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COMMUNITY PROFILE REPORT 2015

SUSAN G. KOMEN® NORTHEAST OHIO EXECUTIVE SUMMARY

Acknowledgments

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Executive Summary

Introduction to the Community Profile Report

Susan G. Komen® Northeast Ohio was initiated in 1994 by the Junior League of Cleveland as part of its Breast Health Task Force. Since its inception, Komen Northeast Ohio has grown from a grassroots movement to a sophisticated organization that has made a remarkable impact in the community. Komen Northeast Ohio serves 22 counties: Ashland, Ashtabula, Belmont, Carroll, Columbiana, Coshocton, Cuyahoga, Geauga, Harrison, Holmes, Jefferson, Lake, Lorain, Mahoning, Medina, Portage, Richland, Stark, Summit, Trumbull, Tuscarawas, and Wayne. The Northeast Ohio service area is highly diverse and contains several major cities and many small rural towns. Geographic differences in the Affiliate service area reflect differences in race, ethnicity, socio-economics, and education level for the populations that inhabit these areas. Those who live in urban and rural areas tend to have lower incomes, higher levels of unemployment, and lower education levels than those who live in suburban areas. Rural and suburban areas also tend to have less racial and ethnic diversity than urban areas.

Komen Northeast Ohio currently works on two fronts to address local disparities in breast health and breast cancer: targeted internal education and advocacy initiatives and focused external grantmaking efforts. Komen Northeast Ohio's efforts are focused on population-based, systems level interventions. This includes targeting internal programming and grant funded services to the population as a whole, not just individuals who actively seek breast health services, by educating health care providers, leveraging community resources, and creating synergy among stakeholders. Komen Northeast Ohio's staff carefully manages grants to ensure funds are applied effectively and leveraged for maximum impact. In 2014, investment in local evidence-based breast health programs allowed Komen Northeast Ohio to educate over 10,000 individuals and provide more than 4,000 mammograms to those most in need in the Northeast Ohio community. Since 1994, Komen Northeast Ohio has provided nearly $15 million in community grants to Northeast Ohio agencies working to end breast cancer disparities in the Northeast Ohio service area. Komen Northeast Ohio also works actively within community-based committees, associations, and alliances.

A vital first step in fulfilling the promise to end breast cancer forever is to understand the state of breast health and breast cancer in the communities served by the Affiliate. To accomplish this, Komen Northeast Ohio conducts a comprehensive breast health needs assessment at the local level every four years. The needs assessment process helps shed light on why the statistics are the way they are. This information aids in the development of targeted priorities and strategic objectives on how to help bridge the identified gaps in breast health services, known as the Affiliate's Mission Action Plan (MAP). The MAP helps determine the focus of the Affiliate's strategic planning and grantmaking efforts and drives the overall work of the Affiliate. The report strives to make sure local programs supported by Komen Northeast Ohio target the people and areas most in need, ensures they are non-duplicative, and assures they address existing disparities through the application of evidence-based programs appropriate for the target populations. Finally, a quality Community Profile allows the organization to:

- Identify ways to fill gaps through partnerships and additional granting opportunities.
- Establish focused education and outreach efforts to address the community need.

- Drive public policy efforts.
- Establish marketing and communication direction.
- Increase inclusion efforts in the breast cancer community.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

Statistical data provided to Komen Northeast Ohio by Komen Headquarters through the Quantitative Data Report (QDR) reveals the Komen Northeast Ohio (NEO) service area experiences a disproportionate burden of breast cancer compared to the other three Ohio Komen Affiliates (Table 1). In an effort to streamline resources, Komen NEO chose five target communities, known as "communities of interest" (COI), within the 22-county service area to do additional investigation. The COI's will help Komen NEO determine why breast cancer statistics are so much poorer in NEO than the rest of the state. The five areas identified as highest priority in the Komen NEO service area are: Ashtabula County, Harrison and Jefferson Counties, Lorain County, Mahoning County, and Cuyahoga County. All of these areas were determined to need 13 years or longer to achieve the Healthy People (HP) 2020 death rate of 20.6 (per 100,000) and late-stage incidence rate of 41.0 (per 100,000), with the exception of Harrison County which had too few numbers to predict death rate trends. In order to stabilize the rates for Harrison County, Komen NEO elected to combine Harrison and Jefferson Counties into one COI, as these counties have very similar demographics and breast cancer statistics, and they are geographically contiguous. Key breast cancer statistics and demographics for each COI can be found in Table 2.

