-stage diagnosis or deaths. In addition, key demographic and socioeconomic characteristics have been provided in Table 3 that may assist in identifying who in these communities may be most in need of help. For this report, demographic and socioeconomic characteristic are considered an influential factor when the percentage is substantially higher than the state. Substantially higher is defined as three percentage points higher for a factor less than 10.0 percent and five percentage points higher for a factor equal to or greater than 10.0 percent. Detailed information regarding each HP2020 "Highest Priority" community's key population characteristics can be located in Appendix C.

Demographic characteristics include populations that have been found to less favorable breast cancer outcomes:

- Black/African-American women: Breast cancer is the most common cancer among Black/African-American women. In 2013, breast cancer deaths were 39 percent higher in Black/African-American women than in white women (Howlader et al., 2016). Although breast cancer survival in Black/African-American women has increased over time, survival rates remain lower than among white women.
- Hispanic/Latina women: Breast cancer is the leading cause of cancer death in Hispanic/Latina women (American Cancer Society, 2015b).
- Asian and Pacific Islander (API) women: Breast cancer incidence among Asian-American, Native Hawaiian and Pacific Islander women have increased since 2005 (American Cancer Society, 2016). Breast cancer is the second leading cause of cancer death in Asian-American, Native Hawaiian and Pacific Islander women (American Cancer Society, 2016).
- American Indian and Alaska Native (AIAN) women: The last two decades have seen large increases in both incidence and death rates for American Indian and Alaska Native women (American Cancer Society, 2015a). Among AIAN women, those who live in Alaska and the Southern Plains have the highest death rates and women who live in the Southwest have the lowest mortality rates (White et al., 2014).
- Older women (65 and older): The risk of breast cancer increases as an individual becomes older. Most breast cancers and breast cancer deaths occur in women aged 50 and older (American Cancer Society, 2015a)

Socioeconomic characteristics include factors that have been identified as barriers that may prevent individuals from being able to access care, afford care and/or understand the care that their doctor recommends. For example, uninsured individuals that have an annual income below 200 percent Federal Poverty Level may not have the financial resources to pay for diagnostic services if they have an abnormal mammogram. Immigrants that do not speak English fluently may experience cultural and language barriers when receiving care. Individuals that reside in rural and/or medically underserved areas may have to travel outside of their community to access care which requires transportation resources as well as longer periods of time off work.

**Table 3.** Healthy People 2020 "Highest Priority" communities in the Komen Northwest Region

| State | Community | Affiliate | Late-Stage Diagnosis Rate per 100,000 (trend) | Death Rate per 100,000 (trend) | Key Population Characteristics |
|---|---|---|---|---|---|
| Healthy People 2020 Target | | | 41.0* | 20.6* | |
| United States (states with available data) | | | 43.7 (-1.2%) | 22.6 (-1.9%) | |
| Alaska | Anchorage Municipality | Not Currently Served By A Komen Affiliate | 48.0 (+2.4%) | 24.7 (-1.0%) | %API |
| Alaska | Kenai Peninsula Borough | Not Currently Served By A Komen Affiliate | 38.1 (+20.8%)** | 29.7 (-1.2%) | Rural |
| Alaska | Matanuska-Susitna Borough | Not Currently Served By A Komen Affiliate | 52.6 (+0.7%) | 30.7 (-1.0%) | Rural |
| Colorado | Adams County | Komen Colorado | 41.3 (+10.4%) | 17.3 (NA) | %Hispanic/Latina, education, foreign, language |
| Colorado | Broomfield County | Komen Colorado | 42.4 (+4.8%) | 24.7 (NA) | %API |
| Colorado | Denver County | Komen Colorado | 46.6 (+5.2%) | 21.2 (+4.4%) | %Black/African-American, %Hispanic/Latina, poverty, foreign, language, medically underserved |
| Colorado | Fremont County | Komen Colorado South | 42.6 (+0.3%) | 26.4 (-1.1%) | Older, education, rural, medically underserved |
| Colorado | Grand County | Not Currently Served By A Komen Affiliate | 40.5 (+4.1%)** | SN | Rural |
| Colorado | Montezuma County | Not Currently Served By A Komen Affiliate | 33.3 (+3.5%)** | SN | %AIAN, older, rural, insurance |
| Colorado | Otero County | Komen Colorado South | 29.9 (+6.6%)** | SN | %Hispanic/Latina, older, education, poverty, employment, rural |
| Colorado | Teller County | Komen Colorado South | 54.3 (+12.5%) | 24.9 (NA) | Rural |
| Idaho | Bingham County | Komen Idaho Montana | 39.4 (+2.6%)** | 29.8 (NA) | %AIAN, %Hispanic/Latina, rural |
| Idaho | Cassia County | Komen Idaho Montana | 36.7 (+32.7%)** | SN | %Hispanic/Latina, education, language, rural |
| Idaho | Gem County | Komen Idaho Montana | 53.2(+26.9%) | 28.4 (NA) | Older, employment, rural, medically underserved |
| Idaho | Idaho County | Komen Idaho Montana | 34.0 (+5.7%)** | SN | Older, rural |
| Idaho | Madison County | Komen Idaho Montana | 54.6 (+15.9%) | SN | Poverty |
| Idaho | Minidoka County | Komen Idaho Montana | 41.0 (+10.7%)** | SN | %Hispanic/Latina, education, language, rural, insurance, medically underserved |
| Idaho | Payette County | Komen Idaho Montana | 55.1 (+4.8%) | 27.5 (NA) | Education, rural, medically underserved |
| Idaho | Shoshone County | Komen Idaho Montana | 38.3% (+19.3%)** | SN | Older, education, rural, medically underserved |

| State | Community | Affiliate | Late-Stage Diagnosis Rate per 100,000 (trend) | Death Rate per 100,000 (trend) | Key Population Characteristics |
|---|---|---|---|---|---|
| Montana | Gallatin County | Komen Idaho Montana | 54.4 (+7.6%) | 22.4 (+0.4%) | |
| Montana | Hill County | Komen Idaho Montana | 40.7 (+2.8%)** | 32.0 (NA) | %AIAN |
| Montana | Missoula County | Komen Idaho Montana | 41.8 (+3.6%) | 24.1 (-0.1%) | |
| Montana | Park County | Komen Idaho Montana | 61.4 (+17.2%) | 26.9 (NA) | Medically underserved |
| Montana | Rosebud County | Komen Idaho Montana | 71.8 (+10.6%) | SN | %AIAN, employment, rural, medically underserved |
| Montana | Sanders County | Komen Idaho Montana | 48.3 (+0.2%) | SN | Older, poverty, employment, rural, insurance, medically underserved |
| Montana | Stillwater County | Komen Idaho Montana | 69.1 (+17.2%) | SN | Rural |
| Oregon | Crook County | Komen Oregon and Southwest Washington | 50.4 (+17.4%) | 24.7 (-1.3%) | Older, employment, rural, medically underserved |
| Oregon | Curry County | Komen Oregon and Southwest Washington | 45.9 (0.0%) | 21.9 (NA) | Older, rural, medically underserved |
| Oregon | Klamath County | Komen Oregon and Southwest Washington | 38.2 (+3.1%)** | 28.1 (+0.2%) | %AIAN, rural |
| Oregon | Tillamook County | Komen Oregon and Southwest Washington | 38.4 (+5.0%)** | SN | Older, rural, medically underserved |
| Oregon | Union County | Komen Oregon and Southwest Washington | 41.3 (+7.4%) | SN | Rural, medically underserved |
| Utah | Iron County | Komen Utah | 27.1 (+11.2%)** | SN | Poverty, employment, rural, insurance |
| Utah | Sanpete County | Komen Utah | 35.8 (+11.1%)** | SN | Rural, medically underserved |
| Utah | Sevier County | Komen Utah | 50.4 (+14.7%) | SN | Older, rural |
| Utah | Utah County | Komen Utah | 43.0 (+1.9%) | 22.3 (-0.3%) | |
| Utah | Wasatch County | Komen Utah | 51.2 (+5.6%) | SN | Rural |
| Washington | Asotin County | Komen Eastern Washington | 25.8 (+5.0%)** | SN | Older, medically underserved |
| Washington | Benton County | Komen Eastern Washington | 46.1 (+2.8%) | 24.8 (-1.3%) | %Hispanic/Latina |
| Washington | Cowlitz County | Komen Oregon and SW Washington | 51.8 (+2.8%) | 24.6 (-0.9%) | Employment, rural |
| Washington | Douglas County | Not Currently Served By A Komen Affiliate | 38.6 (+10.2%)** | 15.5 (NA) | %Hispanic/Latina, education, rural, insurance, medically underserved |
| Washington | Klickitat County | Not Currently Served By A Komen Affiliate | 26.1 (+6.0%)** | SN | Poverty, rural, insurance |
| Washington | Pacific County | Komen Puget Sound | 32.7 (+19.6%)** | 19.3 (NA) | Older, poverty, rural, insurance, medically underserved |
| Washington | San Juan County | Komen Puget Sound | 44.8 (+23.8%) | SN | Older, rural, medically underserved |

| State | Community | Affiliate | Late-Stage Diagnosis Rate per 100,000 (trend) | Death Rate per 100,000 (trend) | Key Population Characteristics |
|---|---|---|---|---|---|
| Washington | Skagit County | Komen Puget Sound | 38.3 (+1.4%)** | 24.4 (0.0%) | %Hispanic/Latina, rural |
| Wyoming | Albany County | Komen Wyoming | 36.2 (+6.4%)** | SN | |
| Wyoming | Big Horn County | Komen Wyoming | 57.3 (-0.2%) | SN | Rural, insurance, medically underserved |
| Wyoming | Campbell County | Komen Wyoming | 31.2 (+8.4%)** | 26.2 (NA) | |
| Wyoming | Carbon County | Komen Wyoming | 54.7 (+24.2%) | SN | %Hispanic/Latina, rural |
| Wyoming | Teton County | Komen Wyoming | 46.1 (+3.4%) | SN | %Hispanic/Latina, rural |
| Wyoming | Uinta County | Komen Wyoming | 41.9 (+9.5%) | SN | Rural |

*Target as of the writing of this report.
** While this community currently meets the HP2020 target, because the trend is increasing it should be treated the same as a community that will not meet the HP2020 target.
NA – data not available.
SN – data suppressed due to small numbers (15 deaths or fewer for the 5-year data period).
Late-stage diagnosis data are for years 2006-2010.
Death data are for years 2006-2010.
Rates are in cases/deaths per 100,000.
Age-adjusted rates are adjusted to the 2000 US standard population.
Source of late-stage diagnosis rate and trend data: NAACCR – CINA Deluxe Analytic File.
Source of death rate data: CDC – NCHS mortality data in SEER*Stat.
Source of death trend data: NCI/CDC State Cancer Profiles.

