

# Mission Action Plan

## **Breast Health and Breast Cancer Findings of the Target Communities**

Because Susan G. Komen Colorado's service area covers 72 percent of the state's population, improvements in breast health outcomes within the Affiliate's service area will substantively affect the state's overall ability to meet breast health targets established by Healthy People 2020 (HP2020). Komen Colorado's examination of breast cancer data, demographic projections, and socioeconomic indicators that have been tied to adverse breast health outcomes, have led the Affiliate to prioritize the following four target communities in its grantmaking, public policy, public education and outreach, and other programming efforts for the next four years:

- Medically Underserved Communities within Front Range counties
- Rural Northeast Colorado (Colorado Health Statistics Region 1)
- Mountain and Resort Towns
- Hispanic/Latina Women

### **Key Findings: Medically Underserved Women in Front Range Counties**

Adams, Arapahoe, Broomfield, Denver, Douglas, Larimer and Weld Counties will be home to 70.1 percent of women aged 40-64 within the Affiliate service area by 2020. None of the first six counties are projected to meet the target for late-stage diagnoses of breast cancer established by HP2020, and Weld is not expected to meet the HP2020 target for the breast cancer death rate.

Moreover, the late-stage diagnosis rate for Black/African-American women in Komen Colorado's service area is increasing at a rate of 8.9 percent annually - compared to an annual increase of 2.0 percent for the service area. Among Asian/Pacific Islanders, the late-stage diagnosis rate is increasing at 27.6 percent annually. Among American Indian/Alaska Native populations, just 52.8 percent of women aged 40-74 reported receiving a mammogram within the preceding two years. Although the female population of those communities represents just 10.3 percent of the adult female population within the Affiliate service area, these data suggest the need for targeted interventions within these populations.

Through a health system analysis and qualitative data-gathering, the Affiliate sought insight to answer the following key questions:

1. Despite a perceived prevalence of breast health providers in these counties, what are the largest barriers to regular screening among medically underserved communities?
2. What interventions could decrease late-stage diagnosis rates in the region?

Because of the large total population within these Front Range counties, Komen Colorado will narrow its interventions in these counties to:

- Populations whose late-stage diagnosis trend rate is significantly higher or whose mammography screening percentage is significantly lower than the Affiliate service area as a whole; and
- Individuals with lower incomes who are uninsured or underinsured and who live in medically underserved or rural areas within the counties, households with incomes less than 250 percent of the federal poverty level, or linguistic isolation; are foreign-born; or have lower educational attainment than the Affiliate service area.

To provide breast cancer screening, diagnostic, and treatment care to the 404,941 women aged 40-64 living in those counties as of 2010, 136 screening providers, 52 diagnostic providers, and 27 surgical, medical, or radiation oncology providers were identified by the Affiliate's analysis of the health system within its service area. While interviews with Front Range providers revealed a more comprehensive and more complex health care system than what is available in the rural northeast or the Mountain and Resort regions, the greater number of available resources does not mean sufficiency to meet need among un- and underinsured communities.

Navigating the Front Range health care system becomes more complicated depending on insurance status. Many providers for the insured are linked to a particular insurance network, and other providers may limit the number of Medicaid/Medicare patients they see. For patients who are unfamiliar with the health care system, the need to visit different facilities that each have different financial-assistance qualification protocols can be overwhelming. Front Range providers emphasized the need for patient navigation. In addition, low-income, and particularly undocumented, workers in this region have little ability to negotiate time off work for an appointment, and risk losing wages for any time that is taken (Table 5.1). While public transportation is more widely available, it often requires more time and making multiple connections.

Additionally, some providers pointed to psychological or knowledge-based barriers, such as fear and misinformation, preventing patients from seeking care. Many fear the costs of care, and may refuse treatment or fail to seek care because they assume they cannot afford it. Many patients and providers are not aware of the financial resources that may be available, and others may feel there is a stigma associated with accepting assistance.

Many of the underserved are foreign-born, including refugee populations from various countries, as well as immigrants, both documented and undocumented. Barriers for these groups are compounded for those who speak a language other than English or Spanish. Unfamiliarity with the concept of preventive care, and certain taboos about breasts, also were identified as contributors to late-stage diagnoses among these populations.

