

susan g. komen.  **COMMUNITY**
PROFILE REPORT 2015



SOUTHEAST 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).

The image is a composite of two parts. On the left, a grayscale photograph shows a woman with long hair hugging a young child from behind. The child is smiling and looking down. On the right, a black rectangular box contains white and pink text. At the top, it says "KOMEN'S BOLD GOAL IS TO" in pink. Below that, in white, "REDUCE THE CURRENT NUMBER OF BREAST CANCER DEATHS BY". The largest text is "50%" in pink. At the bottom, in white, "IN THE U.S. BY 2026". A small Susan G. Komen logo is in the bottom right corner of the black box.

A Bold Vision

Vision
A World Without Breast Cancer

Mission
To save lives by meeting the most critical needs of our communities and investing in breakthrough research to prevent and cure breast cancer.

KOMEN'S BOLD GOAL IS TO

REDUCE THE CURRENT NUMBER OF BREAST CANCER DEATHS BY

50%

IN THE U.S. BY 2026



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 Southeast Region. The Southeast Region includes the states of Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina, Tennessee and Virginia.

As of August 2016, there were 25 Komen Affiliates¹ located in the Southeast Region:

- Komen Central Florida
- Komen Central Georgia
- Komen Central Mississippi Steel Magnolias
- Komen Central Tennessee
- Komen Central Virginia
- Komen Charlotte
- Komen Chattanooga
- Komen Coastal Georgia
- Komen Florida Suncoast
- Komen Greater Atlanta
- Komen Knoxville
- Komen Lowcountry
- Komen Memphis-MidSouth
- Komen Miami/Ft. Lauderdale
- Komen North Carolina Triangle to the Coast
- Komen North Central Alabama
- Komen North Florida
- Komen North Mississippi
- Komen Northwest North Carolina
- Komen South Carolina Mountains to Midlands
- Komen South Florida

¹ While 27 Affiliates within the Southeast Region completed the 2015 Community Profile process, only 25 remain due to mergers and/or dissolution



- Komen Southwest Florida
- Komen Tidewater
- Komen Northwest NC
- Komen Virginia Blue Ridge

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 Profile.

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 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 Southeast Region. The data provided in this report are meant to aid Komen Headquarters and the Affiliates within the Southeast 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

Komen Headquarters Evaluation and Outcomes team reviewed data from the eight State and 27 Affiliate² Community Profile Reports from the Komen Southeast Region and compiled the available data into Komen Regional reports.

Quantitative Data

To determine which communities (e.g., counties, cities) in the Southeast 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

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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) 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 Southeast 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 includes 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 includes locations that provide chemotherapy, radiation, 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 Southeast Region's "Highest Priority" communities. In addition, the number and type of accredited facilities in each

Southeast 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 27 Komen Affiliates³ in the Southeast Region, which was collected during 2014-2015. Data were gathered from health care providers, breast cancer survivors and community members who represented the target communities. These communities were selected by local Affiliates based on their Community Profile Quantitative Data Report. 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 to represent different data collection methods conducted.

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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 within a four-year time period to address the breast cancer needs identified for their target communities. 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.

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 Southeast 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 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 late-stage diagnosis and death 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.

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 27 different Affiliates⁴. These limitations include, but are not limited to:

- Small sample sizes limit the ability of the data to accurately represent everyone in the community

⁴ While 27 Affiliates within the Southeast Region completed the 2015 Community Profile process, only 25 remain due to mergers and/or dissolution

- 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
- 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 issues and barriers to care that are common across the Southeast 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 across all Affiliates within the Southeast 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 Southeast 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 Southeast Region.

Table 1. Female breast cancer late-stage diagnosis and death rates and trends- Komen Southeast 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	-1.20%	40,736	22.6	-1.90%
Alabama	2,426,817	1,307	47.3	-2.50%	674	23.3	-1.20%
Florida	9,457,566	4,844	41.8	-0.80%	2,723	21.3	-1.40%
Georgia	4,838,820	2,253	45.5	-0.40%	1,146	23.4	-1.40%
Mississippi	1,514,063	771	46.8	-0.40%	421	24.7	-0.90%
North Carolina	4,751,657	2,401	45.4	-0.50%	1,260	23.1	-1.70%
South Carolina	2,316,194	1,212	45.9	-1.00%	638	23.5	-1.70%
Tennessee	3,195,539	1,605	44.1	-3.00%	880	23.3	-1.60%
Virginia	3,949,393	1,896	43.9	0.10%	1,074	24	-1.90%

NA - data not available.

Late-stage diagnosis data are for years 2006-2010 except for Virginia which are 2005-2009.

Death data are for years 2006-2010.

Rates are cases/deaths per 100,000 women.

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

If the time to achieve 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 Southeast Region that have been designated “Highest Priority”. Communities designated as “Highest Priority” mean 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: 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 Southeast 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%)	
Alabama	Barbour County	Not Currently Served By A Komen Affiliate	71.3 (+2.2%)	32.1 (+1.1%)	%Black/African-American, education, poverty, employment, rural
Alabama	Butler County	Not Currently Served By A Komen Affiliate	52.5 (+7.6%)	SN	%Black/African-American, education, poverty, rural, medically underserved
Alabama	Geneva County	Not Currently Served By A Komen Affiliate	45.4 (+0.4%)	21.2 (+0.4%)	Education, rural, medically underserved
Alabama	Greene County	Komen North Central Alabama	65.3 (+22.9%)	SN	%Black/African-American, education, poverty, employment, rural, medically underserved
Alabama	Hale County	Komen North Central Alabama	62.3 (+0.6%)	33.6 (NA)	%Black/African-American, education, poverty, employment, rural, medically underserved
Alabama	Jefferson County	Komen North Central Alabama	55.7 (-1.0%)	27.2 (-1.2%)	%Black/African-American
Alabama	Lamar County	Komen North Central Alabama	92.7 (+11.4%)	42.4 (NA)	Older, education, rural, medically underserved
Alabama	Lawrence County	Komen North Central Alabama	40.4 (+13.0%)**	SN	%AIAN, rural, medically underserved
Alabama	Madison County	Komen North Central Alabama	41.7 (+7.8%)	25.6 (-0.8%)	
Alabama	Marengo County	Not Currently Served By A Komen Affiliate	49.9 (+9.6%)	24.7 (0.0%)	%Black/African-American, rural, medically underserved
Alabama	Marion County	Komen North Central Alabama	55.7 (+1.2%)	26.3 (+2.2%)	Older, education, rural, medically underserved
Alabama	Montgomery County	Not Currently Served By A Komen Affiliate	48.3 (+1.1%)	26.3 (-1.8%)	%Black/African-American
Alabama	Perry County	Komen North Central Alabama	48.3 (+4.1%)	SN	% Black/African-American, education, poverty, employment, rural, medically underserved
Alabama	Pike County	Not Currently Served By A Komen Affiliate	30.6 (+39.4%)**	24.0 (-1.1%)	%Black/African-American, poverty, rural
Alabama	Randolph County	Komen North Central Alabama	34.7 (+3.9%)**	22.5 (NA)	Education, poverty, rural, medically underserved
Alabama	Tallapoosa County	Komen North Central Alabama	41.8 (+19.1%)	15.0 (NA)	Rural, medically underserved
Alabama	Walker County	Komen North Central Alabama	46.8 (+4.7%)	23.7 (-0.8%)	Education, employment, rural
Alabama	Winston County	Komen North Central Alabama	55.2 (+2.1%)	28.7 (1.2%)	Education, rural, medically underserved
Florida	Baker County	Komen North Florida	34.4 (+43.9%)**	SN	Education, rural, medically underserved



State	Community	Affiliate	Late-Stage Diagnosis Rate per 100,000 (trend)	Death Rate per 100,000 (trend)	Key Population Characteristics
Florida	Citrus County	Not Currently Served By A Komen Affiliate	46.1 (+8.9%)	23.9 (-1.1%)	Older, employment, rural
Florida	DeSoto County	Not Currently Served By A Komen Affiliate	37.3 (+17.4%)**	25.3 (NA)	Education, poverty, language, rural, insurance
Florida	Dixie County	Not Currently Served By A Komen Affiliate	41.9 (+13.4%)	SN	Education, rural, medically underserved
Florida	Duval County	Komen North Florida	51.0 (-0.2%)	27.4 (-1.0%)	%Black/African-American
Florida	Gulf County	Not Currently Served By A Komen Affiliate	37.3 (+27.1%)**	SN	Education, rural
Florida	Hardee County	Not Currently Served By A Komen Affiliate	30.4 (+55.7%)**	SN	%Hispanic/Latina, education, poverty, language, rural, insurance, medically underserved
Florida	Okeechobee County	Not Currently Served By A Komen Affiliate	51.0 (+9.6%)	23.1 (+1.0%)	Education, poverty, rural
Florida	Osceola County	Komen Central Florida	42.0 (+2.9%)	24.1 (-0.6%)	%Hispanic/Latina, language, medically underserved
Florida	Union County	Not Currently Served By A Komen Affiliate	65.5 (+10.1%)	SN	Education, rural, medically underserved
Florida	Wakulla County	Not Currently Served By A Komen Affiliate	39.4 (+6.2%)**	SN	Rural, medically underserved
Florida	Washington County	Not Currently Served By A Komen Affiliate	29.2 (+16.5%)**	21.2 (NA)	Education, poverty, rural, medically underserved
Georgia	Appling County	Not Currently Served By A Komen Affiliate	59.5 (+67.3%)	28.4 (NA)	Education, poverty, rural, medically underserved
Georgia	Berrien County	Not Currently Served By A Komen Affiliate	47.0 (+8.2%)	SN	Education, poverty, rural, medically underserved
Georgia	Brooks County	Not Currently Served By A Komen Affiliate	42.5 (+6.2%)	SN	Older, rural
Georgia	Bryan County	Komen Coastal Georgia	55.1 (+10.7%)	26.4 (NA)	Rural, medically underserved
Georgia	Butts County	Not Currently Served By A Komen Affiliate	49.4(-0.3%)	29.1 (NA)	Education, rural, medically underserved
Georgia	Clayton County	Komen Greater Atlanta	46.1 (+3.0%)	26.9 (+0.9%)	%Black/African-American, employment, foreign
Georgia	Colquitt County	Not Currently Served By A Komen Affiliate	42.4 (+5.0%)	16.3 (NA)	%Hispanic/Latina, education, poverty, rural, insurance, medically underserved
Georgia	Cook County	Not Currently Served By A Komen Affiliate	61.0 (+9.0%)	35.9 (+1.3%)	Education, poverty, rural, medically underserved
Georgia	Crisp County	Not Currently Served By A Komen Affiliate	30.6 (+3.1%)**	27.2 (-0.9%)	%Black/African-American, education, poverty, rural
Georgia	Dawson County	Not Currently Served By A Komen Affiliate	33.8 (+6.6%)**	SN	Rural, medically underserved
Georgia	DeKalb County	Komen Greater Atlanta	51.8 (+0.2%)	26.1 (-1.2%)	%Black/African-American, foreign

State	Community	Affiliate	Late-Stage Diagnosis Rate per 100,000 (trend)	Death Rate per 100,000 (trend)	Key Population Characteristics
Georgia	Dodge County	Not Currently Served By A Komen Affiliate	28.1 (+6.6%)**	25.5 (NA)	Older, education, poverty, rural, medically underserved
Georgia	Dougherty County	Not Currently Served By A Komen Affiliate	50.2 (+6.4%)	22.5 (-0.7%)	%Black/African-American, poverty, employment
Georgia	Elbert County	Not Currently Served By A Komen Affiliate	53.3 (-0.3%)	24.5 (NA)	Older, education, poverty, rural, medically underserved
Georgia	Fannin County	Komen Chattanooga	31.3 (+3.2%)**	25.1 (NA)	Older, education, rural, medically underserved
Georgia	Franklin County	Not Currently Served By A Komen Affiliate	37.5 (+1.2%)**	24.8 (NA)	Older, education, rural, medically underserved
Georgia	Fulton County	Komen Greater Atlanta	49.6 (-0.5%)	29.2 (-1.1%)	%Black/African-American
Georgia	Glynn County	Komen Coastal Georgia	53.2 (+6.0%)	23.1 (-0.4%)	
Georgia	Haralson County	Not Currently Served By A Komen Affiliate	34.2 (+2.6%)**	23.9 (NA)	Education, employment, rural
Georgia	Henry County	Komen Greater Atlanta	45.6 (+5.1%)	25.1 (-0.9%)	%Black/African-American, medically underserved
Georgia	Jasper County	Not Currently Served By A Komen Affiliate	62.4 (+18.6%)	SN	Employment, rural, medically underserved
Georgia	Jones County	Komen Central Georgia	41.0 (+0.4%)**	SN	Rural, medically underserved
Georgia	Lamar County	Not Currently Served By A Komen Affiliate	59.2 (+6.1%)	SN	Employment, rural
Georgia	Macon County	Not Currently Served By A Komen Affiliate	39.4 (+6.4%)**	SN	%Black/African-American, education, poverty, rural, medically underserved
Georgia	McDuffie County	Not Currently Served By A Komen Affiliate	52.0 (+9.6%)	SN	%Black/African-American, education, rural, medically underserved
Georgia	McIntosh County	Komen Coastal Georgia	36.4 (+33.9%)**	SN	%Black/African-American, older, education, rural, medically underserved
Georgia	Meriwether County	Not Currently Served By A Komen Affiliate	30.1 (+6.7%)**	SN	%Black/African-American, older, education, rural, medically underserved
Georgia	Monroe County	Komen Central Georgia	45.6 (-0.1%)	SN	Education, rural, medically underserved
Georgia	Murray County	Komen Chattanooga	45.3 (+17.5%)	37.8 (NA)	Education, rural, medically underserved
Georgia	Muscogee County	Not Currently Served By A Komen Affiliate	57.8 (+4.5%)	29.1 (-0.8%)	%Black/African-American
Georgia	Oglethorpe County	Not Currently Served By A Komen Affiliate	62.2 (+2.9%)	SN	Education, rural, medically underserved
Georgia	Peach County	Komen Central Georgia	54.8 (+24.3%)	SN	%Black/African-American, rural, medically underserved
Georgia	Pickens County	Not Currently Served By A Komen Affiliate	32.3 (+4.4%)**	27.3 (NA)	Older, rural, medically underserved



State	Community	Affiliate	Late-Stage Diagnosis Rate per 100,000 (trend)	Death Rate per 100,000 (trend)	Key Population Characteristics
Georgia	Pierce County	Not Currently Served By A Komen Affiliate	37.6 (13.2%)**	SN	Education, rural, medically underserved
Georgia	Polk County	Not Currently Served By A Komen Affiliate	45.7 (+1.5%)	28.1 (-1.0%)	Education, poverty, rural, medically underserved
Georgia	Putnam County	Not Currently Served By A Komen Affiliate	53.7 (+7.4%)	SN	Older, rural, medically underserved
Georgia	Screven County	Not Currently Served By A Komen Affiliate	47.3 (+2.5%)	SN	%Black/African-American, education, poverty, employment, rural, medically underserved
Georgia	Stephens County	Not Currently Served By A Komen Affiliate	48.4 (-0.2%)	17.8 (NA)	Older, education, poverty, rural
Georgia	Terrell County	Not Currently Served By A Komen Affiliate	69.8 (30.4%)	SN	%Black/African-American, older, education, poverty, employment, rural, medically underserved
Georgia	Walker County	Komen Chattanooga	45.7 (+8.2%)	28.0 (-1.2%)	Older, education, rural
Georgia	Ware County	Not Currently Served By A Komen Affiliate	42.3 (15.6%)	25.9 (+4.3%)	Older, poverty, medically underserved
Georgia	Washington County	Not Currently Served By A Komen Affiliate	40.3 (+14.9%)**	SN	%Black/African-American, older, education, poverty, rural, medically underserved
Georgia	Wayne County	Not Currently Served By A Komen Affiliate	33.3 (+6.2%)**	18.7 (NA)	Education, rural, medically underserved
Georgia	White County	Not Currently Served By A Komen Affiliate	24.5 (35.7%)**	18.3 (NA)	Older, rural, medically underserved
Georgia	Worth County	Not Currently Served By A Komen Affiliate	43.9 (+3.3%)	SN	Education, poverty, employment, rural, medically underserved
Mississippi	Adams County	Komen Central Mississippi Steel Magnolias	42.8 (+12.8%)	38.0 (-1.2%)	%Black/African-American, poverty, medically underserved
Mississippi	Bolivar County	Komen Central Mississippi Steel Magnolias	40.8 (+8.5%)	27.1 (+0.4%)	%Black/African-American, education, poverty, employment, medically underserved
Mississippi	Calhoun County	Komen North Mississippi	46.5 (+6.7%)	SN	Education, rural, medically underserved
Mississippi	Chickasaw County	Komen North Mississippi	53.5 (+11.6%)	SN	%Black/African-American, education, rural, medically underserved
Mississippi	Clay County	Komen North Mississippi	45.1 (+6.3%)	26.8 (NA)	%Black/African-American, employment, medically underserved
Mississippi	Covington County	Komen Central Mississippi Steel Magnolias	52.3 (-0.2%)	SN	Rural, medically underserved
Mississippi	George County	Komen Central Mississippi Steel Magnolias	38.5 (+11.1%)**	SN	Rural, medically underserved