In the Komen Northwest Region, there are 50 communities that are considered "Highest Priority" based on the prediction of meeting HP2020 breast cancer late-stage diagnosis and/or death rates. There are seven "Highest Priority" communities in the Northwest Region that are not located within a Komen Affiliate service area (Table 4).

**Table 4.** HP2020 "Highest Priority" communities not served by a Komen Affiliate

| State | Community | Key Demographic/ Socioeconomic factors |
|---|---|---|
| Alaska | Anchorage Municipality | %API |
| | Kenai Peninsula Borough | Rural |
| | Matanuska-Susitna Borough | Rural |
| Colorado | Grand County | Rural |
| | Montezuma County | %AIAN, older, rural, insurance |
| Washington | Douglas County | %Hispanic/Latina, education, rural, insurance, medically underserved |
| | Klickitat County | Poverty, rural, insurance |

When viewing the region as a whole, 36 of the 50 communities have a substantially higher percentage of individuals residing in rural areas (Appendix D). In addition, 19 of the 50 (38.0%) communities have a substantially larger percentage of individuals living in medically underserved areas (Table 5). According to the US Department of Health and Human Services, areas are designated as medically underserved when they have too few primary care providers to serve the area residents, a high percentage of residents with incomes below the poverty level and/or a high percentage of the population being over the age of 65. Both of these factors have been linked to barriers associated with accessing quality and timely care. The rural "Highest Priority" communities are located in the following service areas: Komen Colorado South, Komen Idaho Montana, Komen Oregon and Southwest Washington, Komen Puget Sound, Komen Utah, Komen Wyoming as well as communities that are not currently served by a Komen Affiliate.

**Table 5.** HP2020 "Highest Priority" communities with a substantially higher percentage of individuals residing in rural and medically underserved areas.

| Affiliate | Community | Key Population Characteristics |
|---|---|---|
| Komen Colorado South | Fremont County, CO | Older, education, rural, medically underserved |
| Komen Idaho Montana | Gem County, ID | Older, employment, rural, medically underserved |
| | Minidoka County, ID | %Hispanic/Latina, education, language, rural, insurance, medically underserved |
| | Payette County, ID | Education, rural, medically underserved |
| | Rosebud County, MT | %AIAN, employment, rural, medically underserved |
| | Sanders County, MT | Older, poverty, employment, rural, insurance, medically underserved |
| | Shoshone County, ID | Older, education, rural, medically underserved |

| Affiliate | Community | Key Population Characteristics |
|---|---|---|
| Komen Oregon and Southwest Washington | Crook County, OR | Older, employment, rural, medically underserved |
| | Curry County, OR | Older, rural, medically underserved |
| | Tillamook County, OR | Older, rural, medically underserved |
| | Union County, OR | Rural, medically underserved |
| Komen Puget Sound | Pacific County, WA | Older, poverty, rural, insurance, medically underserved |
| | San Juan County, WA | Older, rural, medically underserved |
| Komen Utah | Sanpete County, UT | Rural, medically underserved |
| Komen Wyoming | Big Horn County, WY | Rural, insurance, medically underserved |
| Not Currently Served By A Komen Affiliate | Douglas County, WA | %Hispanic/Latina, education, rural, insurance, medically underserved |

Additional commonalities in the Komen Northwest HP2020 "Highest Priority" communities include a substantially older female population (14 communities), a high percentage of individuals with less than a high school education (8 communities), high percentage of residents (ages 40-64) that are uninsured (8 communities), high percentage of individuals with incomes below poverty level (7 communities) and a high percentage of individuals that are unemployed (7 communities). In addition, 11 communities had a substantial population of Hispanic/Latina females (Table 6) and five communities had a substantial population of American Indian/Alaska Native females.

**Table 6.** HP2020 "Highest Priority" communities will a substantially higher percentage of Hispanic/Latina females

| Affiliate | Community | Key Population Characteristics |
|---|---|---|
| Komen Colorado | Adams County, CO | %Hispanic/Latina, education, foreign, language |
| | Denver County, CO | %Black/African-American, %Hispanic/Latina, poverty, foreign, language, medically underserved |
| Komen Colorado South | Otero County, CO | %Hispanic/Latina, older, education, poverty, employment, rural |
| Komen Eastern Washington | Benton County, WA | %Hispanic/Latina |
| Komen Idaho Montana | Bingham County, ID | %AIAN, %Hispanic/Latina, rural |
| | Cassia County, ID | %Hispanic/Latina, education, language, rural |
| | Minidoka County, ID | %Hispanic/Latina, education, language, rural, insurance, medically underserved |
| Komen Puget Sound | Skagit County, WA | %Hispanic/Latina, rural |
| Komen Wyoming | Carbon County, WY | %Hispanic/Latina, rural |
| | Teton County, WY | %Hispanic/Latina, rural |
| Not Currently Served By A Komen Affiliate | Douglas County, WA | %Hispanic/Latina, education, rural, insurance, medically underserved |

Within Komen's Northwest Region, there are "Highest Priority" communities that are adjacent to each other. Individuals residing in areas where two or more "High Priority" communities are adjacent to each other may experience additional barriers compared to a "Highest Priority" adjacent to lower priority communities. These additional barriers (e.g., transportation, acceptance of health insurance) may lead

individuals to forgo doctor recommended screening leading to the potential that breast cancer that could have been found early and treated with a better prognosis may not be found until the disease is at a later stage with a poorer prognosis.

Adding further to the complexity of accessing care in "Highest Priority" communities is when the community is located on a state border and closest breast cancer care is across that border in another state. When individuals cross state borders, there is potential that the individual's health insurance may not be accepted. For example, Medicaid coverage is a state health insurance and therefore varies by state. An individual with Medicaid coverage may not be able to access the closest breast cancer services if those services are in another state because their Medicaid health insurance is only accepted within their state of residency.

In the Northwest Region, there are ten clusters of two or more "Highest Priority" communities that may indicate greater needs than a single "Highest Priority" community bordered by lower priority communities. Some of these clusters cross state borders which may add additional barriers to someone seeking breast cancer care (e.g., insurance coverages change between states, transportation).

- Kenai Peninsula Borough (AK) Anchorage Municipality (AK) and Matanuska-Susitna Borough (AK) are currently not served by a Komen Affiliate
- Benton County (WA) served by Komen Eastern Washington; and Klickitat County (WA) which is not currently served by a Komen Affiliate
- Payette County (ID) and Gem County (ID) served by Komen Idaho Montana
- Cassia County (ID) and Minidoka County (ID) served by Komen Idaho Montana
- Shoshone County (ID), Idaho County (ID), Sanders County (MT) and Missoula County (MT) served by Komen Idaho Montana
- Gallatin County (MT), Park County (MT), Stillwater County (MT) and Teton County (WY) served by Komen Idaho Montana and Komen Wyoming
- Carbon County (WY) and Albany County (WY) served by Komen Wyoming
- Fremont County (CO) and Teller County (CO) served by Komen Colorado South
- Adams County (CO), Denver County (CO) and Broomfield County (CO) served by Komen Colorado
- Wasatch County (UT) Utah County (UT), Sanpete County (UT) and Sevier County (UT) served by Komen Utah

Figure 1 shows each community within Komen's Northwest Region according to their priority classification based on HP2020 targets. When both of the indicators used to establish a priority for a community are not available, the priority is shown as "undetermined" on the map.

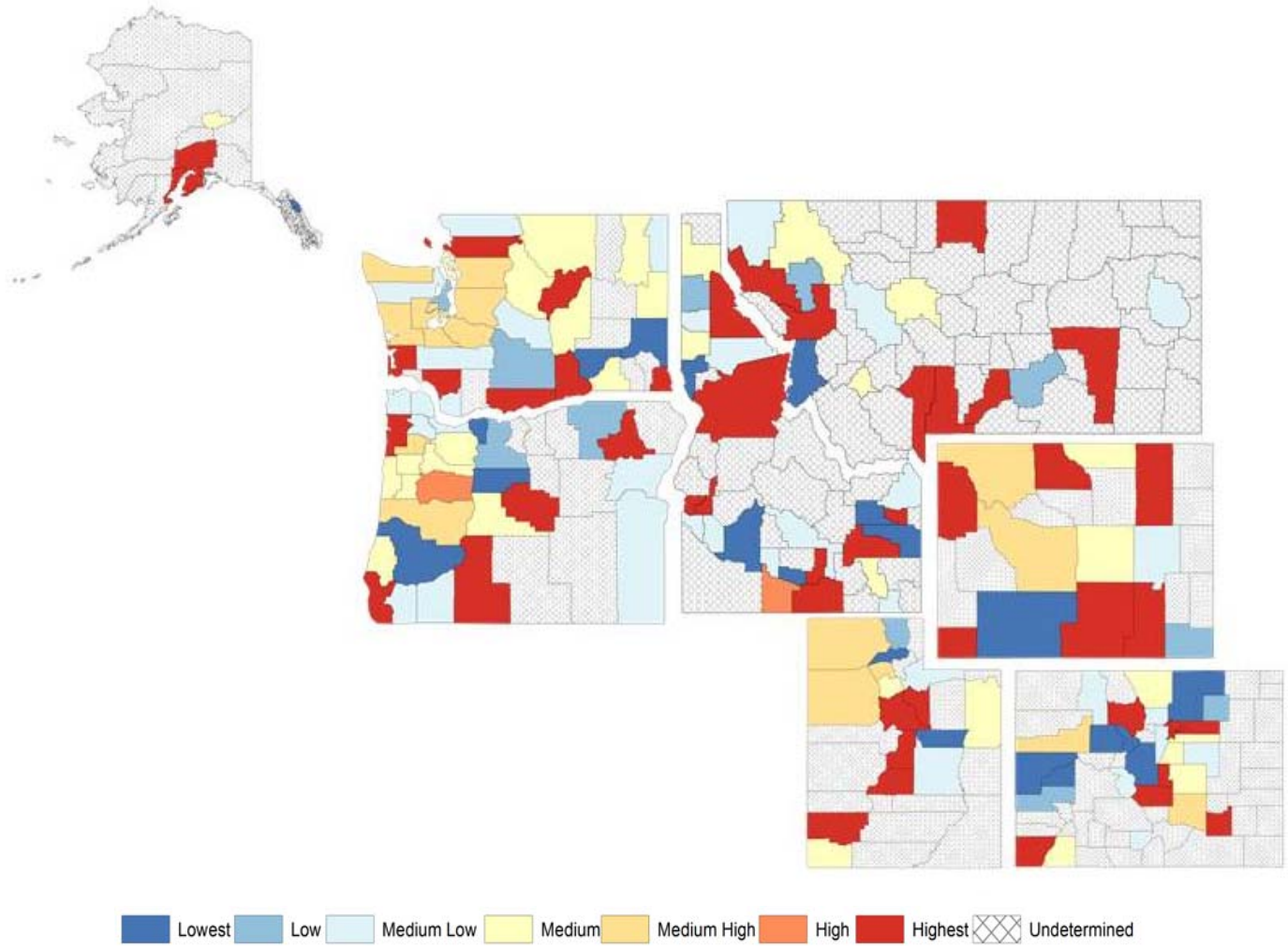



**Figure 1.** Komen Northwest Region Healthy People 2020 priority classifications

## Health Systems Analysis

An inventory of breast cancer programs and services in the Komen Northwest Region was collected by Komen Headquarters Evaluation and Outcomes team through a comprehensive internet search (Appendix A) to identify the following types of health care facilities or community organizations that may provide breast cancer related services: hospitals, community health centers, free clinics, health departments, Title X providers, and additional facilities that provide breast cancer services (e.g., non-medical service providers).