### **Key Findings: Rural Northeast Colorado**

Komen's Colorado's designation of rural northeast Colorado includes Logan, Morgan, Phillips, Sedgwick, Washington and Yuma Counties. As of 2010, the rural region had an estimated population of 11,051 women aged 40-64, a demographic projected to increase by 2.4 percent by 2020. Because of the rural nature of the region, county-specific breast cancer data are often too small to analyze. However, regional analysis by the Colorado Cancer Registry calculated the 5-year estimated annual percent change in female breast cancer deaths is rising by 9.9 percent. In addition, the counties in this region have an older female population, higher poverty, and lower Women's Wellness Connection screening percentages compared to the Affiliate service area.

Through a health system analysis and qualitative data-gathering, the Affiliate sought insight to answer the following key question:

1. What are the nuances related to the limited number of breast health care providers in this region that contribute to low screening percentages in this region?

Limited access to medical facilities, exacerbated by economic barriers to care for low-income and uninsured individuals, makes it difficult for women to access or remain in the breast cancer continuum of care within this region. Residents in these counties are particularly affected by transportation/distance-to-care barriers, with some women needing to travel up to 100 miles to access surgical, radiation, or medical oncology services if diagnosed with breast cancer. For those who are uninsured or underinsured and need charity care, often the travel required is even farther.

Breast health providers also identified a regional predisposition against preventive care as a barrier both for the older farmer/rancher residents of this region and for immigrant residents. Residents' immigration status and lack of health insurance also were identified as barriers to care in the region. Although preliminary enrollment data from Medicaid expansion and the first year of purchase of private plans through Colorado's health care marketplace indicate a decline in the region's uninsured population, breast health providers in the community did not report experiencing an increase in patients seeking preventive care. However, because undocumented immigrants are ineligible for public insurance programs or private plans, lack of insurance is expected to remain a barrier for this population.

Qualitative research also revealed provider organizations serving rural northeast populations were less likely than providers in some of the other regions to provide education about breast health/health care generally (Table 5.1). It was also less common for patient navigators in this region to be required to go through training.

### **Key Findings: Mountain and Resort Towns**

Komen Colorado considers residents of Clear Creek, Eagle, Garfield, Gilpin, Park, Pitkin and Summit Counties as one target community because of common characteristics that inhibit residents' ability to access breast health care services. The counties are characterized by isolated mountain and resort towns, or sporadically developed residential communities in unincorporated parts of the counties, that depend on tourism for their economies.

A number of factors that adversely affect overall breast health outcomes are prevalent within these counties, including: an aging female population; rural, isolated communities; high costs of living that reduce lower-income residents' disposable income to allocate to breast health crises; linguistic isolation; residency barriers in some counties; and the overall lack of medical services for low-income and uninsured individuals. County-level breast cancer data are either unavailable or suppressed because of the small numbers. Relevant available data includes:

- Garfield County has significantly lower screening percentages than the Affiliate service area as a whole and has a late-stage diagnosis rate that is rising at 17.3 percent.
- Eagle County has a significantly lower WWC screening percentage than the State of Colorado, which is a concern considering the county's population of women aged 40-64 is expected to swell by 30.5 percent between 2010 and 2020.
- In Park County, only 55.6 percent of women between the ages of 40 and 74 report having had a mammogram in the last two years, and the county lost its lone primary care provider in summer 2014.
- Summit County is expected to experience a 20.5 percent increase in the number of women aged 40 to 64 between 2010 and 2020 – but has limited health care facilities.

- Clear Creek has a substantially larger female population between the ages of 40 and 64 compared to the Affiliate as a whole, is considered 100 percent rural and is also classified as 100 percent medically underserved.
- Pitkin County has a substantially larger female population between the ages of 40 and 64 than the Affiliate as a whole and 44 percent of the county is considered rural. Residents who live in Aspen, Snowmass Village or Basalt access care in Aspen – despite the lack of radiation oncology.