Table 1. Number of new breast cancer cases and deaths by Ohio Komen service areas

Population Group	Female Population	Incidence		Late-Stage Incidence		Deaths	
		# of New Cases	Percent of Total Cases	# of New Cases	Percent of Total Cases	# of Deaths	Percent of Total Deaths
US	154,540,194	198,602		70,218		40,736	
Ohio	5,895,383	8,319	4%	2,972	4%	1,820	4%
Komen NEO	2,309,143	3,470	41.7%	1,213	40.8%	771	42.4%
Komen Columbus	1,442,796	1,895	23%	689	23%	412	23%
Komen Greater Cincinnati	1,581,596	2,179	26%	774	26%	452	25%
Komen NWO	872,335	1,159	14%	432	15%	262	14%

Table 2. Select key indicators for Communities of Interest

Geographic Area	Total Female Population	Females Age 40+	Non-White	Uninsured (40-64)	No Mammography	Incidence Rates	Late-Stage Diagnosis Rates	Death Rates
US	154,540,194	48.3%	21.2%	16.6%	22.5%	122.1	43.7	22.6
Ohio	5,895,383	50.5%	15.8%	14.0%	23.0%	120.8	44.0	24.8
Komen NEO	2,309,143	53.2%	17.0%	14.4%	22.4%	120.6	43.3	24.8
Ashtabula	51,211	53.4%	4.3%	15.8%	20.4%	111.8	43.0	25.7
Cuyahoga	680,385	52.6%	35.2%	15.0%	21.9%	127.8	47.0	25.6
Harrison	8,022	56.1%	3.3%	16.0%	49.4%	97.9	37.8	SN
Jefferson	36,449	56.2%	7.0%	15.2%	36.1%	113.3	43.8	26.1
Lorain	152,434	52.4%	11.2%	13.6%	14.9%	112.8	40.9	27.5
Mahoning	125,084	56.0%	18.4%	15.1%	28.5%	123.1	46.6	28.6

Health System and Public Policy Analysis

An inventory of breast health and breast cancer programs and services in the five COIs was collected from a variety of key organizations and institutions that provide screening, diagnostic, and treatment services, education and outreach programs, and survivor support programs. While every effort was made to ensure these findings were comprehensive, these findings should not be considered exhaustive and/or final.

The Breast Cancer Continuum of Care (CoC) is a model that shows how an individual would typically move through the health care system for breast care (Figure 1). An individual would ideally move through the CoC quickly and seamlessly, receiving timely, quality care in order to achieve the best outcomes. However, individuals often experience delays in moving from one point of the continuum to another, which can contribute to poorer outcomes. There are also many reasons why a person does not enter or continue in the breast cancer CoC. These barriers can include a lack of transportation, system issues including long waits for appointments and inconvenient clinic hours, insurance and affordability barriers, accessibility issues, language barriers, fear, and lack of information - or the wrong information (myths and misconceptions). Resources and assets available to individuals along the CoC were collected for each COI.

