



COMMUNITY PROFILE REPORT

Susan G. Komen Detroit Race for the Cure®



2009

Acknowledgements

We thank the following contributors who played a key role in our *Susan G. Komen for the Cure® 2009 Metropolitan Detroit Community Profile* process:

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Data Collection / Analysis Partners

We extend our thanks to our friends at the NCI's CIS Partnership Program and Wayne State University for helping us compile and analyze the data within this report, and to everyone who responded to our surveys.

National Cancer Institute's Cancer Information Service Partnership Program, Midwest Region

Cancer is the second leading cause of death in the United States; and a critical strategy in cancer control efforts is the education of Americans about steps they can take to prevent cancer, detect it early when treatment is most likely to be effective, and choose the best treatment plan. For nearly 30 years, the National Cancer Institute's Cancer Information Service has been providing the latest and most accurate cancer information to patients, their families, health professionals, and the public. Through its network of regional offices and partnerships with nonprofit, private, and other government agencies, the CIS reaches people who do not traditionally seek health information. For those who do seek information, the CIS offers a toll-free telephone number (1-800-4-CANCER) and an instant messaging service (LiveHelp) on the NCI's Web site (www.cancer.gov).

Karmanos Cancer Institute is under contract with the National Cancer Institute (NO2-CO-51103) to serve Michigan, Indiana and Ohio.

Wayne State University, Division of Research – Human Investigation Committee

Wayne State University (WSU) operates its human participant research programs under a Federal Wide Assurance (FWA) with the Department of Health and Human Services. The FWA is on file with the Office for Human Research Protection, and carries an identification number of: FWA 00002460. The most current expiration date for this FWA can be found by clicking on the Federal Wide Assurance link above.

In accordance with this FWA, the Human Investigation Committee (HIC) is the primary Institutional Review Board (IRB) for WSU and its affiliated health care institutions (Barbara Ann Karmanos Cancer Institute, Children's Hospital of Michigan, Detroit Receiving Hospital/University Health Center, Sinai-Grace Hospital, Harper University Hospital, Huron Valley/Sinai Hospital, Hutzel Women's Hospital, Rehabilitation Institute of Michigan, John D. Dingell Veterans Administration Medical Center, and the Michigan Orthopedic Surgery Hospital).

Barbara Ann Karmanos Cancer Institute – Clinical Trials Office, Protocol Review and Monitoring System

The Clinical Trials Office Core is an integral part of the Barbara Ann Karmanos Comprehensive Cancer Center. The Clinical Trials Office (CTO) provides centralized data management support for clinical research conducted by the Cancer Center investigators. This support includes, but is not limited to, protocol development, centralized data collection and dissemination of protocol information with supporting documents via the Karmanos Cancer Institute website, registration of patients onto approved clinical trials following confirmation of patient eligibility, and assistance in data analysis. Additionally the CTO serves as an interface with the Institutional Review Board (IRB) to facilitate preparation of the required consent and HIPAA forms, and other regulatory documents necessary to expedite effective review and opening of cancer center protocols.

The scope of the CTO clinical trials includes national cooperative groups, industrial, NCI sponsored, institutional, and investigator initiated, industrial sponsored studies. The CTO

provides support to all of the efforts of the Protocol Review and Monitoring Process for clinical trials. CTO administrative support is provided to the Protocol Review and Monitoring Committee, Data & Safety Monitoring Committee, and Quality Assurance Committee. The core provides an advisory function for investigators regarding protocol guidelines; centralized repository of all clinical trials; and assurance of Investigator Compliance with Good Clinical Practice Guidelines. The CTO interacts with the Biostatistics Core, and routinely works with the shared resource that provides statistical review and assists the CTO in the design and implementation of study specific database screens, and case report forms for institutional clinical trials.