In Komen's Northwest Region, there are 1,751 facilities that provide screening services (i.e. clinical breast exam, screening mammography and/or patient navigation into screening services). Of those facilities that provide screening services, 257 are located in a "Highest Priority" community.

In Komen's Northwest Region, there are 619 facilities that provide diagnostic services (i.e. diagnostic mammography, ultrasound, biopsy, magnetic resonance imaging (MRI) scanning and/or patient navigation into diagnostic services). Of those facilities that provide diagnostic services, 93 are located in a "Highest Priority" community.

In Komen's Northwest Region, there are 265 facilities that provide treatment services (i.e. chemotherapy, radiation, surgery, reconstruction and/or patient navigation into treatment services). Of those facilities that provide treatment services, 50 are located in a "Highest Priority" community.

A facility may be classified under more than one classification depending on the services provided. Appendix E provides the total number of screening, diagnostic and treatment facilities for the Northwest Region's "Highest Priority" communities and states.

These numbers, however, do not tell the whole story about the availability of services for individuals that are residing in a "Highest Priority" community. An individual residing in a "Highest Priority" community may only have only one or two of the services available within a short distance from their residence and may have to travel a greater distance within the community, or to another community, to receive additional care. A lack of local services increases the likelihood that an individual will have difficulty accessing initial screening services and follow-up care after an abnormal screening. This, in turn, may contribute to breast cancer being diagnosed at a later stage when treatment options are limited, and prognosis is poor, or may result in delays in treatment after diagnosis, which contribute to poorer outcomes.

In the Komen Northwest Region, five HP2020 "Highest Priority" communities have in-community screening services, but do not have any facilities that provide diagnostic and treatment services:

Komen Idaho Montana
- Minidoka County, ID
- Rosebud County, ID

Komen Utah
- Wasatch County, UT

Komen Wyoming
- Campbell County, WY

Not Currently Serviced by a Komen Affiliate
- Douglas County, WA

In the Komen Northwest Region, 17 HP2020 "Highest Priority" communities have in-community screening and diagnostic services, but do not have any facilities that provide treatment services (Table 7).

**Table 7**. Northwest Region HP2020 "Highest Priority" communities that have only screening and diagnostic services in the community

| Affiliate | Community |
|---|---|
| Komen Colorado | Broomfield County, CO |
| Komen Colorado South | Teller County, CO |
| Komen Eastern Washington | Asotin County, WA |
| Komen Idaho Montana | Madison County, ID |
| | Payette County, ID |
| | Hill County, MT |
| | Park County, MT |
| | Stillwater County, MT |
| Komen Oregon and Southwest Washington | Crook County, OR |
| Komen Puget Sound | San Juan County, WA |
| Komen Utah | Sanpete County, UT |
| | Sevier County, UT |
| Komen Wyoming | Big Horn County, WY |
| | Carbon County, WY |
| Not Currently Served by a Komen Affiliate | Matanuska-Susitna Borough, AK |
| | Montezuma County, CO |
| | Klickitat County, WA |

The remaining communities have breast cancer screening, diagnostics and treatment services available locally.

Although these communities may have services, this doesn't account for quality of care that may be provided at these facilities. The Institute of Medicine defines quality of care as "providing patients with appropriate services in a technically competent manner, with good communication, shared decision-making and cultural sensitivity" (Hewitt and Simone, 1999). Hospitals and medical centers that provide quality care tend to have up-to-date facilities and equipment, follow current breast cancer screening, diagnostic and treatment guidelines, and have doctors with appropriate credentials and experience in treating breast cancer. Overall, quality of care is about the process of care, outcomes of care, and patient satisfaction levels from a particular program and/or organization.

Komen Headquarters Evaluation and Outcomes team collected data on the number of facilities in the Northwest Region that were accredited by standard quality programs for breast cancer care in the United States. The specific breast cancer

related accreditations considered for this report include American College of Radiology Breast Imaging Centers of Excellence, American College of Surgeons Accreditation Program for Breast Centers, American College of Surgeons Commission on Cancer Certification and the National Cancer Institute's designated Cancer Centers.

While screening, diagnostic and treatment services are available through facilities located in HP2020 "Highest Priority" communities, the services provided may not follow recommended guidelines and lack care coordination to diagnostic and treatment services. This may result in the individual having to coordinate their own care within a complex health care system. Confusion and frustration of navigating a complex health care system may lead to individuals forgoing care, not being aware that additional tests are needed, or taking longer to be diagnosed leading to potential delays in beginning recommended breast cancer treatment. Additionally, patients may not be made aware of breast cancer clinical trials that they may be eligible to participate in, and planning and coordination of care may be "siloed" (e.g., each medical provider focused one isolated part of care and not how that care functions within a larger treatment plan).

*American College of Radiology Breast Imaging Centers of Excellence (BICOE)*
http://www.acr.org/Quality-Safety/Accreditation/BICOE

The American College of Radiology (ACR) BICOE "designation is awarded to breast imaging centers that achieve excellence" in providing effective, safe and quality breast imaging care to patients (American College of Radiology, n.d.).

In order for a facility to receive designation as a BICOE, the facility must meet quality breast imaging screening and diagnostic performance measures for mammography, stereotactic breast biopsy, breast ultrasound and breast MRI.

In the US, there are 8,283 facilities that provide breast cancer screening and diagnostic services; of those facilities, 1,343 (16.2%) are accredited as an ACR BICOE facility.

In Komen's Northwest Region, there are 619 facilities that provide breast cancer screening and diagnostic services; of those facilities, 87(14.1%) are accredited as an ACR BICOE facility.

Within the Northwest Region's HP2020 "Highest Priority" communities, there are 93 facilities that provide breast cancer screening and diagnostic services; of those facilities, nine (9.7%) are accredited as an ACR BICOE facility (Table 8). Individuals that reside in communities that have accredited screening and diagnostic facilities have access to services that meet quality breast imaging performance measures. However, in the Northwest Region, there are 84 facilities located in 38 HP2020 "Highest Priority" communities that are not ACR BICOE accredited and the services provided to individuals seeking care may not meet quality breast imaging performance measure (Table 9).

**Table 8.** HP2020 "Highest Priority" communities in the Northwest Region with ACR BICOE accredited facilities

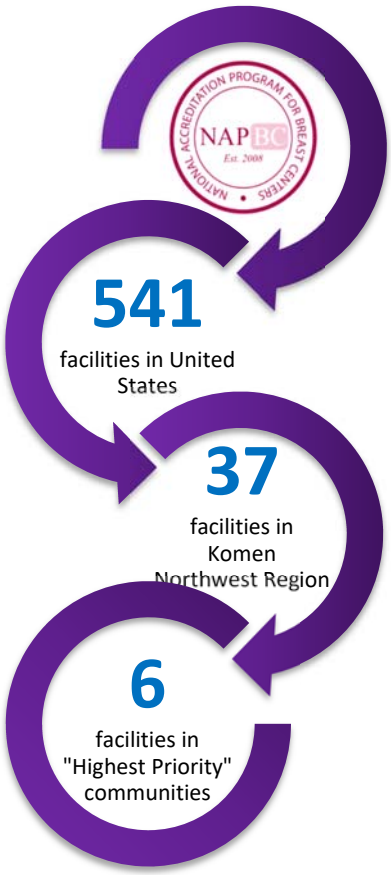
| Komen Affiliate | Community | Total number of facilities in the community* | Number of BICOE accredited facilities in the community | Key demographic/ socioeconomic factors |
|---|---|---|---|---|
| Komen Colorado | Denver County, CO | 13 | 4 | %Black/African-American, %Hispanic/Latina, poverty, foreign, language, medically underserved |
| Komen Idaho Montana | Missoula County, MT | 5 | 1 | |
| Komen Puget Sound | Skagit County, WA | 4 | 1 | %Hispanic/Latina, rural |
| Komen Utah | Utah County, UT | 6 | 1 | |
| Not Currently Served by a Komen Affiliate | Anchorage Municipality, AK | 4 | 1 | %API |
| | Matanuska Susitna Borough, AK | 2 | 1 | Rural |

* Note: Facilities that provide screening and diagnostic services in the HP2020 "Highest Priority" communities with a least one BICOE accredited facility. These numbers do not represent the number of facilities that provide screening and diagnostic services in all HP2020 "Highest Priority" communities.