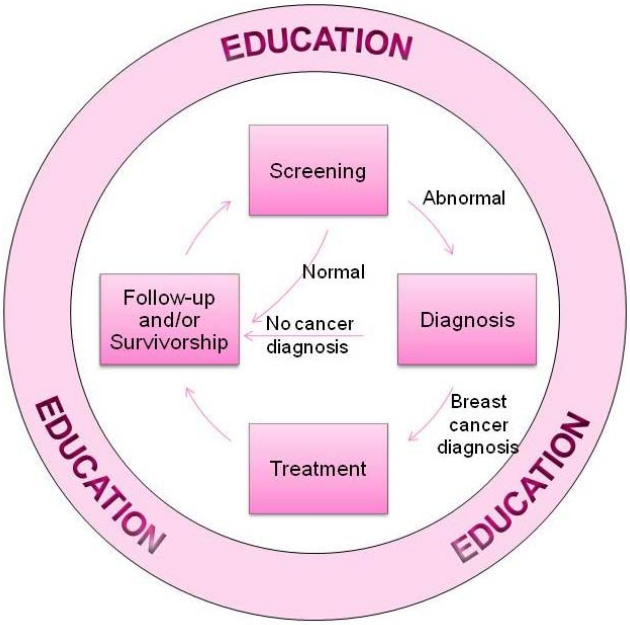

Figure 1. Breast Cancer Continuum of Care (CoC)

There are a total of 28 facilities in **Ashtabula County** that offer 42 services along the breast health CoC. The proportion of individuals to screening facilities is one facility for every 3,414 women. Screening services are available at three major medical centers. There are three Federally Qualified Health Center (FQHC) locations where clinical breast exams (CBEs) and screening mammograms are offered on-site. Ten facilities and providers in Ashtabula County have contracted with Ohio's Breast and Cervical Cancer Program (BCCP). Women can obtain diagnostic services through the major medical centers. The three major medical centers in Ashtabula County are the only places for women to seek treatment for breast cancer, and only one center provides chemotherapy and reconstructive surgery in addition to general surgical services. There are a lack of support services in Ashtabula County focused specifically on survivor needs, including wigs, prostheses, support groups, and complementary therapies. Additionally, there are no medical centers in Ashtabula County that provide radiation oncology services, indicating women in this area who are prescribed radiation may have to travel long-distances to facilities out of their county in order to receive care.

A total of 198 facilities provide 304 breast health services along the CoC to individuals in **Cuyahoga County**. The proportion of individuals to screening facilities is one facility for every 5,916 women. More than 100 facilities provide screening services including 43 FDA approved mammography centers. Only 46 facilities and providers in Cuyahoga County are contracted with the BCCP, which means women – who are otherwise eligible to receive BCCP services – that are screened and diagnosed at a non-contracted facility run the risk of eliminating themselves from program eligibility. There are 19 community health center locations in Cuyahoga County where women can get CBEs, mammograms, and referrals for diagnostic and treatment services if necessary. There are over 50 locations in Cuyahoga County where diagnostic services are provided on-site. Twenty-four of these locations provide biopsy and 11 provide breast MRI. Patient navigation is provided at 24 locations. There are eight facilities and institutions that offer

the full CoC in Cuyahoga County. There are more than 100 support services available to individuals in Cuyahoga County.

Approximately 38 facilities offer 50 services along the breast health CoC in **Harrison and Jefferson Counties**. The proportion of individuals to screening facilities is one facility for every 2,117 women. There are 18 facilities and providers contracted with the BCCP in these counties. CBEs are provided at 17 locations, including family practitioners and three community health centers. Six facilities provide diagnostic mammograms on-site including two FDA approved mammography centers. Patients are referred to one hospital in Harrison County or to the Trinity Health System in Jefferson County for more diagnostic and treatment services. There are no locations to receive breast cancer chemotherapy or radiation treatments in Harrison County. There is also a lack of survivorship services in Harrison and Jefferson Counties, as only two locations offer support groups, alternative therapies, wigs, or mastectomy wear.

Fifty-one facilities provide 88 services along the breast health CoC to individuals in **Lorain County**; however, only eight facilities and providers are contracted with the BCCP. The proportion of screening facilities to individuals in Lorain County is one facility for every 5,256 women. Lorain County has 22 locations where mammograms are provided on-site, including 11 FDA approved mammography centers. There are 21 locations where diagnostic mammograms are provided on-site. There are multiple facilities that provide screening and diagnostic services as well as treatment services, including chemotherapy, radiation, and surgery. There is a lack of survivorship services in Lorain County as there are only two support groups available. There are only two locations that have alternative therapies available, such as exercise and nutrition programs and side effect management.