State	Community	Affiliate	Late-Stage Diagnosis Rate per 100,000 (trend)	Death Rate per 100,000 (trend)	Key Population Characteristics
Mississippi	Grenada County	Komen Central Mississippi Steel Magnolias	56.1 (+1.7%)	28.9 (+1.6%)	Medically underserved
Mississippi	Holmes County	Komen Central Mississippi Steel Magnolias	75.7 (+11.5%)	44.5 (NA)	%Black/African-American, education, poverty, employment, rural, medically underserved
Mississippi	Humphreys County	Komen Central Mississippi Steel Magnolias	73.8 (+0.7%)	SN	%Black/African-American, education, poverty, employment, medically underserved
Mississippi	Itawamba County	Komen North Mississippi	45.2 (+8.1%)	SN	Education, rural, medically underserved
Mississippi	Jefferson Davis County	Komen Central Mississippi Steel Magnolias	47.3 (+11.4%)	SN	%Black/African-American, education, poverty, employment, rural, medically underserved
Mississippi	Lawrence County	Komen Central Mississippi Steel Magnolias	42.6 (+6.1%)	SN	Rural, medically underserved
Mississippi	Leflore County	Komen Central Mississippi Steel Magnolias	48.6 (+1.9%)	29.6 (NA)	%Black/African-American, education, poverty, employment, medically underserved
Mississippi	Lincoln County	Komen Central Mississippi Steel Magnolias	44.2 (27.0%)	31.8 (+0.2%)	Rural, medically underserved
Mississippi	Neshoba County	Komen Central Mississippi Steel Magnolias	50.0 (+7.4%)	22.7 (+0.1%)	%AIAN, education, rural, insurance, medically underserved
Mississippi	Noxubee County	Komen Central Mississippi Steel Magnolias	50.6 (+2.9%)	SN	%Black/African-American, education, poverty, employment, rural, insurance, medically underserved
Mississippi	Oktibbeha County	Komen North Mississippi	54.7 (+14.4%)	26.2 (+0.5%)	Medically underserved
Mississippi	Perry County	Komen Central Mississippi Steel Magnolias	52.3 (+5.2%)	SN	Rural, medically underserved
Mississippi	Pontotoc County	Komen North Mississippi	57.6 (-0.4%)	23.4 (NA)	Education, rural, medically underserved
Mississippi	Prentiss County	Komen North Mississippi	39.8 (+8.3%)**	28.5 (+2.3%)	Education, rural, medically underserved
Mississippi	Scott County	Komen Central Mississippi Steel Magnolias	52.2 (+6.4%)	SN	%Hispanic/Latina, education, rural, insurance, medically underserved
Mississippi	Tippah County	Komen North Mississippi	30.1 (+7.8%)**	SN	Education, rural, medically underserved

State	Community	Affiliate	Late-Stage Diagnosis Rate per 100,000 (trend)	Death Rate per 100,000 (trend)	Key Population Characteristics
Mississippi	Tishomingo County	Komen North Mississippi	31.6 (+22.9%)**	SN	Older, rural
Mississippi	Union County	Komen North Mississippi	26.1 (+13.3%)**	SN	Rural, medically underserved
Mississippi	Warren County	Komen Central Mississippi Steel Magnolias	51.1 (+17.1%)	31.0 (+1.5%)	%Black/African-American, medically underserved
Mississippi	Wayne County	Komen Central Mississippi Steel Magnolias	45.0 (+14.6%)	SN	Education, poverty, rural, medically underserved
Mississippi	Yalobusha County	Komen Central Mississippi Steel Magnolias	46.3 (+11.4%)	SN	Rural, medically underserved
North Carolina	Ashe County	Komen Northwest NC	42.9 (+12.0%)	16.9 (NA)	Older, education, rural, medically underserved
North Carolina	Avery County	Komen Northwest NC	46.7 (30.7%)	29.4 (NA)	Older, rural, insurance, medically underserved
North Carolina	Cabarrus County	Komen Charlotte	47.8 (-0.9%)	23.1 (-0.6%)	
North Carolina	Cherokee County	Not Currently Served By A Komen Affiliate	44.3 (+5.4%)	31.8 (+1.7%)	Older, rural, medically underserved
North Carolina	Chowan County	Not Currently Served By A Komen Affiliate	30.4 (+28.6%)**	30.3 (NA)	%Black/African-American, older, education, poverty, rural
North Carolina	Currituck County	Not Currently Served By A Komen Affiliate	34.2 (+68.6%)**	SN	Rural, medically underserved
North Carolina	Davidson County	Komen Northwest NC	43.8 (+8.7%)	22.9 (-0.7%)	Education, rural
North Carolina	Davie County	Komen Northwest NC	45.6 (+16.2%)	21.8 (NA)	Rural, medically underserved
North Carolina	Edgecombe County	Komen North Carolina Triangle to the Coast	47.7 (+4.4%)	33.2 (-1.0%)	%Black/African-American, education, poverty, employment, rural, medically underserved
North Carolina	Granville County	Komen North Carolina Triangle to the Coast	46.0 (+8.6%)	27.8 (-1.9%)	%Black/African-American, rural, medically underserved
North Carolina	Halifax County	Komen North Carolina Triangle to the Coast	48.5 (+1.1%)	36.6 (-0.7%)	%Black/African-American, education, poverty, employment, rural, medically underserved
North Carolina	Hertford County	Not Currently Served By A Komen Affiliate	47.2 (+1.1%)	33.0 (+0.4%)	%Black/African-American, education, poverty, employment, rural, medically underserved
North Carolina	Jones County	Not Currently Served By A Komen Affiliate	55.4 (+23.6%)	SN	%Black/African-American, rural, medically underserved
North	Lee County	Komen North	47.8 (+1.3%)	21.0 (NA)	%Hispanic/Latina, language, rural

State	Community	Affiliate	Late-Stage Diagnosis Rate per 100,000 (trend)	Death Rate per 100,000 (trend)	Key Population Characteristics
Carolina		Carolina Triangle to the Coast			
North Carolina	Martin County	Not Currently Served By A Komen Affiliate	54.5 (-1.9%)	24.6 (-0.6%)	%Black/African-American, older, poverty, rural, medically underserved
North Carolina	Mitchell County	Komen Northwest NC	45.3 (+4.1%)	28.0 (NA)	Older, rural, medically underserved
North Carolina	Pamlico County	Not Currently Served By A Komen Affiliate	35.8 (+22.5%)**	SN	Older, rural, medically underserved
North Carolina	Rockingham County	Komen Northwest NC	50.1 (+2.3%)	26.7 (-1.5%)	Education, rural, medically underserved
North Carolina	Rutherford County	Not Currently Served By A Komen Affiliate	57.3 (+6.0%)	23.2 (-0.3%)	Employment, rural, medically underserved
North Carolina	Surry County	Komen Northwest NC	43.7 (+1.5%)	23.6 (-0.4%)	Education, rural
North Carolina	Wayne County	Not Currently Served By A Komen Affiliate	43.4 (+1.6%)	25.4 (-1.5%)	%Black/African-American, rural, medically underserved
South Carolina	Anderson County	Komen SC Mountains to Midlands	48.8 (+4.4%)	25.3 (-0.2%)	
South Carolina	Barnwell County	Komen Lowcountry	45.4 (+11.8%)	SN	%Black/African-American, education, poverty, employment, rural, medically underserved
South Carolina	Calhoun County	Komen Lowcountry	59.5 (+21.4%)	SN	%Black/African-American, rural, medically underserved
South Carolina	Cherokee County	Komen SC Mountains to Midlands	51.0 (+3.7%)	26.4 (+0.3%)	Education, employment, rural
South Carolina	Colleton County	Komen Lowcountry	36.7 (+16.8%)**	22.9 (-0.8%)	%Black/African-American, education, poverty, employment, rural, medically underserved
South Carolina	Darlington County	Not Currently Served By A Komen Affiliate	44.7 (+3.0%)	27.4 (-2.0%)	%Black/African-American, education, rural, medically underserved
South Carolina	Edgefield County	Komen SC Mountains to Midlands	46.5 (+8.2%)	25.6 (NA)	%Black/African-American, rural, medically underserved
South Carolina	Greenwood County	Komen SC Mountains to Midlands	51.5 (+6.8%)	28.0 (-2.5%)	Rural
South Carolina	Hampton County	Komen Lowcountry	39.2 (17.3%)**	SN	%Black/African-American, education, poverty, employment, rural, medically underserved
South Carolina	Laurens County	Komen SC Mountains to Midlands	51.0 (+8.3%)	31.7 (-0.3%)	Education, rural
South Carolina	Marion County	Komen Lowcountry	42.8 (+20.9%)	28.5 (+0.4%)	%Black/African-American, poverty, rural, medically underserved



State	Community	Affiliate	Late-Stage Diagnosis Rate per 100,000 (trend)	Death Rate per 100,000 (trend)	Key Population Characteristics
South Carolina	Orangeburg County	Komen Lowcountry	55.6 (+7.4%)	30.8 (-0.8%)	%Black/African-American, education, poverty, employment, rural, medically underserved
Tennessee	Claiborne County	Komen Knoxville	49.6 (+2.4%)	28.0 (-0.7%)	Education, poverty, rural, medically underserved
Tennessee	Clay County	Komen Central Tennessee	61.8 (-1.3%)	SN	Older, education, rural, insurance, medically underserved
Tennessee	Coffee County	Not Currently Served By A Komen Affiliate	30.0 (+3.3%)**	27.4 (-1.9%)	Rural, medically underserved
Tennessee	Crockett County	Komen Memphis-MidSouth	39.8 (+19.2%)**	SN	Education, rural, medically underserved
Tennessee	Grundy County	Komen Chattanooga	49.1 (+3.8%)	34.6 (NA)	Education, poverty, rural, medically underserved
Tennessee	Lauderdale County	Komen Memphis-MidSouth	32.4 (55.2%)**	27.3 (-0.3%)	%Black/African-American, education, poverty, employment, rural, medically underserved
Tennessee	Macon County	Komen Central Tennessee	40.0 (+39.5%)**	SN	Education, poverty, rural, insurance, medically underserved
Tennessee	Marion County	Komen Chattanooga	45.8 (+6.1%)	23.9 (NA)	Education, rural, medically underserved
Tennessee	Overton County	Komen Central Tennessee	37.3 (+7.9%)**	21.8 (NA)	Education, rural, medically underserved
Tennessee	Rhea County	Komen Chattanooga	45.3 (+11.2%)	20.1 (NA)	Education, employment, rural, medically underserved
Tennessee	Roane County	Komen Knoxville	43.4 (+6.4%)	23.2 (-0.6%)	Older, rural, medically underserved
Tennessee	Smith County	Komen Central Tennessee	60.9 (+4.1%)	34.8 (+1.3%)	Education, rural
Tennessee	Trousdale County	Komen Central Tennessee	69.9 (+5.5%)	SN	Rural, medically underserved
Tennessee	Union County	Komen Knoxville	55.1 (+13.4%)	SN	Education, rural, medically underserved
Tennessee	Wayne County	Not Currently Served By A Komen Affiliate	40.5 (+6.5%)**	SN	Education, employment, rural, medically underserved
Tennessee	White County	Komen Central Tennessee	41.3 (+4.8%)	SN	Education, rural
Virginia	Amelia County	Komen Central Virginia	67.4 (+18.7%)	SN	Education, rural, insurance, medically underserved
Virginia	Appomattox County	Komen Central Virginia	51.4 (+17.0%)	SN	Older, education, poverty, rural
Virginia	Brunswick County	Komen Central Virginia	37.3 (+3.6%)**	31.1 (-1.6%)	%Black/African-American, older, education, poverty, employment, rural, medically underserved
Virginia	Caroline County	Komen Central Virginia	49.4 (+2.3%)	26.5 (NA)	%Black/African-American, employment, rural, medically underserved
Virginia	Gloucester County	Komen Tidewater	49.5 (+6.8%)	22.7 (NA)	Rural

State	Community	Affiliate	Late-Stage Diagnosis Rate per 100,000 (trend)	Death Rate per 100,000 (trend)	Key Population Characteristics
Virginia	Goochland County	Komen Central Virginia	65.9 (+1.4%)	SN	Rural, medically underserved
Virginia	Henrico County	Komen Central Virginia	47.7 (+3.2%)	26.7 (-1.1%)	%Black/African-American
Virginia	James City County	Komen Tidewater	43.5 (+4.1%)	24.5 (NA)	Older
Virginia	Lunenburg County	Komen Central Virginia	48.9 (+17.8%)	SN	%Black/African-American, older, education, poverty, rural, insurance, medically underserved
Virginia	Middlesex County	Komen Tidewater	45.1 (+31.6%)	SN	Older, rural, medically underserved
Virginia	Nelson County	Komen Central Virginia	46.4 (+1.5%)	SN	Older, education, rural
Virginia	Nottoway County	Komen Central Virginia	54.0 (+1.6%)	SN	%Black/African-American, older, education, poverty, rural, medically underserved
Virginia	Orange County	Komen Central Virginia	45.3 (+12.65)	26.2 (-1.2%)	Older, rural, medically underserved
Virginia	Patrick County	Komen Virginia Blue Ridge	30.4 (+13.6%)**	SN	Older, education, poverty, employment, rural, insurance, medically underserved
Virginia	Roanoke County	Komen Virginia Blue Ridge	41.4 (+5.4%)	25.1 (-0.5%)	Older
Virginia	Shenandoah County	Komen Central Virginia	46.3 (+18.0%)	23.6 (-1.0%)	Older, rural
Virginia	Southampton County	Komen Tidewater	37.5 (+1.0%)**	32.0 (+1.9%)	%Black/African-American, education, poverty, rural, medically underserved
Virginia	Spotsylvania County	Komen Central Virginia	49.1 (+1.9%)	24.8 (-0.8%)	Rural
Virginia	Stafford County	Komen Central Virginia	40.6 (+2.6%)**	28.3 (-0.9%)	Medically underserved
Virginia	Washington County	Komen Virginia Blue Ridge	44.7 (+0.2%)	28.0 (-0.7%)	Older, rural, medically underserved
Virginia	Wythe County	Komen Virginia Blue Ridge	35.7 (+16.5%)**	28.6 (-0.6%)	Older, education, rural, medically underserved
Virginia	Chesapeake City	Komen Tidewater	46.5 (+3.4%)	24.9 (-1.5%)	%Black/African-American
Virginia	Danville City	Komen Virginia Blue Ridge	37.0 (+11.5%)**	28.7 (-1.7%)	%Black/African-American, older, education, poverty, employment, medically underserved
Virginia	Fredericksburg City	Komen Central Virginia	64.4 (+15.2%)	SN	Poverty, employment
Virginia	Hopewell City	Komen Central Virginia	53.3 (+13.9%)	SN	%Black/African-American, education, poverty, employment
Virginia	Lynchburg City	Komen Virginia Blue Ridge	42.9 (+4.5%)	26.7 (-2.0%)	%Black/African-American, poverty, employment
Virginia	Newport News City	Komen Tidewater	44.0 (+0.6%)	27.5 (-1.9%)	%Black/African-American



State	Community	Affiliate	Late-Stage Diagnosis Rate per 100,000 (trend)	Death Rate per 100,000 (trend)	Key Population Characteristics
Virginia	Portsmouth City	Komen Tidewater	53.8 (+0.5%)	31.9 (+0.3%)	%Black/African-American, poverty
Virginia	Radford City	Komen Virginia Blue Ridge	81.8 (-4.7%)	SN	Poverty, employment, medically underserved
Virginia	Roanoke City	Komen Virginia Blue Ridge	46.9 (+3.1%)	27.0 (-1.7%)	%Black/African-American, education, poverty, medically underserved
Virginia	Staunton City	Komen Central Virginia	30.3 (+18.6%)**	SN	Older, poverty
Virginia	Winchester City	Komen Central Virginia	39.7 (+0.8%)**	39.1 (NA)	%Hispanic/Latina, poverty

*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 except for Virginia which are 2005-2009.

Death data are for years 2006-2010.

Rates are cases/deaths per 100,000 women.

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 Southeast Region, there are 184 communities that are considered “Highest Priority” based on the prediction of meeting HP2020 breast cancer late-stage diagnosis and/or death rates. There are 58 “Highest Priority” communities in the Southeast Region that are not within a local Komen Affiliate service area (Table 4).

Table 4. HP2020 “Highest Priority” communities not served by a Komen Affiliate

State	Community	Key Population Characteristics
Alabama	Butler County	%Black/African-American, education, poverty, rural, medically underserved
Alabama	Geneva County	Education, rural, medically underserved
Alabama	Marengo County	%Black/African-American, rural, medically underserved
Alabama	Montgomery County	%Black/African-American
Alabama	Pike County	%Black/African-American, poverty, rural
Florida	Citrus County	Older, employment, rural
Florida	DeSoto County	Education, poverty, language, rural, insurance
Florida	Dixie County	Education, rural, medically underserved
Florida	Gulf County	Education, rural
Florida	Hardee County	%Hispanic/Latina, education, poverty, language, rural, insurance, medically underserved
Florida	Okeechobee County	Education, poverty, rural
Florida	Union County	Education, rural, medically underserved
Florida	Wakulla County	Rural, medically underserved
Florida	Washington County	Education, poverty, rural, medically underserved
Georgia	Appling County	Education, poverty, rural, medically underserved
Georgia	Berrien County	Education, poverty, rural, medically underserved
Georgia	Brooks County	Older, rural
Georgia	Butts County	Education, rural, medically underserved
Georgia	Colquitt County	%Hispanic/Latina, education, poverty, rural, insurance, medically underserved
Georgia	Cook County	Education, poverty, rural, medically underserved
Georgia	Crisp County	%Black/African-American, education, poverty, rural
Georgia	Dawson County	Rural, medically underserved
Georgia	Dodge County	Older, education, poverty, rural, medically underserved
Georgia	Dougherty County	%Black/African-American, poverty, employment
Georgia	Elbert County	Older, education, poverty, rural, medically underserved
Georgia	Franklin County	Older, education, rural, medically underserved
Georgia	Haralson County	Education, employment, rural
Georgia	Jasper County	Employment, rural, medically underserved
Georgia	Lamar County	Employment, rural
Georgia	Macon County	%Black/African-American, education, poverty, rural, medically underserved
Georgia	McDuffie County	%Black/African-American, education, rural, medically underserved
Georgia	Meriwether County	%Black/African-American, older, education, rural, medically underserved
Georgia	Muscogee County	%Black/African-American

State	Community	Key Population Characteristics
Georgia	Oglethorpe County	Education, rural, medically underserved
Georgia	Pickens County	Older, rural, medically underserved
Georgia	Pierce County	Education, rural, medically underserved
Georgia	Polk County	Education, poverty, rural, medically underserved
Georgia	Putnam County	Older, rural, medically underserved
Georgia	Screven County	%Black/African-American, education, poverty, employment, rural, medically underserved
Georgia	Stephens County	Older, education, poverty, rural
Georgia	Terrell County	%Black/African-American, older, education, poverty, employment, rural, medically underserved
Georgia	Ware County	Older, poverty, medically underserved
Georgia	Washington County	%Black/African-American, older, education, poverty, rural, medically underserved
Georgia	Wayne County	Education, rural, medically underserved
Georgia	White County	Older, rural, medically underserved
Georgia	Worth County	Education, poverty, employment, rural, medically underserved
North Carolina	Cherokee County	Older, rural, medically underserved
North Carolina	Chowan County	%Black/African-American, older, education, poverty, rural
North Carolina	Currituck County	Rural, medically underserved
North Carolina	Hertford County	%Black/African-American, education, poverty, employment, rural, medically underserved
North Carolina	Jones County	%Black/African-American, rural, medically underserved
North Carolina	Martin County	%Black/African-American, older, poverty, rural, medically underserved
North Carolina	Pamlico County	Older, rural, medically underserved
North Carolina	Rutherford County	Employment, rural, medically underserved
North Carolina	Wayne County	%Black/African-American, rural, medically underserved
South Carolina	Darlington County	%Black/African-American, education, rural, medically underserved
Tennessee	Coffee County	Rural, medically underserved
Tennessee	Wayne County	Education, employment, rural, medically underserved

When viewing the region as a whole, 146 of the 184 communities have a substantially higher percentage of individuals residing in rural areas. Collaboration among Komen Affiliates in the Southeast 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.