***[Editors' Note:** The Barbara Ann Karmanos Cancer Institute (KCI) is the local presenting sponsor of the Komen Detroit Race for the Cure®. Komen Detroit activities operate under the 501 (c) (3) non-profit license of KCI. Because of this contractual relationship between KCI and Susan G. Komen for the Cure, the Komen Detroit Community Profile is deemed a research project subject to the requirements of the KCI PRMC and the Wayne State University IRB. This relationship does not change the grant-making operations of Komen Detroit, which function in a similar fashion to the Komen Affiliate Network: that is, local program grants are awarded annually on a competitive basis. Qualified organizations providing breast cancer/breast health services matching the priorities defined in the Komen Detroit Request for Proposal to residents of Wayne Oakland and Macomb Counties are invited to submit proposals. More information on the annual grant process is available at <http://www.karmanos.org/detroitraceforthechcure/grantsprocess.asp>.*

Survey Respondents

We thank key informants including health care clinicians and administrators, and faculty and staff of clinical trials offices who responded to our surveys. Their feedback was invaluable.

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Executive Summary

Introduction

The Komen Detroit Race for the Cure® has been locally presented by the Barbara Ann Karmanos Cancer Institute since its inception in 1992. The Karmanos Cancer Institute serves as the local affiliate of Komen Detroit and the “face of Komen” in the metro Detroit community. Together, our community has rallied the support of family, friends, neighbors and coworkers to raise nearly \$2.3 million in 2008 alone for the fight against breast cancer. In 2008, a record \$1.58 million funded breast health education, screening and treatment programs serving Wayne, Oakland and Macomb Counties. Additionally, \$676,000 was contributed to the Susan G. Komen for the Cure Award and Research Grant Program, with much of the funding benefiting Michigan scientists. Since 1992, the Detroit Race has raised a total of \$15.4 million in the fight against breast cancer.

A top-tier event in the Komen Race for the Cure series of more than 100 annual races, Komen Detroit Race for the Cure® is Michigan’s largest race. A Planning Committee of more than 90 community volunteers guides Komen Detroit activities. The Committee is broken down into 50 active working groups which include: Volunteers; Teams; Friends for the Cure® (fundraising); Finance; Survivor/Memorial Activities; Operations; Advocacy & Public Policy and; Strategic Planning. Over 1,200 volunteers assist with the activities of Komen Detroit. Thousands more support mission efforts through donations and fundraising efforts. Nearly 500 local Komen advocates have joined the Circle of Promise to focus on empowering the African American community in the fight against breast cancer. Approximately 4,500 metro Detroiters engage in online advocacy through the Komen Advocacy Alliance.

Komen Detroit is one of the four Komen organizations in Michigan and part of the worldwide Komen Affiliate Network. Komen Detroit has been instrumental in fostering collaboration among the Michigan Affiliates to engage policymakers and leaders at all levels of government to advocate for an increased investment in breast cancer research and greater access to breast health services.

The *Community Profile* is the assessment process completed every two years in order to understand the state of breast cancer in the Komen Detroit Race for the Cure® service area. This *Profile* will assist us in developing initiatives with the potential of reducing the breast cancer burden in our community, ensures that Komen Detroit’s work is mission-driven, targeted and non-duplicative and bring us closer to Komen’s vision of a world without breast cancer.

Overview Demographic and Breast Cancer Statistics Key Findings

Breast Cancer Prevalence

According to 2007 Thompson Healthcare data, there were 23,043 breast cancer cases in the State of Michigan, ranking Michigan 8th nationally in disease prevalence. Within the metropolitan Detroit area, by far the majority of breast cancer patients reside within Wayne County (n=5,012) followed by Oakland (n=3,453) and Macomb Counties (n=2,406). Overall, there are 10,872 prevalent breast cancer cases in the region.

Breast Cancer Incidence

Michigan's incidence rate of new breast cancer cases (119 per 100,000 women in 2007), ranked nears the median when compared to other states within the U.S. This is only slightly above the national rate of 117.60. Most new cases are diagnosed as stage I (64%) or stage II (27.7%). Only a small percentage of cases are diagnosed as advanced stage breast cancer (stages III and IV).