Table 9. HP2020 "Highest Priority" communities in the Northwest Region without ACR BICOE accredited facilities

| Komen Affiliate | Community | Key demographic/socioeconomic factors |
|---|---|---|
| Komen Colorado | Adams County, CO | %Hispanic/Latina, education, foreign, language |
| | Broomfield County, CO | %API |
| Komen Colorado South | Fremont County, CO | Older, education, rural, medically underserved |
| | Teller County, CO | Rural |
| Komen Eastern Washington | Asotin County, WA | Older, medically underserved |
| | Benton County, WA | %Hispanic/Latina |
| Komen Idaho Montana | Bingham County, ID | %AIAN, %Hispanic/Latina, rural |
| | Cassia County, ID | %Hispanic/Latina, education, language, rural |
| | Gem County, ID | Older, employment, rural, medically underserved |
| | Idaho County, ID | Older, Rural |
| | Madison County, ID | Poverty |
| | Payette County, ID | Education, rural, medically underserved |
| | Shoshone County, ID | Older, education, rural, medically underserved |
| | Gallatin County, MT | |
| | Hill County, MT | %AIAN |
| | Park County, MT | Medically Underserved |
| | Sanders County, MT | Older, poverty, employment, rural, insurance, medically underserved |
| | Stillwater County, MT | Rural |
| Komen Oregon and Southwest Washington | Crook County, OR | Older, employment, rural, medically underserved |
| | Curry County, OR | Older, rural, medically underserved |
| | Klamath County, OR | %AIAN, rural |
| | Tillamook County, OR | Older, rural, medically underserved |
| | Union County, OR | Rural, medically underserved |
| | Cowlitz County, WA | Employment, rural |
| Komen Puget Sound | Pacific County, WA | Older, poverty, rural, insurance, medically underserved |
| | San Juan County, WA | Older, rural, medically underserved |
| Komen Utah | Iron County, UT | Poverty, employment, rural, insurance |
| | Sanpete County, UT | Rural, medically underserved |
| | Sevier County, UT | Older, rural |
| Komen Wyoming | Albany County, WY | |
| | Big Horn, WY | Rural, insurance, medically underserved |
| | Carbon County, WY | %Hispanic/Latina, rural |
| | Teton County, WY | %Hispanic/Latina, rural |
| | Uinta County, WY | Rural |
| Not Currently Served by a Komen Affiliate | Kenai Peninsula Borough, AK | Rural |
| | Grand County, CO | Rural |
| | Montezuma County, CO | |
| | Klickitat County, WA | Poverty, rural, insurance |

*American College of Surgeons National Accreditation Program for Breast Centers (NAPBC)*
https://www.facs.org/quality-programs/napbc




The American College of Surgeons' (ACS) NAPBC is focused on improving quality of care and outcomes for patients with diseases of the breast (American College of Surgeons, 2014b). The NAPBC utilizes evidence-based standards, patient and provider education, and encourages leaders from major disciplines to work together to diagnose and treat breast disease.
In order to be an ACS NAPBC programs, the breast center must demonstrate a multidisciplinary, integrated and comprehensive model for providing breast care services and meet high-quality breast cancer care performance measures. NAPBC facilities must meet performance standards in providing screening, diagnostic and treatment services, employing medical providers with specialized knowledge and skills in diseases of the breast, participation in clinical trials, and implementation of education, support and survivorship programs.

In the US, there are 2,925 facilities that provide breast cancer screening, diagnostic and treatment services; of those facilities, 541 (18.5%) are accredited as an ACS NAPBC facility.

In Komen's Northwest Region, there are 234 facilities that provide breast cancer screening, diagnostic and treatment services; of those facilities, 37 (15.8%) are accredited as an ACS NAPBC facility.

Within the Northwest Region's "Highest Priority" communities there are 50 facilities that provide treatment services of those facilities, six (12.0%) are accredited as an ACS NAPBC facility (Table 10). Individuals that reside in communities that have NAPBC facilities have access to services that meet high-quality breast cancer care performance measures. However, in the Northwest Region, there are 44 facilities located in 24 HP2020 "Highest Priority" communities that are not ACS NAPBC accredited and the services provided to individuals seeking care may not meet high-quality breast cancer care performance measures (Table 11).

Table 10. HP2020 "Highest Priority" communities in the Northwest Region with ACS NAPBC accredited facilities

| Komen Affiliate | Community | Total number of facilities in the community* | Number of NAPBC accredited facilities in the community | Key demographic/ socioeconomic factors |
|---|---|---|---|---|
| Komen Colorado | Denver County, CO | 8 | 3 | %Black/African-American, %Hispanic/Latina, poverty, foreign, language, medically underserved |
| Komen Idaho Montana | Missoula County, MT | 2 | 1 | |
| Komen Oregon and Southwest Washington | Cowlitz County, WA | 1 | 1 | Employment, rural |
| Komen Puget Sound | Skagit County, WA | 3 | 1 | %Hispanic/Latina, rural |

* Note: Facilities that provide screening, diagnostic and treatment services in the HP2020 "Highest Priority" communities with a least one NAPBC accredited facility. These numbers do not represent the number of facilities that provide screening, diagnostic and treatment services in all HP2020 "Highest Priority" communities.

Table 11. HP2020 "Highest Priority" communities in the Northwest Region without an ACS NAPBC accredited facility

| Komen Affiliate | Community | Key demographic/socioeconomic factors |
|---|---|---|
| Komen Colorado | Adams County, CO | %Hispanic/Latina, education, foreign, language |
| Komen Colorado South | Fremont County, CO | Older, education, rural, medically underserved |
| | Otero County, CO | %Hispanic/Latina, older, education, poverty, employment, rural |
| Komen Eastern Washington | Benton County, WA | %Hispanic/Latina |
| Komen Idaho Montana | Bingham County, ID | %AIAN, %Hispanic/Latina, rural |
| | Cassia County, ID | %Hispanic/Latina, education, language, rural |
| | Gem County, ID | Older, employment, rural, medically underserved |
| | Idaho County, ID | Older, Rural |
| | Shoshone County, ID | Older, education, rural, medically underserved |
| | Gallatin County, MT | |
| | Sanders County, MT | Older, poverty, employment, rural, insurance, medically underserved |
| Komen Oregon and Southwest Washington | Curry County, OR | Older, rural, medically underserved |
| | Klamath County, OR | %AIAN, rural |
| | Tillamook County, OR | Older, rural, medically underserved |
| | Union County, OR | Rural, medically underserved |
| Komen Puget Sound | Pacific County, WA | Older, poverty, rural, insurance, medically underserved |
| Komen Utah | Iron County, UT | Poverty, employment, rural, insurance |
| | Utah County, UT | |

| Komen Affiliate | Community | Key demographic/socioeconomic factors |
|---|---|---|
| Komen Wyoming | Albany County, WY | |
| | Teton County, WY | %Hispanic/Latina, rural |
| | Uinta County, WY | Rural |
| Not Currently Served by a Komen Affiliate | Kenai Peninsula Borough, AK | Rural |
| | Anchorage Municipality, AK | %API |
| | Grand County, CO | Rural |

*American College of Surgeons Commission on Cancer (CoC)*
https://www.facs.org/quality-programs/cancer/coc


The American College of Surgeons (ACS) CoC "recognizes cancer care programs for their commitment to providing comprehensive, high-quality and multidisciplinary patient centered care" (American College of Surgeons, 2014a).

Throughout the cancer continuum of care accredited programs are at the forefront of improving survival and quality of life for those diagnosed with cancer by setting care standards, research, prevention, education and monitoring to ensure comprehensive quality care is being provided (American College of Surgeons, 2014a).

The benefits of having an ACS CoC accredited facility in the local community include (American College of Surgeons, 2014a):

- Dedicated resources to ensure quality treatment and supportive care services are provided
- Community-based cancer prevention and screening events
- Guarantee that patients have access to treatment recommended by Health and Medicine Division (formerly the Institute of Medicine), National Cancer Comprehensive Network and American Society of Clinical Oncology
- Patients' care is coordinated through a multidisciplinary oncology team
- Patients are informed about clinical trials

- Patients are provided a standard of care verified by a national organization

- Patients have access to quality cancer care that is close to home

In the US, there are 2,997 facilities that provide breast cancer treatment services; of those facilities, 1,422 (47.5%) are accredited as an ACS CoC facility.

In Komen's Northwest Region, there are 265 facilities that provide breast cancer treatment services; of those facilities, 104 (39.3%) are accredited as an ACS CoC facility.

Within the Northwest Region's "Highest Priority" communities, there are 50 facilities that provide breast cancer treatment services; of those facilities, 17 (34.0%) are accredited as an ACS CoC facility (Table 12). Individuals that reside in communities with ACS CoC accredited facilities have access to comprehensive, quality breast cancer treatment close to home. However, in the Northwest Region, there are 33 facilities located in 19 HP2020 "Highest Priority" communities that are not ACS CoC accredited and the service provided to individual seeking care may not meet ACS cancer care standards (Table 13).

**Table 12.** HP2020 "Highest Priority" communities in the Northwest Region with ACS CoC accredited facilities

| Komen Affiliate | Community | Total number of facilities in the community* | Number of CoC accredited facilities in the community | Key demographic/ socioeconomic factors |
|---|---|---|---|---|
| Komen Colorado | Adams County, CO | 3 | 1 | %Hispanic/Latina, education, foreign, language |
| | Denver County, Co | 8 | 5 | %Black/African-American, %Hispanic/Latina, poverty, foreign, language, medically underserved |
| Komen Eastern Washington | Benton County, WA | 3 | 2 | %Hispanic/Latina |
| Komen Idaho Montana | Gallatin County, MT | 1 | 1 | |
| | Missoula County, MT | 2 | 1 | |
| Komen Oregon and Southwest Washington | Klamath County, OR | 1 | 1 | %AIAN, rural |
| | Cowlitz County, WA | 1 | 1 | Employment, rural |
| Komen Puget Sound | Skagit County, WA | 3 | 3 | %Hispanic/Latina, rural |
| Not Currently Served by a Komen Affiliate | Anchorage Municipality, AK | 3 | 2 | %API |

* Note: Facilities that provide screening, diagnostic and treatment services in the HP2020 "Highest Priority" communities with a least one CoC accredited facility. These numbers do not represent the number of facilities that provide screening, diagnostic and treatment services in all HP2020 "Highest Priority" communities.

Table 13. HP2020 "Highest Priority" communities in the Northwest Region without an ACS CoC accredited facility

| Komen Affiliate | Community | Key demographic/socioeconomic factors |
|---|---|---|
| Komen Colorado South | Fremont County, CO | Older, education, rural, medically underserved |
| | Otero County, CO | %Hispanic/Latina, older, education, poverty, employment, rural |
| Komen Idaho Montana | Bingham County, ID | %AIAN, %Hispanic/Latina, rural |
| | Cassia County, ID | %Hispanic/Latina, education, language, rural |
| | Gem County, ID | Older, employment, rural, medically underserved |
| | Idaho County, ID | Older, Rural |
| | Shoshone County, ID | Older, education, rural, medically underserved |
| | Sanders County, MT | Older, poverty, employment, rural, insurance, medically underserved |
| Komen Oregon and Southwest Washington | Curry County, OR | Older, rural, medically underserved |
| | Tillamook County, OR | Older, rural, medically underserved |
| | Union County, OR | Rural, medically underserved |
| Komen Puget Sound | Pacific County, WA | Older, poverty, rural, insurance, medically underserved |
| Komen Utah | Iron County, UT | Poverty, employment, rural, insurance |
| | Utah County, UT | |
| Komen Wyoming | Albany County, WY | |
| | Teton County, WY | %Hispanic/Latina, rural |
| | Uinta County, WY | Rural |
| Not Currently Served by a Komen Affiliate | Kenai Peninsula Borough, AK | Rural |
| | Grand County, CO | Rural |

### *National Cancer Institute Designated Cancer Centers*

http://www.cancer.gov/research/nci-role/cancer-centers

A National Cancer Institute (NCI) designated Cancer Center is an institution dedicated to researching the development of more effective approaches to the prevention, diagnosis, and treatment of cancer (National Cancer Institute, 2012). A NCI-designated Cancer Center conducts cancer research that is multidisciplinary and incorporates collaboration between institutions and university medical centers. This collaboration also provides training for scientists, physicians, and other professionals interested in specialized training or board certification in cancer-related disciplines. NCI-designated Cancer Centers also provide clinical programs that offer the most current forms of treatment for various types of cancers and typically incorporate access to clinical trials of experimental treatments.