In addition, 133 of 184 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. Of the 133 communities that are considered medically underserved, 118 of those are also rural.



Of the 118 communities that are rural and medically underserved, 76 communities have a high percentage of residents with less than a high school education (Appendix D). These factors have been linked to barriers associated with accessing quality and timely care.

Additional commonalities in the Komen Southeast “Highest Priority” communities include a high percentage of individuals with incomes below poverty level (64 communities), a substantially older female population (43 communities) and a high percentage of individuals that are unemployed (42 communities).

Black/African-American women are often diagnosed with late-stage breast cancer when treatment options are limited, and the prognosis is poor. Black/African-American women also have a 39 percent higher breast cancer death rate than white women (Howlander et al., 2016). In the Komen Southeast Region, 65 of the “Highest Priority” communities have a substantially larger Black/African-American female population than their respective state as a whole:

Komen Central Georgia

- Peach County, GA

Komen Central Mississippi Steel Magnolias

- Adams County, MS
- Bolivar County, MS
- Holmes County, MS
- Humphreys County, MS
- Jefferson Davis County, MS
- Leflore County, MS
- Noxubee County, MS
- Warren County, MS

Komen Central Virginia

- Brunswick County, VA
- Caroline County, VA
- Henrico County, VA
- Hopewell City, VA
- Lunenburg County, VA
- Nottoway County, VA

Komen Coastal Georgia

- McIntosh County, GA

Komen Greater Atlanta

- Clayton County, GA
- DeKalb County, GA
- Fulton County, GA
- Henry County, GA

Komen Lowcountry

- Barnwell County, SC
- Calhoun County, SC
- Colleton County, SC
- Hampton County, SC
- Marion County, SC
- Orangeburg County, SC

Komen Memphis-MidSouth

- Lauderdale County, TN

Komen North Carolina to the Coast

- Edgecombe County, NC
- Granville County, NC
- Halifax County, NC

Komen North Central Alabama

- Greene County, AL
- Hale County, AL
- Jefferson County, AL
- Perry County, AL



Komen North Florida

- Duval County, FL

Komen North Mississippi

- Chickasaw County, MS
- Clay County, MS

South Carolina Mountains to Midlands

- Edgefield County, SC

Komen Tidewater

- Chesapeake City, VA
- Newport News City, VA
- Portsmouth City, VA
- Southampton County, VA

Komen Virginia Blue Ridge

- Danville City, VA
- Lynchburg City, VA
- Roanoke City, VA

Not Currently Served by a Komen Affiliate

- Barbour County, AL
- Butler County, AL
- Marengo County, AL
- Montgomery County, AL
- Pike County, AL
- Crisp County, GA
- Dougherty County, GA
- Macon County, GA
- McDuffie County, GA
- Meriwether County, GA
- Muscogee County, GA
- Screven County, GA
- Terrell County, GA
- Washington County, GA
- Chowan County, NC
- Hertford County, NC
- Jones County, NC
- Martin County, NC
- Wayne County, NC
- Darlington County

Within Komen’s Southeast 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.

There are 37 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)

- Barbour County (AL), Butler County (AL), Montgomery County (AL) and Pike County (AL) are not currently served by a Komen Affiliate
- Greene County (AL), Hale County (AL) and Perry County (AL) served by Komen North Central Alabama; and Marengo County (AL) which is not currently served by a Komen Affiliate
- Jefferson County (AL), Lamar County (AL), Lawrence County (AL), Marion County (AL), Walker County (AL) and Winston County (AL) served by Komen North Central Alabama
- Randolph County (AL) and Tallapoosa County (AL) served by Komen North Central Alabama
- Desoto County (FL) and Hardee County (FL) are not currently served by a Komen Affiliate
- Osceola County (FL) served by Komen Central Florida; and Okeechobee County (FL) which is not currently served by a Komen Affiliate
- Appling County (GA), McIntosh County (GA), Komen Coastal Georgia and Glynn County (GA), Pierce County (GA), Ware County (GA) and Wayne County (GA) are not currently served by a Komen Affiliate
- Berrien County (GA), Brooks County (GA), Colquitt County (GA), Cook County (GA), Dougherty County (GA), Terrell County (GA) and Worth County (GA) are not currently served by a Komen Affiliate
- Clayton County (GA), DeKalb County (GA), Fulton County (GA), Henry County (GA), Butts County (GA) served by Komen Greater Atlanta, Jones County (GA) served by Komen Central Georgia; and Jasper County (GA), Lamar County (GA) and Putnam County (GA) which are not currently served by a Komen Affiliate
- Haralson County (GA) and Polk County (GA) are not currently served by a Komen Affiliate
- Peach County (GA) served by Komen Central Georgia; and Macon County (GA) which is not currently served by a Komen Affiliate
- Covington County (MS), Jefferson Davis County (MS), Lawrence County (MS) and Lincoln County (MS) served by Komen Central Mississippi Steel Magnolias
- George County (MS), Perry County (MS) and Wayne County (MS) served by Komen Central Mississippi Steel Magnolias
- Neshoba County (MS) and Scott County (MS) served by Komen Central Mississippi Steel Magnolias
- Bolivar County (MS), Calhoun County (MS), Chickasaw County (MS), Clay County (MS), Grenada County (MS), Holmes County (MS), Humphreys County (MS), Itawamba County (MS), Leflore County (MS), Noxubee County (MS), Oktibbeha County (MS), Pontotoc County (MS), Prentiss County (MS), Tippah County (MS), Tishomingo County (MS), Union County (MS) and Yalobusha County (MS) served by Komen Central Mississippi Steel Magnolias and Komen Northern Mississippi
- Avery County (NC) and Mitchell County (NC) served by Komen Northwest NC

- Davie County (NC) and Davidson County (NC) served by Komen Northwest NC
- Edgecombe County (NC), Halifax County (NC) served by Komen NC Triangle to the Coast; and Martin County (NC) which is not currently served by a Komen Affiliate
- Greenwood County (SC) and Laurens County (SC) served by Komen SC Mountains to Midlands
- Clay County (TN), Macon County (TN), Overton County (TN), Smith County (TN) and Trousdale County (TN) served by Komen Central Tennessee
- Grundy County (TN) and Marion County (TN) served by Komen Central Tennessee and Komen Chattanooga; and Coffee County (TN) which is not currently served by an Affiliate
- Lauderdale County (TN) and Crockett County (TN) served by Komen Memphis- MidSouth
- Roane County (TN) and Rhea County (TN) served by Komen Knoxville and Komen Chattanooga
- Amelia County (VA), Brunswick County (VA), Lunenburg County (VA) and Nottoway (VA) served by Komen Central Virginia
- Appomattox County (VA) and Nelson County (VA) served by Komen Central Virginia
- Gloucester County (VA), James City (VA) and Middlesex (VA) served by Komen Tidewater
- Roanoke City (VA) and Roanoke County (VA) served by Komen Virginia Blue Ridge
- Baker County (FL), Duval County (FL) served by Komen North Florida; and Union County (FL) and Ware County (GA) which are not currently served by a Komen Affiliate
- Fannin County (GA), Murray County (GA) served by Komen Chattanooga and Dawson County (GA), Pickens County (GA) and Cherokee County (NC) which are not currently served by a Komen Affiliate
- Anderson County (SC), Barnwell County (SC), Calhoun County (SC), Colleton County (SC), Hampton County (SC) and Orangeburg County (SC) served by Komen Lowcountry and Komen SC Mountains to Midlands; and Elbert County (GA), Franklin County (GA), Oglethorpe County (GA), Stephens County (GA) and Screven County (GA) which are not currently served by a Komen Affiliate
- Claiborne County (TN) and Union County (TN) served by Komen Knoxville
- Ashe County (NC) and Patrick County (VA) served by Komen Tri Cities and Komen Virginia Blue Ridge
- Chesapeake City (VA) and Portsmouth City (VA) served by Komen Tidewater; and Currituck County (NC) which is not currently served by a Komen Affiliate
- Southampton County (VA) served by Komen Tidewater; and Chowan County (NC), Hertford County (NC) which are not currently served by a Komen Affiliate
- Rockingham County (NC), Surry County (NC) and Washington County (VA) served by Komen Tri Cities and Komen Virginia Blue Ridge
- Rutherford County (NC) and Cherokee County (SC) served by Komen SC Mountains to Midlands and

- Caroline County (VA), Orange County (VA), Spotsylvania County (VA) and Stafford County (VA) served by Komen Central Virginia

Figure 1 shows each community within Komen’s Southeast Region prioritized according to their priority classification based on HP2020. Communities that are classified as “Highest Priority” are those that are predicted not meet the HP2020 benchmarks for late-stage diagnosis rates and/or death rates. 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.

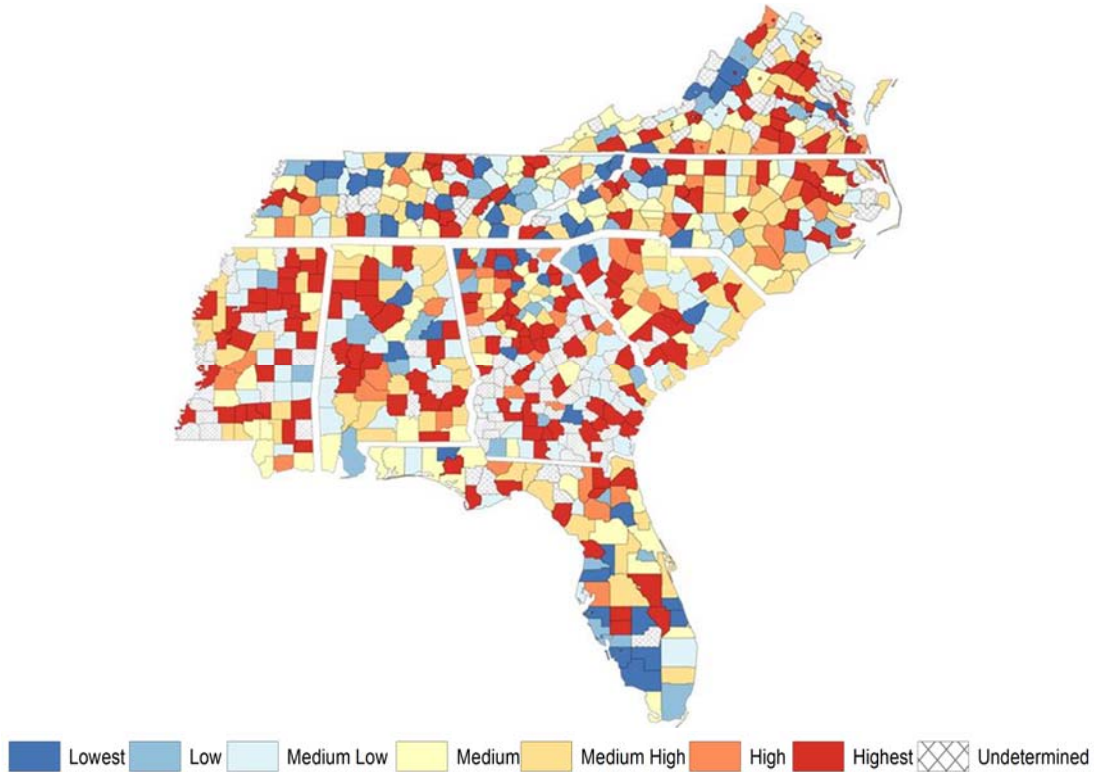


Figure 1. Komen Southeast Region Healthy People 2020 priority classifications

Health Systems Analysis

An inventory of breast cancer programs and services in the Komen Southeast 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 Southeast Region, there are 4,220 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, 852 are located in a “Highest Priority” community.



In Komen’s Southeast Region, there are 1,811 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, 333 are located in a “Highest Priority” community.



In Komen’s Southeast Region, there are 529 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, 112 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 Southeast 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 Southeast Region, one HP2020 “Highest Priority” community does not have any in-community breast cancer services (e.g., screening, diagnostic and treatment):

- Komen Central Virginia
- Staunton City, VA



In the Komen Southeast Region, 65 HP2020 “Highest Priority” communities have in-community screening services, but do not have any facilities that provide diagnostic and treatment services (Table 5)

Table 5. Southeast Region HP2020 “Highest Priority” communities that have only screening services in the community

Affiliate Service Area	Community
Komen Central Georgia	Jones County, GA
Komen Central Mississippi Steel Magnolias	Grenada County, MS
	Holmes County, MS
	Humphreys County, MS
	Jefferson Davis County, MS
	Lawrence County, MS
	Noxubee County, MS
	Perry County, MS
	Scott County, MS
	Wayne County, MS
	Yalobusha County, MS
Komen Central Tennessee	Clay County, TN
Komen Central Virginia	Amelia County, VA
	Appomattox County, VA
	Brunswick County, VA
	Caroline County, VA
	Goochland County, VA
	Lunenburg County, VA
	Nelson County, VA
	Nottoway County, VA
	Spotsylvania County, VA
Komen Chattanooga	Walker County, GA
Komen Coastal Georgia	Bryan County, GA
	McIntosh County, GA
Komen Knoxville	Claiborne County, TN
	Union County, TN
Komen Lowcountry	Calhoun County, SC
Komen Memphis-MidSouth	Crockett County, TN
Komen North Central Alabama	Greene County, AL
	Hale County, AL
	Perry County, AL
Komen North Florida	Baker County, FL
Komen North Mississippi	Calhoun County, MS
	Itawamba County, MS
	Pontotoc County, MS
	Tippah County, MS



Affiliate Service Area	Community
	Union County, MS
Komen Northwest NC	Ashe County, NC
Komen South Carolina Mountains to Midlands	Laurens County, SC
Komen Tidewater	Middlesex County, VA
	Southampton County, VA
Komen Virginia Blue Ridge	Radford City, VA
Not currently served by a Komen Affiliate	Butler County, AL
	Geneva County, AL
	Marengo County, AL
	Dixie County, FL
	Gulf County, FL
	Hardee County, FL
	Union County, FL
	Wakulla County, FL
	Berrien County, GA
	Brooks County, GA
	Butts County, GA
	Haralson County, GA
	Lamar County, GA
	Macon County, GA
	Meriwether County, GA
	Oglethorpe County, GA
	Pierce County, GA
	Screven County, GA
	Terrell County, GA
	White County, GA
Worth County, GA	
Currituck County, NC	
Pamlico County, NC	

In the Komen Southeast Region, 53 HP2020 “Highest Priority” communities have in-community screening and diagnostic services, but do not have any facilities that provide treatment services (Table 6).



Table 6. Southeast Region HP2020 “Highest Priority” communities that have only screening and diagnostic services in the community

Affiliate Service Area	Community
Komen Central Mississippi Steel Magnolias	Adams County, MS
	Bolivar County, MS
	Covington County, MS
	George County, MS
	Neshoba County, MS
	Warren County, MS
Komen Central Tennessee	Smith County, TN
	Overton County, TN
	Trousdale County, TN
	White County, TN
Komen Central Virginia	Orange County, VA
	Shenandoah County, VA
Komen Chattanooga	Fannin County, GA
	Marion County, TN
	Rhea County, TN
Komen Knoxville	Roane County, TN
Komen Lowcountry	Barnwell County, SC
	Colleton County, SC
	Hampton County, SC
	Marion County, SC
Komen Memphis-MidSouth	Lauderdale County, TN
Komen North Carolina Triangle to the Coast	Granville County, NC
	Halifax County, NC
	Lee County, NC
Komen North Central Alabama	Lawrence County, AL
	Marion County, AL
	Randolph County, AL
	Tallapoosa County, AL
	Walker County, AL
	Winston County, AL
Komen North Mississippi	Chickasaw County, MS
	Oktibbeha County, MS
	Prentiss County, MS
	Tishomingo County, MS
Komen Northwest North Carolina	Davie County, NC
Komen South Carolina Mountains to Midlands	Cherokee County, SC
	Edgefield County, SC
Komen Virginia Blue Ridge	Patrick County, VA
	Roanoke County, VA



Affiliate Service Area	Community
Not currently served by a Komen Affiliate	Cook County, GA
	Dawson County, GA
	Dodge County, GA
	Franklin County, GA
	Jasper County, GA
	McDuffie County, GA
	Pickens County, GA
	Polk County, GA
	Stephens County, GA
	Washington County, GA
	Jones County, NC
	Martin County, NC
	Darlington County, SC
	Wayne County, TN

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 Southeast 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 “siloe” (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>

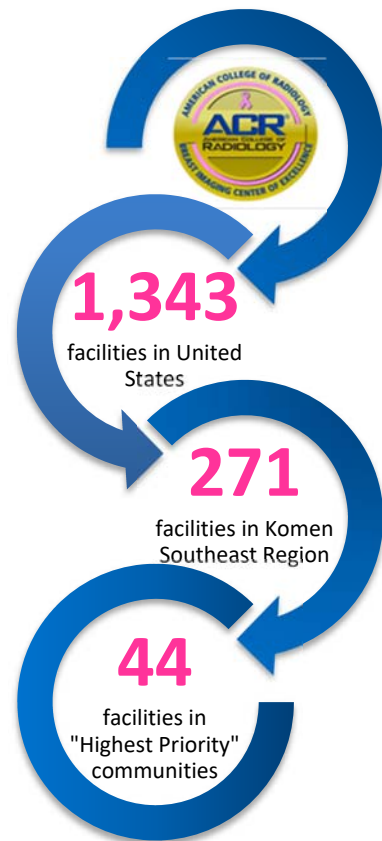
The American College of Radiology (ACR) BICOE “designation is awarded to breast imaging centers that achieve excellence” in providing effective, safe and quality breast imaging care to patients (American College of Radiology, n.d.).