While the incidence of breast cancer in the State of Michigan tends to be moderate, there are significant differences between racial groups in stage of diagnosis. Caucasians have an incidence rate of 127.54 with 65.4% of cases being stage I. African Americans, on the other hand, have an incidence rate of 96.38, which while lower than that of Caucasians, is the second highest incidence among African Americans in the United States and more likely to be diagnosed as late stage (13.9% versus 7.5% for Caucasians).

In Metropolitan Detroit, Caucasians have the highest incidence rates of breast cancer (159) and earlier diagnosis (65.5% in stage I), while African Americans have a lower incidence rate (106.82), but later diagnosis (54.7% in stage I).

Breast Cancer Mortality

In 2007, 545 metropolitan Detroit women died of breast cancer, which equates to 26.26 cases per every 100,000 women. Many of these deaths occurred in Wayne County, but when overall population size is considered, the tri-county area rates are similar: Wayne (27.21); Macomb (27.14) and Oakland (23.80). Similar to incidence, there appears to be little difference in mortality within the region when stratified by race - Caucasian (27.33) and African American (27.46). However, when we look at the data geographically, different patterns emerge. For African Americans breast cancer mortality is highest among women in Wayne County (28.10), followed by Oakland (25.49) and Macomb (21.93) counties. The mortality rate for Caucasians however, is higher in Macomb (28.55) and Wayne (28.52) counties and lower in Oakland (25.21).

Target Areas

In each of the counties (except Wayne, which includes Detroit) served by Komen Detroit, we've identified one city where targeted efforts could have the most dramatic impact:

- Detroit (Wayne County)
- Highland Park (Wayne County)
- Pontiac (Oakland County)
- and Warren (Macomb County)

Each of these cities faces economic, health care access and other challenges that adversely affect overall health, including breast health. Three of the cities (Detroit, Highland Park, and Pontiac) have been federally designated as health professional shortage areas and medically underserved areas/populations (DHHS, HRSA), highlighting medical access as a significant barrier. Additionally, the same three cities are home to the largest minority populations in southeastern Michigan. Pontiac is 47.9% African American and 12% Hispanic. Highland Park is 93.4% African American, and Detroit is 81.6% African American and 5% Hispanic. The reason that racial composition is important is because minorities tend to have the poorest health outcomes and for breast cancer, in particular, lower cancer screening rates, higher late-stage incidence rates, and often considerably lower survival rates.

To further highlight the degree of resource deprivation and the dramatic differences in socioeconomic status within the region, in 2000, poverty rates for the four identified target cities were:

- 12.4% in Warren
- 22.1% in Pontiac
- 26.1% in Detroit
- 38.3% in Highland Park

By 2007 (U.S. Census Bureau – American Community Survey data), these rates are estimated to have risen to 32.4% for Pontiac and 33.8% for Detroit. Contributing to the high poverty rates in these cities are the high rates of unemployment and low educational attainment among its residents. Not surprisingly, these cities also have the highest incidence rates of late stage (Stage III or IV) breast cancer in the region.

The fourth city that has been selected as a target area is Warren. Unlike the other cities, Warren is largely Caucasian (90.4%) according to 2007 U.S. Census Bureau - ACS data. However, Warren has one of the highest breast cancer incidence rates in the region, likely due to a larger population of women age 40 and older. While many of these cases of breast cancer are early stage (92.2% Stage I or II), Warren also has the highest breast cancer mortality rate (40.64).

During the next two to five years, Komen Detroit will leverage existing relationships in an attempt to develop and implement breast health improvement strategies in these target areas to address the lack of information, care coordination and resource deprivation that are major contributors to the breast cancer statistics in metropolitan Detroit.

Overview of Programs and Services Key Findings

The Community Profile fit the description of research subject to the requirements of the KCI Protocol Review Monitoring Committee and the WSU Institutional Review Board (which oversees research performed with human subjects). Prior review and approval of all research instruments is required before the research can begin.

