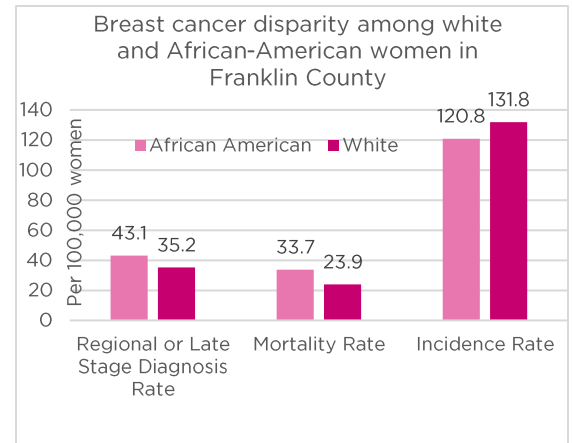


2017 Breast Health Equity Columbus Community Conversations Report: Executive Summary

Susan G. Komen Columbus

The issue of breast cancer disparities is immensely complex, a blend of personal risk, inherited or genetic risk, social determinants of health and healthcare delivery barriers, resulting in a 41% higher rate of mortality in the Franklin County African-American population, as compared to white women (National Cancer Institute, Centers for Disease Control, 2017). The late stage diagnosis rate among African-American women is 22% higher than white women (Ohio Cancer Incidence Surveillance System, 2016). **Overall, patterns of social isolation, social determinants of health/ low-income, and quality of and delays in care appear to correlate with poorer mortality rates more than screening rates.**



The full 2017 Breast Health Equity report summarizes what we currently know, gaps where we need more information, and how these trends are observed locally and documented in our initial civic engagement work. We still need critical data and information to better understand more about the root causes and the connected solutions. A follow-up report will make recommendations about future work that will ensure success in reducing this disparity.

Zip codes with majority of African American mortality	Avg. days diagnosis to treatment rank
43211, North Linden	11 th of 40
43213, Whitehall	7 th of 40
43219, Northeast Columbus	9 th of 40
43229, Forest Park East	15 th of 40
43232, Southeast Columbus	4 th of 40

The work to address breast health disparities, as with any health disparity, becomes a conversation about addressing underlying social determinants of health, with access to care, implicit bias, and trust and accessibility of healthcare layered on top. None of these issues can be addressed solely by one organization, approach, program, or policy. Public health consensus is that eliminating health disparities can only be achieved through universal health equity approaches like improving the social and economic environment and strengthening public health and prevention approaches, including preventive health education. While access plays an important role, as evidenced in the breast cancer disparity evaluated here, access and safety-net funding are not the only determinants at play. A combination of the following factors interact to create the disparity faced in Franklin County: healthcare delivery, social and economic factors, the physical environment, population-based education and prevention strategies, screening behavior, genetics and tumor biology.

It is only through highly collaborative, intersectional and innovative system level and policy change, combined with community-based solutions that this disparity can be reduced and eliminated, to achieve health equity. The summit held on March 23, 2017 validated the findings of the community conversations with more community input, and was the first of many collaborative efforts which will pull together important community partners around this area. More can be gained from the alignment of a working group to use its collective energy and resources towards cancer equity overall, including legislative approaches.

What is health equity?

A basic principle of public health is that all people have a right to health.

What are Social Determinants of Health (SDOH)?

The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

More information is needed to better understand this disparity as experienced by immigrant black populations. Data is currently only available for race/ethnicity as defined as "African-American or black".

Based on community input from the summit and the findings of this report, we believe the areas of focus areas should be multi-level and include:

Identify all necessary community partners, determine their roles, and determine organization and process for moving forward

- Consider existing coalition structures
- Consider a statewide approach- more and higher quality data is available at the state-level and many of the solutions will involve policy-level, statewide approaches
- Supplement missing information in this report on barriers and experiences among immigrant populations, who are also affected by this disparity

Create and deliver custom education in response to specific education gaps of local community, including information for high risk women under 50 and genetic testing education

- Encourage a preventive mindset towards healthcare that may not exist in traditionally underserved and marginalized populations through consumer empowerment and patient communication skills
- Leverage peer to peer education and visible members of the community
- Existing assets: Worship in Pink, Sister Screen Saver, Susan G. Komen African-American Breast Health Education Toolkit, Ohio Partners for Cancer Control, Susan G. Komen "Questions to Ask the Doctor" tools

Improve screening among specific subset of population with lower screening rates (low-income women with Medicaid coverage or uninsured)

- Investigate impact for African-American women under 50 not included in screening guidelines
- Work to increase screening rate among Medicaid populations in partnership with Medicaid managed care plans
- Improve visibility and referral to existing local resources through media campaigns and outreach to local community assets
- Existing assets: Current safety-net screening programs including Ohio's Breast and Cervical Cancer Project and Komen Columbus Patient Navigation programs, Managed Medicaid Care Plans care management teams, mobile mammography resources, best practices for improving screening rates (ACS and The Community Guide, HRSA.gov), Ohio Partners for Cancer Control

Identify and address issues contributing to lower quality of screening or care, delays from diagnosis to treatment, and nonadherence to follow-up or treatment

- Inventory and map community assets, healthcare facilities and mortality, including quality assessments
- Consider quality improvement projects, implicit bias and cultural humility training for healthcare providers
- Consider data sharing to improve understanding of follow-up and compliance barriers
- Share best practices in improving quality and timeliness, offering services with cultural humility, and meeting social needs of patients
- Existing assets: Ohio Partners for Cancer Control, The Community Guide, HRSA.gov, Commission on Cancer Hospital Comparison Benchmark Reports, need more data

Advocate for policies that improve overall social determinants of health through a Health in All Policies approach

- Link patient navigation into wrap-around projects that meet social needs through partnership with social service agencies, rather than addressing disparities with separate, siloed approaches
- Develop health equity policy summit to educate policymakers in partnership with other health equity organizations and agencies
- Existing assets: Partners addressing other health equity topics and social determinants of health, current Komen Columbus patient navigation programs

Please view the full report for more information.

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Thank you to Columbus Public Health, Central Community House, Cardinal Health's African American Women's Resource Group and community Worship in Pink coordinators for their contributions to the data in this report.