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 Southeast Region, there are 1,811 facilities that provide breast cancer screening and diagnostic services; of those facilities, 271 (15.0%) are accredited as an ACR BICOE facility.

Within the Southeast Region’s HP2020 “Highest Priority” communities, there are 284 facilities that provide breast cancer screening and diagnostic services; of those facilities, 44 (13.4%) are accredited as an ACR BICOE facility (Table 7). 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 Southeast Region’s HP2020 Highest Priority Communities there are 283 facilities located in 97 HP2020 “Highest Priority” communities that are not





accredited as an ACR BICOE facility and the services provided to individuals seeking care may not meet quality breast imaging performance measure (Appendix F).

Table 7. HP2020 “Highest Priority” communities in the Southeast 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 Central Florida	Osceola County, FL	14	3	%Hispanic/Latina, language, medically underserved
Komen Central Virginia	Fredericksburg City, VA	6	1	Poverty, employment
	Henrico County, VA	12	1	%Black/African-American
	Winchester City, VA	2	1	%Hispanic/Latina, poverty
Komen Charlotte	Cabarrus County, NC	3	1	
Komen Coastal Georgia	Glynn County, GA	2	1	
Komen Greater Atlanta	DeKalb County, GA	7	1	%Black/African-American, foreign
	Fulton County, GA	31	6	%Black/African-American
Komen Lowcountry	Marion County, SC	1	1	Education, rural, medically underserved
	Orangeburg County, SC	1	1	%Black/African-American, education, poverty, employment, rural, medically underserved
Komen North Carolina Triangle to the Coast	Edgecombe County, NC	5	1	%Black/African-American, education, poverty, employment, rural, medically underserved
Komen North Central Alabama	Jefferson County, AL	26	3	%Black/African-American
	Madison County, AL	10	1	
Komen North Florida	Duval County, FL	25	6	%Black/African-American
Komen North Mississippi	Union County, MS	1	1	Rural, medically underserved
Komen SC Mountains to Midlands	Anderson County, SC	1	1	
Komen Tidewater	Chesapeake City, VA	5	1	%Black/African-American
	Gloucester County, VA	2	1	Rural
	James City County, VA	6	1	Older
	Newport News City, VA	7	3	%Black/African-American
Komen Virginia Blue Ridge	Lynchburg City, VA	6	2	%Black/African-American, poverty, employment
Not Currently Served By A Komen Affiliate	Montgomery County, AL	5	2	%Black/African-American
	Citrus County, FL	9	1	Older, employment, rural
	Dougherty County, GA	4	1	%Black/African-American, poverty, employment
	Jasper County, GA	1	1	Employment, rural, medically underserved
	Muscogee County, GA	9	1	%Black/African-American

* 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.

American College of Surgeons National Accreditation Program for Breast Centers (NAPBC)

<https://www.facs.org/quality-programs/napbc>

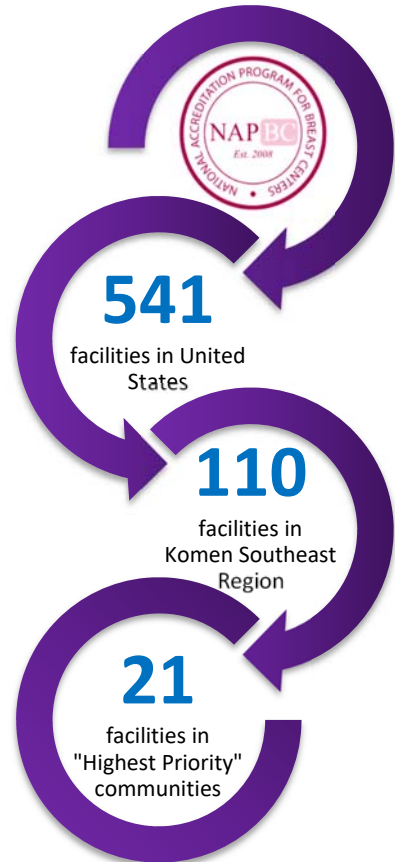
The American College of Surgeons' (ACS) NAPBC is focused on improving quality of care and outcomes for patients with diseases of the breast (American College of Surgeons, 2014b). The NAPBC utilizes evidence-based standards, patient and provider education, and encourages leaders from major disciplines 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 Southeast Region, there are 529 facilities that provide breast cancer screening, diagnostic and treatment services; of those facilities, 110 (20.8%) are accredited as an ACS NAPBC facility.

Within the Southeast Region's "Highest Priority" communities there are 94 facilities that provide the full continuum of breast cancer care services (e.g., screening, diagnostic and treatment); of those facilities, 21 (22.3%) are accredited as an ACS NAPBC facility (Table 8). 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 Southeast Region, there are 84 facilities located in 50 HP2020 "Highest Priority" communities that are not accredited as an





NAPBC facility and the services provided to individuals seeking care may not meet high-quality breast cancer care performance measures (Table 9).

Table 8. HP2020 “Highest Priority” communities in the Southeast 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 Central Virginia	Fredericksburg City, VA	2	1	Poverty, employment
	Henrico County, VA	2	1	%Black/African-American
	Winchester City, VA	1	1	%Hispanic/Latina, poverty
Komen Charlotte	Cabarrus County, NC	3	1	
Komen Greater Atlanta	DeKalb County, GA	3	1	%Black/African-American, foreign
	Fulton County, GA	12	3	%Black/African-American
Komen North Central Alabama	Jefferson County, AL	10	2	%Black/African-American
Komen North Florida	Duval County, FL	8	5	%Black/African-American
Komen Tidewater	Chesapeake City, VA	1	1	%Black/African-American
	James City County, VA	1	1	Older
	Newport News City, VA	2	2	%Black/African-American
Komen Virginia Blue Ridge	Lynchburg City, VA	1	1	%Black/African-American, poverty, employment
Not Currently Served By A Komen Affiliate	Dougherty County, GA	1	1	%Black/African-American, poverty, employment

* 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 9. HP2020 “Highest Priority” communities in the Southeast Region without an ACS NAPBC accredited facility

Komen Affiliate	Community	Key demographic/socioeconomic factors
Komen Central Georgia	Monroe County, GA	Education, rural, medically underserved
	Peach County, GA	%Black/African-American, rural, medically underserved
Komen Central Mississippi Steel Magnolias	Leflore County, MS	%Black/African-American, education, poverty, employment, medically underserved
	Lincoln County, MS	Rural, medically underserved
Komen Central Virginia	Hopewell City, VA	%Black/African-American, education, poverty, employment
	Stafford County, VA	Medically underserved
Komen Chattanooga	Grundy County, TN	Education, poverty, rural, medically underserved
	Murray County, GA	Education, rural, medically underserved
Komen Coastal Georgia	Glynn County, GA	
Komen Greater Atlanta	Clayton County, GA	%Black/African-American, employment, foreign
	Henry County, GA	%Black/African-American, medically underserved

Komen Affiliate	Community	Key demographic/socioeconomic factors
Komen Lowcountry	Orangeburg County, SC	%Black/African-American, education, poverty, employment, rural, medically underserved
Komen North Carolina Triangle to the Coast	Edgecombe County, NC	%Black/African-American, education, poverty, employment, rural, medically underserved
Komen North Central Alabama	Lamar County, AL	Older, education, rural, medically underserved
	Madison County, AL	
Komen North Florida	Osceola County, FL	%Hispanic/Latina, language, medically underserved
Komen North Mississippi	Clay County, MS	%Black/African-American, employment, medically underserved
Komen Northwest NC	Avery County, NC	Older, rural, insurance, medically underserved
	Davidson County, NC	Education, rural
	Mitchell County, NC	Older, rural, medically underserved
	Rockingham County, NC	Education, rural, medically underserved
	Surry County, NC	Education, rural
Komen SC Mountains to Midlands	Anderson County, SC	
	Greenwood County, SC	Rural
Komen Tidewater	Gloucester County, VA	Rural
	Portsmouth City, VA	%Black/African-American, poverty
Komen Virginia Blue Ridge	Danville City, VA	%Black/African-American, older, education, poverty, employment, medically underserved
	Roanoke City, VA	%Black/African-American, education, poverty, medically underserved
	Wythe County, VA	Older, education, rural, medically underserved
Not Currently Served By A Affiliate Komen	Barbour County, AL	%Black/African-American, education, poverty, employment, rural
	Montgomery County, AL	%Black/African-American
	Pike County, AL	%Black/African-American, poverty, rural
	Citrus County, FL	Older, employment, rural
	DeSoto County, FL	Education, poverty, language, rural, insurance
	Okeechobee County, FL	Education, poverty, rural
	Washington County, FL	Education, poverty, rural, medically underserved
	Appling County, GA	Education, poverty, rural, medically underserved
	Colquitt County, GA	%Hispanic/Latina, education, poverty, rural, insurance, medically underserved
	Crisp County, GA	%Black/African-American, education, poverty, rural
	Elbert County, GA	Older, education, poverty, rural, medically underserved
	Muscogee County, GA	%Black/African-American
	Putnam County, GA	Older, rural, medically underserved
	Ware County, GA	Older, poverty, medically underserved
	Wayne County, GA	Education, rural, medically underserved
	Cherokee County, NC	Older, rural, medically underserved

Komen Affiliate	Community	Key demographic/socioeconomic factors
	Chowan County, NC	%Black/African-American, older, education, poverty, rural
	Hertford County, NC	%Black/African-American, education, poverty, employment, rural, medically underserved
	Rutherford County, NC	Employment, rural, medically underserved
	Wayne County, NC	%Black/African-American, rural, medically underserved
	Coffee County, TN	Rural, medically underserved

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 Southeast Region, there are 529 facilities that provide breast cancer treatment services; of those facilities, 266 (50.3%) are accredited as an ACS CoC facility.

Within the Southeast Region’s “Highest Priority” communities, there are 112 facilities that provide breast cancer treatment services; of those facilities, 52 (46.4%) are accredited as an ACS CoC facility (Table 10). Individuals that reside in communities with ACS CoC accredited facilities have access to comprehensive, quality breast cancer treatment close to home. However, in the Southeast Region, there are 55 facilities located in 36 HP2020 “Highest Priority” communities that are not accredited and the service provided to individual seeking care may not meet ACS cancer care standards (Table 11).

Table 10. HP2020 “Highest Priority” communities in the Southeast 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 Central Florida	Osceola County, FL	2	1	%Hispanic/Latina, language, medically underserved
Komen Central Virginia	Fredericksburg City, VA	2	1	Poverty, employment
	Henrico County, VA	2	1	%Black/African-American
	Hopewell City, VA	1	1	%Black/African-American, education, poverty, employment
	Winchester City, VA	1	1	%Hispanic/Latina, poverty
Komen Charlotte	Cabarrus County, NC	3	1	
Komen Chattanooga	Grundy County, TN	1	1	Education, poverty, rural, medically underserved
Komen Coastal Georgia	Glynn County, GA	2	1	
Komen Greater Atlanta	Clayton County, GA	1	1	%Black/African-American, employment, foreign
	DeKalb County, GA	3	2	%Black/African-American, foreign
	Fulton County, GA	12	10	%Black/African-American
	Henry County, GA	1	1	%Black/African-American, medically underserved
Komen North Carolina Triangle to the Coast	Edgecombe County, NC	2	2	%Black/African-American, education, poverty, employment, rural, medically underserved
Komen North Central Alabama	Jefferson County, AL	10	6	%Black/African-American
	Lamar County, AL	1	1	Older, education, rural, medically underserved
	Madison County, AL	3	1	

Komen Affiliate	Community	Total number of facilities in the community*	Number of CoC accredited facilities in the community	Key demographic/ socioeconomic factors
Komen North Florida	Duval County, FL	8	5	%Black/African-American
Komen SC Mountains to Midlands	Anderson County, SC	1	1	
Komen Tidewater	Chesapeake City, VA	1	1	%Black/African-American
	Gloucester County, VA	1	1	Rural
	Portsmouth City, VA	2	2	%Black/African-American, poverty
Komen Virginia Blue Ridge	Danville City, VA	1	1	%Black/African-American, older, education, poverty, employment, medically underserved
	Lynchburg City, VA	1	1	%Black/African-American, poverty, employment
	Roanoke City, VA	2	1	%Black/African-American, education, poverty, medically underserved
	Washington County, VA	1	1	Older, rural, medically underserved
Not Currently Served By A Komen Affiliate	Appling County, GA	1	1	Education, poverty, rural, medically underserved
	Dougherty County, GA	1	2	%Black/African-American, poverty, employment
	Muscogee County, GA	1	1	%Black/African-American
	Ware County, GA	1	1	Older, poverty, medically underserved
	Rutherford County, NC	1	1	Employment, rural, medically underserved

* 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 11. HP2020 “Highest Priority” communities in the Southeast Region without an ACS CoC accredited facility

Komen Affiliate	Community	Key Demographic/ Socioeconomic factors
Komen Central Georgia	Monroe County, GA	Education, rural, medically underserved
	Peach County, GA	%Black/African-American, rural, medically underserved
Komen Central Mississippi Steel Magnolias	Leflore County, MS	%Black/African-American, education, poverty, employment, medically underserved
	Lincoln County, MS	Rural, medically underserved
Komen Central Tennessee	Macon County, TN	Education, poverty, rural, insurance, medically underserved
Komen Central Virginia	Stafford County, VA	Medically underserved
Komen Chattanooga	Murray County, GA	Education, rural, medically underserved
Komen Lowcountry	Orangeburg County, SC	%Black/African-American, education, poverty, employment, rural, medically underserved
Komen North Mississippi	Clay County, MS	%Black/African-American, employment, medically underserved
Komen Northwest NC	Avery County, NC	Older, rural, insurance, medically underserved



Komen Affiliate	Community	Key Demographic/ Socioeconomic factors
	Davidson County, NC	Education, rural
	Mitchell County, NC	Older, rural, medically underserved
	Rockingham County, NC	Education, rural, medically underserved
	Surry County, NC	Education, rural
Komen SC Mountains to Midlands	Greenwood County, SC	Rural
Komen Tidewater	James City County, VA	Older
	Newport News, VA	%Black/African-American
Komen Virginia Blue Ridge	Wythe County, VA	Older, education, rural, medically underserved
Not Currently Served By A Affiliate Komen	Barbour County, AL	%Black/African-American, education, poverty, employment, rural
	Montgomery County, AL	%Black/African-American
	Pike County, AL	%Black/African-American, poverty, rural
	Citrus County, FL	Older, employment, rural
	DeSoto County, FL	Education, poverty, language, rural, insurance
	Okeechobee County, FL	Education, poverty, rural
	Washington County, FL	Education, poverty, rural, medically underserved
	Colquitt County, GA	%Hispanic/Latina, education, poverty, rural, insurance, medically underserved
	Crisp County, GA	%Black/African-American, education, poverty, rural
	Elbert County, GA	Older, education, poverty, rural, medically underserved
	Putnam County, GA	Older, rural, medically underserved
	Wayne County, GA	Education, rural, medically underserved
	Worth County, GA	Education, poverty, employment, rural, medically underserved
	Cherokee County, NC	Older, rural, medically underserved
	Chowan County, NC	%Black/African-American, older, education, poverty, rural
	Hertford County, NC	%Black/African-American, education, poverty, employment, rural, medically underserved
	Wayne County, NC	%Black/African-American, rural, medically underserved
	Coffee County, TN	Rural, medically underserved

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 11 located in Komen’s Southeast Region. Of those 11 NCI-designated Cancer Centers located in the Southeast Region, there is one center located in Jefferson County, AL, a “Highest Priority” community. The other ten NCI-designated Cancer Centers in the Komen Southeast Region are located in communities that are not considered “Highest Priority”.

In summary, individuals residing in two HP2020 “Highest Priority” communities in the Southeast Region do not have access to any in-community breast cancer services (i.e., screening, diagnostic and treatment). Additionally, 65 of the HP2020 “Highest Priority” communities have access to in-community screening, but do not have in-community access to diagnostic and treatment services; 53 “Highest Priority” communities have in-community access to screening and diagnostic services; and 66 “Highest Priority” communities have access to screening, diagnostic and treatment services in the community. 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 Southeast Region, there are 146 HP2020 “Highest Priority” communities that do not have any of the previously listed quality-based accredited breast cancer services (Appendix G).

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 Southeast 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).

The qualitative data collection process occurred during 2014-2015 for local Komen Affiliates. During this time Affiliates conducted qualitative data collection in specific 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 and potential solutions that may assist individuals in receiving recommended breast cancer screening, diagnostic and treatment services. The specific communities of interest where qualitative data collection occurred were dependent on the priorities selected by the local Affiliates. Therefore, the qualitative data collected by the Affiliate may not include all of the HP2020 “Highest Priority” communities.

In the Southeast Region 27⁵ Affiliates collected Qualitative data 25 of the communities 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.