There are 69 NCI-designated Cancer Centers in the United States with three located in Komen's Northwest Region. There are no NCI-designated Cancer Centers located in any of the Northwest Region's HP2020 "Highest Priority" communities. All three NCI-designated Cancer Centers in the Komen Northwest Region are located in communities that are not considered "Highest Priority".


In summary, each of the 50 HP2020 "Highest Priority" communities in the Northwest Region has facilities that offer screening services. In the Northwest Region, five HP2020 "Highest Priority" communities only have access to in-community screening services; 17 "Highest Priority" communities have in-community screening and diagnostic services; and 28 "Highest Priority" communities have in-community access to screening, diagnostic and treatment services. While services may be available within the community, the number of available facilities may be too few to service the population in need, facilities may not accept an individual's health insurance plan, individuals can become "lost in the system" after an abnormal screening mammogram and/or the care received does not meet any quality-based standards. In the Northwest Region, there are 39 HP2020 "Highest Priority" communities that do not have any of the listed quality-based accredited breast cancer services (Table 14).

**Table 14.** HP2020 "Highest Priority" communities in the Northwest Region without ACR BICOE, ACS CoC, ACS NAPBC, NCI accredited screening, diagnostic and treatment services

| Komen Affiliate | Community | Key demographic/socioeconomic factors |
|---|---|---|
| Komen Colorado | Broomfield County, CO | %API |
| Komen Colorado South | Fremont County, CO | Older, education, rural, medically underserved |
| | Otero County, CO | %Hispanic/Latina, older, education, poverty, employment, rural |
| | Teller County, CO | Rural |
| Komen Eastern Washington | Asotin County, WA | Older, medically underserved |
| Komen Idaho Montana | Bingham County, ID | %AIAN, %Hispanic/Latina, rural |
| | Cassia County, ID | %Hispanic/Latina, education, language, rural |

| Komen Affiliate | Community | Key demographic/socioeconomic factors |
|---|---|---|
| | Gem County, ID | Older, employment, rural, medically underserved |
| | Idaho County, ID | Older, Rural |
| | Madison County, ID | Poverty |
| | Minidoka County, ID | %Hispanic/Latina, education, language, rural, insurance, medically underserved |
| | Payette County, ID | Education, rural, medically underserved |
| | Shoshone County, ID | Older, education, rural, medically underserved |
| | Hill County, MT | %AIAN |
| | Park County, MT | Medically Underserved |
| | Rosebud County, MT | %AIAN, employment, rural, medically underserved |
| | Sanders County, MT | Older, poverty, employment, rural, insurance, medically underserved |
| | Stillwater County, MT | Rural |
| Komen Oregon and Southwest Washington | Crook County, OR | Older, employment, rural, medically underserved |
| | Curry County, OR | Older, rural, medically underserved |
| | Tillamook County, OR | Older, rural, medically underserved |
| | Union County, OR | Rural, medically underserved |
| Komen Puget Sound | Pacific County, WA | Older, poverty, rural, insurance, medically underserved |
| | San Juan County, WA | Older, rural, medically underserved |
| Komen Utah | Iron County, UT | Poverty, employment, rural, insurance |
| | Sanpete County, UT | Rural, medically underserved |
| | Sevier County, UT | Older, rural |
| | Wasatch County, UT | Rural |
| Komen Wyoming | Albany County, WY | |
| | Big Horn, WY | Rural, insurance, medically underserved |
| | Campbell County, WY | |
| | Carbon County, WY | %Hispanic/Latina, rural |
| | Teton County, WY | %Hispanic/Latina, rural |
| | Uinta County, WY | Rural |
| Not Currently Served by a Komen Affiliate | Kenai Peninsula Borough, AK | Rural |
| | Grand County, CO | Rural |
| | Montezuma County, CO | |
| | Douglas County, WA | |
| | Klickitat County, WA | Poverty, rural, insurance |

## Qualitative Data Analysis

In order to gain a better understanding of the key barriers to breast cancer care in the local communities, Komen Headquarters Evaluation and Outcomes team analyzed qualitative data collected by Komen Affiliates. This analysis includes the review of qualitative data reports for all Affiliates within the Northwest Region and the coding of central themes that were cited most frequently by survey, interview and focus group participants and published qualitative documents (Figure 2).

During 2014-2015, Affiliates conducted qualitative data collection in communities of interest (e.g., HP2020 "Highest Priority" communities and/or non-"Highest Priority" communities) within their service area to "hear" from local health care providers and/or community members the challenges local residents have in accessing breast cancer care; as well as potential solutions that may assist individuals in receiving physician recommended breast cancer screening, diagnostic and treatment services.

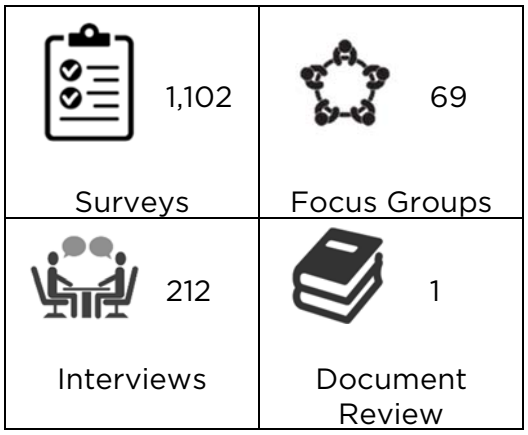



**Figure 2.** Komen Northwest Region qualitative data collection methods and number of participants/documents

In the Northwest Region, nine Komen Affiliates[6] collected qualitative data from 38 communities of interest during the Community Profile process. Of the 38 communities of interest, 28 are designated as a HP2020 "Highest Priority" community. The common barriers to breast cancer care identified were cited by interview, focus groups and survey participants with varying demographics and socioeconomic factors and in published qualitative literature in each Affiliate's qualitative data report; but may not have been a barrier in each community of interest. Therefore, the qualitative data collected may not be representative of the specific HP2020 "Highest Priority" communities, but only the perspective of those that participated in the qualitative data collection process.

Community members who provided feedback during the qualitative data collection process along with the review of the documents frequently cited the following five barriers that may prevent an individual from getting breast cancer services in the Komen Northwest Region:

[6] While nine Affiliates within the Northwest Region completed the Community Profile process, only eight remain due to mergers and/or dissolution

1. *Availability of Services*
    - Lack of available facilities and/or providers that provide breast cancer screening, diagnostic and treatment services
    - Facilities and/or provider have limited hours and/or days opened
    - Lack of accredited breast cancer services

2. *Lack of Appropriate Breast Cancer Education*
    - Lack of awareness and confusion regarding breast cancer screening guidelines
    - Lack of breast cancer education including personal risk of breast cancer

3. *Financial Barriers*
    - Lack of funds to receive adequate breast cancer care
    - Unemployment
    - Lack of pay due to time off work for appointments

> *"The co-pay is our main barrier…If they only pay for 80.0 percent of whatever, then I have to choose what I go in for. I have $400 a month that comes out of my paycheck for our coverage, then the co-pays. We go only when we have to go" - Survivor*

4. *Cultural/Language*
    - Lack of available providers that resemble the patient or can relate to the patients concerns
    - Lack of culturally appropriate breast cancer programming and outreach
5. *Insurance*
    - Lack of private or federal (e.g., Medicaid, Medicare) insurance (uninsured)
    - Co-pays/deductibles too high (underinsured)
    - Physicians who do not accept patients with Medicaid or Medicare

> *"People from the ranching community tend to NOT to go to the doctor – tough people mentality – most have private insurance or Medicaid but don't seek care unless something is really wrong." – Key informant*

Other barriers that were mentioned less frequently were fear of diagnosis and breast cancer outcomes, lack of time available and other health conditions that take precedence (e.g., diabetes, asthma and weight management). For a list of all qualitative data themes identified with corresponding definitions please see Appendix B.

## CONCLUSIONS

The Komen Northwest Region consists of eight states and eight Affiliates[7]. Within the Komen Northwest Region, none of the states have late-stage diagnosis and death rates higher than the US as a whole. While the Komen Northwest Region states may have better breast cancer outcomes than the US as a whole, communities within each state may face disparate outcomes.

Healthy People 2020 breast cancer targets were used as the benchmark for all communities in the Komen Northwest Region. Communities that are predicted not to meet the benchmarks by 2020 are classified as "Highest Priority" since these communities are of greater need for breast cancer interventions than other areas within the region. Within the Komen Northwest Region, there are 50 communities that are considered "Highest Priority". Even though the 50 "Highest Priority" communities are located in several states, there are demographic and socioeconomic commonalities between the communities that suggest that they may share similar barriers to accessing care that could be addressed through the implementation of evidence-based and/or best practice interventions.

Within the 50 "Highest Priority" communities there are 257 screening facilities, 93 diagnostic and 50 treatment facilities. Of those, nine are accredited as a BICOE, six are accredited as ACS NAPBC, 17 are accredited as COC and none are accredited as NCI Cancer Centers. Common barriers to care identified by community members that participate in focus groups, interviews and surveys were availability of services, lack of appropriate breast cancer education, financial barriers, cultural/language barriers and lack of adequate insurance.

When viewing the region as a whole, 36 of the 50 communities have a substantially higher percentage of individuals residing in rural areas. In addition, 19 of 50 (38.0%) communities have a substantially larger percentage of individuals living in medically underserved areas. According to the US Department of Health and Human Services, areas are designated as medically underserved when they have too few primary care providers to serve the area residents, a high percentage of residents with incomes below the poverty level and/or a high percentage of the population being over the age of 65. Both of these factors have been linked to barriers associated with accessing quality and timely care.

Through review of focus groups, interviews and surveys conducted by Komen Affiliates, residents had various concerns regarding availability of services. This is prevalent in the communities that are lacking screening, diagnostic or treatment

[7] While nine Affiliates within the Northwest Region completed the Community Profile process, only eight remain due to mergers and/or dissolution

services as well as those that have limited numbers of facilities to provide care. For example Curry County, OR, Benton County, OR and Glacier County MT all cited lack of availability of care and access to services concerns as well as transportation barriers. Transportation barriers can include: lack of available public transportation methods, ride-sharing or personal vehicle. Additionally, transportation barriers can include the lack of time, frequency and/or availability of public transportation or ride-sharing not in alignment with appointments and/or, lack of resources to be able to travel the distance required to receive care.