A total of 75 facilities provide 111 services along the CoC in **Mahoning County**, including one FQHC and 37 BCCP contracted facilities and providers. The proportion of screening facilities available is one facility for every 3,678 women. There are 28 facilities where mammograms are available on site, 16 of which are FDA approved mammography centers. There are 24 locations that provide diagnostic mammography on-site, four of which provide biopsy and four of which provide breast MRIs. Mercy Health's Joanie Abdu Comprehensive Breast Care Center is the only facility to offer the full CoC in Mahoning County. There is a lack of survivorship services, as the only support groups available in Mahoning County are offered through Mercy Health's Joanie Abdu Comprehensive Breast Care Center and the St. Elizabeth Boardman facility. There are only four locations to purchase prostheses and only four locations to purchase mastectomy wear. There are no NCI-designated cancer centers in Mahoning County.

The future implications of the Affordable Care Act (ACA) on the eligibility and utilization of Ohio's BCCP are relatively unknown at this time. One possibility is the income threshold standards for the program, currently set at 200 percent of the Federal Poverty Level (FPL) in Ohio, may change to mirror that of the newly expanded Medicaid income threshold, set at 138 percent of the FPL. This means any woman who is currently enrolled in BCCP Medicaid that falls between 139 to 200 percent of the FPL may be deemed ineligible for BCCP Medicaid and be expelled from the program. This could cause hundreds of women in active treatment for

breast cancer to be without a continuous source of payment for their care and could result in them foregoing needed treatments.

The ACA mandates all individuals obtain health insurance or face a penalty. Individuals who do not obtain health insurance through the individual/small group market or on the Health Insurance Exchanges (HIE) may still be eligible to utilize the BCCP. The ACA also mandates that insurance plans cover preventive services, including screening mammography; however, preventive services as defined by the ACA do not include diagnostic mammography. These services will be the responsibility of the individual to pay at a rate determined by the insurance coverage selected. The impact of high deductible/high co-pay HIE plans may, in fact, create a new "gap" population of underinsured individuals – those who have insurance coverage, but drop out of the CoC due to the high out-of-pocket costs associated with needed services.

While it is still too early to assess the overall impact of the ACA on health care providers, there are some preliminary factors that may be considered. First, with more individuals enrolling into insurance plans and/or Medicaid it can be assumed that more of these individuals will utilize primary care services. This places a larger burden on primary care physicians and internal medicine doctors to care for these formerly uninsured individuals. Research has shown that a large number of areas in the country are classified as "primary care deserts" – areas which have no FQHCs and limited access to timely primary care services. Second, the providers who are working in those areas may be overwhelmed with the new number of patients and may experience substantial wait times for appointments in their practices. Furthermore, many providers and/or health systems do not accept Medicaid as a payment method, leaving many of the new Medicaid recipients without a place to go for care.

While Northeast Ohio is home to multiple, nationally recognized health care systems, individuals in this area still experience adverse health outcomes related to breast cancer. Komen NEO will work with existing facilities, organizations, and programs to ensure needed services along the breast health CoC are available to all individuals in every county served by the Affiliate. Key partnerships include the Ohio Department of Health, regional BCCP enrollment agencies, stakeholders at health systems and clinics, existing and past Komen NEO grantees, and grassroots community-based organizations that reach target populations. The impact of the ACA on the Northeast Ohio region has yet to be seen, but Komen NEO will continue to work with state and federal legislators, health policy coalitions (like the Health Policy Institute of Ohio), and the Komen Ohio Advocacy Coalition to ensure every individual has access to health insurance coverage and sources of ongoing care for breast health/breast cancer needs. Komen NEO will also continue working with the other Komen affiliates in Ohio to determine state-level public policy priorities.

Qualitative Data: Ensuring Community Input

Using the Social Ecological Model (SEM), the Community Profile Team (CPT) identified three target populations in each COI for further investigation. These populations included those who have never been diagnosed with breast cancer (referred to as the "general population"), breast

cancer survivors, and health care providers/breast health leaders. The qualitative data collection methods chosen included electronic and paper surveys, key informant interviews, and focus groups.