 1,359 Surveys	 1,045 Focus Groups
 521 Interviews	 10 Document Reviews

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

⁵⁵ While 27 Affiliates within the Southeast Region completed the 2015 Community Profile process, only 25 remain due to mergers and/or dissolution

According to the qualitative data analysis, the five most commonly cited barriers that may prevent an individual from getting breast cancer services in the Komen Southeast Region are:

1. Financial Barriers

- Lack of funds to receive adequate breast cancer care
- Unemployment
- Lack of pay due to time off work for appointments

"If I sit here in this doctor's office, I'm not at work. If I'm not at work, there won't be money for my family to eat this week." - Key informant

2. 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. Transportation

- Lack of available public transportation methods, ride-sharing or personal vehicle
- Time, frequency and/or availability of public transportation or ride-sharing was not in alignment with appointments
- Lack of resources (e.g., time off work, money to pay for gas/public transportation, childcare/adult care) to be able to travel the distance required to receive care

"I would not be familiar with available services if it weren't for being on some of the local boards. I only hear about these things as it relates to board and committee meetings. The education is simply not there; dollars are definitely not available in this community." -Provider participant

4. Availability of Service

- 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

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



Other barriers that were mentioned less frequently were lack of fear of breast cancer diagnosis, cultural and/or language concerns, quality of care concerns, 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 Southeast Region consists of eight states and 25 Affiliates⁶⁶. Within the Komen Southeast Region, seven states (Alabama, Georgia, Mississippi, North Carolina, South Carolina, Tennessee, and West Virginia) have late-stage diagnosis and death rates higher than the US as a whole. While poor breast cancer outcomes can be seen at a state level, communities within each state may face more disparate outcomes.

Healthy People 2020 breast cancer late-stage and death s rate targets were used as the benchmark that all communities in the Komen Southeast Region must strive to achieve to reduce overall breast cancer deaths. Communities that are predicted not to be able to meet the benchmark by 2020 are classified as “Highest Priority” and indicate that the communities are of greater need for breast cancer interventions than other areas within the region. Within the Komen Southeast Region, there are 58 communities in the Southeast Region that are not served by a local Komen Affiliate. Even though the 184 HP2020 “Highest Priority” communities are located in several states, ere 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 184 HP2020 “Highest Priority” communities there are 852 screening facilities, 333 diagnostic and 112 treatment facilities. In 26 of the 184 HP2020 “Highest Priority” communities there are 44 facilities accredited as an American College of Radiology Breast Imaging Center of Excellence (BICOE). There are 112 facilities that provide screening, diagnostic and treatment services in the HP2020 “Highest Priority” communities; however, only 21 facilities located in 13 “Highest Priority” communities are recognized as meeting the American College of Surgeons NAPBC performance measures. When reviewing the accreditations for quality treatment in Komen’s Southeast Region, there are 52 American College of Surgeon CoC accredited facilities located in “Highest Priority” communities. In addition, there are 11 facilities designated as a National Cancer Institute Cancer Center in the Southeast Region with

⁶⁶ While 27 Affiliates within the Southeast Region completed the 2015 Community Profile process, only 25 remain due to mergers and/or dissolution



one in a “Highest Priority” community, Jefferson County, AL. The communities that do not have facilities that are accredited by the American College of Radiology, American College of Surgeons, and the National Cancer Institute tend to be rural and classified as medically underserved by the US Department of Health and Human Services.

When viewing the region as a whole, 146 of the 184 HP2020 “Highest Priority” communities have a substantially higher percentage of individuals residing in rural areas. In addition, 133 of 184 “Highest Priority” 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.

Through review of focus groups, interviews, surveys and document reviews conducted by Komen Affiliates, residents in the Southeast Region had various concerns about availability of services. For example Pike County, MS, Edgecombe County, NC and Greene County, TN indicated a lack of services within these communities resulting in the need to travel to other communities to access breast cancer care. As indicated by participants in the qualitative data process and document review, transportation is one of the top barriers identified that may prevent individuals from seeking care. Transportation barriers can include lack of available public transportation methods, ride-sharing or personal vehicle and the time, frequency and/or availability of public transportation or ride-sharing was not in alignment with appointments.

Of the “Highest Priority” communities, 101 out of 184 had a high percentage of residents with less than a high school education. These factors have been linked to barriers associated with accessing quality and timely care. The majority of Affiliates in the Southeast Region have “Highest Priority” communities with large numbers of rural or medically underserved populations. Collaboration among these Affiliates, with similar barriers, may identify interventions that have been successful in assisting medically underserved and/or rural populations.

Additional commonalities in the Komen Southeast HP2020 “Highest Priority” communities include a high percentage of individuals with incomes below poverty level (64 communities), a substantially older female population (43 communities) and a high percentage of individuals that are unemployed (42 communities). In addition, 67 communities had a substantially larger Black/African-American female population than their respective state.

From interviews, surveys, focus groups and document reviews conducted by Southeast Region Affiliates, financial barriers were the most frequently cited barrier to receiving breast cancer care. This is in alignment with the quantitative data that shows a high percentage of individuals with incomes below poverty level and other socioeconomic factors. Additionally insurance and lack of appropriate breast cancer education were both cited frequently in the top five barriers to care. Insurance barriers can include persons may lack of private or federal (e.g., Medicaid, Medicare) insurance (uninsured), co-pays/deductibles too high (underinsured) and physicians who do not accept patients with Medicaid or Medicare

Analysis found that there are clusters of HP2020 “Highest Priority” communities that expand beyond state borders. The most consistent theme throughout all of the cluster communities in the Southeast Region included having substantially larger rural population in comparison to the state. The following Affiliates can collaborate regarding the HP2020 communities that share boundaries. : Komen Central Georgia, Komen Central Mississippi Steel Magnolias, Komen Central Tennessee, Komen Central Virginia, Komen Chattanooga, Komen Coastal Georgia, Komen Central Tennessee, Komen Knoxville, Komen Lowcountry, Komen Memphis-MidSouth, Komen North Carolina Triangle to the Coast, Komen North Central Alabama, Komen North Florida, Komen North Mississippi, Komen Northwest NC, Komen SC Mountains to Midlands, Komen Tidewater, Komen Northwest NC, Komen Virginia Blue Ridge and other communities that are not currently served by a Komen Affiliate (Table 3).

To address the identified barriers in accessing quality breast cancer care, Komen Southeast 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 Komen Southeast Region Affiliates 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. Client-oriented programs to reduce barriers include, but are not limited to, free or low-cost breast cancer services, transportation assistance, mobile mammography, extended clinic hours/locations and interpreter services.
- Provide and/or support breast cancer education programs in local communities that provide accurate, evidence-based information. These include education programs that are culturally and linguistically appropriate.
- 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.



- Advocate for increasing availability of and access to affordable, high quality breast cancer care.

In the Southeast Region, Affiliates identified that Black/African-American women, Hispanic/Latina women, medically underserved populations, linguistically isolated populations, women who partner with women, and rural populations may have a greater challenge in overcoming barriers to care. Southeast Region 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 most frequently identified financial barriers, lack of appropriate breast cancer education, transportation, lack of insurance and lack of available breast cancer services as the barriers to receiving care. These results align with the HP2020 socioeconomic and health systems data showing a majority of the “Highest Priority” communities have a lack of services, are rural and many are medically underserved.

Komen Affiliates are a local breast cancer resource for “Highest Priority” communities within a service area. The Affiliate can assist with addressing the identified barriers to care, convening 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 Southeast 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.

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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. Southeast Region 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, programs and necessities 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 Southeast 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 %
Alabama	27.9 %	0.7 %	1.4 %	3.5 %	15.6 %	18.1 %	17.6 %	40.1 %	9.6 %	3.4 %	1.3 %	41.0 %	61.3 %	15.9 %
Barbour County	24.7 %	52.6 %	13.0 %	1.3 %	19.3 %	27.6 %	24.7 %	52.6 %	13.0 %	3.0 %	1.3 %	67.8 %	0.0 %	19.3 %
Butler County	25.7 %	52.2 %	12.1 %	0.3 %	15.3 %	25.3 %	25.7 %	52.2 %	12.1 %	1.0 %	0.3 %	71.2 %	100.0 %	15.3 %
Geneva County	19.1 %	49.7 %	8.7 %	1.3 %	17.6 %	25.4 %	19.1 %	49.7 %	8.7 %	1.9 %	1.3 %	89.6 %	100.0 %	17.6 %
Greene County	31.7 %	62.5 %	21.3 %	0.2 %	18.1 %	27.0 %	31.7 %	62.5 %	21.3 %	0.0 %	0.2 %	100.0	100.0 %	18.1 %
Hale County	25.9 %	54.7 %	15.4 %	0.1 %	19.2 %	29.0 %	25.9 %	54.7 %	15.4 %	0.9 %	0.1 %	89.2 %	100.0 %	19.2 %
Jefferson County	44.1 %	0.4 %	1.6 %	3.3 %	15.1 %	13.3 %	16.2 %	37.4 %	9.3 %	4.2 %	1.5 %	9.8 %	14.8 %	14.4 %
Lamar County	12.6 %	0.2 %	0.1 %	1.0 %	21.2 %	23.7 %	19.1 %	47.8 %	9.8 %	0.3 %	0.0 %	100.0	100.0 %	16.1 %
Lawrence County	12.8 %	6.5 %	0.3 %	1.7 %	16.5 %	22.3 %	14.4 %	44.3 %	10.9 %	1.3 %	0.1 %	91.3 %	100.0 %	18.0 %
Madison County	26.2 %	0.9 %	3.0 %	4.2 %	13.9 %	11.1 %	12.4 %	27.1 %	9.0 %	5.3 %	1.6 %	16.4 %	18.1 %	13.8 %
Marengo County	53.6 %	0.2 %	0.4 %	1.7 %	18.2 %	19.1 %	20.8 %	51.2 %	10.5 %	0.1 %	0.1 %	69.3 %	100.0 %	17.1 %
Marion County	3.7 %	0.3 %	0.4 %	2.1 %	20.7 %	30.8 %	20.3 %	49.7 %	9.0 %	1.1 %	0.5 %	88.9 %	100.0 %	17.5 %
Montgomery County	57.0 %	0.4 %	2.3 %	3.0 %	13.6 %	15.4 %	19.7 %	38.3 %	8.6 %	4.1 %	1.6 %	10.5 %	47.2 %	14.6 %
Perry County	69.6 %	0.2 %	0.3 %	1.2 %	17.9 %	28.3 %	25.4 %	67.9 %	15.2 %	0.7 %	0.2 %	100.0%	100.0 %	19.1 %
Pike County	39.3 %	0.7 %	1.8 %	1.9 %	14.5 %	20.1 %	27.1 %	46.6 %	9.7 %	3.5 %	1.4 %	51.7 %	0.0 %	16.5 %
Randolph County	21.3 %	0.4 %	0.4 %	2.4 %	19.0 %	28.8 %	23.6 %	48.7 %	10.5 %	1.9 %	1.4 %	81.3 %	100.0 %	19.2 %
Tallapoosa County	28.5 %	0.4 %	0.6 %	2.2 %	19.3 %	22.4 %	17.1 %	45.3 %	10.2 %	1.8 %	0.6 %	74.2 %	100.0 %	15.0 %
Walker County	6.6 %	0.4 %	0.5 %	1.7 %	18.6 %	24.0 %	19.7 %	45.6 %	12.9 %	1.2 %	0.3 %	74.1 %	0.0 %	15.1 %
Winston County	1.3 %	0.9 %	0.5 %	2.5 %	20.1 %	29.1 %	21.2 %	51.4 %	8.9 %	1.3 %	0.5 %	84.9 %	100.0 %	17.1 %
Florida	17.3 %	0.5 %	3.1 %	22.6 %	19.1 %	14.5 %	14.7 %	39.0 %	10.3 %	19.2 %	7.1 %	8.8 %	7.5 %	24.2 %

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)
Baker County	11.7 %	0.3 %	0.7 %	2.0 %	13.0 %	21.6 %	16.5 %	41.7 %	11.0 %	1.0 %	0.0 %	59.5 %	100.0 %	17.8 %
Citrus County	3.2 %	0.4 %	1.9 %	4.7 %	33.1 %	14.8 %	15.8 %	44.4 %	15.0 %	5.1 %	0.9 %	34.5 %	0.0 %	23.2 %
DeSoto County	11.8 %	1.1 %	0.9 %	24.9 %	22.0 %	31.1 %	26.1 %	55.1 %	10.3 %	19.3 %	12.1 %	46.2 %	0.0 %	31.9 %
Dixie County	6.3 %	0.6 %	0.6 %	2.8 %	21.9 %	24.2 %	16.3 %	55.3 %	10.7 %	2.9 %	0.5 %	77.0 %	100.0 %	21.7 %
Duval County	31.8 %	0.5 %	4.9 %	7.5 %	13.0 %	12.5 %	14.9 %	36.6 %	10.0 %	9.1 %	2.6 %	2.9 %	4.3 %	18.8 %
Gulf County	12.2 %	0.5 %	0.7 %	2.3 %	21.9 %	22.7 %	17.5 %	40.3 %	10.5 %	3.5 %	1.4 %	77.1 %	0.0 %	20.0 %
Hardee County	7.4 %	1.3 %	1.5 %	40.5 %	14.9 %	36.8 %	28.5 %	56.3 %	11.8 %	21.7 %	14.1 %	47.8 %	100.0 %	32.0 %
Okeechobee County	6.7 %	1.3 %	1.3 %	21.9 %	18.8 %	31.0 %	23.7 %	48.4 %	11.8 %	12.7 %	6.5 %	36.5 %	0.0 %	28.8 %
Osceola County	13.4 %	0.8 %	3.7 %	46.6 %	12.3 %	15.8 %	13.9 %	47.2 %	11.2 %	20.0 %	11.8 %	7.8 %	100.0 %	25.0 %
Union County	13.4 %	0.6 %	0.6 %	4.1 %	13.1 %	24.0 %	18.2 %	47.6 %	10.5 %	5.7 %	0.3 %	67.4 %	100.0 %	19.7 %
Wakulla County	11.2 %	0.7 %	0.9 %	2.8 %	12.9 %	13.5 %	12.8 %	32.7 %	9.9 %	2.7 %	0.0 %	61.7 %	100.0 %	16.7 %
Washington County	12.6 %	1.5 %	0.9 %	2.7 %	18.8 %	20.2 %	20.3 %	48.1 %	11.7 %	2.6 %	0.6 %	84.6 %	100.0 %	22.1 %
Georgia	32.9 %	0.5 %	3.7 %	8.2 %	12.3 %	16.0 %	16.5 %	37.6 %	9.9 %	9.7 %	3.3 %	24.9 %	37.3 %	20.7 %
Appling County	19.4 %	0.5 %	0.9 %	7.6 %	15.9 %	24.9 %	23.2 %	46.3 %	6.6 %	5.7 %	0.9 %	71.4 %	100.0 %	23.2 %
Berrien County	12.7 %	0.4 %	0.6 %	3.9 %	16.1 %	27.8 %	23.7 %	55.1 %	11.3 %	2.4 %	1.4 %	76.1 %	100.0 %	25.0 %
Brooks County	37.0 %	0.4 %	0.8 %	4.5 %	17.9 %	20.9 %	20.3 %	50.5 %	11.9 %	3.3 %	2.4 %	71.0 %	0.0 %	23.4 %
Bryan County	16.4 %	0.5 %	2.5 %	5.1 %	10.1 %	12.2 %	11.8 %	29.7 %	6.7 %	3.8 %	0.9 %	52.3 %	100.0 %	17.7 %
Butts County	25.5 %	0.3 %	0.7 %	2.5 %	16.2 %	23.7 %	12.3 %	41.6 %	11.7 %	2.3 %	0.6 %	77.9 %	100.0 %	20.6 %
Clayton County	69.3 %	0.7 %	5.3 %	11.8 %	7.7 %	17.9 %	18.4 %	48.1 %	14.4 %	14.7 %	5.9 %	0.9 %	0.0 %	25.3 %
Colquitt County	23.9 %	1.1 %	1.0 %	14.9 %	15.2 %	28.3 %	24.5 %	53.8 %	8.1 %	11.0 %	6.3 %	58.9 %	100.0 %	26.1 %
Cook County	29.3 %	0.4 %	0.8 %	4.5 %	15.4 %	28.1 %	23.0 %	52.1 %	11.5 %	3.7 %	1.5 %	59.4 %	100.0 %	25.0 %
Crisp County	45.6 %	0.1 %	0.9 %	2.8 %	15.9 %	23.8 %	28.0 %	53.6 %	11.9 %	1.2 %	0.3 %	47.0 %	0.0 %	19.7 %
Dawson County	1.3 %	0.4 %	1.0 %	3.7 %	15.5 %	14.5 %	13.5 %	33.6 %	10.1 %	3.2 %	1.4 %	80.3 %	100.0 %	20.4 %