Through a health system analysis and qualitative data-gathering, the Affiliate sought insight to answer the following key questions:

1. What are the nuances related to the limited number of breast health care providers in this region that contribute to adverse breast health outcomes among certain populations?
2. How does regional cost of living act as a barrier to breast cancer care differently than in other regions within the Affiliate service area?

Interviews with providers from mountain and resort towns underscore barriers stemming from regional income inequality, where the already limited availability of providers is exacerbated for those with Medicaid or without insurance. The high cost of living in the area has also created a situation where those who are very low-income for the region are not considered low-enough income to qualify for Medicaid or financial assistance to offset health insurance expenses, yet they often cannot afford the monthly payments or out-of-pocket costs associated with even a high-deductible plan. Fear of health care costs was mentioned as a barrier to seeking or following-up with care by nearly all the providers in this region. The greatest needs in this region are affordable services for these populations, and financial support across the continuum of care for those who are underinsured.

Provider organizations serving larger mountain and resort town populations were the least likely to provide education about breast health compared to providers in other regions within the Affiliate service area. Of concern to the Affiliate was a recurring reluctance among providers in the region to conduct additional outreach because of questions about whether the region's breast health care system had capacity to support more patients.

Additional identified barriers include (Table 5.1):

- Limited facilities that provide care to low-income and uninsured individuals
- Fewer organizations reported that their patient navigators were required to attend training
- Patients in this region have to travel further, on average, than patients from Front Range communities to access diagnostic services and treatment
- A majority of the uninsured in this region are undocumented individuals
- Confusion about when to start breast screenings and how often to screen
- Transportation/distance-to-care barriers are compounded for low-income people who may have more difficulty securing time off work and may be less likely to have a vehicle capable of traveling mountain roads.

Providers in mountain and resort communities were more likely than other regions to have a full-time translator for their non-English-speaking patients.

## **Key Findings: Hispanic/Latina Women**

Komen Colorado has selected Hispanic/Latina women as a target community because of lower screening percentages seen in these women compared to the Affiliate service area as a whole, as well as the presence of social determinants of health that adversely affect their breast health outcomes. While the Hispanic/Latina population in the Affiliate’s service area experiences lower age-adjusted rates for breast cancer incidence, death, and late-stage diagnoses compared to non-Hispanic/Latina populations (Table 2.1), the trend for late-stage diagnoses is increasing at 5.9 percent among Hispanic/Latina women compared to just 1.8 percent for non-Hispanic/Latina women.

Hispanic/Latina populations comprise 21.2 percent of the Affiliate’s service area – a percentage expected to increase through 2020 according to demographic forecasts. Overall, only 59.2 percent of Hispanic/Latina women in the Affiliate service area between the ages of 40 and 74 report having had a mammogram in the last two years – far below the rate of 70.8 percent of non-Hispanic/Latina women and the overall rate of 69.1 percent of women within the service area. Among women aged 50-74 within the Affiliate’s service area, the self-reported screening percentage for Hispanic/Latina women in the last two years was slightly higher at 65.3 percent, although that percentage is still lower than the non-Hispanic/Latina rate of 74.2 percent and 73.2 percent for the Affiliate service area overall. Because early and regular screening has been demonstrated to increase detection of early stage breast cancer, these lower screening percentages among Hispanic/Latina women could contribute to the rising late-stage diagnosis rate among Hispanic/Latina populations.

Through a health system analysis and qualitative data-gathering, the Affiliate sought insight to answer the following key questions:

1. Do Hispanic/Latina women experience different barriers to care than their non-Hispanic/Latina counterparts?
2. How does immigration status inhibit some Hispanic/Latina women from entering or continuing through the breast cancer continuum of care?

In addition, an analysis from the Colorado Health Institute showed 58.1 percent of Hispanic/Latino adults in Colorado “have annual family incomes at or below 200 percent of the federal poverty level (FPL) - about 20 percentage points more than non-Hispanics.” Moreover, the 2013 Colorado Health Access Survey also revealed a 14.5 percentage-point gap in health insurance coverage between Hispanic/Latino and non-Hispanic/Latino Coloradans. These are issues of concern for Komen Colorado, as data from the 2012 Colorado Behavioral Risk Factor Surveillance System indicate that household income and insurance status also correlate to breast cancer screening percentages: 74.2 percent of women aged 40-74 above 200 percent FPL received a mammogram in the previous two years compared to less than 56 percent of those under 200 percent FPL, and 72.8 percent of women with insurance received a mammogram while just 38.3 percent of uninsured women reported doing so.

