

Susan G. Komen For The Cure Community Profile 2009

Greater Roanoke Valley Affiliate



Community Profile Components

Quantitative Analysis

National Statistical Analysis By City, County, Zip Code Level:
Screening Rates, Mortality, Incidence Comparison At
Community-based Level

Qualitative Analysis

Community Survey
Provider Survey

Identifying Gaps And Needs

Talking Points – Community Profile 2009

- In service area (“SA”), we estimate 566 women will be diagnosed each year with breast cancer.
- We estimate in SA that 1 in 3 women age 40/over have not had a mammogram in the last year.
- In SA, mortality rates for breast cancer are higher than the state or national rates.
- In SA, breast cancer incidents rates among women in all but one of our counties is higher than state or national rates.
- There are 210,385 women age 40 and over in the Greater Roanoke Valley Komen for the Cure SA.
- There are 400,659 women of all ages.

Sources: Greater Roanoke Valley Susan G. Komen for the Cure Community Profile Planning Document (2009).

Statistics prepared on behalf of the National organization of Susan G. Komen for the Cure.

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Talking Points

- We estimate that 114 breast cancers go undiagnosed each year in our SA, which may lead to later diagnosis of the disease.
- Later stage breast cancers diagnosed as Stage III or IV in our SA occur at a higher percentage in Pittsylvania and Henry Counties and Roanoke City.
- 113 women are estimated to die from breast cancer in our SA every year.
- The rate of death for breast cancer is highest in Roanoke City than any other location in our SA.

Sources: Greater Roanoke Valley Susan G. Komen for the Cure Community Profile Planning Document (2009).
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Priority Gap I

Early detection and prevention messages, education and screening service outreach are keys in the above target counties with higher mortality and across the service area at large.

Target Counties with highest % late-stage cancers where early-detection message benefits:

Henry, Pittsylvania, and Roanoke City

Counties with significant mortality and death rate due to breast cancer:

Henry, Pulaski, Galax City, Salem City and Bedford

Counties with greatest number of breast cancer deaths are:

Roanoke County, Montgomery, Franklin, Wythe and Pittsylvania

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Priority Gap 2

Early detection and prevention messages, education and screening outreach are imperatives to African American Women, who experience higher mortality rates both in Virginia (6th) and in the KSA. Specific cities and counties in need include the City of Roanoke, Henry, Pittsylvania, Bedford, Franklin, Alleghany and Roanoke County.

The following counties have both high mortality rate and death total:

Roanoke City, Henry, Pittsylvania, Bedford, Franklin and Roanoke County

Highest population concentration of African American Women:

Roanoke City, Henry, Pittsylvania, Bedford, Franklin, Alleghany, Roanoke County

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Priority Gap 2 (Continued)

Early detection and prevention messages, education and screening outreach are imperatives to African American Women, who experience higher mortality rates both in Virginia (6th) and in the KSA. Specific cities and counties in need include the City of Roanoke, Henry, Pittsylvania, Bedford, Franklin, Alleghany and Roanoke County.

For both Caucasian and African American Women:

The City of Roanoke represents an area where both the mortality rate and rate of death is high – the rate of death for breast cancer is highest in Roanoke City than any other location within the KSA.

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National Statistical Analysis By City, County, Zip Code
Level: Screening Rates, Mortality, Incidence Comparison
At Community-based Level

Qualitative Analysis

Community Survey
Provider Survey

Identifying Gaps And Needs

Community Survey Group

- **Survey Group Consisted of 691 Women**

- **Areas Most Heavily Represented Include:**

- Roanoke City
- Roanoke County
- Montgomery County
- Franklin County

- **Respondents Were Placed into Age Ranges:**

- **Age Ranges Were:**

- 19 – 29
- 30 – 39
- 40 – 59
- 60 +

AGE OF SURVEY RESPONDANTS:		
AGE	#	%
19-29	54	7.81%
30-39	134	19.39%
40-59	418	60.49%
60+	85	12.30%
GRAND TOTAL	691	100.00%

Chart 1: Ages of Survey Respondents

LOCATION OF SURVEY RESPONDANTS:		
CITY/CO	#	%
ROANOKE CITY	164	23.73%
ROANOKE CO.	158	22.87%
MONTGOMERY CO.	93	13.46%
FRANKLIN CO.	73	10.56%
HENRY CO.	40	5.79%
BOTETOURT CO.	39	5.64%
SALEM CITY	38	5.50%
FLOYD CO.	14	2.03%
PATRICK CO.	11	1.59%
RADFORD CITY	10	1.45%
BEDFORD CO.	10	1.45%
BEDFORD CITY	6	0.87%
PULASKI CO.	5	0.72%
LEXINGTON CITY	5	0.72%
CRAIG CO.	4	0.58%
WYTHE CO.	2	0.29%
WV-MONROE CO.	2	0.29%
AMHERST CO.	2	0.29%
COVINGTON CITY	2	0.29%
AUGUSTA CO.	2	0.29%
GILES CO.	1	0.14%
LYNCHBURG CITY	1	0.14%
FL-NASSAU CO.	1	0.14%
DICKENSON CO.	1	0.14%
ALLEGHANY CO.	1	0.14%
CLIFTON FORGE CITY	1	0.14%
CAMPBELL CO.	1	0.14%
STAUNTON CITY	1	0.14%
TAZEWELL CO.	1	0.14%
TN-WASHINGTON	1	0.14%
DANVILLE CITY	1	0.14%
GRAND TOTAL	691	100.00%

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Chart 2: Location of Survey Respondents

Survey Group (Con't)

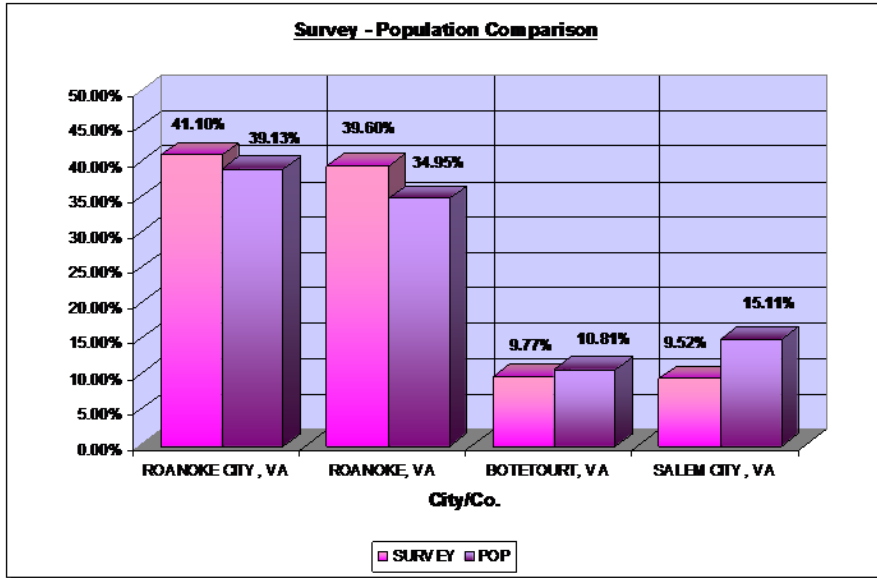


Chart 3: Comparison of Survey Results with Population Distribution

Much Higher Percentage of Respondents in the 40-59 Age Range Than in Local Population