Breast Health Programs and Services

Education - In the tri-county area of Metropolitan Detroit, breast health education programs are offered by many local hospitals, the American Cancer Society and the Community Education Programs of the Karmanos Cancer Institute (KCI). The National Cancer Institute's Cancer Information Service Midwest Region is also housed at Karmanos Cancer Institute with the most up-to-date breast cancer statistical and demographic information available. Komen Detroit, working often with the Karmanos Cancer Institute, disseminates breast health messages to thousands of people throughout Wayne, Oakland and Macomb counties during the year.

Because the medically underserved in our area are largely comprised of women of color, programs like the *Komen Circle of Promise* are very well received. The program, with support from The Links, Inc., educates, engages and empowers African American women to address the disparate impact of breast cancer.

Minority disparities are more pronounced in a segregated community. Although Karmanos Cancer Institute and eight other area hospitals engage in research, minority participation is still remarkably low. Less than 10% of the participants in the National Cancer Institute's (NCI) publicly-funded clinical trials between January 2003 and June 2005 were racial and ethnic minorities. A little over 50% of those queried in the Komen Detroit Clinical Trials Survey said that their breast community education programs included information about clinical trials.

This process highlighted the need for clinical trials education programs reaching minority audiences and for organizations to have the necessary tools to deliver such programs.

Screening and Treatment – Most area hospitals regularly offer mammography screening services, as do other free-standing mammography centers. Throughout the state of Michigan there are 107 mammogram facilities, each of which is inspected annually by Radiation Safety Section health physicists in compliance with state rules; and, under contract with the Food and Drug Administration, in compliance with federal standards. Each new machine is inspected within 60 days. Physicians and technologists must all meet regulatory requirements for training and continuing education.

All three counties have Breast and Cervical Cancer Control Programs (BCCCP) which provide free services to women who qualify. The BCCCP in Oakland and Wayne Counties are funded by the State of Michigan, augmented by Komen Race grants, although there are often gaps and shortfalls in state funding. The Macomb County BCCCP is funded by the Macomb County Health Department.

Women who are diagnosed through the services of BCCCP are often eligible to have cancer treatment covered by Medicaid.

Research and Treatment – Current Komen-funded research being performed by scientists within the State of Michigan include 35 grants with a value of nearly \$10 million. Within the service area of Komen Detroit, Henry Ford Health System (1 grant) and Karmanos Cancer Institute / Wayne State university (20 grants) are actively pursuing cutting-edge research funded through the Komen Awards and Research Grant Program with contributions from Komen Affiliates. In 2008, Komen Detroit contributed nearly \$700,000 to breast cancer research.

Support services, while not detailed within this report are available throughout the metro Detroit area at hospitals and through Gilda's Club, although Gilda's Club has recently cut back services, due to funding losses. It is hoped that future publication of a *Komen Detroit Metropolitan Breast Cancer Resource Guide* will provide up-to-date information about community support resources. Meanwhile, Komen Detroit frequently refers individual callers to local support groups, as well as online sources including Susan G. Komen for the Cure website and breast care helpline (1-877 GO KOMEN), the National Cancer Institute's Cancer Information Service website (www.cancer.gov) and other suitable resources.

Overview of Exploratory Data Key Findings

Exploratory Data Summary

Komen Detroit's Metropolitan Detroit Community Profile includes 2009 exploratory data that is meant to provide insight into the specific challenges facing breast health providers, community educators, clinical trials offices, and the women seeking screening and care in the Wayne, Oakland, and Macomb county service area. Using Google Documents[®] as the electronic survey delivery instrument, the Komen Detroit Race for the Cure[®] issued 306 key informant surveys to hospitals, Breast and Cervical Cancer Control Program (BCCCP) providers, social service organizations, Federally Qualified Health Centers (FQHCs) and their "look-alike" clinics, and local health departments. Seventeen clinical trials surveys were issued in the same manner to nine clinical trials offices in the service area. In total, forty-nine organizations responded to the survey invitations. These organizations offered their perspectives on the demonstrated gaps in knowledge and service; community attitudes and behaviors regarding screening; and appropriate strategies to reach disparate populations,

underserved groups, and women most in need of mammography screening, breast health care, or clinical trials access and education.