Qualitative data revealed that Hispanic/Latina women faced the same barriers to care as non-Hispanic/Latina women in each of the geographically based target communities. However, there are some additional issues for this population, including immigration status and language/cultural barriers (Table 5.1). While many providers have some form of Spanish-language services, there is still a need for more culturally sensitive care.

Since the passage of the Affordable Care Act, providers serving large Hispanic/Latina populations were least likely to report an increase in patients receiving breast cancer treatment, which might reflect how immigration status can interfere with treatment. Immigration status prevents some from seeking out care because this population fears being turned over to immigration authorities. Further, women who do not meet residency requirements do not have access to Medicaid, private insurance sold through Colorado’s marketplace, or other types of financial assistance.

**Table 5.1.** Most common barriers to receiving breast cancer care by target community

<b>Target Community</b>	<b>Screenings</b>	<b>Diagnostics</b>	<b>Treatment</b>
<b>Medically Underserved Women in Front Range Counties</b>	<ul style="list-style-type: none"> <li>• Lack of knowledge about breast health</li> <li>• Fear of the diagnosis and/or treatment</li> <li>• Immigration status</li> <li>• Lack of knowledge that screenings are free for people with insurance</li> <li>• Prioritizing other family members’ health</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of insurance</li> <li>• Perceived cost of care</li> <li>• Fear of the diagnosis and/or treatment</li> <li>• Securing time off work</li> <li>• Transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of insurance</li> <li>• Perceived cost of care</li> <li>• Transportation</li> <li>• Securing time off from work</li> <li>• Immigration status</li> </ul>
<b>Rural Northeast Colorado</b>	<ul style="list-style-type: none"> <li>• Knowledge about breast health</li> <li>• Lack of knowledge that screenings are free for people with insurance</li> <li>• Immigration status</li> <li>• Lack of insurance, and</li> <li>• Transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Fear of diagnosis and/or treatment</li> <li>• Lack of insurance</li> <li>• Distance to travel for specialty services</li> <li>• Immigration status</li> <li>• Lack of understanding of medical terminology</li> <li>• Securing time off from work</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of insurance</li> <li>• Immigration status</li> <li>• Perceived cost of care</li> <li>• Transportation</li> <li>• Distance to travel for specialty services</li> </ul>
<b>Mountain and Resort Communities</b>	<ul style="list-style-type: none"> <li>• Knowledge about breast health</li> <li>• Fear of diagnosis and/or treatment</li> <li>• Perceived cost of care</li> <li>• Lack of knowledge that screenings are free for people with insurance</li> <li>• Lack of insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of insurance</li> <li>• Fear of diagnosis and/or treatment</li> <li>• Perceived cost of care</li> <li>• Transportation</li> <li>• Securing time off from work</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of insurance</li> <li>• Transportation</li> <li>• Distance to travel for specialty services</li> <li>• Perceived cost of care</li> <li>• Securing time off from work</li> </ul>
<b>Hispanic/Latina Women</b>	<ul style="list-style-type: none"> <li>• Immigration status</li> <li>• Fear of diagnosis and/or treatment</li> <li>• Lack of knowledge that screenings are covered without a co-pay or deductible for people with insurance</li> <li>• Lack of knowledge about breast health</li> <li>• Lack of insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Securing time off work</li> <li>• Lack of insurance</li> <li>• Immigration status</li> <li>• Fear of the diagnosis and/or treatment</li> <li>• Perceived cost of care</li> </ul>	<ul style="list-style-type: none"> <li>• Immigration status</li> <li>• Lack of insurance</li> <li>• Perceived cost of care</li> <li>• Securing time off work</li> <li>• Transportation</li> </ul>

## **Mission Action Plan**

Critical analysis of strengths and weaknesses of the breast health care system that serves the above populations, as well as comprehensive qualitative research into unique barriers to breast cancer care faced by these populations, informed the Affiliate's selection of priorities through 2019. In identifying its priorities, the Affiliate considered:

- Could organizational allocation of philanthropic, educational/outreach, volunteer, and collaborative resources result in changes consistent with the intended outcome?
- Does the priority leverage the Affiliate's existing organizational strengths?
- Are there opportunities to leverage resources and expertise from existing or potential new partners?