Breast cancer education was also frequently cited by the residents as many were uncertain of breast screening mammography guidelines and lack of knowledge regarding general breast care concerns and health. Other frequently cited barriers included lack of insurance, fear of diagnosis and cancer treatment, lack of time, difficulty navigating the health care system, and varying cultural beliefs on breast cancer and services.

Collaboration among Komen Affiliates in the Northwest Region that have a higher percentage of individuals residing in rural areas would allow sharing of best practices on what has worked and what has not worked in reaching rural populations and addressing the barriers they have in accessing care. The rural "Highest Priority" communities are located in the following service areas: Komen Colorado South, Komen Idaho Montana, Komen Oregon and Southwest Washington, Komen Puget Sound, Komen Utah, Komen Wyoming as well as communities that are not currently served by a Komen Affiliate.

Additional commonalities in the Komen Northwest "Highest Priority" communities included a substantially older female population (14 communities), a high percentage of individuals with less than a high school education (8 communities), high percentage of residents (ages 40-64) that are uninsured (8 communities), high percentage of individuals with incomes below poverty level (7 communities) and a high percentage of individuals that are unemployed (7 communities).

Other barriers that were mentioned less frequently by focus group, key informant interview and survey participants included fear of diagnosis and breast cancer outcomes, lack of time available and other health conditions that take precedence (e.g., diabetes, asthma and weight management).

To address these identified barriers in accessing breast cancer care, Komen Northwest Region Affiliates have identified priorities within their local service area that share commonalities with all Affiliates in the region. These are the most common priorities that the Affiliates located in the Northwest Region intend to focus on to reduce breast cancer late-stage diagnosis and deaths over the next five years:

- Support programs that reduce or eliminate barriers that have been identified as interfering with an individual being able to access breast cancer screening, diagnostic and treatment services. Examples of programs can include free or low-cost clinical services, transportation assistance, financial resources and interpreter services.

- Support patient navigation programs. Patient navigation is a process by which a trained individual- patient navigator- guides patients through and around barriers in the complex breast cancer care system. The primary focus of a patient navigator is on the individual patient, with responsibilities centered on coordinating and improving access to timely diagnostic and treatment services tailored to individual needs. Patient navigators offer interventions that may vary from patient to patient along the continuum of care and include a combination of informational, emotional, and practical support (i.e., breast cancer education, counseling, care coordination, health system navigation, access to transportation, language services and financial resources).

- Develop community and organizational partnerships to address concerns raised by community members regarding lack of breast cancer education, lack of available services and language and cultural barriers. The creation of partnerships/coalitions with residents, local representatives, and organizations in target community to address breast cancer needs.

- Provide and/or support breast cancer education programs in local communities that provide accurate, evidence-based information. These include events, education materials and programs that are culturally and linguistically appropriate.

In the Northwest Region, Affiliates identified that American Indian/Alaskan Native women, Black/African-American women, Hispanic/Latina women, women over 65, medically underserved populations, African immigrant women, rural populations and women who are LGBTQ may have a greater challenge in overcoming barriers to care. The local Affiliates intend to focus efforts to reduce the breast cancer disparities that these individuals may be experiencing.

In conclusion community members who participated in focus groups, interviews and surveys from the HP2020 “Highest Priority” communities identified availability of services, lack of appropriate breast cancer education, financial barriers, cultural/language barriers and lack of adequate insurance. While all the “Highest Priority” communities had at least one local facility that provides breast cancer screening, there were several communities that have no local facilities that provide

breast cancer diagnostic and/or treatment services. This requires an individual to navigate between health care systems and have resources to travel to other communities to receive care. This aligns with the HP2020 socioeconomic data showing a majority of the "Highest Priority" communities are classified as rural and medically underserved. Although breast cancer services are available, many of the "Highest Priority" communities lack quality breast cancer accreditations.

Komen Affiliates are a local breast cancer resource for "Highest Priority" communities within a service area. The local Komen Affiliate is a breast cancer resource for each "Highest Priority" community that can assist with addressing the identified barriers to care, convene stakeholders to develop solutions to increase access of available breast cancer services, and provide "real-time" assistance to areas of greatest need through funding of local community grants. Collaboration across service areas and state borders provide an opportunity for the Komen Northwest Region to share resources and best-practices, provide consistent messaging and address similar barriers to care, all in an effort to reduce the number of breast cancer deaths by 50.0 percent by 2026.

## REFERENCES


Adler, N. and Rehkopf, D. 2008. US disparities in health: descriptions, causes, and mechanisms. *Annu Rev Public Health,* 29, 235-52.

American Cancer Society. 2015a. Breast cancer facts and figures, 2015-2016. Atlanta, GA: American Cancer Society .

American Cancer Society. 2015b. Cancer facts and figures for Hispanics/Latinos, 2015-2017. Atlanta, GA: American Cancer Society.

American Cancer Society. 2015c. Cancer prevention & early detection facts & figures, 2015-2016. Atlanta, GA: American Cancer Society.

American Cancer Society. 2016. Cancer facts and figures, 2016. Atlanta, GA: American Cancer Society.

American College of Radiology. n.d. Mammography accreditation. Accessed on 07/11/2014 from http://www.acraccreditation.org/~/media/ACRAccreditation/Documents/Mammography/Requirements.pdf?la=en

American College of Surgeons. 2014a. Commission on Cancer. Accessed on 7/11/2014 at https://www.facs.org/quality-programs/cancer/coc.

American College of Surgeons. 2014b. National accreditation program from breast centers. Accessed on 07/11/2014 from http://napbc-breast.org/.

Braveman, E.A. 2010. Health disparities and health equity. *Am J Public Health,* 101(Suppl 1), S149-S155.

Danforth, D.N., Jr. 2013. Disparities in breast cancer outcomes between Caucasian and African-American women: A model for describing the relationship of biological and nonbiological factors. *Breast Cancer Research,* 15, 208.

Hewitt, M. and Simone, J.V. (eds). 1999. Ensuring quality cancer care. Washington, DC: Institute of Medicine and Commission on Life Sciences.

Howlader, N., Noone, A.M., Krapcho, M., et al. (eds). 2016. SEER cancer statistics Review, 1975-2013: Fast stats. Bethesda, MD: National Cancer Institute. Accessed from http://seer.cancer.gov/csr/1975_2013/.

Lurie, N. and Dubowitz, T. 2007. Health disparities and access to health. *JAMA,* 297(10), 1118-1121.

National Cancer Institute. NCI-Designated cancer center*s,* 2012. Accessed on 07/11/2014 from http://www.cancer.gov/researchandfunding/extramural/cancercenters/about.

Robert Wood Johnson Foundation. Overcoming Obstacles to Health. Commission to Build a Healthier America, 2008. Available from http://www.rwjf.org/content/dam/farm/reports/reports/2008/rwjf22441.

US Preventive Services Task Force. 2016. Final update summary: Breast cancer screening. Accessed from http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening.

White, A., Richardson, L.C., Li, C., Ekwueme, D.U., and Kaur, J.S. 2014. Breast cancer mortality among American Indian and Alaska Native women, 1990-2009. *Am J Public Health*. 104 (Suppl 3), S432-8.

Young, J.L. Jr., Roffers, S.D., Ries, L.A.G., Fritz, A.G., and Hurlbut, A.A. (eds). 2001. SEER summary staging manual - 2000: Codes and coding instructions, Pub. No. 01-4969, Bethesda, MD: National Cancer Institute. Accessed from http://seer.cancer.gov/tools/ssm/.

# APPENDICES

## Appendix A. Health System Analysis Internet Search

The Evaluations and Outcomes team developed a tracking template for the Health Systems Analysis section to capture resources in target communities. The following sites were used to capture data.

**Community Health Centers (CHC's)** http://nachc.org/about-our-health-centers/find-a-health-center/
The team used the "Download Health Centers and Look-Alikes Report by State (PDF). Select the state you are working on and click "Generate Report". Behavioral, Dental, Teen, Children's, Shelters, Nursing homes, Jails, Schools and Administrative facilities were not be included in the information collected.

**Title** X http://www.hhs.gov/opa/title-x-family-planning/initiatives-and-resources/title-x-grantees-list/
The team used the facilities in the Title X list on the page. If the facility found matches the name and address information from CHC, the team retained the CHC. Behavioral, Dental, Teen and Children's facilities should not be included in the information collected. The records are all listed by states that are applicable.

**Mammography Centers**
http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfMQSA/mqsa.cfm
This site provides a listing by zip code or state, of all mammography facilities certified by the FDA or Certifying State as meeting baseline quality standards for equipment, personnel and practices under the Mammography Quality Standards Act of 1992 (MQSA) and subsequent Mammography Quality Standards Reauthorization Act (MQSRA) amendments. To legally perform mammography, a facility must be FDA certified. This list of Food and Drug Administration (FDA) Certified Mammography Facilities is updated weekly according to the website. The team searched by state and list accordingly.

**Hospitals-** https://data.medicare.gov/Hospital-Compare/Hospital-General-Information/v287-28n3
This site is a list of all hospitals that have been registered with Medicare. The team did not include psychiatric and children's hospitals. The team verified what services are offered across the Continuum of Care by visiting the hospital's website.

## Appendix B. Northwest Qualitative Data Themes

Availability of Services – Lack of health services in community, limited number of health professionals in community.

Awareness/Education – Lack of awareness of available services, lack of awareness of screening guidelines and confusion of screening guidelines.

Cultural/Language – Lack of interpreter services, education materials that are not translated, lack of physicians who resemble patient's culture, lack of programs that are culturally appropriate.

Fear –Pain and discomfort during screening, diagnosis and treatment, legal or immigration status concerns if treatment is obtained, denial of diagnosis, afraid of breast cancer stigma.

Financial Barriers- Lack of funds necessary to pay for the breast cancer services during the continuum of care.

Insurance Lack of insurance, lack of adequate insurance coverage (underinsured).

Lack of Awareness of Resources - Lack of awareness of available resources that may or may not be free or reduced cost including screening, diagnostic, treatment and support services as well as Komen Affiliate activities.

Lack of Childcare/Adult Care – Lack of assistance to watch or take care of children or other adult family members during appointment.

Lack of Social Support -Lack of counseling, family support, difficulty shopping, cooking and caring for family, lack of emotional support or psychological services.

Navigation – Lack of direction by health system, lack of appointment verification or scheduling, lack of connectivity through continuum of care.

Other Health Priorities – Health concerns that are immediate including weight management, asthma, diabetes etc.

Pride/Modesty – Lack of female physicians in community and unwillingness to be seen by male physician, unwillingness to accept cancer diagnosis, unwillingness to ask for help.

Quality of Care – Lack of accredited health services in community, patients distrust in the health system due to experiences, lack of provider education and expertise, lack of facility technology, poor provider-patient interaction.