Target Populations and Barriers Identified

Regarding the specific populations of women most in need of breast health and breast cancer services, the 44 key informant survey respondents identified African Americans, women between the ages of 40 and 49, the mentally disabled, and the un-/underinsured to be of the highest priority in the service area. The common themes of providing breast health education and awareness of service delivery systems to women in the community emerged as a critical issue for the key informants. In general; low literacy; lack of education, misinformation, and an overall lack of awareness (of screening guidelines and of programs, such as the BCCCP) all function as key barriers to breast health. The main cost-related barriers to maintaining breast health were reported to be a woman's lack of insurance, affordability of transportation, and lost working hours. Economics also emerged as a cultural/behavioral barrier, such that, other social or economic priorities were reported by over half of key informants to be an obstacle to their clients, indicating the challenge in shifting breast health to the forefront of women's attention.

Clinical Trials and Participation Barriers

The clinical trials survey results point to four key themes as critical barriers to minority participation in breast cancer clinical trials: Cost, trust, myths, and competing priorities. Lack of insurance among women in the service area and high insurance co-pays were indicated to be the leading cost-related challenges. Survey respondents to be the leading fear/distrust barrier to clinical trials participation, while myths and false information were reported as the leading educational barriers indicated fear of being deceived and/or tricked. The themes of trust and myths suggest that special attention be given to delivering clear educational messages about clinical trials to our priority populations. Similar to the key informant survey, other social or economic priorities were reported over other cultural/behavioral barriers to be a key barrier to minority participation in breast cancer clinical trials. An overwhelming majority of respondents (80%) indicated additional funding to be the key to continuing their community education efforts around clinical trials.

Future Directions

Together, the key informant and clinical trials survey results substantiate the need for future Komen Detroit Race for the Cure® support of programs and partnerships aimed at: 1) increasing awareness and promotion of breast cancer early detection and breast health among the identified priority populations; 2) facilitating the delivery of mammography screening to underserved women; 3) addressing clinical trials outreach, education, and participation disparities for minority communities; and 4) addressing the socio-economic factors that underlie disparities in breast cancer screening and contribute to late stage diagnosis among high-risk groups. Finally, the exploratory data evidence also suggests that future emphasis be placed on promoting breast health and breast cancer early detection as priority issues for women in our service area who are faced with day-to-day social and economic challenges.

Narrative of Affiliate Priorities

With respect to grant making, the *Susan G. Komen for the Cure 2009 Metropolitan Detroit Community Profile* indicates there is a significant, continuing and increasing need for:

Priority 1: Increased delivery of mammography screening to those most in need,

Priority 2: Addressing outreach and education gaps to increase minority participation in clinical trials,

Priority 3: Encouraging innovative collaboration among community organizations to develop programs that will both:

- **increase awareness and promote earlier detection of breast cancer in underserved populations,**
- **and demonstrate an increase in screening rates.**

Priority 4: Funding of programs intended to maintain continuity of care by providing patient navigation and coverage of care-related costs such as transportation, parking, and temporary bridge insurance co-pays.

Following are justification and objectives for these priorities.

Komen Detroit Grant-Making Action Plan

Priority 1

Increased delivery of mammography screening to those most in need.

Despite advances in technologies and increased access to screening services, Michigan still has one of the 20 highest breast cancer mortality rates in the United States.

Getting tested regularly is the best way for women to lower their risk of dying from breast cancer. Screening tests, especially mammography, can find breast cancer early, when it's most treatable.