The resulting priorities discussed below balance an overarching goal of improving breast health outcomes throughout the Affiliate's service area with adherence to the above considerations.

### **Medically Underserved Communities in Front Range Counties**

**Problem:** Adams, Arapahoe, Broomfield, Denver, Douglas, Larimer and Weld Counties will be home to 70.1 percent of women aged 40-64 within the Affiliate service area by 2020. Rising late-stage diagnosis rates in the first six and a rising death rate in Weld County are cause for concern because of the large number of women who reside in these counties. Moreover, the late-stage diagnosis rate for Black/African-American women in Komen Colorado's service area is increasing at a rate of 8.9 percent annually - compared to an annual increase of 2.0 percent for the service area. Among Asian/Pacific Islanders, the late-stage diagnosis rate is increasing at 27.6 percent annually. Among American Indian/Alaska Native populations, just 52.8 percent of women aged 40-74 reported receiving a mammogram within the preceding two years. The health system analysis found more providers that provided services for the full continuum of care compared to other regions, but qualitative research indicated there was insufficient capacity to meet the need of the region's medically underserved communities. Interviews with health care providers identified lack of knowledge about breast cancer risk and how to navigate the health care system as top barriers contributing to late-stage diagnosis rates in their communities, but noted that transportation needs, fear, difficulty securing time off work, and lack of sufficient culturally competent providers for immigrant and refugee communities also contributed to late-stage diagnoses.

**Priority 1:** Reduce barriers that may contribute to late-stage diagnosis and/or lower screening percentages between Black/African-American, API and AIAN women and other ethnic groups.

**Objective 1:** By 2020, increase the requirement for organizations that receive screening/diagnostic grants to ensure 50 percent of individuals served are rarely/never screened women, including Black/African-American, Asian/Pacific Islander, and American Indian/Alaska Native women, an increase from a baseline of 35 percent of individuals served.

**Objective 2:** Beginning in FY16-17, solicit applications from eligible organizations to support culturally competent and linguistically appropriate breast cancer education and navigation-into-screening programs targeting Black/African-American, Asian/Pacific Islander, and American Indian/Alaska Native women in all counties where those

populations, in aggregate, comprise at least seven percent of the adult female population.

**Priority 2:** Increase income threshold for individuals to benefit from Affiliate-supported efforts to reduce cost, accessibility, and misinformation as barriers to breast cancer care for uninsured, underinsured, linguistically isolated, foreign-born or other medically underserved individuals in Front Range counties.

**Objective 1:** By 2020, increase the requirement for organizations that receive screening/diagnostic grants to ensure 50 percent of individuals served are rarely/never screened women, an increase from a baseline of 35 percent of individuals served.

**Objective 2:** By May 2016, evaluate Affiliate's community grant categories to assess whether applicants that provide screening, diagnostic and treatment services should be able to apply for a medical continuum of care grant rather than being required to apply for multiple direct service grants.

**Objective 3:** By June 2016, engage breast health care providers, WWC, and other key stakeholders in Colorado Health Statistics Regions (HSRs) 2 and 18; HSRs 3, 14 & 15; and HSRs 16 and 21; to evaluate perceived value of securing regional mobile mammography units to increase screenings among women living in medically underserved areas in Front Range counties.

**Objective 4:** By April 2016, evaluate capacity to provide breast health education, health insurance literacy, and "what to ask your provider" materials, in patients' preferred languages, to all community health centers, federally qualified health centers, imaging facilities, and cancer treatment facilities in the Affiliate service area.