Religious Perspectives – Fatalistic attitudes, belief that God will take care of it, delay of treatment due to religious beliefs.

Transportation – Lack of personal transportation available, inadequate public transportation, access to public transportation, distance to services, availability of ride-share opportunities, and public transportation limited hours.

Time –Amount of time it takes for screening, diagnosis and appointments, lack of time off work, school or away from family, work conflicts.

## Appendix C. Population Characteristics, Komen Northwest Region Healthy People 2020 Highest Priority Communities

| Population Group | Black/ African-American (females) | AIAN (females) | API (females) | Hispanic/ Latina (females) | Age 65 Plus (females) | Less than HS Education (females and males) | Income Below 100% Poverty (females and males) | Income Below 250% Poverty (Age: 40-64) (females and males) | Un-employed (females and males) | Foreign Born (females and males) | Linguis-tically Isolated (females and males) | In Rural Areas (females and males) | In Medically Under-served Areas (females and males) | No Health Insurance (Age: 40-64) (females and males) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| US | 14.1 % | 1.4 % | 5.8 % | 16.2 % | 14.8 % | 14.6 % | 14.3 % | 33.3 % | 8.7 % | 12.8 % | 4.7 % | 19.3 % | 23.3 % | 16.6 % |
| Alaska | 4.4 % | 17.4 % | 7.9 % | 5.8 % | 8.6 % | 8.6 % | 9.5 % | 25.6 % | 8.4 % | 6.9 % | 2.5 % | 34.0 % | 23.5 % | 21.4 % |
| Anchorage Municipality | 7.4 % | 10.3 % | 12.5 % | 8.0 % | 8.3 % | 7.9 % | 7.8 % | 21.1 % | 7.2 % | 9.1 % | 3.2 % | 4.1 % | 25.3 % | 17.7 % |
| Kenai Peninsula Borough | 0.8 % | 9.3 % | 2.1 % | 3.3 % | 11.8 % | 7.6 % | 9.1 % | 26.7 % | 8.5 % | 3.2 % | 0.7 % | 79.3 % | 0.0 % | 22.5 % |
| Matanuska-Susitna Borough | 1.6 % | 7.9 % | 2.4 % | 4.0 % | 8.4 % | 7.7 % | 9.7 % | 25.8 % | 9.7 % | 3.7 % | 1.0 % | 50.3 % | 0.0 % | 21.9 % |
| Colorado | 4.7 % | 1.9 % | 3.7 % | 20.6 % | 12.5 % | 10.3 % | 12.5 % | 27.4 % | 7.6 % | 9.7 % | 3.7 % | 13.8 % | 13.1 % | 15.3 % |
| Adams County | 3.8 % | 2.5 % | 4.5 % | 37.5 % | 9.7 % | 18.5 % | 14.0 % | 33.0 % | 9.1 % | 15.0 % | 7.1 % | 3.6 % | 1.0 % | 19.1 % |
| Broomfield County | 1.7 % | 1.0 % | 7.0 % | 11.4 % | 11.9 % | 5.1 % | 5.7 % | 15.2 % | 6.5 % | 8.3 % | 1.7 % | 0.6 % | 0.0 % | 9.2 % |
| Denver County | 11.3 % | 2.5 % | 4.4 % | 31.2 % | 11.9 % | 15.3 % | 18.8 % | 38.0 % | 8.3 % | 16.4 % | 7.1 % | 0.0 % | 42.8 % | 18.7 % |
| Fremont County | 0.6 % | 1.7 % | 0.8 % | 8.3 % | 22.5 % | 16.1 % | 15.9 % | 36.6 % | 7.6 % | 4.5 % | 0.7 % | 26.4 % | 88.1 % | 17.1 % |
| Grand County | 0.7 % | 0.9 % | 1.1 % | 8.0 % | 10.7 % | 5.7 % | 8.7 % | 25.1 % | 4.0 % | 6.0 % | 1.7 % | 82.6 % | 0.0 % | 16.2 % |
| Montezuma County | 0.8 % | 13.7 % | 0.8 % | 11.2 % | 17.7 % | 10.8 % | 16.9 % | 36.3 % | 10.0 % | 1.9 % | 1.8 % | 67.2 % | 0.0 % | 21.9 % |
| Otero County | 1.4 % | 3.5 % | 1.1 % | 40.0 % | 20.3 % | 19.4 % | 25.7 % | 48.1 % | 12.7 % | 3.8 % | 2.6 % | 34.4 % | 0.0 % | 19.0 % |
| Teller County | 1.0 % | 1.4 % | 1.2 % | 5.8 % | 13.7 % | 5.9 % | 7.5 % | 25.8 % | 7.9 % | 2.2 % | 0.6 % | 62.6 % | 14.0 % | 13.2 % |
| Idaho | 0.9 % | 1.9 % | 1.8 % | 11.0 % | 13.7 % | 11.5 % | 14.3 % | 36.0 % | 7.9 % | 5.9 % | 2.2 % | 29.4 % | 18.8 % | 19.0 % |
| Bingham County | 0.7 % | 7.7 % | 1.0 % | 16.6 % | 12.4 % | 15.3 % | 15.4 % | 40.9 % | 5.9 % | 6.8 % | 4.0 % | 56.0 % | 13.0 % | 23.8 % |
| Cassia County | 0.7 % | 1.5 % | 1.1 % | 23.7 % | 14.5 % | 22.7 % | 18.0 % | 43.7 % | 8.8 % | 10.3 % | 6.0 % | 51.5 % | 0.0 % | 23.1 % |
| Gem County | 0.5 % | 1.0 % | 0.9 % | 7.7 % | 19.7 % | 16.0 % | 16.5 % | 42.6 % | 11.8 % | 4.7 % | 1.7 % | 45.0 % | 100.0 % | 23.6 % |
| Idaho County | 0.5 % | 3.3 % | 0.6 % | 2.5 % | 22.1 % | 12.2 % | 17.1 % | 45.8 % | 8.8 % | 1.2 % | 0.0 % | 80.6 % | 0.0 % | 21.8 % |

| Population Group | Black/ African-American (females) | AIAN (females) | API (females) | Hispanic/ Latina (females) | Age 65 Plus (females) | Less than HS Education (females and males) | Income Below 100% Poverty (females and males) | Income Below 250% Poverty (Age: 40-64) (females and males) | Un-employed (females and males) | Foreign Born (females and males) | Linguis-tically Isolated (females and males) | In Rural Areas (females and males) | In Medically Under-served Areas (females and males) | No Health Insurance (Age: 40-64) (females and males) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Madison County | 0.9 % | 0.7 % | 1.6 % | 5.9 % | 5.9 % | 5.2 % | 36.0 % | 46.1 % | 8.4 % | 3.3 % | 0.8 % | 28.5 % | 0.0 % | 17.4 % |
| Minidoka County | 0.8 % | 2.1 % | 0.7 % | 31.0 % | 16.2 % | 24.2 % | 15.5 % | 42.7 % | 7.7 % | 10.6 % | 6.8 % | 44.2 % | 100.0 % | 24.3 % |
| Payette County | 0.6 % | 1.7 % | 1.3 % | 14.4 % | 16.8 % | 16.8 % | 16.5 % | 40.8 % | 9.8 % | 4.3 % | 2.6 % | 42.7 % | 100.0 % | 20.9 % |
| Shoshone County | 0.6 % | 1.7 % | 0.8 % | 3.0 % | 21.2 % | 16.7 % | 16.5 % | 43.3 % | 8.9 % | 1.7 % | 0.1 % | 56.0 % | 100.0 % | 19.4 % |
| Montana | 0.7 % | 7.1 % | 1.0 % | 3.0 % | 16.3 % | 8.6 % | 14.6 % | 35.0 % | 6.4 % | 2.0 % | 0.4 % | 44.1 % | 31.8 % | 20.7 % |
| Gallatin County | 0.6 % | 1.3 % | 1.6 % | 2.9 % | 10.7 % | 4.0 % | 13.2 % | 27.6 % | 5.8 % | 3.0 % | 0.6 % | 33.5 % | 0.0 % | 18.2 % |
| Hill County | 0.8 % | 24.0 % | 0.7 % | 2.8 % | 14.6 % | 8.7 % | 18.2 % | 35.3 % | 5.3 % | 1.7 % | 0.3 % | 40.0 % | 0.0 % | 22.1 % |
| Missoula County | 0.6 % | 3.4 % | 1.8 % | 2.8 % | 12.8 % | 6.3 % | 17.6 % | 33.6 % | 7.5 % | 2.5 % | 0.4 % | 22.3 % | 0.0 % | 18.1 % |
| Park County | 0.5 % | 1.2 % | 0.7 % | 2.3 % | 18.5 % | 9.2 % | 11.3 % | 37.6 % | 6.3 % | 2.3 % | 0.7 % | 47.7 % | 100.0 % | 21.3 % |
| Rosebud County | 0.7 % | 36.3 % | 0.8 % | 3.7 % | 11.8 % | 10.7 % | 18.0 % | 36.7 % | 10.1 % | 0.8 % | 0.1 % | 100.0% | 100.0 % | 22.7 % |
| Sanders County | 0.4 % | 4.9 % | 0.6 % | 2.4 % | 22.1 % | 12.9 % | 21.2 % | 50.5 % | 10.5 % | 1.4 % | 0.1 % | 100.0% | 100.0 % | 31.0 % |
| Stillwater County | 0.4 % | 1.0 % | 0.5 % | 2.7 % | 17.4 % | 7.7 % | 9.6 % | 25.6 % | 4.1 % | 0.7 % | 0.5 % | 100.0% | 0.0 % | 15.4 % |
| Oregon | 2.3 % | 2.1 % | 5.0 % | 11.3 % | 15.6 % | 11.1 % | 14.8 % | 34.4 % | 9.8 % | 9.8 % | 3.1 % | 19.0 % | 13.0 % | 16.7 % |
| Crook County | 0.6 % | 2.0 % | 0.8 % | 6.6 % | 21.4 % | 14.3 % | 15.8 % | 38.3 % | 14.5 % | 3.2 % | 0.9 % | 48.0 % | 45.0 % | 19.0 % |
| Curry County | 0.6 % | 2.8 % | 1.2 % | 5.7 % | 29.1 % | 8.3 % | 14.2 % | 41.4 % | 9.1 % | 3.5 % | 0.7 % | 38.7 % | 100.0 % | 18.6 % |
| Klamath County | 1.2 % | 5.4 % | 1.5 % | 10.5 % | 18.4 % | 13.1 % | 18.1 % | 44.0 % | 10.8 % | 4.9 % | 1.5 % | 37.6 % | 0.0 % | 21.3 % |
| Tillamook County | 0.7 % | 1.6 % | 1.4 % | 8.8 % | 22.6 % | 11.9 % | 17.6 % | 39.4 % | 7.5 % | 6.5 % | 2.3 % | 69.6 % | 100.0 % | 20.8 % |
| Union County | 0.8 % | 1.5 % | 2.4 % | 4.2 % | 18.3 % | 11.0 % | 16.6 % | 36.8 % | 7.8 % | 3.5 % | 1.2 % | 42.1 % | 33.9 % | 15.2 % |
| Utah | 1.4 % | 1.7 % | 3.6 % | 12.9 % | 10.1 % | 9.4 % | 11.4 % | 29.8 % | 6.5 % | 8.2 % | 3.0 % | 9.4 % | 8.4 % | 15.6 % |
| Iron County | 1.0 % | 2.8 % | 1.7 % | 8.0 % | 10.5 % | 8.5 % | 20.7 % | 44.7 % | 11.3 % | 3.3 % | 1.3 % | 22.6 % | 0.0 % | 20.7 % |
| Sanpete County | 0.6 % | 1.3 % | 1.2 % | 8.0 % | 12.8 % | 11.4 % | 15.5 % | 40.6 % | 9.3 % | 5.6 % | 3.3 % | 40.9 % | 100.0 % | 18.5 % |
| Sevier County | 0.5 % | 1.7 % | 0.7 % | 4.5 % | 15.3 % | 9.8 % | 12.4 % | 39.4 % | 5.3 % | 2.3 % | 0.3 % | 64.7 % | 0.0 % | 15.9 % |
| Utah County | 0.9 % | 0.9 % | 2.9 % | 10.8 % | 7.3 % | 6.4 % | 12.9 % | 30.8 % | 6.1 % | 7.3 % | 2.5 % | 3.3 % | 0.0 % | 15.7 % |
| Wasatch County | 0.6 % | 0.9 % | 1.2 % | 13.2 % | 8.9 % | 8.9 % | 7.0 % | 30.4 % | 4.7 % | 8.2 % | 2.5 % | 26.9 % | 0.0 % | 17.7 % |