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)
DeKalb County	57.5 %	0.6 %	5.4 %	8.2 %	10.7 %	11.7 %	17.1 %	36.4 %	12.5 %	16.3 %	5.6 %	0.3 %	9.0 %	23.1 %
Dodge County	29.3 %	0.4 %	0.7 %	2.9 %	18.4 %	22.2 %	21.9 %	49.8 %	9.1 %	1.6 %	0.9 %	72.2 %	100.0 %	20.6 %
Dougherty County	68.8 %	0.3 %	1.1 %	2.2 %	14.0 %	20.0 %	28.7 %	51.3 %	13.5 %	2.2 %	1.0 %	14.0 %	39.4 %	20.5 %
Elbert County	31.5 %	0.3 %	0.8 %	4.4 %	19.3 %	24.2 %	22.1 %	53.4 %	11.7 %	2.6 %	1.1 %	70.6 %	100.0 %	22.3 %
Fannin County	0.8 %	0.4 %	0.5 %	1.7 %	23.7 %	21.7 %	18.9 %	49.0 %	12.4 %	1.2 %	0.5 %	100.0%	100.0 %	24.0 %
Franklin County	9.8 %	0.2 %	0.6 %	3.5 %	19.5 %	26.5 %	20.4 %	50.4 %	8.3 %	2.4 %	1.2 %	88.9 %	100.0 %	22.7 %
Fulton County	47.5 %	0.4 %	5.8 %	7.3 %	10.6 %	9.9 %	15.9 %	34.8 %	9.8 %	12.8 %	3.8 %	1.1 %	13.0 %	22.1 %
Glynn County	27.8 %	0.5 %	1.7 %	5.8 %	16.7 %	13.9 %	15.8 %	33.8 %	9.1 %	5.4 %	1.7 %	20.6 %	0.0 %	19.5 %
Haralson County	5.9 %	0.3 %	0.6 %	1.2 %	16.4 %	28.8 %	20.4 %	45.7 %	15.2 %	1.0 %	0.1 %	77.4 %	30.4 %	19.4 %
Henry County	39.8 %	0.4 %	3.6 %	5.8 %	9.5 %	10.3 %	9.5 %	29.8 %	9.6 %	7.4 %	1.5 %	13.9 %	100.0 %	17.8 %
Jasper County	23.8 %	0.5 %	0.6 %	3.9 %	14.9 %	18.1 %	19.7 %	44.5 %	14.4 %	3.9 %	0.9 %	81.8 %	100.0 %	23.1 %
Jones County	26.2 %	0.3 %	0.8 %	1.2 %	14.1 %	11.2 %	15.1 %	37.1 %	7.7 %	2.3 %	0.1 %	67.7 %	100.0 %	17.7 %
Lamar County	33.6 %	0.3 %	0.6 %	2.1 %	15.3 %	21.0 %	20.5 %	46.8 %	19.1 %	1.3 %	0.5 %	60.9 %	34.9 %	20.9 %
Macon County	61.0%	0.4%	1.4%	3.1%	15.8%	28.5 %	27.0 %	56.4 %	10.9 %	6.7 %	1.4 %	53.2 %	100.0 %	23.8 %
McDuffie County	42.2 %	0.4 %	0.5 %	2.1 %	15.9 %	28.2 %	19.2 %	47.3 %	8.9 %	0.9 %	0.2 %	61.0 %	100.0 %	18.9 %
McIntosh County	38.1 %	0.5 %	0.6 %	1.4 %	18.9 %	22.5 %	15.5 %	45.7 %	9.1 %	0.9 %	0.1 %	74.3 %	100.0 %	21.6 %
Meriwether County	41.2 %	0.4 %	0.7 %	1.3 %	18.2 %	29.9%	18.8%	50.4%	11.5%	0.6%	0.4%	83.3%	100.0%	21.1%
Monroe County	24.0 %	0.4 %	1.1 %	1.9 %	15.6 %	21.3%	13.6%	32.4%	8.8%	2.9%	1.3%	75.4%	100.0%	15.8%
Murray County	1.5 %	0.8 %	0.9 %	12.9 %	12.5 %	31.6 %	19.4 %	50.4 %	12.9 %	8.1 %	4.0 %	70.1 %	100.0 %	23.3 %
Muscogee County	48.7 %	0.6 %	2.9 %	6.0 %	13.7 %	15.7 %	18.8 %	43.1 %	10.4 %	5.0 %	1.7 %	3.0 %	40.7 %	17.9 %
Oglethorpe County	18.9 %	0.3 %	0.9 %	3.5 %	16.3 %	23.9 %	16.1 %	44.0 %	6.8 %	1.8 %	0.2 %	99.3 %	100.0 %	22.8 %
Peach County	48.9 %	0.4 %	1.0 %	5.9 %	13.7 %	19.8 %	26.0 %	41.7 %	12.0 %	5.4 %	1.8 %	38.2 %	100.0 %	19.2 %
Pickens County	1.6 %	0.3 %	0.7 %	2.6 %	18.2 %	19.6 %	11.8 %	35.0 %	9.6 %	2.8 %	0.9 %	73.1 %	100.0 %	19.5 %
Pierce County	10.5 %	0.6 %	0.6 %	4.4 %	15.8 %	22.5 %	18.6 %	48.5 %	6.8 %	2.4 %	2.2 %	79.4 %	100.0 %	22.0 %



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)
Polk County	14.3 %	0.6 %	1.1 %	10.6 %	15.6 %	27.2 %	22.2 %	49.1 %	11.4 %	7.5 %	2.8 %	51.4 %	100.0 %	23.3 %
Putnam County	28.5 %	0.3 %	0.9 %	5.8 %	19.1 %	18.3 %	12.3 %	40.9 %	8.2 %	5.1 %	2.7 %	80.9 %	100.0 %	20.6 %
Screven County	44.0 %	0.3 %	0.5 %	1.3 %	17.3 %	25.0 %	25.4 %	51.3 %	16.3 %	0.3 %	0.3 %	78.9 %	100.0 %	20.5 %
Stephens County	12.5 %	0.4 %	1.1 %	2.2 %	18.6 %	22.8 %	21.9 %	47.9 %	10.7 %	2.1 %	0.7 %	58.6 %	0.0 %	20.4 %
Terrell County	62.4 %	0.4 %	0.5 %	1.6 %	17.9 %	36.1 %	30.9 %	54.8 %	15.7 %	2.1 %	0.2 %	52.1 %	100.0 %	21.0 %
Walker County	4.5 %	0.3 %	0.6 %	1.6 %	17.7 %	22.8 %	16.0 %	46.0 %	12.3 %	1.5 %	0.5 %	43.9 %	15.3 %	19.9 %
Ware County	29.4 %	0.4 %	1.0 %	3.0 %	19.0 %	19.1 %	22.4 %	50.6 %	8.3 %	3.3 %	0.7 %	29.4 %	48.9 %	20.7 %
Washington County	54.7 %	0.2 %	0.5 %	1.4 %	17.4 %	22.9 %	25.2 %	50.5 %	10.0 %	1.5 %	0.4 %	65.6 %	100.0 %	20.6 %
Wayne County	19.6 %	0.4 %	0.9 %	4.3 %	15.0 %	21.2 %	18.6 %	48.2 %	9.3 %	3.7 %	0.9 %	57.9 %	100.0 %	21.9 %
White County	2.7 %	0.5 %	0.6 %	2.4 %	19.3 %	15.7 %	17.7 %	41.0 %	7.4 %	1.7 %	0.1 %	83.8 %	100.0 %	22.6 %
Worth County	31.0 %	0.2 %	0.6 %	1.7 %	16.7 %	26.8 %	22.6 %	46.6 %	13.6 %	1.2 %	0.5 %	69.2 %	100.0 %	22.5 %
Mississippi	38.8 %	0.6 %	1.1 %	2.3 %	14.6 %	19.7 %	21.6 %	45.8 %	10.0 %	2.2 %	0.9 %	50.7 %	80.7 %	20.3 %
Adams County	58.3 %	0.4 %	0.4 %	1.2 %	18.7 %	20.4 %	31.5 %	54.5 %	11.9 %	1.9 %	0.2 %	37.2 %	100.0 %	21.8 %
Bolivar County	66.0 %	0.2 %	0.6 %	1.8 %	13.9 %	28.2 %	34.6 %	57.6 %	16.3 %	0.7 %	0.5 %	54.0 %	100.0 %	20.2 %
Calhoun County	30.1 %	0.2 %	0.2 %	4.4 %	18.5 %	31.6 %	21.7 %	57.2 %	9.7 %	3.1 %	1.3 %	100.0	100.0 %	24.6 %
Chickasaw County	44.1 %	0.2 %	0.5 %	3.2 %	16.4 %	28.2 %	24.9 %	56.9 %	12.8 %	1.3 %	0.6 %	85.3 %	100.0 %	23.6 %
Clay County	60.8 %	0.2 %	0.2 %	0.9 %	15.7 %	20.1 %	24.2 %	52.7 %	18.1 %	0.2 %	0.0 %	55.5 %	100.0 %	21.8 %
Covington County	37.5 %	0.1 %	0.4 %	1.4 %	16.8 %	21.5 %	28.4 %	50.4 %	7.2 %	0.3 %	0.1 %	100.0%	100.0 %	22.0 %
George County	8.1 %	0.3 %	0.3 %	1.7 %	14.5 %	14.7 %	14.7 %	40.8 %	12.0 %	2.0 %	0.9 %	88.3 %	100.0 %	20.8 %
Grenada County	43.1 %	0.2 %	0.4 %	0.9 %	17.2 %	23.7 %	22.5 %	50.2 %	9.4 %	0.8 %	0.0 %	52.2 %	100.0 %	18.8 %
Holmes County	83.6 %	0.1 %	0.2 %	0.9 %	14.4 %	30.5 %	43.2 %	68.4 %	20.1 %	0.1 %	0.4 %	86.8 %	100.0 %	21.6 %
Humphreys County	75.3 %	0.1 %	0.3 %	1.9 %	14.9 %	35.3 %	42.0 %	67.2 %	19.7 %	0.9 %	0.2 %	49.8 %	100.0 %	23.2 %
Itawamba County	7.1 %	0.2 %	0.4 %	1.2 %	18.1 %	26.0 %	12.9 %	46.1 %	8.9 %	0.2 %	0.3 %	86.3 %	100.0 %	20.0 %



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)
Jefferson Davis County	61.0 %	0.3 %	0.3 %	0.8 %	19.0 %	24.9 %	28.2 %	55.4 %	13.1 %	1.0 %	0.2 %	100.0%	100.0 %	22.0 %
Lawrence County	33.2 %	0.2 %	0.4 %	1.0 %	17.0 %	19.3 %	18.6 %	46.5 %	10.0 %	1.0 %	0.9 %	100.0%	100.0 %	20.1 %
Leflore County	73.8 %	0.4 %	0.6 %	2.0 %	13.9 %	31.7 %	40.4 %	63.3 %	19.1 %	3.1 %	0.1 %	17.7 %	100.0 %	22.0 %
Lincoln County	31.8 %	0.3 %	0.4 %	1.0 %	16.2 %	18.4 %	18.5 %	45.8 %	8.1 %	1.0 %	0.1 %	69.5 %	100.0 %	21.3 %
Neshoba County	22.9 %	15.5 %	0.6 %	1.6 %	15.1 %	24.8 %	21.0 %	49.3 %	11.4 %	0.8 %	1.4 %	73.9 %	100.0 %	25.9 %
Noxubee County	72.7 %	0.2 %	0.2 %	0.8 %	15.7 %	35.3 %	36.1 %	65.9 %	21.0 %	1.1 %	0.7 %	74.0 %	100.0 %	26.1 %
Oktibbeha County	40.0 %	0.3 %	2.7 %	1.7 %	10.4 %	14.1 %	34.1 %	43.4 %	12.7 %	3.0 %	1.4 %	36.4 %	100.0 %	16.9 %
Perry County	21.2 %	0.3 %	0.3 %	1.2 %	16.1 %	19.7 %	19.2 %	50.3 %	7.8 %	0.4 %	0.0 %	100.0%	100.0 %	21.8 %
Pontotoc County	15.3 %	0.5 %	0.4 %	4.8 %	14.8 %	25.9 %	16.4 %	48.1 %	7.4 %	3.3 %	2.8 %	84.0 %	100.0 %	23.4 %
Prentiss County	14.9 %	0.2 %	0.3 %	0.9 %	18.6 %	26.2 %	22.6 %	50.3 %	9.2 %	1.3 %	0.4 %	76.1 %	100.0 %	20.0 %
Scott County	40.7 %	0.6 %	0.8 %	8.7 %	14.2 %	29.5 %	21.7 %	53.9 %	7.1 %	6.5 %	2.8 %	72.2 %	100.0 %	25.8 %
Tippah County	17.2 %	0.4 %	0.2 %	4.1 %	17.0 %	25.7 %	22.8 %	54.9 %	12.9 %	1.9 %	1.3 %	83.8 %	100.0 %	22.9 %
Tishomingo County	3.5 %	0.3 %	0.3 %	2.5 %	20.3 %	23.5 %	20.2 %	50.7 %	10.9 %	2.1 %	1.3 %	100.0%	61.3 %	21.0 %
Union County	15.7 %	0.3 %	0.4 %	3.7 %	16.3 %	23.9 %	22.5 %	49.9 %	8.5 %	2.6 %	1.7 %	75.6 %	100.0 %	23.1 %
Warren County	48.6 %	0.3 %	1.0 %	1.7 %	14.6 %	17.3 %	22.4 %	42.2 %	8.5 %	1.9 %	0.8 %	40.9 %	100.0 %	18.0 %
Wayne County	40.7 %	0.3 %	0.3 %	1.1 %	15.5 %	26.9 %	27.2 %	52.2 %	9.5 %	0.5 %	0.2 %	79.6 %	100.0 %	22.0 %
Yalobusha County	39.6 %	0.3 %	0.3 %	1.2 %	18.7 %	23.6 %	23.5 %	53.2 %	10.7 %	0.0 %	0.0 %	79.3 %	100.0 %	20.0 %
North Carolina	23.4 %	1.6 %	2.6 %	7.8 %	14.8 %	15.9 %	16.1 %	37.2 %	9.7 %	7.4 %	2.7 %	33.9 %	45.9 %	18.3 %
Ashe County	1.0 %	0.3 %	0.5 %	3.1 %	23.0 %	21.4 %	17.9 %	45.7 %	10.2 %	3.9 %	2.0 %	84.9 %	100.0 %	20.5 %
Avery County	1.2 %	0.4 %	0.4 %	3.6 %	21.0 %	18.5 %	18.1 %	47.4 %	6.4 %	3.6 %	2.1 %	88.8 %	100.0 %	24.2 %
Cabarrus County	16.9 %	0.7 %	2.5 %	9.2 %	12.9 %	14.5 %	11.9 %	31.7 %	10.4 %	7.1 %	2.7 %	19.3 %	26.8 %	18.4 %
Cherokee County	1.8 %	1.7 %	0.6 %	2.4 %	25.2 %	18.3 %	13.4 %	48.7 %	7.3 %	2.6 %	1.3 %	100.0%	100.0 %	22.0 %
Chowan County	36.7 %	0.3 %	0.6 %	2.7 %	21.6 %	24.2 %	23.7 %	44.9 %	12.4 %	3.1 %	0.8 %	67.6 %	0.0 %	19.1 %



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)
Currituck County	6.7 %	0.5 %	1.2 %	3.1 %	14.2 %	14.7 %	7.8 %	30.5 %	10.2 %	2.5 %	0.4 %	98.3 %	100.0 %	16.5 %
Davidson County	9.9%	0.8%	1.5%	6.0%	16.2%	21.1 %	15.1 %	38.3 %	10.0 %	4.6 %	2.1 %	47.4 %	2.1 %	19.4 %
Davie County	7.4 %	0.6 %	0.9 %	5.8 %	18.7 %	15.9 %	12.3 %	32.5 %	7.4 %	4.1 %	1.4 %	70.3 %	100.0 %	16.6 %
Edgecombe County	59.1 %	0.6 %	0.4 %	3.4 %	16.8 %	22.1 %	22.6 %	53.4 %	14.9 %	2.4 %	1.0 %	45.3 %	100.0 %	18.6 %
Granville County	32.7 %	0.9 %	0.8 %	6.6 %	15.3 %	18.3 %	11.3 %	36.5 %	9.0 %	5.1 %	1.4 %	54.7 %	100.0 %	17.1 %
Halifax County	54.8 %	3.7 %	0.8 %	2.0 %	18.8 %	25.7 %	24.1 %	54.7 %	15.5 %	1.8 %	0.6 %	54.7 %	100.0 %	18.4 %
Hertford County	63.1 %	1.4 %	0.7 %	1.8 %	18.9 %	25.6 %	24.7 %	52.6 %	14.1 %	5.6 %	1.2 %	68.6 %	100.0 %	17.7 %
Jones County	34.2 %	0.7 %	0.6 %	3.6 %	19.0 %	18.8 %	14.9 %	47.7 %	8.9 %	3.7 %	1.1 %	100.0%	100.0 %	20.7 %
Lee County	21.8 %	1.2 %	1.4 %	17.1 %	15.6 %	18.6 %	16.8 %	41.4 %	10.6 %	11.5 %	6.5 %	42.8 %	0.0 %	21.7 %
Martin County	45.8 %	0.5 %	0.4 %	2.6 %	19.9 %	20.3 %	22.7 %	48.6 %	11.9 %	1.9 %	1.1 %	78.1 %	100.0 %	18.1 %
Mitchell County	0.9 %	0.7 %	0.6 %	3.7 %	23.5 %	20.9 %	17.4 %	46.1 %	11.5 %	1.4 %	0.4 %	82.6 %	100.0 %	20.4 %
Pamlico County	19.8 %	0.6 %	0.7 %	3.1 %	23.6 %	16.0 %	12.2 %	39.2 %	8.3 %	3.9 %	0.9 %	100.0%	100.0 %	18.2 %
Rockingham County	20.2 %	0.5 %	0.7 %	5.0 %	18.8 %	23.7 %	15.8 %	42.1 %	11.3 %	3.9 %	1.3 %	61.9 %	100.0 %	17.3 %
Rutherford County	10.9 %	0.3 %	0.6 %	3.3 %	19.7 %	19.8 %	20.5 %	48.3 %	13.2 %	2.4 %	0.7 %	61.0 %	100.0 %	20.2 %
Surry County	4.4 %	0.5 %	0.8 %	9.0 %	19.4 %	25.7 %	18.0 %	45.0 %	8.8 %	5.9 %	2.6 %	68.8 %	18.7 %	20.3 %
Wayne County	34.3 %	0.7 %	1.8 %	9.2 %	15.4 %	18.9 %	20.2 %	43.3 %	10.5 %	6.7 %	3.5 %	46.4 %	100.0 %	18.6 %
South Carolina	29.6 %	0.5 %	1.6 %	4.6 %	15.5 %	16.4 %	17.0 %	39.5 %	10.2 %	4.8 %	1.8 %	33.7 %	41.8 %	19.0 %
Anderson County	17.5 %	0.3 %	1.0 %	2.8 %	16.9 %	19.3 %	15.8 %	39.1 %	9.9 %	2.6 %	0.9 %	37.9 %	18.5 %	18.5 %
Barnwell County	46.3 %	0.4 %	0.6 %	1.5 %	16.3 %	22.0 %	26.4 %	51.2 %	15.0 %	1.2 %	1.3 %	82.5 %	100.0 %	18.4 %
Calhoun County	45.9 %	0.4 %	0.4 %	2.7 %	18.1 %	16.9 %	17.4 %	43.9 %	11.4 %	1.5 %	0.6 %	100.0%	100.0 %	18.0 %
Cherokee County	22.2 %	0.4 %	0.7 %	3.3 %	15.5 %	25.2 %	20.4 %	48.1 %	14.5 %	2.6 %	1.3 %	61.0 %	0.0 %	20.2 %
Colleton County	41.5 %	0.9 %	0.6 %	2.4 %	17.3 %	24.0 %	22.8 %	53.6 %	15.3 %	2.3 %	0.8 %	75.6 %	100.0 %	23.4 %
Darlington County	43.4 %	0.3 %	0.5 %	1.5 %	16.4 %	21.7 %	20.3 %	48.3 %	12.7 %	1.7 %	0.6 %	57.8 %	100.0 %	19.5 %
Edgefield County	37.2 %	0.3 %	0.4 %	2.7 %	16.7 %	19.2 %	19.4 %	39.4 %	8.8 %	4.4 %	1.3 %	73.3 %	100.0 %	18.7 %