In the 2009 Komen Detroit Key Informant Survey 53% of respondents reported that women in their service area received mammograms primarily because their “physician told them to” and 49% of the women “felt something was wrong, felt a lump.” Those groups who were identified as having the greatest need for breast health and breast cancer services were African Americans (78%), women between the ages of 40 and 49 (56%), the mentally disabled (31%), and the un- and under-insured (80%).

Additionally, in mapping BCCCP clinics (program points of entry) there were pockets without clinical services and Federally Qualified Health Centers within the tri-county area.

Objective 1: Each year, invite five new community organizations serving high-need areas to attend the annual Grant-Writing Workshops.

Objective 2: Each year, establish and maintain four new relationships with breast health care professionals and/or organizations, one from each of the four targeted cities: Highland Park and Detroit (Wayne County), Pontiac (Oakland County) and Warren (Macomb County) to develop strategies to better meet the breast health needs of women in their community.

Objective 3: Enable the Wayne County BCCCP to increase the number of providers by helping identify partners in the downriver area. “Downriver” is the unofficial name for a collection of 18 suburban cities and townships in Wayne County. The area is south of Detroit along the western shore of the Detroit River.

Priority 2

Addressing outreach and education gaps to increase minority participation in clinical trials.

Racial and ethnic disparities in breast cancer clinical trials are real: Racial and ethnic minorities made up less than 10 percent of participants in the National Cancer Institute's (NCI) publicly-funded clinical trials between January 2003 and June 2005 (The State of Breast Cancer, Susan G. Komen for the Cure, 2007¹)

When women of color and special populations are left out of breast cancer research, critical questions cannot be answered, such as potential differences in response to treatments and therapies; why more aggressive forms of breast cancer may be more common among African American women; and the survivorship implications of access to early detection and quality care.

There are clear indications of the lack of minority participation in clinical trials, and the data suggest actions may improve participation. All Komen Detroit Clinical Trial Survey participants identified:

- the need for increased funding opportunities
- their willingness to form community partnerships (with the faith community, social service providers, and others), and
- collaborations with primary care physicians to expand awareness messages about this crucial gap

Current forms of community education include information about breast cancer clinical trials and research studies for 56% of the respondents. Twenty-nine percent of the respondents reported that funding, additional community partnerships, and designated staff persons were the resources needed to assist their organization in building capacity for clinical trials outreach and education activities.

Objective 1: Introduce community organizations to a variety of educational tools to incorporate Clinical Trials to their program. Among them: Susan G. Komen for the Cure® Understanding Breast Cancer series and NCI's Clinical Trials Education Series.

Objective 2: Provide clinical trial information through a variety of outlets that reach minority communities, with an emphasis on the African American, Arab American and Hispanic/Latino communities.

Objective 3: Implement within Komen Detroit Race for the Cure® media promotion plan, an inclusion of the importance of clinical trials enrollment and their role in improving breast cancer diagnosis and treatment.

Priority 3

Encouraging innovative collaboration among community organizations to develop programs that will both:

- **increase awareness and promote earlier detection of breast cancer in underserved populations and;**
- **demonstrate an increase in screening rates.**

Key Informants commented on the type of partnerships their organization maintains in providing breast health services to women in their community. A majority (70%) reported

having partnerships in the areas of community outreach and education, research, and funding partners.

A majority (71%) of Key Informants revealed that the most effective methods for reaching women with breast health information and cancer services was through “direct outreach (public presentations, workshops, trainings).” The type of breast health information reported centered on providing BCCCP, breast cancer risk and prevention information.

Getting tested regularly is the best way for women to lower their risk of dying from breast cancer. Screening tests can find breast cancer early, when it's most treatable. A 2007 report commissioned by Susan G. Komen for the Cure® highlighted the high breast cancer mortality rate in Wayne County, Michigan. Because early detection and treatment of breast cancer is crucial to survival, we require that Komen Detroit fundable education programs demonstrate a direct link to screening, resulting in increased screening rates.

Objective 1: Promote networking opportunities for community organizations attending the annual Grant-Writing Workshops.