| Population Group | Black/ African-American (females) | AIAN (females) | API (females) | Hispanic/ Latina (females) | Age 65 Plus (females) | Less than HS Education (females and males) | Income Below 100% Poverty (females and males) | Income Below 250% Poverty (Age: 40-64) (females and males) | Un-employed (females and males) | Foreign Born (females and males) | Linguis-tically Isolated (females and males) | In Rural Areas (females and males) | In Medically Under-served Areas (females and males) | No Health Insurance (Age: 40-64) (females and males) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Washington | 4.4 % | 2.2 % | 9.4 % | 11.0 % | 13.9 % | 10.2 % | 12.5 % | 28.3 % | 8.4 % | 12.8 % | 4.2 % | 16.0 % | 26.2 % | 14.6 % |
| Asotin County | 0.8 % | 2.0 % | 1.1 % | 3.1 % | 20.0 % | 11.3 % | 14.6 % | 37.3 % | 6.4 % | 1.5 % | 0.5 % | 6.7 % | 100.0 % | 14.6 % |
| Benton County | 1.9 % | 1.4 % | 3.6 % | 18.4 % | 13.0 % | 11.8 % | 12.2 % | 25.8 % | 6.3 % | 9.5 % | 4.1 % | 10.6 % | 0.0 % | 14.8 % |
| Cowlitz County | 1.1 % | 2.4 % | 2.2 % | 7.5 % | 17.1 % | 13.5 % | 17.5 % | 36.8 % | 11.6 % | 4.9 % | 1.7 % | 28.7 % | 10.4 % | 16.2 % |
| Douglas County | 1.0 % | 2.1 % | 1.5 % | 27.4 % | 15.7 % | 19.9 % | 16.7 % | 37.0 % | 7.7 % | 15.8 % | 4.7 % | 26.6 % | 100.0 % | 21.5 % |
| Klickitat County | 0.9 % | 3.4 % | 1.3 % | 10.9 % | 18.6 % | 12.7 % | 18.6 % | 40.9 % | 8.6 % | 5.7 % | 1.4 % | 60.2 % | 0.0 % | 19.8 % |
| Pacific County | 1.1 % | 3.4 % | 2.5 % | 7.4 % | 26.4 % | 14.1 % | 18.0 % | 41.1 % | 8.5 % | 5.4 % | 2.2 % | 64.8 % | 100.0 % | 21.2 % |
| San Juan County | 0.9 % | 1.1 % | 2.0 % | 5.3 % | 24.6 % | 5.8 % | 11.1 % | 30.3 % | 3.8 % | 6.9 % | 1.6 % | 100.0% | 66.0 % | 18.0 % |
| Skagit County | 1.2 % | 3.1 % | 2.7 % | 16.7 % | 17.8 % | 12.1 % | 12.0 % | 30.6 % | 8.2 % | 10.2 % | 2.2 % | 29.0 % | 0.0 % | 17.3 % |
| Wyoming | 1.2 % | 2.9 % | 1.2 % | 8.8 % | 13.8 % | 8.1 % | 10.1 % | 26.0 % | 4.7 % | 3.1 % | 1.0 % | 35.2 % | 16.1 % | 16.5 % |
| Albany County | 1.5 % | 1.4 % | 3.5 % | 9.0 % | 9.9 % | 5.0 % | 23.3 % | 24.5 % | 4.4 % | 5.8 % | 1.6 % | 11.9 % | 2.8 % | 15.1 % |
| Big Horn County | 0.6 % | 1.5 % | 0.4 % | 9.0 % | 18.6 % | 10.5 % | 9.2 % | 35.2 % | 5.4 % | 2.5 % | 0.9 % | 100.0% | 100.0 % | 22.5 % |
| Campbell County | 0.7 % | 1.7 % | 0.8 % | 7.3 % | 6.6 % | 9.1 % | 6.3 % | 15.8 % | 3.5 % | 3.0 % | 0.5 % | 29.1 % | 0.0 % | 12.8 % |
| Carbon County | 0.9 % | 1.6 % | 1.2 % | 15.9 % | 14.4 % | 9.1 % | 8.8 % | 26.6 % | 4.6 % | 4.4 % | 2.4 % | 41.6 % | 0.0 % | 17.1 % |
| Teton County | 0.4 % | 1.1 % | 1.7 % | 14.6 % | 11.0 % | 5.0 % | 7.6 % | 17.6 % | 3.6 % | 7.6 % | 2.6 % | 46.4 % | 0.0 % | 16.1 % |
| Uinta County | 0.7 % | 1.4 % | 0.7 % | 8.8 % | 9.7 % | 10.9 % | 10.7 % | 26.8 % | 5.9 % | 2.9 % | 0.4 % | 43.1 % | 0.0 % | 15.7 % |

*The data in red represent at least a 3.0 (if <10.0%) or 5.0% (if ≥ 10.0%) percentage point difference than the state average.
Source of race, ethnicity and age data: Source: US Census Bureau – Population Estimates, 2011.
Source of health insurance data: US Census Bureau – Small Area Health Insurance Estimates (SAHIE), 2011.
Source of rural population data: US Census Bureau – Census 2010.
Source of medically underserved data: Health Resources and Services Administration (HRSA), 2013.
Source of other data: US Census Bureau – American Community Survey (ACS), 2007-2011.

Appendix D. HP2020 "Highest Priority" communities in the Northwest Region with a substantially higher percentage individuals living in rural areas

| Affiliate | Community | Key Population Characteristics |
|---|---|---|
| Komen Colorado South | Fremont County, CO | Older, education, rural, medically underserved |
| | Otero County, CO | %Hispanic/Latina, older, education, poverty, employment, rural |
| | Teller County, CO | Rural |
| Komen Idaho Montana | Bingham County, ID | %AIAN, %Hispanic/Latina, rural |
| | Cassia County, ID | %Hispanic/Latina, education, language, rural |
| | Gem County, ID | Older, employment, rural, medically underserved |
| | Idaho County, ID | Older, rural |
| | Minidoka County, ID | %Hispanic/Latina, education, language, rural, insurance, medically underserved |
| | Payette County, ID | Education, rural, medically underserved |
| | Rosebud County, MT | %AIAN, employment, rural, medically underserved |
| | Sanders County, MT | Older, poverty, employment, rural, insurance, medically underserved |
| | Shoshone County, ID | Older, education, rural, medically underserved |
| | Stillwater County, MT | Rural |
| Komen Oregon and Southwest Washington | Crook County, OR | Older, employment, rural, medically underserved |
| | Curry County, OR | Older, rural, medically underserved |
| | Klamath County, OR | %AIAN, rural |
| | Tillamook County, OR | Older, rural, medically underserved |
| | Union County, OR | Rural, medically underserved |
| | Cowlitz County, WA | Employment, rural |
| Komen Puget Sound | Pacific County, WA | Older, poverty, rural, insurance, medically underserved |
| | San Juan County, WA | Older, rural, medically underserved |
| | Skagit County, WA | %Hispanic/Latina, rural |
| Komen Utah | Iron County, UT | Poverty, employment, rural, insurance |
| | Sanpete County, UT | Rural, medically underserved |
| | Sevier County, UT | Older, rural |
| | Wasatch County, UT | Rural |
| Komen Wyoming | Big Horn County, WY | Rural, insurance, medically underserved |
| | Carbon County, WY | %Hispanic/Latina, rural |
| | Teton County, WY | %Hispanic/Latina, rural |
| | Uinta County, WY | Rural |
| Not Currently Served By A Komen Affiliate | Douglas County, WA | %Hispanic/Latina, education, rural, insurance, medically underserved |
| | Grand County, CO | Rural |
| | Kenai Peninsula Borough, AK | Rural |
| | Klickitat County, WA | Poverty, rural, insurance |
| | Matanuska-Susitna Borough, AK | Rural |
| | Montezuma County, CO | %AIAN, older, rural, insurance |

## Appendix E. Breast cancer services available within HP2020 "Highest Priority" communities and the state, Komen Northwest Region*



| | "Highest Priority" | State | "Highest Priority" | State | "Highest Priority" | State |
|---|---|---|---|---|---|---|
| **Alaska** | 27 | 181 | 8 | 15 | 6 | 9 |
| **Colorado** | 74 | 310 | 25 | 123 | 18 | 76 |
| **Idaho** | 24 | 147 | 10 | 52 | 5 | 32 |
| **Montana** | 29 | 155 | 11 | 48 | 3 | 22 |
| **Oregon** | 21 | 301 | 7 | 111 | 4 | 43 |
| **Utah** | 26 | 134 | 10 | 55 | 3 | 18 |
| **Washington** | 42 | 459 | 17 | 191 | 8 | 53 |
| **Wyoming** | 14 | 64 | 5 | 24 | 3 | 12 |

* Data represents information gathered through an internet search in 2014. Therefore not all services in a community may be represented.