**Objective 5:** By March 2016, partner with Denver-Metro, Larimer, Weld, and Boulder/Broomfield regional Komen coalitions to identify region-specific breast cancer barriers and develop collaborative strategy for resolution by 2020.

#### **Mission Action Plan: Rural Northeast Colorado**

**Problem:** Breast cancer death rates are increasing at an annual rate of 9.9 percent in rural northeast Colorado. The health system analysis found that breast cancer services were not readily available throughout the region. As a result, difficulties securing transportation to breast health providers and securing time off from work were identified as recurring barriers to care. Interviews with breast health providers indicated that lack of education about breast health and the scope of coverage for breast health services in insurance plans, as well as the prevalence of a predisposition against seeking preventive health care, exacerbated by the scarcity of providers, as barriers to improved breast health outcomes.

**Priority:** Reduce barriers that may contribute to increased breast cancer deaths in rural northeast Colorado.

**Objective 1:** By 2020, increase the requirement for organizations that receive screening/diagnostic grants to ensure 50 percent of individuals served are rarely/never



screened women, including women from Logan, Morgan, Sedgwick and Yuma Counties, an increase from a baseline of 35 percent of individuals served.

**Objective 2:** By May 2016, evaluate Affiliate's community grant categories to assess whether regional applicants that provide screening, diagnostic and treatment services should be able to apply for a medical continuum of care grant rather than being required to apply for multiple direct service grants.

**Objective 3:** By September 2015, work with Rural Solutions and the Northeast Colorado regional Komen coalition to assess effectiveness of current Affiliate funding to provide financial support to offset transportation costs for breast cancer care.

**Objective 4:** By December 2015, leverage Northeast Colorado Breast Health Coalition to re-engage breast health care providers, WWC, and other key stakeholders that serve rural northeast Colorado to evaluate potential impact for mobile mammography unit, financial assistance to offset transportation barriers, and other evidence-based interventions to address transportation/distance-to-care barriers in the region.

**Objective 5:** By December 2016, develop an education and outreach effort targeting regional primary care providers, community health resource centers, and/or individuals to provide continuous education about Komen-advised breast screening protocols.

#### **Mission Action Plan: Mountain and Resort Towns**

**Problem:** Higher costs of living and income gaps in mountain and resort communities often result in lower-income residents earning too much to qualify for Medicaid coverage but not enough to afford out-of-pocket expenses that come with commercial health insurance. As a result, cost of care remains a substantial barrier in the community. Moreover, limited breast health providers in the region accept Medicaid or provide charity care. In a region with limited providers overall, securing transportation to travel to those that do serve Medicaid clients or provide financial support adds another barrier to access. For the region's Spanish-speaking or foreign-born populations, language and immigration status also present challenges. These factors contribute to a region with substantially lower screening percentages than the Affiliate service area.

**Priority:** Increase affordable access to the full continuum of care by reducing cost and transportation barriers and increasing outreach/education for uninsured and under-insured populations.

**Objective 1:** By January 2016, evaluate Affiliate's provision of grant funding to offset costs for breast cancer treatment in Eagle, Garfield and Pitkin Counties and work with regional providers to determine future regional treatment needs, including funding to offset transportation-related expenses.

**Objective 2:** Beginning with the FY 16-17 grant cycle, increase income threshold for individuals in mountain and resort communities to benefit from Affiliate grant-funded projects to at least 300 percent FPL and annually evaluate capacity to increase threshold to 400 percent by 2020.

**Objective 3:** By 2020, increase the requirement for organizations that receive screening/diagnostic grants to ensure 50 percent of individuals served are rarely/never screened women, including women from Garfield, Gilpin and Park Counties, an increase from a baseline of 35 percent of individuals served.

**Objective 4:** By May 2016, evaluate Affiliate's community grant categories to assess whether regional applicants that provide screening, diagnostic and treatment services should be able to apply for a medical continuum of care grant rather than being required to apply for multiple direct service grants.

**Objective 5:** By June 2016, evaluate Affiliate's education and outreach program targeting Hispanic/ Latina populations in Eagle, Garfield and Pitkin Counties to understand impact on increase in screenings among rarely/never screened women, need for Spanish-only versus bilingual outreach, and whether there is sufficient overall and Komen-funded capacity to meet resulting demand for care.