(See Chart 4 for Detail)

Internet Distribution of Survey and Age Group Interest in Breast Health Issues Likely Contributing Factors

Respondent Locations Closely Mirrored the Population Distribution Within the Greater Roanoke Valley (See Chart 3 for Detail)

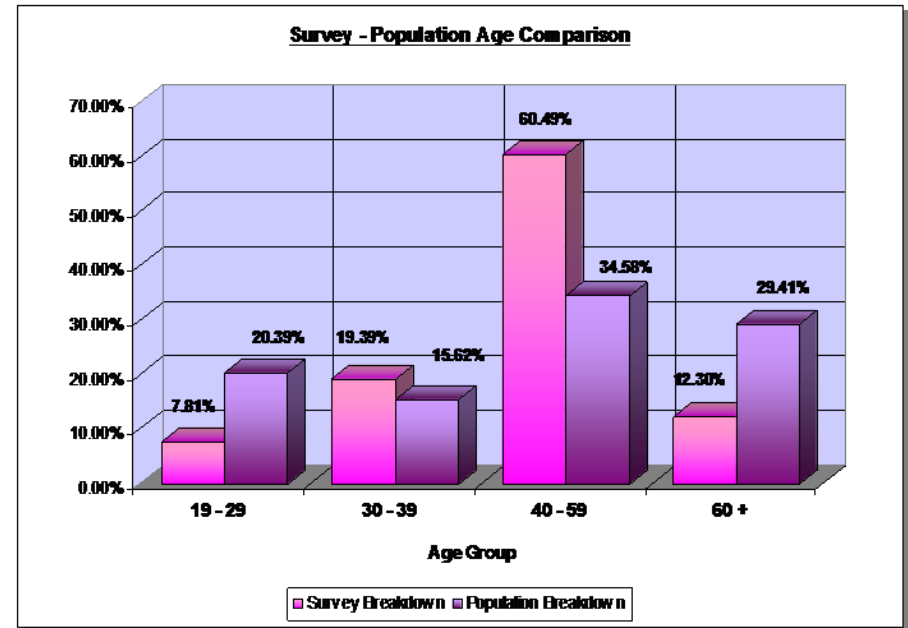


Chart 4: Survey Age Distribution versus Pop. Age Distribution

Provider Survey Group

Locations Surveyed City/Co	Total
ROANOKE CITY	17
MONTGOMERY CO.	6
SALEM CITY	3
ROANOKE CO.	3
CRAIG CO.	2
FRANKLIN CO.	2
LYNCHBURG CITY	2
LEXINGTON CITY	2
WYTHE CO.	1
HENRY CO.	1
GILES CO.	1
BEDFORD CITY	1
RADFORD CITY	1
ALLEGHANY CO.	1
GALAX CITY	1
CARROLL CO.	1
GRAND TOTAL	45

Chart 1: Locations of Survey Participants

The Distribution of Provider Within The Survey Group Is Well Representative Of The Provider Network Greater Roanoke Area Women Would Rely Upon For Breast Healthcare

Breakdown of Survey Participants

Areas Most Heavily Represented In The Provider Population Are:

- Roanoke City 36.96%
- Montgomery County 13.04%
- Salem City 6.52%
- Roanoke County 4.35%

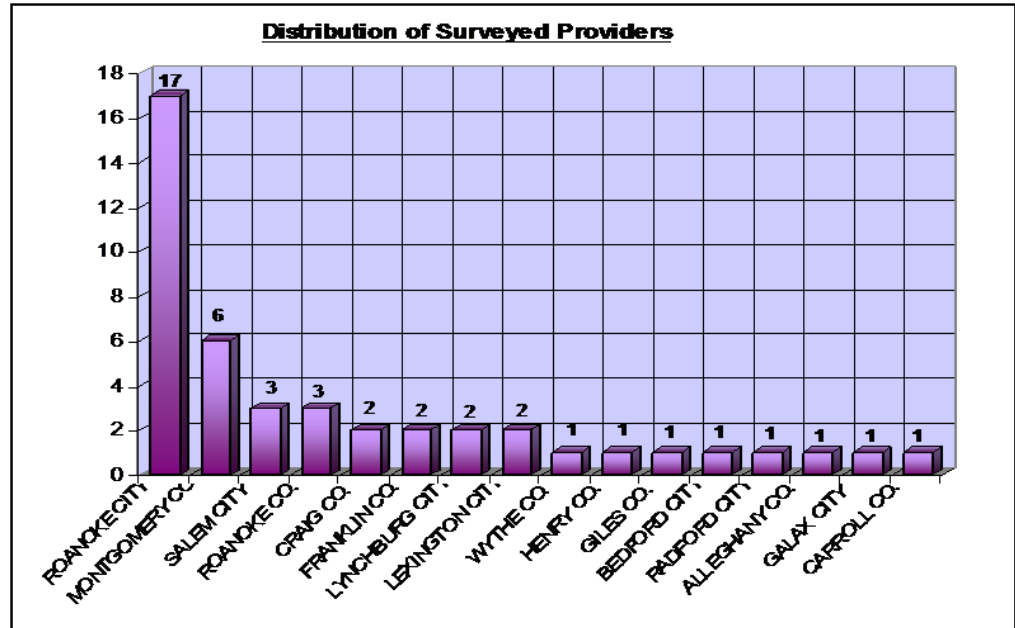


Chart 2: Distribution of Survey Participants

Priority Gap 3

Address Top Five (5) Barriers to Screening Mammography with Education, Outreach, Grants, Community Partnerships and Information

Affordability [lack of insurance, underinsured, poverty, transportation, misunderstanding about insurance coverage and pricing]

Fear [What is found – diagnosis; what will spouse think; it is a personal issue]

Self Image/Beliefs [self-sacrifice – everyone else in family needs attention and prioritize those needs over self – particularly for women; no time for mammography]

No Family History [no family history means less need for mammography and annual screening]

MD/Professional Recommendation [misinformation about mammography, its value and screening interval recommendation]. Literature search regarding conflicting recommendations, advances in technology, and overall value of screening mammography, is an important focus for educating physician and other clinical professionals.