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)
Greenwood County	33.4 %	0.5 %	1.0 %	4.9 %	16.8 %	19.4 %	19.0 %	41.6 %	11.4 %	4.3 %	2.0 %	39.8 %	10.1 %	19.2 %
Hampton County	55.8 %	0.3 %	0.5 %	2.0 %	15.9 %	23.4 %	22.6 %	51.9 %	14.2 %	2.5 %	0.9 %	78.5 %	100.0 %	20.9 %
Laurens County	27.0 %	0.3 %	0.6 %	3.8 %	17.2 %	24.6 %	19.0 %	46.9 %	12.8 %	2.8 %	1.9 %	64.2 %	0.0 %	19.5 %
Marion County	58.4 %	0.5 %	0.7 %	2.2 %	16.8 %	19.8 %	24.2 %	58.4 %	13.0 %	2.6 %	1.1 %	60.8 %	64.1 %	21.8 %
Orangeburg County	64.2 %	0.6 %	0.9 %	1.6 %	16.8 %	21.6 %	24.5 %	51.7 %	13.7 %	1.9 %	1.2 %	63.8 %	100.0 %	21.5 %
Tennessee	17.9 %	0.4 %	1.8 %	4.2 %	15.2 %	16.8 %	16.9 %	38.9 %	9.2 %	4.5 %	1.5 %	33.6 %	47.7 %	17.6 %
Claiborne County	1.2 %	0.3 %	0.7 %	0.9 %	18.0 %	29.3 %	22.6 %	51.9 %	8.4 %	0.9 %	0.2 %	71.6 %	100.0 %	16.5 %
Clay County	1.9 %	0.4 %	0.2 %	1.4 %	21.0 %	30.3 %	19.9 %	57.2 %	8.1 %	0.9 %	0.4 %	100.0 %	100.0 %	22.7 %
Coffee County	4.2 %	0.4 %	1.1 %	3.4 %	17.8 %	18.2 %	18.8 %	42.0 %	11.2 %	3.2 %	1.2 %	47.3 %	60.9 %	18.1 %
Crockett County	13.9 %	0.4 %	0.2 %	8.1 %	18.7 %	23.4 %	18.9 %	48.0 %	8.6 %	4.4 %	2.2 %	67.4 %	100.0 %	20.8 %
Grundy County	0.7 %	0.5 %	0.3 %	0.9 %	20.0 %	35.0 %	30.6 %	59.9 %	8.6 %	0.7 %	0.2 %	100.0 %	100.0 %	20.6 %
Lauderdale County	34.4 %	0.6 %	0.4 %	1.8 %	15.3 %	25.5 %	25.3 %	51.3 %	12.7 %	1.7 %	0.5 %	58.7 %	100.0 %	18.4 %
Macon County	0.8 %	0.5 %	0.4 %	3.9 %	16.0 %	24.7 %	23.9 %	54.8 %	10.6 %	4.0 %	1.6 %	79.6 %	100.0 %	23.2 %
Marion County	4.2 %	0.4 %	0.5 %	1.3 %	18.2 %	25.5 %	17.8 %	43.4 %	8.9 %	1.1 %	0.4 %	77.0 %	100.0 %	16.9 %
Overton County	0.8 %	0.4 %	0.3 %	1.0 %	19.1 %	26.3 %	19.8 %	50.0 %	7.6 %	0.5 %	0.0 %	84.2 %	100.0 %	18.4 %
Rhea County	2.5 %	0.5 %	0.6 %	3.3 %	17.4 %	24.1 %	20.3 %	46.2 %	14.3 %	2.3 %	0.7 %	68.0 %	100.0 %	18.5 %
Roane County	3.2 %	0.3 %	0.7 %	1.4 %	20.9 %	17.9 %	15.2 %	37.3 %	9.0 %	1.7 %	0.2 %	51.0 %	100.0 %	15.1 %
Smith County	2.7 %	0.6 %	0.3 %	2.0 %	15.3 %	22.2 %	17.2 %	41.7 %	9.1 %	0.9 %	1.1 %	82.9 %	12.1 %	17.2 %
Trousdale County	10.4 %	0.6 %	0.3 %	2.3 %	14.8 %	21.0 %	14.9 %	44.7 %	8.9 %	1.4 %	0.4 %	100.0 %	100.0 %	18.5 %
Union County	0.7 %	0.4 %	0.2 %	1.3 %	15.5 %	30.0 %	21.8 %	55.1 %	8.6 %	0.9 %	0.0 %	100.0 %	100.0 %	20.4 %
Wayne County	1.3 %	0.4 %	0.2 %	1.4 %	20.0 %	26.1 %	20.9 %	51.5 %	14.0 %	1.4 %	0.9 %	100.0 %	100.0 %	21.1 %
White County	2.2 %	0.3 %	0.5 %	1.8 %	19.6 %	25.1 %	20.8 %	50.7 %	10.5 %	1.1 %	0.3 %	78.2 %	0.0 %	19.6 %
Virginia	21.1 %	0.6 %	6.5 %	7.7 %	13.9 %	13.4 %	10.7 %	26.9 %	6.5 %	11.0 %	2.7 %	24.5 %	27.2 %	13.3 %
Amelia County	25.2 %	0.5 %	0.5 %	2.0 %	17.7 %	21.2 %	10.5 %	35.7 %	7.6 %	3.4 %	1.0 %	100.0 %	100.0 %	18.4 %



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)
Appomattox County	21.3 %	0.2 %	0.4 %	1.1 %	19.1 %	19.9 %	16.6 %	37.7 %	9.4 %	1.0 %	0.0 %	100.0 %	0.0 %	16.1 %
Brunswick County	56.3 %	0.3 %	0.5 %	1.4 %	20.1 %	30.9 %	24.5 %	48.9 %	11.8 %	1.1 %	0.3 %	75.5 %	100.0 %	17.4 %
Caroline County	31.0 %	0.9 %	1.2 %	3.4 %	15.0 %	18.1 %	8.9 %	31.4 %	10.6 %	2.0 %	0.6 %	78.4 %	100.0 %	14.8 %
Gloucester County	9.3 %	0.5 %	1.4 %	2.6 %	16.6 %	12.9 %	8.3 %	28.6 %	5.2 %	1.8 %	0.0 %	64.6 %	26.3 %	14.4 %
Goochland County	18.7 %	0.3 %	1.3 %	2.3 %	16.6 %	15.5 %	5.2 %	14.6 %	4.2 %	2.5 %	0.1 %	97.0 %	100.0 %	8.4 %
Henrico County	32.1 %	0.4 %	6.7 %	4.6 %	14.5 %	10.7 %	10.2 %	24.9 %	7.0 %	10.8 %	2.9 %	4.3 %	3.2 %	13.4 %
James City County	14.1 %	0.4 %	3.0 %	4.6 %	22.6 %	6.9 %	7.1 %	17.7 %	4.6 %	7.4 %	0.9 %	15.9 %	0.0 %	9.9 %
Lunenburg County	33.8 %	0.5 %	0.6 %	3.5 %	21.1 %	30.6 %	18.4 %	47.4 %	8.3 %	2.8 %	2.2 %	100.0 %	100.0 %	18.6 %
Middlesex County	17.5 %	0.3 %	0.6 %	1.0 %	27.6 %	13.8 %	7.5 %	31.6 %	4.1 %	2.1 %	0.7 %	100.0 %	100.0 %	16.4 %
Nelson County	14.7 %	0.3 %	0.7 %	2.7 %	21.6 %	21.3 %	11.4 %	36.5 %	5.7 %	2.3 %	0.8 %	100.0 %	0.0 %	17.5 %
Nottoway County	38.6 %	0.8 %	0.5 %	3.5 %	21.0 %	25.0 %	16.1 %	45.9 %	8.6 %	2.7 %	0.3 %	52.3 %	100.0 %	18.1 %
Orange County	13.9 %	0.4 %	1.1 %	3.2 %	19.6 %	16.2 %	11.5 %	30.2 %	9.2 %	4.4 %	0.2 %	57.8 %	100.0 %	14.7 %
Patrick County	6.6 %	0.4 %	0.4 %	2.4 %	23.9 %	26.4 %	15.9 %	47.0 %	11.4 %	1.1 %	0.3 %	100.0 %	100.0 %	18.9 %
Roanoke County	5.8 %	0.2 %	3.0 %	2.1 %	19.7 %	9.6 %	5.8 %	22.7 %	4.6 %	4.9 %	1.4 %	18.5 %	0.0 %	10.8 %
Shenandoah County	2.4 %	0.4 %	0.8 %	5.6 %	20.9 %	17.4 %	11.5 %	34.9 %	5.7 %	4.3 %	1.1 %	66.6 %	0.0 %	16.7 %
Southampton County	38.0 %	0.4 %	0.4 %	1.2 %	17.7 %	26.1 %	16.1 %	39.7 %	6.4 %	1.2 %	0.2 %	98.0 %	100.0 %	15.0 %
Spotsylvania County	16.7 %	0.5 %	3.2 %	7.6 %	11.2 %	11.8 %	7.7 %	20.6 %	6.9 %	6.1 %	1.7 %	32.3 %	15.2 %	12.4 %
Stafford County	18.8 %	0.7 %	4.3 %	9.6 %	8.4 %	8.2 %	4.4 %	14.3 %	6.2 %	8.1 %	1.7 %	19.8 %	100.0 %	9.5 %
Washington County	1.6 %	0.2 %	0.5 %	1.1 %	20.0 %	18.1 %	13.6 %	40.3 %	6.1 %	1.0 %	0.1 %	71.7 %	100.0 %	15.0 %
Wythe County	3.5 %	0.1 %	0.6 %	0.9 %	19.9 %	20.9 %	12.8 %	43.0 %	9.3 %	0.4 %	0.4 %	75.3 %	34.8 %	16.9 %
Chesapeake City	32.1 %	0.5 %	3.8 %	4.4 %	12.0 %	10.5 %	7.4 %	22.4 %	6.0 %	4.6 %	0.9 %	7.6 %	12.1 %	11.5 %
Danville City	50.2 %	0.2 %	1.0 %	2.5 %	22.1 %	23.4 %	25.6 %	52.2 %	13.8 %	3.2 %	1.0 %	4.5 %	100.0 %	17.6 %
Fredericksburg City	24.9 %	0.7 %	3.8 %	10.0 %	10.9 %	11.2 %	16.1 %	32.8 %	9.7 %	8.4 %	4.5 %	1.2 %	12.9 %	14.4 %
Hopewell City	39.7 %	0.5 %	1.6 %	5.7 %	17.0 %	23.7 %	20.1 %	46.4 %	17.5 %	4.5 %	0.6 %	0.0 %	0.0 %	17.5 %

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)
Lynchburg City	30.7 %	0.4 %	2.6 %	2.8 %	16.1 %	15.0 %	23.2 %	43.2 %	10.4 %	4.5 %	1.5 %	2.7 %	32.1 %	15.5 %
Newport News City	44.3 %	0.7 %	3.9 %	7.2 %	12.5 %	10.8 %	14.4 %	35.5 %	8.8 %	7.0 %	2.5 %	0.0 %	18.1 %	15.5 %
Portsmouth City	55.9 %	0.6 %	1.6 %	2.9 %	15.2 %	17.4 %	16.7 %	39.9 %	8.2 %	2.9 %	0.6 %	0.0 %	24.0 %	14.9 %
Radford City	9.2 %	0.2 %	3.2 %	2.5 %	9.9 %	11.7 %	33.9 %	35.5 %	9.8 %	6.7 %	1.8 %	2.9 %	59.8 %	13.8 %
Roanoke City	30.4 %	0.3 %	2.0 %	4.8 %	16.7 %	18.5 %	20.8 %	46.9 %	7.1 %	6.4 %	2.4 %	0.0 %	38.7 %	18.1 %
Staunton City	13.3 %	0.2 %	1.2 %	2.4 %	22.1 %	17.0 %	15.8 %	38.1 %	5.8 %	3.0 %	0.3 %	3.7 %	0.0 %	15.8 %
Winchester City	12.2 %	0.8 %	2.8 %	13.4 %	16.3 %	17.8 %	18.7 %	36.4 %	8.8 %	11.2 %	4.2 %	0.0 %	0.0 %	17.8 %

*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 Southeast Region with a substantially higher percentage of individuals living in rural and medically underserved areas, and have less than a high school education

Affiliate	Community	Key Population Characteristics
Komen Central Georgia	Monroe County, GA	Education, rural, medically underserved
Komen Central Mississippi Steel Magnolias	Holmes County, MS	%Black/African-American, education, poverty, employment, rural, medically underserved
	Jefferson Davis County, MS	%Black/African-American, education, poverty, employment, rural, medically underserved
	Neshoba County, MS	%AIAN, education, rural, insurance, medically underserved
	Noxubee County, MS	%Black/African-American, education, poverty, employment, rural, insurance, medically underserved
	Scott County, MS	%Hispanic/Latina, education, rural, insurance, medically underserved
	Wayne County, MS	Education, poverty, rural, medically underserved
Komen Central Tennessee	Clay County, TN	Older, education, rural, insurance, medically underserved
	Macon County, TN	Education, poverty, rural, insurance, medically underserved
	Overton County, TN	Education, rural, medically underserved
Komen Central Virginia	Brunswick County, VA	%Black/African-American, older, education, poverty, employment, rural, medically underserved
	Lunenburg County, VA	%Black/African-American, older, education, poverty, rural, insurance, medically underserved
	Nottoway County, VA	%Black/African-American, older, education, poverty, rural, medically underserved
Komen Chattanooga	Fannin County, GA	Older, education, rural, medically underserved
	Grundy County, TN	Education, poverty, rural, medically underserved
	Marion County, TN	Education, rural, medically underserved
	Murray County, GA	Education, rural, medically underserved
	Rhea County, TN	Education, employment, rural, medically underserved
Komen Coastal Georgia	McIntosh County, GA	%Black/African-American, older, education, rural, medically underserved
Komen Knoxville	Claiborne County, TN	Education, poverty, rural, medically underserved
	Union County, TN	Education, rural, medically underserved
Komen Lowcountry	Barnwell County, SC	%Black/African-American, education, poverty, employment, rural, medically underserved
	Colleton County, SC	%Black/African-American, education, poverty, employment, rural, medically underserved
	Hampton County, SC	%Black/African-American, education, poverty, employment, rural, medically underserved
	Orangeburg County, SC	%Black/African-American, education, poverty, employment, rural, medically underserved
Komen Memphis-MidSouth	Crockett County, TN	Education, rural, medically underserved
	Lauderdale County, TN	%Black/African-American, education, poverty, employment, rural, medically underserved
Komen North Carolina Triangle to the Coast	Edgecombe County, NC	%Black/African-American, education, poverty, employment, rural, medically underserved
	Halifax County, NC	%Black/African-American, education, poverty, employment, rural, medically underserved
Komen North Central Alabama	Greene County, AL	%Black/African-American, education, poverty, employment, rural, medically underserved
	Hale County, AL	%Black/African-American, education, poverty, employment, rural, medically underserved
	Lamar County, AL	Older, education, rural, medically underserved
	Marion County, AL	Older, education, rural, medically underserved

Affiliate	Community	Key Population Characteristics
	Perry County, AL	% Black/African-American, education, poverty, employment, rural, medically underserved
	Randolph County, AL	Education, poverty, rural, medically underserved
	Winston County, AL	Education, rural, medically underserved
Komen North Florida	Baker County, FL	Education, rural, medically underserved
Komen North Mississippi	Calhoun County, MS	Education, rural, medically underserved
	Chickasaw County, MS	%Black/African-American, education, rural, medically underserved
	Itawamba County, MS	Education, rural, medically underserved
	Pontotoc County, MS	Education, rural, medically underserved
	Prentiss County, MS	Education, rural, medically underserved
	Tippah County, MS	Education, rural, medically underserved
Komen Northwest NC	Ashe County, NC	Older, education, rural, medically underserved
	Rockingham County, NC	Education, rural, medically underserved
Komen Tidewater	Southampton County, VA	%Black/African-American, education, poverty, rural, medically underserved
Komen Virginia Blue Ridge	Patrick County, VA	Older, education, poverty, employment, rural, insurance, medically underserved
	Wythe County, VA	Older, education, rural, medically underserved
Not Currently Served By A Komen Affiliate	Appling County, GA	Education, poverty, rural, medically underserved
	Berrien County, GA	Education, poverty, rural, medically underserved
	Butler County, AL	%Black/African-American, education, poverty, rural, medically underserved
	Colquitt County, GA	%Hispanic/Latina, education, poverty, rural, insurance, medically underserved
	Cook County, GA	Education, poverty, rural, medically underserved
	Darlington County, SC	%Black/African-American, education, rural, medically underserved
	Dixie County, FL	Education, rural, medically underserved
	Dodge County, GA	Older, education, poverty, rural, medically underserved
	Elbert County, GA	Older, education, poverty, rural, medically underserved
	Franklin County, GA	Older, education, rural, medically underserved
	Geneva County, AL	Education, rural, medically underserved
	Hardee County, FL	%Hispanic/Latina, education, poverty, language, rural, insurance, medically underserved
	Hertford County, NC	%Black/African-American, education, poverty, employment, rural, medically underserved
	Macon County, GA	%Black/African-American, education, poverty, rural, medically underserved
	McDuffie County, GA	%Black/African-American, education, rural, medically underserved
	Meriwether County, GA	%Black/African-American, older, education, rural, medically underserved
	Oglethorpe County, GA	Education, rural, medically underserved
	Pierce County, GA	Education, rural, medically underserved
	Polk County, GA	Education, poverty, rural, medically underserved
	Putnam County, GA	Older, rural, medically underserved
	Screven County, GA	%Black/African-American, education, poverty, employment, rural, medically underserved
	Terrell County, GA	%Black/African-American, older, education, poverty, employment, rural, medically underserved
	Union County, FL	Education, rural, medically underserved



Affiliate	Community	Key Population Characteristics
	Washington County, FL	Education, poverty, rural, medically underserved
	Washington County, GA	%Black/African-American, older, education, poverty, rural, medically underserved
	Wayne County, GA	Education, rural, medically underserved
	Wayne County, TN	Education, employment, rural, medically underserved
	White County, GA	Older, rural, medically underserved
	Worth County, GA	Education, poverty, employment, rural, medically underserved

Appendix E. Breast cancer services available within HP2020 “Highest Priority” communities and the state, Komen Southeast Region*



	“Highest Priority”	State	“Highest Priority”	State	“Highest Priority”	State
Alabama	122	369	50	125	18	52
Florida	105	1,083	51	617	15	160
Georgia	195	599	87	248	31	83
Mississippi	105	401	15	96	3	22
North Carolina	87	555	32	268	16	81
South Carolina	56	312	11	69	3	33
Tennessee	40	490	14	209	3	46
Virginia**	142	411	73	179	22	52

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

** Data excludes the following Virginia counties/cities which are located in the National Capital Region: Alexandria City, Arlington, Fairfax, Fairfax City, Falls Church, Loudon, Manassas City, Manassas Park City and Prince William.