The CPT developed key assessment questions for each target population based on identified issues. The resulting questions were purposefully crafted to create triangulation among the various data sources. For the general population, survey questions were structured to obtain accurate information on current breast health beliefs, individual breast health and cancer screening practices, knowledge of existing programs and services in the community, and current insurance and health status. The questions targeted to survivors were the same as the general population, with an additional section focused on the individual's experience with the disease, any barriers encountered during treatment, and the quality of care received. Questions targeted to providers/leaders assessed recommendations for breast cancer screenings, patient characteristics and behaviors, services for the uninsured and underinsured, administrative challenges and barriers to care, and the influence of public policies on internal practices.

Key informant interview questions were developed by the CPT based on the preliminary results of the survey data. For the general population, interview questions focused on the individual level barriers to care one may experience, including beliefs, knowledge, and level of understanding related to mammography screening, health care utilization, and breast cancer myths. The questions also probed into community and systems level issues, including availability and accessibility of existing resources, things organizations can do to help facilitate screenings, and possible barriers to care. Questions targeted to survivors were similar to those used for the general population, with additional questions focused on the individual's experience with the disease, any barriers encountered during treatment, and the quality of care received. Questions targeted to providers/leaders assessed recommendations for breast cancer screenings, patient characteristics and behaviors, services for the uninsured and underinsured, administrative challenges and barriers to care, and the influence of the ACA on mammography adherence. Questions for the target populations were tailored for each COI to determine if any regional level differences exist between the different target groups.

Focus group questions were developed by the CPT based on the preliminary results of the survey data to concentrate on issues highlighted by survey respondents. Questions for the general population focused on individual level attitudes, beliefs, and knowledge related to breast health and breast cancer screenings. General population questions also aimed to gain further insights into utilization and knowledge of existing resources for breast health, where individuals go for breast health information and services, and personal opinions about the ACA. Provider focus group questions concentrated on individual and community level variables like patient/client needs, organizational level strengths and weaknesses in addressing identified needs, administrative and institutional barriers to care, and policy level influences of the ACA on health care behaviors and utilization from the provider perspective.

The qualitative data highlighted many potential barriers in accessing breast cancer screening and treatment services in the COIs, including a lack of awareness of existing resources, the

need for more community outreach, and accessibility issues, such as transportation, limited mammography clinic hours, financial limitations, cost issues, and insurance coverage limitations, as well as provider competency and communication issues. The need for more effective education programs that address fear, dispel myths about breast cancer, and address any misunderstandings related to mammography screening initiation and frequency were also identified. Additionally, the qualitative data findings highlighted potential areas for collaborations, effective methods to break down barriers to care, like patient navigation and mobile mammography, and potential new "gap" populations created by the implementation of the ACA.

Mission Action Plan

Using the data and information collected in the three sections of the Community Profile report, the CPT developed a comprehensive plan of action to address the identified issues, known as the Mission Action Plan (MAP). The MAP will act as the roadmap for Komen NEO's future work and provides detailed priorities and objectives the Affiliate will employ to close the gaps along the CoC. The MAP consists of two major components: COI statements of need and Affiliate priorities and objectives.

Ashtabula County
There are many women in this county who are uninsured, live below the Federal Poverty Level (low-income), and/or live in rural areas. This county experiences high rates of breast cancer deaths and late-stage diagnosis. There is a shortage of primary care providers and women are not aware of and/or are not accessing financial assistance programs offered by health systems. The Affiliate only has an existing relationship with one health facility serving this area. Additionally, there is only one survivor support group in the area. Some women in the community have conflicting priorities when it comes to health and many encounter transportation issues. Education efforts should be focused on importance of early detection and increase awareness of existing resources.

Cuyahoga County
There are high rates of low-income, uninsured, and/or minority women in this county. Women in Cuyahoga County face high incidence, late-stage diagnosis, and death rates. There are numerous programs and facilities available to women, but women are not aware of and/or are not accessing them. There is a lack of effective community-based education programs, little to no stakeholder collaborations, and a need for increased accessibility, more provider champions, and more peer-to-peer survivor support programs.