Sources: Greater Roanoke Valley Susan G. Komen for the Cure Community Profile Planning Document (2009). Statistics prepared on behalf of the National organization of Susan G. Komen for the Cure.

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Reasons for No Mammography

Among Women 40 +

Among Women Aged 40+ Who Reported Never Getting a Mammogram, the Following Are the Reasons They Listed as Barriers to Getting a Mammogram:

- I Can't Afford Treatment If Something is Found: 50.00%
- If Something is Wrong, I Don't Want to Know About It: 37.50%
- I Don't Have Health Insurance: 25.00%
- I Can't Afford a Mammogram: 18.75%
- I Don't Have Time For a Mammogram: 18.75%
- I Am 40 or Older, But My Doctor Has Not Referred Me: 18.75%
- No One in My Family Has Had Breast Cancer: 18.75%

Among Women 19 - 39

Among Women Aged 19 – 39 It Was Felt the Following Would Be Their Biggest Barriers to Getting a Mammogram:

- No One In My Family Has Ever Had Breast Cancer 20.45%
- Worried That a Mammogram Will Hurt 15.91%
- Other Health Care Needs Are More Important 3.79%

- No Respondents Indicated 'I Don't Know What a Mammogram Is'. Only One Responded 'I Don't Know Where to Get a Mammogram'.

Other Reasons Reported

"Research Has Shown Me That Mammograms Are Not Entirely Effective, and Are Often Overprescribed."

"Even With Family History of Breast Cancer, Doctor Said I Should Wait Until After Age 35."

"Haven't Taken The Time Off to Make Appointment."

"I Keep Putting It Off. I Know I Need To."

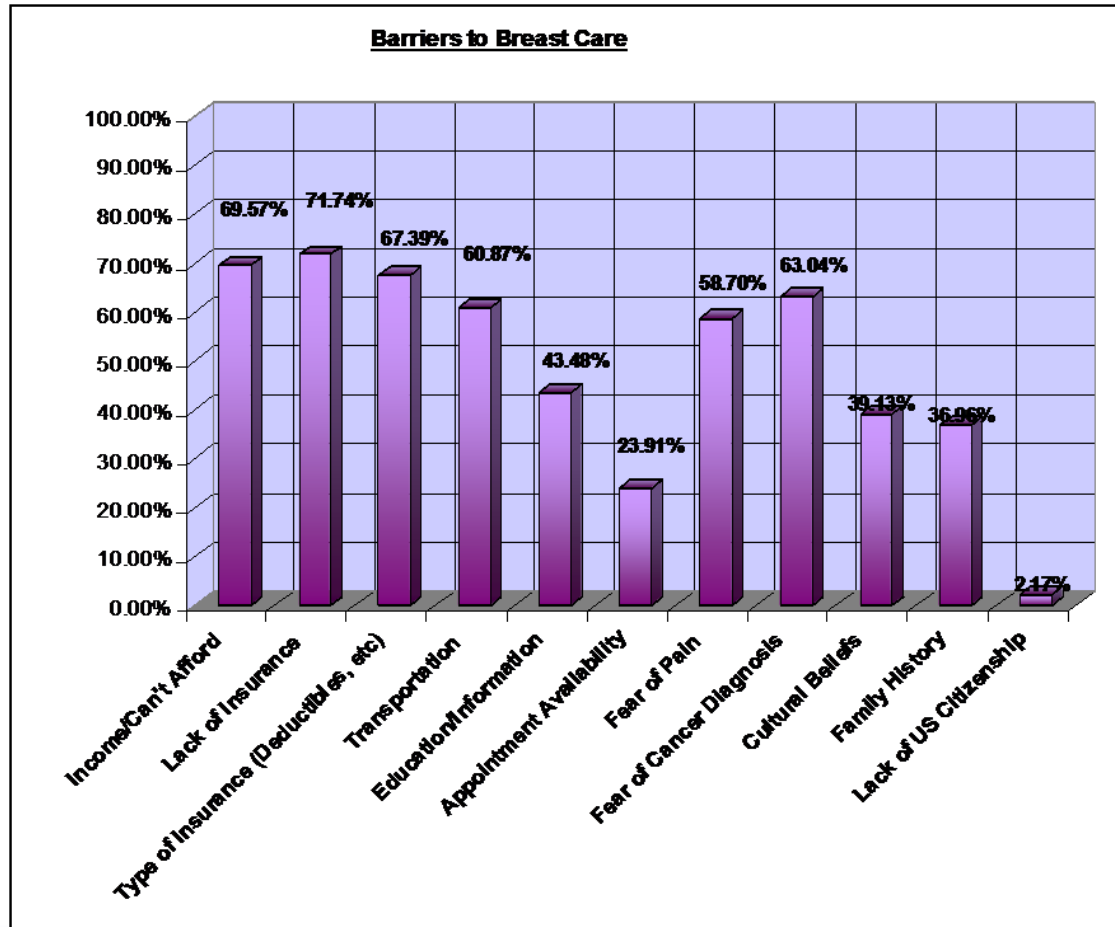
"No Place Close To Me To Go In The Short Amount of Time I Have to Do It In."

"Procrastination."

"Pure Laziness."

Barriers to Breast Health

54.35% of the Providers Surveyed Indicated That They Felt There Were Serious Barriers to Women Receiving Breast Health Care in the Community



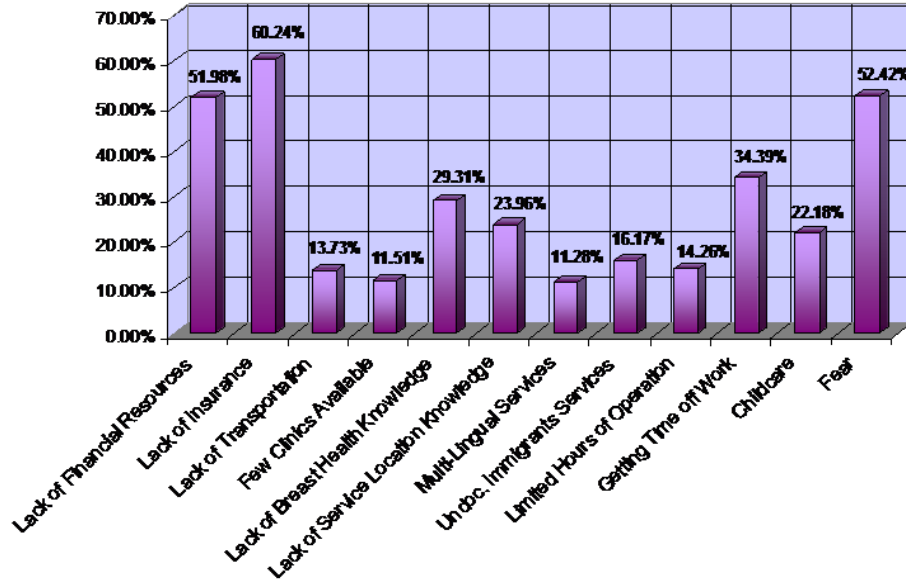
Top Barriers

The Following Are The Highest Provider Rated Barriers to Women Getting Necessary Breast Care:

- Lack of Insurance (71.74%)
- Income/Can't Afford (69.57%)
- Type of Insurance/Costs (67.39%)
- Fear of Cancer Diagnosis (63.04%)
- Transportation (60.87%)

Barriers to Breast Care

Barriers to Routine Breast Healthcare



Largest Barrier to Breast Care

The Survey Respondents Felt That Out of the List in the Chart At Right, The Following Factors Were the Largest 'Serious Problems' to Breast Care:

- Lack of Insurance 60.24%
- Fear 52.42%
- Lack of Financial Res. 51.98%
- Getting Time Off Work 34.39%

Other Barriers

The Survey Respondents Also Indicated That the Following Factors Could Also Serve As Barriers to Women Receiving The Breast Care They Need:

Lack of Attention from PCP's

Apathy/Denial

Lack of Knowledge About Free/Low Cost Services

Lack of Reminders for Yearly Check-Ups and Procedures

Focus Group Results

Barriers to Screening Mammography

Question: Why women don't get mammograms?

- Fear

- Pain (heard horror stories vs. reality: may be uncomfortable, not painful)

- Fear of worse case scenario

- Personal: vanity for breast

- Fear what will spouse think, family support, support groups

- Stigma

- Don't want to know outcome

- Everyone else is more important (self sacrifice)

- Private issue (personal feelings)

- Peer impact (affects compliance)

Focus Group Results

Barriers to Screening Mammography

- Cultural: other countries don't get them, but here more regular
 - Time
- 50% survivors (In compliance)
- Misunderstandings about mammograms
 - Web sites – (erroneous information: mammogram would cause cancer)
 - Age: too young, 35 or younger, not my time yet
 - No family history of breast cancer

Focus Group Results

Barriers to Screening Mammography

- Taboo
- Cost
- Doctor viewed as “sole” source, “King” – should know best result – waiting on doctor’s recommendation
- Check in 6 months (don’t follow-up)
- Lack of transportation
- Demographics
- Prescription for mammo screening (referral not required)

Mammography Coverage

- **75 Survey Respondents Reported That They Had No Coverage for Mammography**

- 53 Survey Respondents in the 40-59 Age Group Reported Having No Mamm. Coverage
(Reference Chart 6 For Detail)

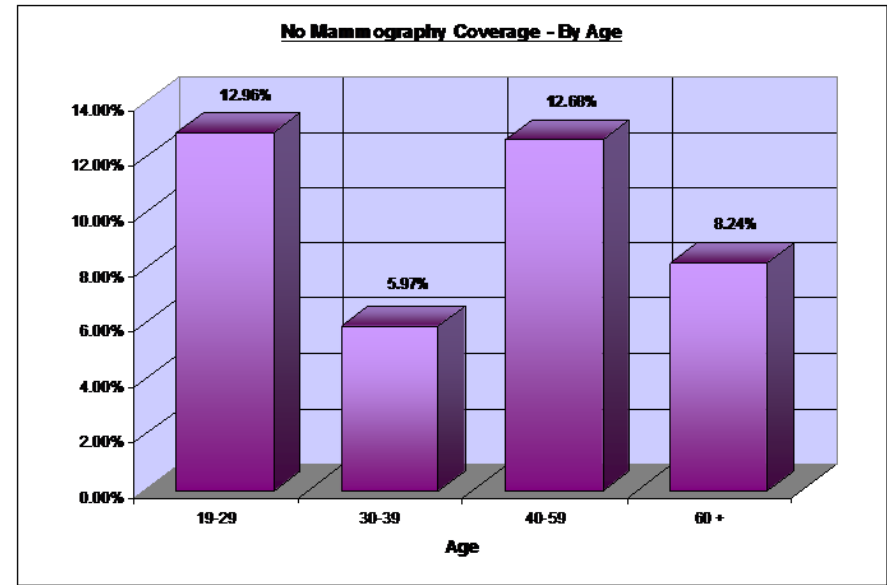


Chart 6: No Mammography Coverage by Age

- **Highest Percentage of Women With No or Limited Mammography Coverage Survey Respondents Were From:**

- Henry County
- Patrick County

Survey Results Indicate That

6.85% – 13.91%

of Area Women Have No Mammography Coverage

Insurance Coverage

- **58 Survey Respondents Reported That They Had No Insurance Coverage**

- **11.48% of Survey Respondents in the 40-59 Age Group Reported Being Uninsured**

(Reference Chart 5 For Detail)

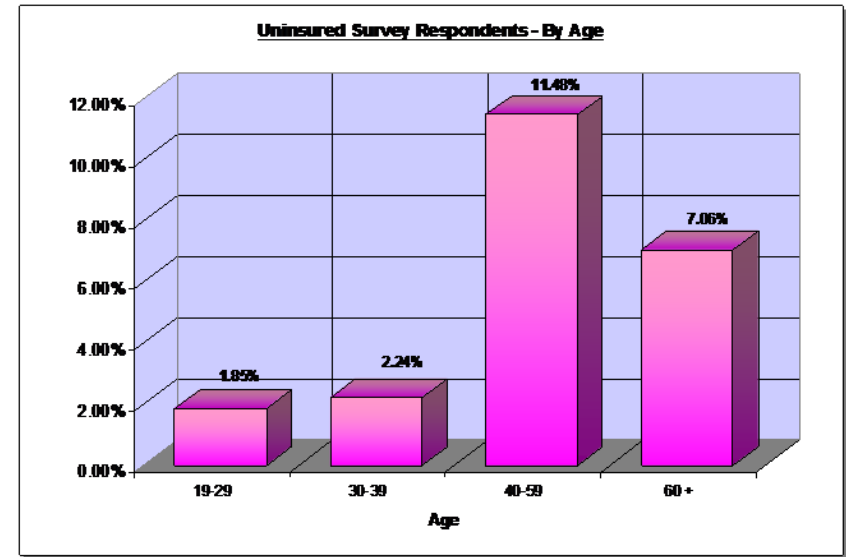


Chart 5: Uninsured Respondents By Age

- **Highest Percentage of Uninsured Survey Respondents Were From:**

- **Henry County**
- **Patrick County**
- **Franklin County**

Survey Results Indicate That

6.23% – 10.30%

of Area Women Have No Health Insurance

National Average - 2007 = 15.3%*

Virginia Average - 2007 = 14.1%*

(Source: US Census Data – 2006 to 2007)

Priority Gap 4

Address gap in education, outreach, understanding vis-à-vis partnerships with organizations and other venues for the younger population of women [19-45] of all ethnicities, shown to have lower knowledgebase regarding screening.