Appendix F. HP2020 “Highest Priority” communities in the Southeast Region without ACR BICOE accredited facilities

Komen Affiliate	Community	Key demographic/socioeconomic factors
Komen Central Georgia	Monroe County, GA	Education, rural, medically underserved
	Peach County, GA	%Black/African-American, rural, medically underserved
Komen Central Mississippi Steel Magnolias	Adams County, MS	%Black/African-American, poverty, medically underserved
	Bolivar County, MS	%Black/African-American, education, poverty, employment, medically underserved
	Covington County, MS	Rural, medically underserved
	George County, MS	Rural, medically underserved
	Grenada County, MS	Medically underserved
	Leflore County, MS	%Black/African-American, education, poverty, employment, medically underserved
	Lincoln County, MS	Rural, medically underserved
	Neshoba County, MS	%AIAN, education, rural, insurance, medically underserved
	Scott County, MS	%Hispanic/Latina, education, rural, insurance, medically underserved
	Warren County, MS	%Black/African-American, medically underserved
Komen Central Tennessee	Macon County, TN	Education, poverty, rural, insurance, medically underserved
	Overton County, TN	Education, rural, medically underserved
	Smith County, TN	Education, rural
	Trousdale County, TN	Rural, medically underserved
	White County, TN	Education, rural
Komen Central Virginia	Hopewell City, VA	%Black/African-American, education, poverty, employment
	Orange County, VA	Older, rural, medically underserved
	Shenandoah County, VA	Older, rural
	Stafford County, VA	Medically underserved
Komen Chattanooga	Fannin County, GA	Older, education, rural, medically underserved
	Marion County, TN	Education, rural, medically underserved
	Murray County, GA	Education, rural, medically underserved
	Rhea County, TN	Education, employment, rural, medically underserved
Komen Greater Atlanta	Clayton County, GA	%Black/African-American, employment, foreign
	Henry County, GA	%Black/African-American, medically underserved
Komen Knoxville	Claiborne County, TN	Education, poverty, rural, medically underserved
	Roane County, TN	Older, rural, medically underserved
	Union County, TN	Education, rural, medically underserved
Komen Lowcountry	Barnwell County, SC	%Black/African-American, education, poverty, employment, rural, medically underserved
	Colleton County, SC	%Black/African-American, education, poverty, employment, rural, medically underserved
	Hampton County, SC	%Black/African-American, education, poverty, employment, rural, medically underserved
Komen Memphis-MidSouth	Lauderdale County, TN	%Black/African-American, education, poverty, employment, rural, medically underserved
Komen North Carolina Triangle to the Coast	Granville County, NC	%Black/African-American, rural, medically underserved

Komen Affiliate	Community	Key demographic/socioeconomic factors
	Halifax County, NC	%Black/African-American, education, poverty, employment, rural, medically underserved
	Lee County, NC	%Hispanic/Latina, language, rural
Komen North Central Alabama	Lamar County, AL	Older, education, rural, medically underserved
	Marion County, AL	Older, education, rural, medically underserved
	Randolph County, AL	Education, poverty, rural, medically underserved
	Tallapoosa County, AL	Rural, medically underserved
	Walker County, AL	Education, employment, rural
	Winston County, AL	Education, rural, medically underserved
Komen North Mississippi	Chickasaw County, MS	%Black/African-American, education, rural, medically underserved
	Clay County, MS	%Black/African-American, employment, medically underserved
	Oktibbeha County, MS	Medically underserved
	Prentiss County, MS	Education, rural, medically underserved
	Tishomingo County, MS	Older, rural
Komen Northwest NC	Avery County, NC	Older, rural, insurance, medically underserved
	Davidson County, NC	Education, rural
	Davie County, NC	Rural, medically underserved
	Mitchell County, NC	Older, rural, medically underserved
	Rockingham County, NC	Education, rural, medically underserved
	Surry County, NC	Education, rural
Komen SC Mountains to Midlands	Cherokee County, SC	Education, employment, rural
	Edgefield County, SC	%Black/African-American, rural, medically underserved
	Greenwood County, SC	Rural
Komen Tidewater	Portsmouth City, VA	%Black/African-American, poverty
Komen Virginia Blue Ridge	Danville City, VA	%Black/African-American, older, education, poverty, employment, medically underserved
	Patrick County, VA	Older, education, poverty, employment, rural, insurance, medically underserved
	Roanoke City, VA	%Black/African-American, education, poverty, medically underserved
	Roanoke County, VA	Older
	Wythe County, VA	Older, education, rural, medically underserved
	Washington County, VA	Older, rural, medically underserved
Not Currently Served By A Komen Affiliate	Appling County, GA	Education, poverty, rural, medically underserved
	Barbour County, AL	%Black/African-American, education, poverty, employment, rural
	Cherokee County, NC	Older, rural, medically underserved
	Chowan County, NC	%Black/African-American, older, education, poverty, rural
	Coffee County, TN	Rural, medically underserved
	Colquitt County, GA	%Hispanic/Latina, education, poverty, rural, insurance, medically underserved
	Cook County, GA	Education, poverty, rural, medically underserved
	Crisp County, GA	%Black/African-American, education, poverty, rural
	Darlington County, SC	%Black/African-American, education, rural, medically underserved

Komen Affiliate	Community	Key demographic/socioeconomic factors
	Dawson County, GA	Rural, medically underserved
	DeSoto County, FL	Education, poverty, language, rural, insurance
	Dodge County, GA	Older, education, poverty, rural, medically underserved
	Elbert County, GA	Older, education, poverty, rural, medically underserved
	Franklin County, GA	Older, education, rural, medically underserved
	Haralson County, GA	Education, employment, rural
	Hertford County, NC	%Black/African-American, education, poverty, employment, rural, medically underserved
	Jasper County, GA	Employment, rural, medically underserved
	Jones County, NC	%Black/African-American, rural, medically underserved
	Martin County, NC	%Black/African-American, older, poverty, rural, medically underserved
	McDuffie County, GA	%Black/African-American, education, rural, medically underserved
	Okeechobee County, FL	Education, poverty, rural
	Pickens County, GA	Older, rural, medically underserved
	Pike County, AL	%Black/African-American, poverty, rural
	Polk County, GA	Education, poverty, rural, medically underserved
	Putnam County, GA	Older, rural, medically underserved
	Rutherford County, NC	Employment, rural, medically underserved
	Stephens County, GA	Older, education, poverty, rural
	Ware County, GA	Older, poverty, medically underserved
	Washington County, FL	Education, poverty, rural, medically underserved
	Washington County, GA	%Black/African-American, older, education, poverty, rural, medically underserved
	Wayne County, GA	Education, rural, medically underserved
	Wayne County, NC	%Black/African-American, rural, medically underserved
	Wayne County, TN	Education, employment, rural, medically underserved



Appendix G. HP2020 “Highest Priority” Communities in the Southeast Region
without accredited screening, diagnostic and treatment services

Komen Affiliate	Community	Key demographic/socioeconomic factors
Komen Central Georgia	Jones County, GA	Rural, medically underserved
	Monroe County, GA	Education, rural, medically underserved
	Peach County, GA	%Black/African-American, rural, medically underserved
Komen Central Mississippi Steel Magnolias	Adams County, MS	%Black/African-American, education, poverty, employment, rural, medically underserved
	Bolivar County, MS	Older, education, poverty, rural
	Covington County, MS	%Black/African-American, older, education, poverty, employment, rural, medically underserved
	George County, MS	Rural, medically underserved
	Grenada County, MS	Medically underserved
	Holmes County, MS	%Black/African-American, education, poverty, employment, rural, medically underserved
	Humphreys County, MS	%Black/African-American, education, poverty, employment, medically underserved
	Jefferson Davis County, MS	%Black/African-American, education, poverty, employment, rural, medically underserved
	Lawrence County, MS	Rural, medically underserved
	Leflore County, MS	%Black/African-American, education, poverty, employment, medically underserved
	Lincoln County, MS	Rural, medically underserved
	Neshoba County, MS	%AIAN, education, rural, insurance, medically underserved
	Noxubee County, MS	%Black/African-American, education, poverty, employment, rural, insurance, medically underserved
	Perry County, MS	Rural, medically underserved
	Scott County, MS	%Hispanic/Latina, education, rural, insurance, medically underserved
	Warren County, MS	%Black/African-American, medically underserved
Wayne County, MS	Education, poverty, rural, medically underserved	
Yalobusha County, MS	Rural, medically underserved	
Komen Central Virginia	Amelia County, VA	Education, rural, insurance, medically underserved
	Appomattox County, VA	Older, education, poverty, rural
	Brunswick County, VA	%Black/African-American, older, education, poverty, employment, rural, medically underserved
	Caroline County, VA	%Black/African-American, employment, rural, medically underserved
	Goochland County, VA	Rural, medically underserved
	Lunenburg County, VA	%Black/African-American, older, education, poverty, rural, insurance, medically underserved
	Nelson County, VA	Older, education, rural
	Nottoway County, VA	%Black/African-American, older, education, poverty, rural, medically underserved
	Orange County, VA	Older, rural, medically underserved
	Shenandoah County, VA	Older, rural
	Spotsylvania County, VA	Rural
	Stafford County, VA	Medically underserved
Staunton City, VA	Older, poverty	
Komen Chattanooga	Fannin County, GA	Older, education, rural, medically underserved
	Murray County, GA	Education, rural, medically underserved

Komen Affiliate	Community	Key demographic/socioeconomic factors
	Walker County, GA	Older, education, rural
	Marion County, TN	Education, rural, medically underserved
	Rhea County, TN	Education, employment, rural, medically underserved
Komen Coastal Georgia	Bryan County, GA	Rural, medically underserved
	McIntosh County, GA	%Black/African-American, older, education, rural, medically underserved
Komen Greater Nashville	Trousdale County, TN	Rural, medically underserved
Komen Knoxville	Claiborne County, TN	Education, poverty, rural, medically underserved
	Roane County, TN	Older, rural, medically underserved
	Union County, TN	Education, rural, medically underserved
Komen Lowcountry	Barnwell County, SC	%Black/African-American, education, poverty, employment, rural, medically underserved
	Calhoun County, SC	%Black/African-American, rural, medically underserved
	Colleton County, SC	%Black/African-American, education, poverty, employment, rural, medically underserved
	Hampton County, SC	%Black/African-American, education, poverty, employment, rural, medically underserved
Komen Memphis-MidSouth	Crockett County, TN	Education, rural, medically underserved
	Lauderdale County, TN	%Black/African-American, education, poverty, employment, rural, medically underserved
Komen North Carolina Triangle to the Coast	Granville County, NC	%Black/African-American, rural, medically underserved
	Halifax County, NC	%Black/African-American, education, poverty, employment, rural, medically underserved
	Lee County, NC	%Hispanic/Latina, language, rural
Komen North Central Alabama	Greene County, AL	%Black/African-American, education, poverty, employment, rural, medically underserved
	Hale County, AL	%Black/African-American, education, poverty, employment, rural, medically underserved
	Lawrence County, AL	%AIAN, rural, medically underserved
	Marion County, AL	Older, education, rural, medically underserved
	Perry County, AL	% Black/African-American, education, poverty, employment, rural, medically underserved
	Randolph County, AL	Education, poverty, rural, medically underserved
	Tallapoosa County, AL	Rural, medically underserved
	Walker County, AL	Education, employment, rural
	Winston County, AL	Education, rural, medically underserved
Komen North Florida	Baker County, FL	Education, rural, medically underserved
Komen North Mississippi	Calhoun County, MS	Education, rural, medically underserved
	Chickasaw County, MS	%Black/African-American, education, rural, medically underserved
	Clay County, MS	%Black/African-American, employment, medically underserved
	Itawamba County, MS	Education, rural, medically underserved
	Oktibbeha County, MS	Medically underserved
	Pontotoc County, MS	Education, rural, medically underserved
	Prentiss County, MS	Education, rural, medically underserved
	Tippah County, MS	Education, rural, medically underserved
	Tishomingo County, MS	Older, rural
Komen Northwest NC	Davidson County, NC	Education, rural
	Davie County, NC	Rural, medically underserved

Komen Affiliate	Community	Key demographic/socioeconomic factors
	Rockingham County, NC	Education, rural, medically underserved
	Surry County, NC	Education, rural
Komen SC Mountains to Midlands	Cherokee County, SC	Education, employment, rural
	Edgefield County, SC	%Black/African-American, rural, medically underserved
	Greenwood County, SC	Rural
	Laurens County, SC	Education, rural
Komen Tidewater	Middlesex County, VA	Older, rural, medically underserved
	Southampton County, VA	%Black/African-American, education, poverty, rural, medically underserved
Komen Tri-Cities	Ashe County, NC	Older, education, rural, medically underserved
	Avery County, NC	Older, rural, insurance, medically underserved
	Mitchell County, NC	Older, rural, medically underserved
Komen Upper Cumberland	Clay County, TN	Older, education, rural, insurance, medically underserved
	Macon County, TN	Education, poverty, rural, insurance, medically underserved
	Overton County, TN	Education, rural, medically underserved
	Smith County, TN	Education, rural
	White County, TN	Education, rural
Komen Virginia Blue Ridge	Patrick County, VA	Older, education, poverty, employment, rural, insurance, medically underserved
	Radford City, VA	Poverty, employment, medically underserved
	Roanoke County, VA	Older
	Wythe County, VA	Older, education, rural, medically underserved
Not Currently Served By A Komen Affiliate	Barbour County, AL	%Black/African-American, education, poverty, employment, rural
	Butler County, AL	%Black/African-American, education, poverty, rural, medically underserved
	Geneva County, AL	Education, rural, medically underserved
	Marengo County, AL	%Black/African-American, rural, medically underserved
	Pike County, AL	%Black/African-American, poverty, rural
	DeSoto County, FL	Education, poverty, language, rural, insurance
	Dixie County, FL	Education, rural, medically underserved
	Gulf County, FL	Education, rural
	Hardee County, FL	%Hispanic/Latina, education, poverty, language, rural, insurance, medically underserved
	Okeechobee County, FL	Education, poverty, rural
	Union County, FL	Education, rural, medically underserved
	Wakulla County, FL	Rural, medically underserved
	Washington County, FL	Education, poverty, rural, medically underserved
	Berrien County, GA	Education, poverty, rural, medically underserved
	Brooks County, GA	Older, rural
	Butts County, GA	Education, rural, medically underserved
	Colquitt County, GA	%Hispanic/Latina, education, poverty, rural, insurance, medically underserved
	Cook County, GA	Education, poverty, rural, medically underserved
	Crisp County, GA	%Black/African-American, education, poverty, rural
	Dawson County, GA	Rural, medically underserved

Komen Affiliate	Community	Key demographic/socioeconomic factors
	Dodge County, GA	Older, education, poverty, rural, medically underserved
	Elbert County, GA	Older, education, poverty, rural, medically underserved
	Franklin County, GA	Older, education, rural, medically underserved
	Haralson County, GA	Education, employment, rural
	Lamar County, GA	Employment, rural
	Macon County, GA	%Black/African-American, education, poverty, rural, medically underserved
	McDuffie County, GA	%Black/African-American, education, rural, medically underserved
	Meriwether County, GA	%Black/African-American, older, education, rural, medically underserved
	Oglethorpe County, GA	Education, rural, medically underserved
	Pickens County, GA	Older, rural, medically underserved
	Pierce County, GA	Education, rural, medically underserved
	Polk County, GA	Education, poverty, rural, medically underserved
	Putnam County, GA	Older, rural, medically underserved
	Screven County, GA	%Black/African-American, education, poverty, employment, rural, medically underserved
	Stephens County, GA	Older, education, poverty, rural
	Terrell County, GA	%Black/African-American, older, education, poverty, employment, rural, medically underserved
	Washington County, GA	Older, rural, medically underserved
	Wayne County, GA	Education, rural, medically underserved
	White County, GA	Education, poverty, rural, medically underserved
	Worth County, GA	Older, rural, medically underserved
	Cherokee County, NC	Older, rural, medically underserved
	Chowan County, NC	%Black/African-American, older, education, poverty, rural
	Currituck County, NC	Rural, medically underserved
	Hertford County, NC	%Black/African-American, education, poverty, employment, rural, medically underserved
	Jones County, NC	%Black/African-American, rural, medically underserved
	Martin County, NC	%Black/African-American, older, poverty, rural, medically underserved
	Pamlico County, NC	Older, rural, medically underserved
	Wayne County, NC	%Black/African-American, rural, medically underserved
	Darlington County, SC	%Black/African-American, education, rural, medically underserved
	Coffee County, TN	Rural, medically underserved
	Wayne County, TN	Education, employment, rural, medically underserved