**Objective 6:** By December 2016, develop an education and outreach effort targeting regional primary care providers, community health resource centers, and/or individuals to provide continuous education about Komen-advised breast screening protocols.

#### **Mission Action Plan: Hispanic/Latina Women**

**Problem:** The late-stage diagnosis rate for Hispanic/Latina women in Komen Colorado's service area is increasing at 5.9 percent annually compared to just 1.8 percent for non-Hispanic/Latina women and 2.0 percent for the service area as a whole. The health system analysis found that while more than 80 percent of screening, diagnostic and treatment providers that served Hispanic/Latina patients had Spanish-language translation services available, fewer than 40 percent of all providers within the Affiliate's service area offered that support, indicating a need for Spanish-speaking patients to be able to easily identify which providers can meet their linguistic needs. Health care providers that serve Hispanic/Latina patients indicated that while Hispanic/Latina women faced the same systemic barriers to care as their non-Hispanic/Latina counterparts in various regions of the Affiliate service area, immigration status and language/cultural barriers exacerbated those challenges.

**Priority:** Reduce barriers that may contribute to increased late-stage diagnosis rates among Hispanic/Latina women within Affiliate service area.

**Objective 1.** By 2020, increase the requirement for organizations that receive screening/diagnostic grants to ensure 50 percent of individuals served are rarely/never screened women, including Hispanic/Latina women, an increase from a baseline of 35 percent of individuals served.

**Objective 2:** Beginning in FY16-17, solicit applications from eligible organizations to support Spanish-dominant and bilingual breast cancer education and navigation-into-screening programs targeting Hispanic/Latina populations in all counties where Hispanic/Latina women comprise at least 25 percent of the adult female population or counties or health statistics regions where late-stage diagnosis rates among Hispanic/Latina women are substantially higher than their non-Hispanic/Latina counterparts.

**Objective 3:** By July 2016, incorporate third-party research findings about preferred languages for medical information among Hispanic/Latina communities into Affiliate's education efforts.

**Mission Action Plan: Common Barriers Identified in All Target Communities**

**Problem:** Qualitative data collection and evaluation of the effect of health care reform revealed barriers to care that affect target communities, suggesting a need for the Affiliate to develop global priorities and objectives for its grantmaking, education and outreach, public policy, collaboration and development efforts. These common barriers that contribute to late-stage diagnosis include:

- Immigration status
- Lack of insurance
- Fear of a diagnosis or lack of knowledge about breast cancer treatment
- Transportation/distance-to-care
- Securing time off work
- Perceived cost of care
- Screening-specific:
  - Lack of knowledge about breast health
  - Lack of knowledge about insurance coverage for screening procedures

**Priority:** Affiliate will engage in education, collaboration, and advocacy activities to ensure breast cancer perspective is considered by health-oriented or community foundations, policymakers, and other community stakeholders seeking to increase health care coverage, affordability, accessibility, and medically recommended utilization.

**Objective 1:** Partner with community stakeholders to achieve 90 percent insurance enrollment for all eligible populations by 2017.

**Objective 2:** By July 2016, develop plan to partner with philanthropic, business, government, and other nonprofit stakeholders to include breast cancer care in patient navigation, health care workforce development, and health care and health insurance literacy efforts benefiting Colorado's medically vulnerable communities.

**Objective 3:** By July 2016, Affiliate public policy and mission initiatives committees will develop a position statement on immigration status as a barrier to breast health care services.

**Objective 4:** By July 2016, Affiliate will develop and publicize position statements on poverty level and educational attainment correlating with mammography frequency in Colorado to highlight social determinants of health that contribute to late-stage diagnosis.

**Objective 5:** By July 2016, partner with American Cancer Society, Colorado Cancer Coalition, Colorado Department of Health Care Policy and Financing and other community stakeholders to identify resources to provide transportation assistance for cancer patients.

**Objective 6:** By December 2015, assess objectives in Breast Cancer portion of updated Colorado Cancer Plan to promote alignment within Affiliate’s grantmaking, education and public policy activities.