In the Provider Survey, providers felt in the Majority of Offices, Women between the Age of 19-39, Spanish-Speaking Women, African American Women and Elderly Women May Be Under Targeted Populations.

Focus Group participants felt strongly that the younger population should be targeted for education and outreach and that partnerships with youth organizations, such as schools, universities, civic and church organizations is key. Also felt that younger population influences healthier lifestyle in parents through encouraging early detection.

Within the Community Survey, the 19-29 Age Group Had the Most Respondents Who Reported Knowing Very Little to Nothing About Mammograms (17.91%) or Breast Self Exam (11.01%).

The 30-39 Age Group Reported Knowing Least About Breast Cancer (14.18%), Breast Health (16.42%), Clinical Breast Exams (22.39%).

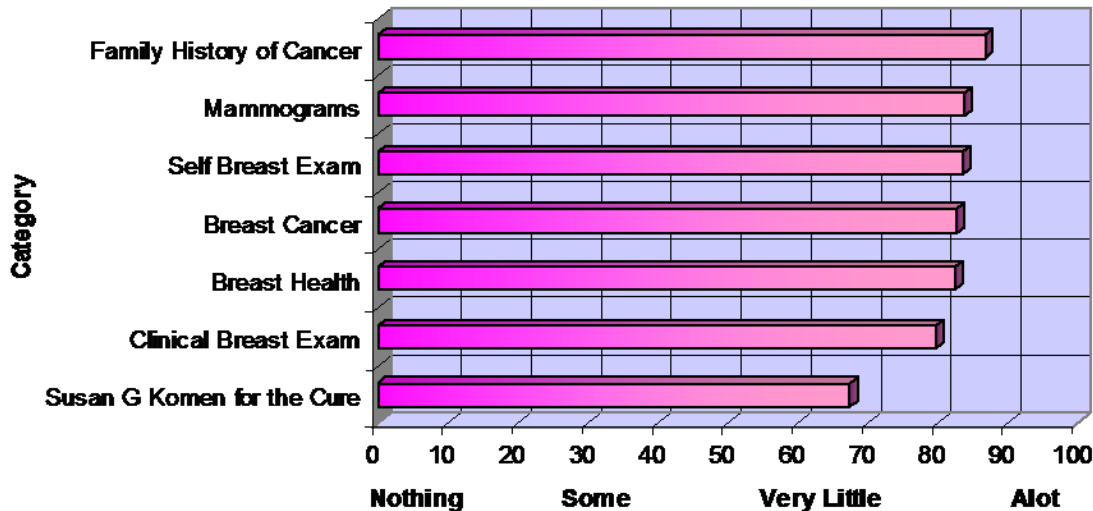
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Community Knowledge Level

Survey Respondent Knowledge



Groups Indicating Knowing Very Little to Nothing About Categories:

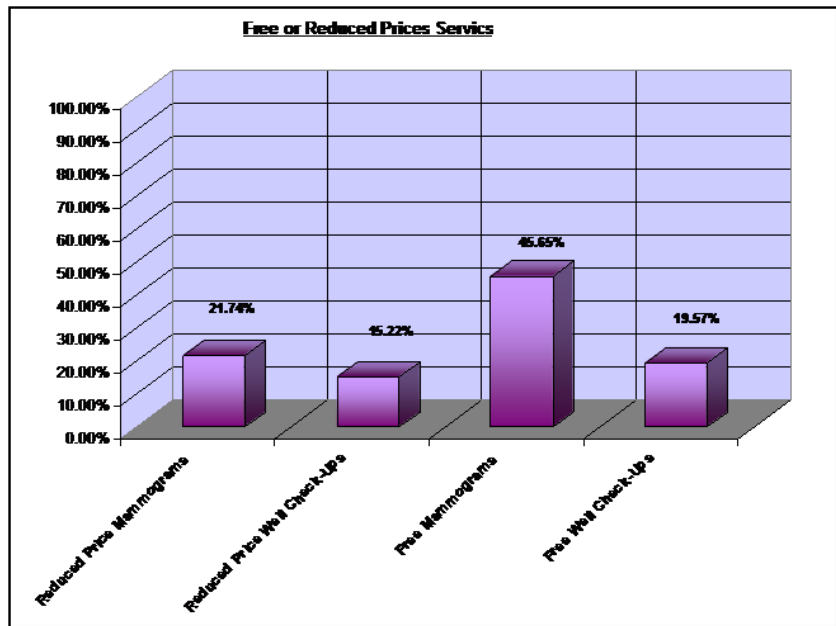
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- The 30-39 Age Group Reported Knowing Least About Breast Cancer (14.18%), Breast Health (16.42%), Clinical Breast Exams (22.39%).
- The 60+ Age Group Reported Knowing Least About Susan G. Komen for the Cure (43.52%).

Chart 7: Survey Respondent Knowledge – Breast Care Categories

Trends:

- Positive Correlation Between % of Respondents Indicating Alot of Knowledge and Age in all Survey Categories
- The 30-39 Age Group Responded Lower Than Other Age Groups Regarding Knowledge of Breast Health Issues

Breast Care Resources

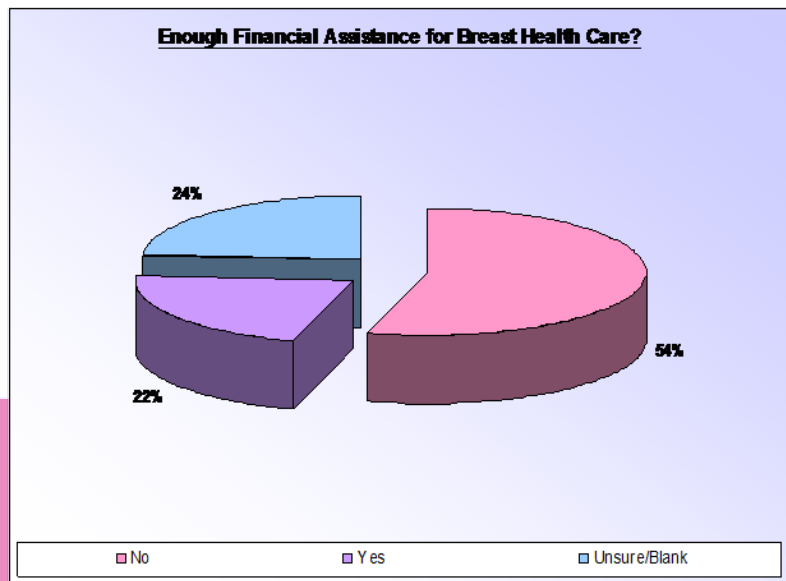


Reduced Price Breast Care

Survey Results Indicate That Organizations Offering Free or Reduced Price Breast Care in the Area Represent the Minority of the Providers Surveyed