Objective 2: Communicate the importance of breast health education and screening to organizations through volunteers, presentations and forums so that these organizations are armed with information they can share with clients and patients.

Objective 3: Provide contact and service information for breast health service providers in the tri-county area through the development of the Komen Detroit Race for the Cure® Wayne, Oakland & Macomb Counties Breast Health Resource Directory.

Priority 4:

Funding of programs intended to maintain continuity of care by providing patient navigation and coverage of care-related costs such as transportation, parking, and temporary bridge insurance co-pays.

Survey responses identified a number of obstacles and barriers facing their clients such as not having the financial resources to pay for services (53%), actually having cancer (73%) and not knowing about breast cancer screening guidelines (74%).

We have learned from current and past grantees, that additional obstacles to appointment follow through and keeping patients in the continuum of care include:

- lack of transportation
- parking fees
- insurance co-pays and;
- cost of bridge insurance such as COBRA when clients lose employer-based coverage and numerous other care-related expenses.

As layoffs and unemployment continue to be a critical problem, we anticipate this need will grow. To the extent that Komen Detroit funds can assist high-functioning and effective programs, this priority will be considered in the overall decision-making related to grant awards.

Objective 1: The Komen Detroit Race for the Cure® “Breast Cancer Brain Trust,” formed in response to Komen for the Cure Breast Cancer Mortality Report (April, 2007) highlighting Wayne County, Michigan, among eight areas in the US with high breast cancer mortality rates,

will identify strategies to minimize barriers that prevent or delay individuals from remaining within the continuum of care. The "Brain Trust" is comprised of community experts who act as consultants to the Komen Detroit organization.

Objective 2: Identify, establish and intensify relationships with partners throughout Macomb and Oakland County with whom we can collaborate and explore solutions to breast health barriers.

Objective 3: Through membership and involvement with the Michigan Cancer Consortium communicate the State's Breast Cancer goals and action plan to Komen Detroit grantees.

Affiliate Action Plan

In addition to the Komen Detroit Race Local Grant Program, which addresses the breast cancer education, screening and treatment support needs of the tri-county area of metropolitan Detroit, in the next two years the Komen Detroit Race for the Cure® will also prioritize the following:

Strategy 1: Continuously improve and conduct annual Grant-Writing Workshops and increase the number of participants.

Strategy 2: Provide training within annual Grant-Writing Workshops for NCI's Using What Works: Adapting Evidence-Based Programs to Fit Your Needs.

Strategy 3: Develop and implement a Grant-Writing Consultant program to assist Workshops participants in the grant application process.

Strategy 4: Build a relationship with the Macomb County Health Department and its Breast and Cervical Cancer Screening Program (BCCSP) to increase enrollment and awareness of Susan G. Komen for the Cure as a community resource.

Strategy 5: Strengthen the relationship with Oakland County Health Department and its BCCCP by helping to identify and increase the number of providers throughout the Oakland County area.

Strategy 6: Expand the Komen Advocacy Alliance partnership among the Michigan Affiliates to engage policymakers and government to advocate for an increased investment in breast cancer research and greater access to breast health services.

Strategy 7: As active members of the Michigan Cancer Consortium, the State's Comprehensive Cancer Control body, specifically members of the Membership Committee and on the Breast Cancer Workgroup, contribute to the formation and implementation of the MCC Initiative 2009 Strategic Plan.

Strategy 8: Formalize an existing support network of Komen advocates, survivors and health care providers to offer assistance to breast cancer patients and families in crisis.

Strategy 9: Continue to provide expert speakers, survivors and Komen spokespersons and/or Komen breast cancer materials as sponsor benefits, for community events and in support of Komen cause-related marketing and other fundraising activities.

Strategy 10: Continue to work in conjunction with Karmanos Cancer Institute Community Education Department in its efforts to identify and deliver health education outreach to populations in need.

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¹ Breast Cancer Mortality Report: Closing the Gaps in Eight Communities, Susan G. Komen for the Cure, April 2007