In Addition, Only 22% of Providers Indicated That They Felt There Are Ample Financial Assistance Resources Available to Help Women With Breast Care in the Area

The Majority of Providers 67.39% Indicate That They Are Unsure of the Eligibility Level for Assistance in Paying for Breast Care



Partners/Experts

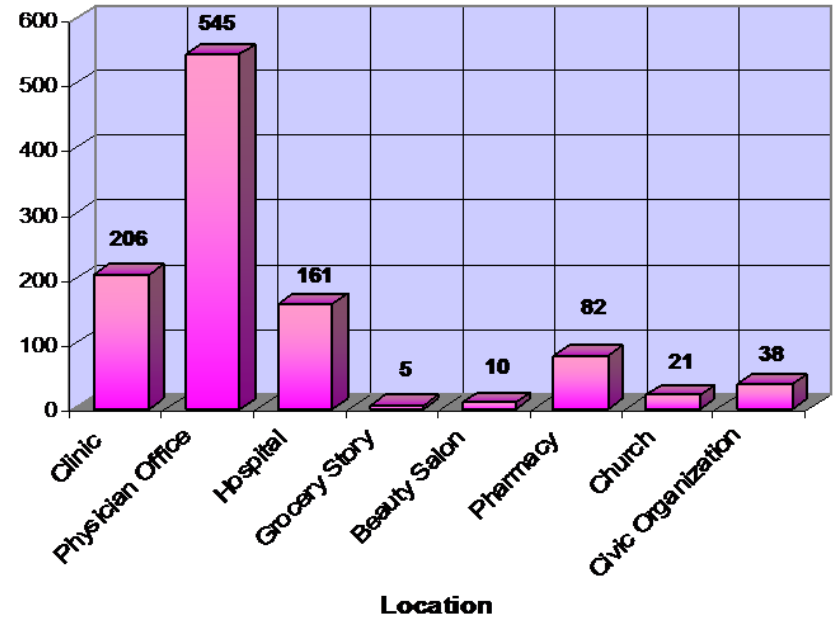
The Respondents Also Indicated That Only 41.30% of Providers Have an Organization That They Would Consider a 'Partner' or 'Expert' in Providing Breast Health Education and Information

Breast Care Information

The Survey Respondents Overwhelmingly Indicated That If Breast Care Information Was Needed For Themselves, They Would Go To Their Physician's Office For That Information

Of The Options In The Chart At Right, Physician's Office Was The Place The Majority Of Women Across All Age Groups Would Choose To Get Their Breast Care Information

Where to Go For Breast Care Info



Other Sources For Breast Care Info (Respondents Also Indicated That They Would Also Look to The Following Sources For Additional Breast Care Information):

Internet Sources (Web Md, American Cancer Society Website, Susan G. Komen Website)

- Community Health Fairs/Local Health Department
- Library/Bookstore
- Friends and Family (Survivors, Medical Personnel, etc.)

Breast Health Information

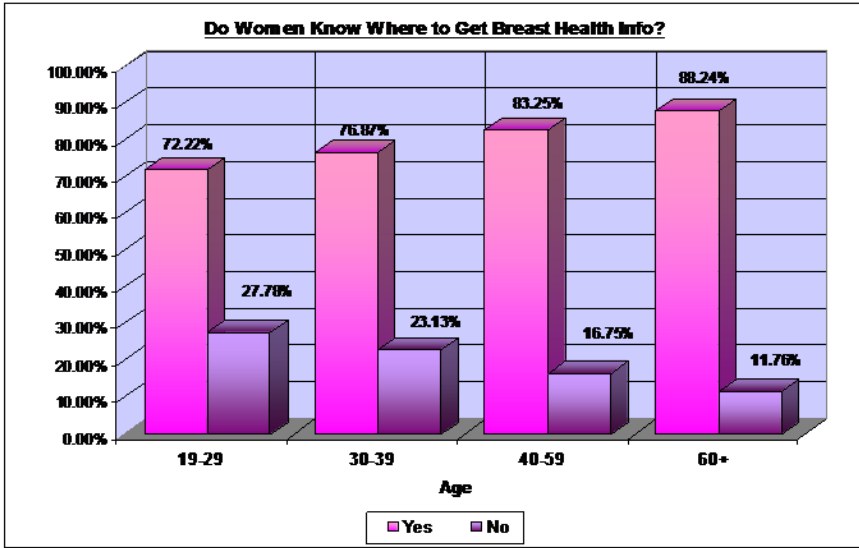
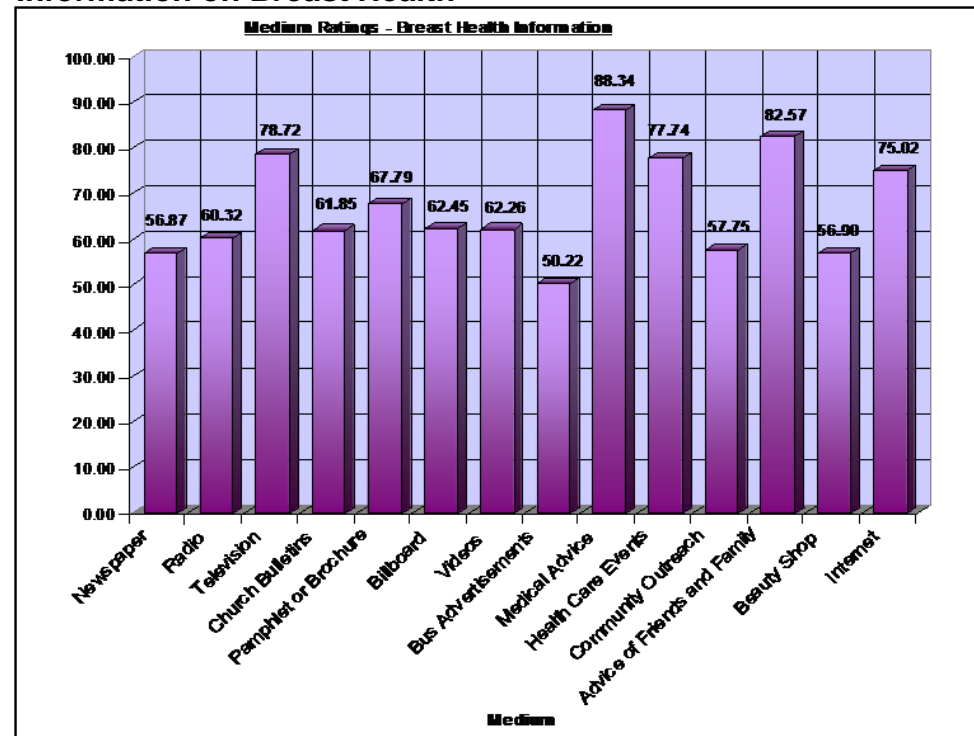


Chart 15: Responses to 'Do You Know Where to Get Breast Health Info?' By Age Group

Know Where to Get Breast Health Info?

The Majority of Women in Each Age Group Report Knowing Where to Go To Get Information Regarding Breast Health

Strong Positive Correlation Between Respondent Age and Affirmative Response Regarding Knowing Where to Get Information on Breast Health



Best Places to Get Breast Health Info - Most Mediums For Breast Health Info Were Rated Similarly Across Age Groups. Women Indicated the Best Place to Get Info Are:

- Medical Advice: 88.34
- Family/Friend Advice: 82.57
- Television: 78.72
- Health Care Events 77.74
- Internet 75.02

*(All Ratings Quotient Scores Based Out of a Possible Score of 100)

Breast Cancer Survivors

Breast Cancer Survivors Surveyed - By Age			
30-39	40-59	60 +	Grand Total
4	40	15	59

Chart 14: Breast Cancer Survivors Surveyed

Surveyed Breast Cancer Survivors

Of the 691 Women Surveyed, 59 Had Been Diagnosed With And Survived Breast Cancer

Valuable Information

The Breast Cancer Survivors Surveyed Reported Receiving Valuable Information From the Following Sources:

- Carilion/Susan G. Komen Women's Night Out
- Centra Health Genetics Lecture
- American Cancer Society in Roanoke (Literature and Pink Gatherings)
- Junior League Meetings
- Breast Cancer Seminar at Hotel Roanoke
- Women's Health University
- Booklets and Information from Surgeon & Oncologist
- Common Health Program at Work
- Speakers from the American Cancer Society & Susan G. Komen For the Cure

Services Overview

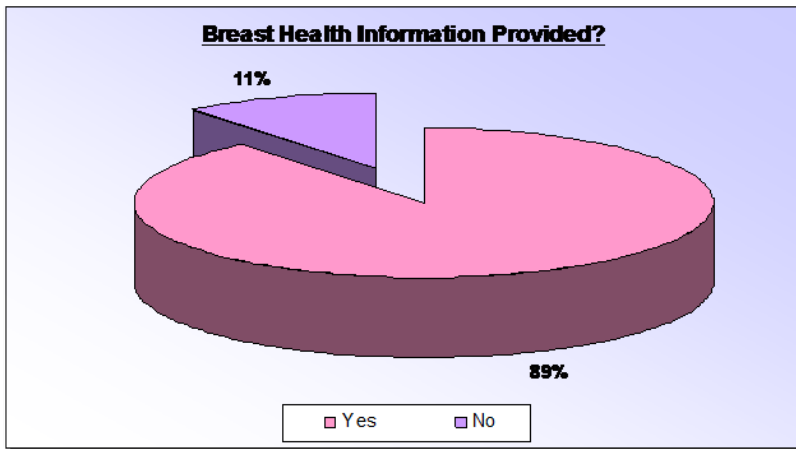


Chart 3: % of Sites Providing Breast Health Info to Patients

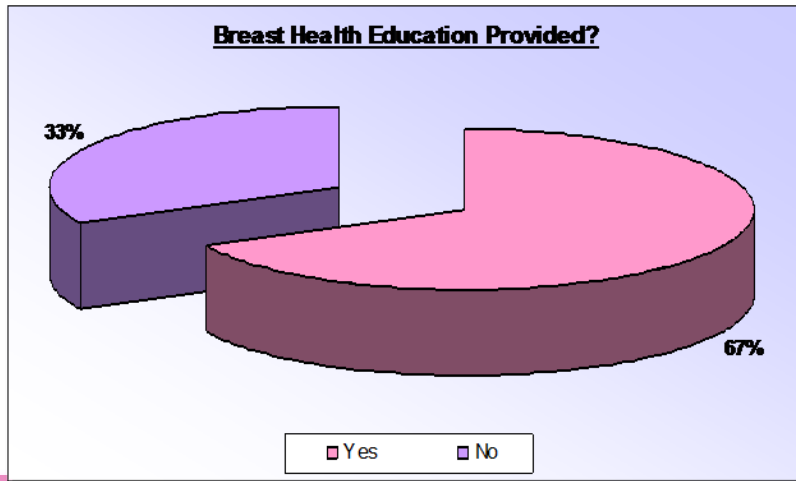


Chart 4: % of Sites Providing Breast Hlth. Educ. To Pats.

Services Provided

The Majority of the Providers Surveyed Indicated That They or Their Organizations Provide Both Breast Health Information and Breast Health Education to Their Patients

- 89% Provide Breast Health Info
- 67% Provide Breast Health Education

Waiting Room Info

When Specifically Asked, Only 9 Provider Offices (19.57%) Indicated That They Have Information Specifically Dedicated To Mammography In Their Waiting Rooms

Priority Gap 5

Greater Roanoke Affiliate of Susan G. Komen for the Cure has opportunity to increase visibility as a valued “resource” in breast cancer information, education, outreach, grants funding, and community service. Through strategic partnerships with health providers, grantees, and communication venues, the Affiliate will become known as an important “resource.”

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Provider Services

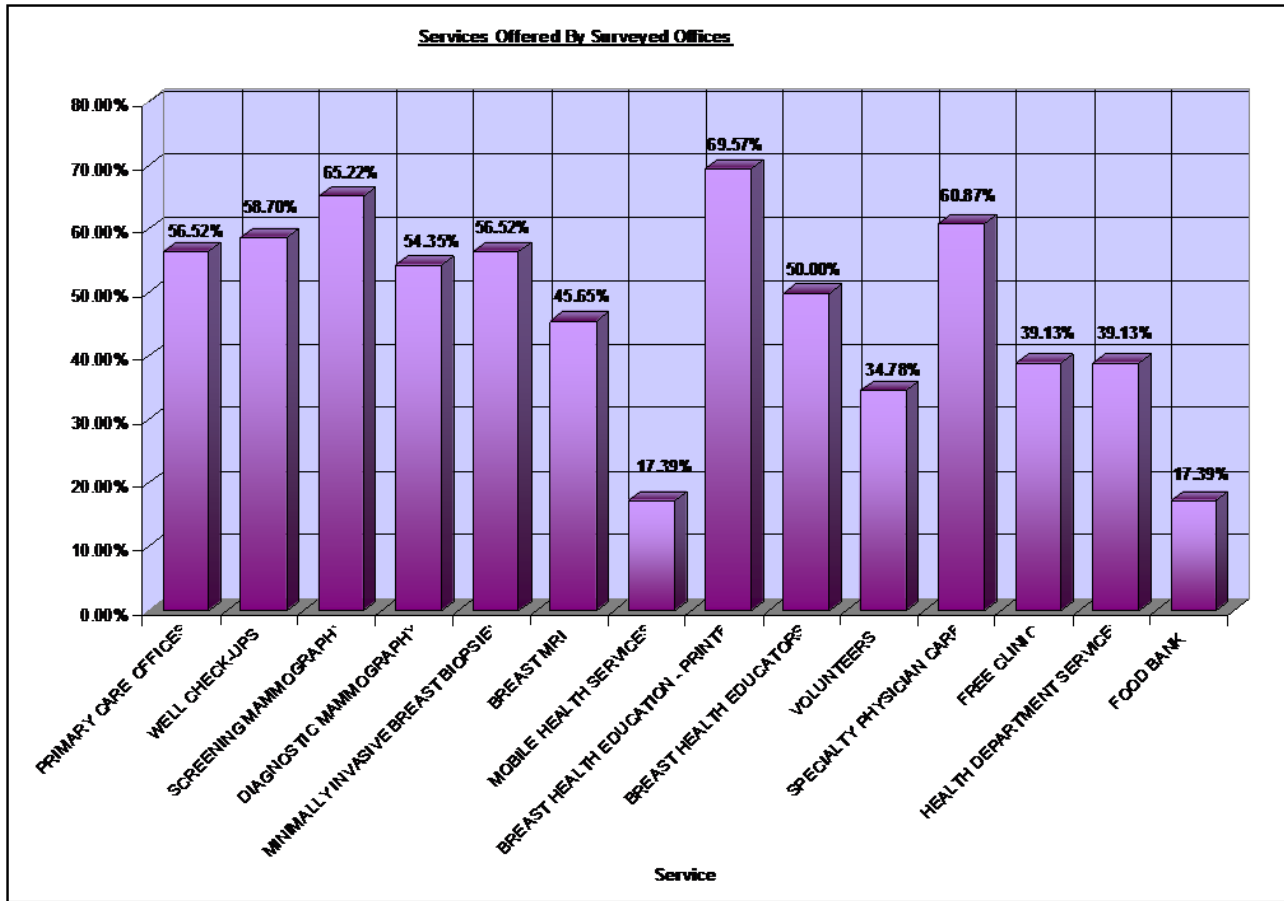


Chart 11: Sources of Info Offered By Provider Offices

High Supply Services

Provider Responses Indicate That the Following Services Are Available in the Majority of Offices:

- Breast Health Ed – Printed
- Screening Mammography
- Specialty Physician Care
- Well Check-Ups

Low Supply Services

Responses Indicate That the Following Services Are Not Readily Available Within Area Offices:

- Food Bank
- Mobile Health Services
- Volunteers
- Free Clinics/Health Dept Services

Available Services

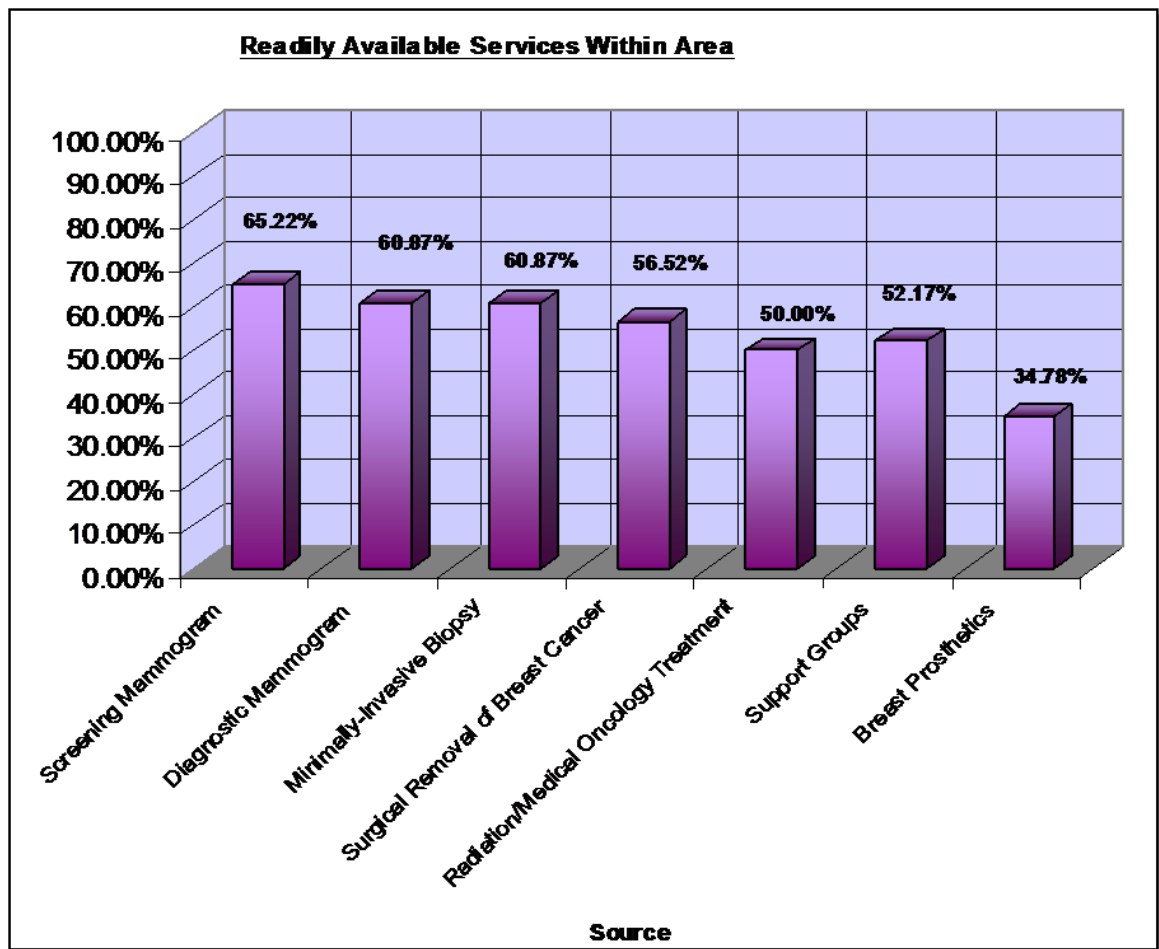


Chart 19: Services Available In The Area

Services in Area

The Majority of Providers Indicate That Most Services Related to the Diagnosis and Treatment of Breast Cancer Are Readily Available in the Area.

73.91% of Organizations Indicate That They Offer Screening Services for Women With Special Needs or Disabilities

Service Shortages

The One Area in Which Providers Felt There Was a Significant Shortage of Available Appointments Was For Breast Prosthetics.