Harrison and Jefferson Counties
These counties encompass large medically underserved, low-income, and rural populations. Women in these areas have low screening rates, and incidence, late-stage, and death rates are all increasing. A limited number of facilities/programs create additional barriers to care and accessibility issues. There are a limited number of survivor support programs available. Women in this area have conflicting priorities when it comes to health, financial limitations, transportation issues, and a lack of health education.

Lorain County
This area experiences high rates of breast cancer deaths and late-stage diagnosis and is made up of a high percentage of low-income, rural women. A low number of facilities/providers in this county are contracted with the BCCP, which limits where low-income patients can be seen for breast care. There is a need for more community-based education programs, more provider champions, increased financial assistance programs, and more peer-to-peer support networks for survivors.

Mahoning County
Mahoning County experiences high rates of breast cancer incidence, late-stage diagnosis, and deaths, and women in this area are not screened on a regular basis. Many women are low-income, unemployed, live in rural areas, and/or belong to a minority group. Many facilities provide the full spectrum of care, have BCCP providers, and offer financial assistance programs, but women here are not aware of and/or are not accessing these services. There is a need for increased education, transportation assistance, and increased insurance coverage.

Affiliate Priority 1: Accessibility

Improve timely access to quality, affordable screening and treatment services for the low-income, underinsured, uninsured, and/or working poor within each Community of Interest.

Objectives for All Communities of Interest

Objective 1: By the end of FY17, cultivate relationships with at least three health systems and/or community-based organizations in each Community of Interest resulting in quarterly email updates from partners to aid in the promotion of existing free/low-cost screening programs available for target populations.

Objective 2: By the end of FY19, develop and distribute a comprehensive listing of all Health Insurance Exchange and Medicaid navigators serving each Community of Interest to assist in the effective navigation of uninsured individuals to ongoing sources of health insurance coverage best suited for their individual needs.

Objective 3: Beginning with the FY16-17 Community Grant RFA, support the development and expansion of mobile mammography and/or transportation assistance to screening programs for target populations in all Communities of Interest.

Objective 4: Beginning with the FY16-17 Community Grant RFA, give funding preference to programs that break down systems-level barriers to services, including assistance with insurance deductibles/co-pays, provision of free/low-cost services, non-traditional clinic hours, and weekend appointment availability in all Communities of Interest.

Objective 5: By the end of FY17, initiate legislation to expand eligibility criteria for Ohio's Breast and Cervical Cancer Project (BCCP) to include: services for women between the ages of 40-49; services for women 20-39 with a physician noted abnormality; women at

or below 250 percent of the Federal Poverty Level; and underinsured women who meet all other eligibility criteria but cannot afford co-pays/deductibles.

Affiliate Priority 2: Quality of Care

Increase the number of effective, evidence-based programs that support the emotional, social, financial, and spiritual well-being of individuals diagnosed with breast cancer and their families within each Community of Interest.

Objectives for All Communities of Interest

Objective 1: Beginning in the FY16-17 Community Grant RFA, support the development and growth of patient navigation programs that keep individuals in treatment for breast cancer. Programs should focus on breaking down barriers to treatment including: medical care and service coordination; child care and transportation assistance; social work and community-based referrals that address housing, food access, employment, and/or other socio-economic needs; and emotional support in all five Communities of Interest.

Objective 2: Beginning in the FY16-17 Community Grant RFA, provide funding for direct financial assistance programs that assist with cost of living and treatment expenses to facilitate continuation of breast cancer treatment in all Communities of Interest.

Objective 3: Beginning in the FY16-17 Community Grant RFA and FY17-18 Small Grant RFA, support the development and implementation of provider trainings focused on effective, evidence-based communication methods and styles for those working with individuals and families battling breast cancer in all Communities of Interest.

Objective 4: Beginning in the FY17-18 Small Grant RFA, increase the number of free/low-cost survivor support groups and services that use evidence-based strategies to address the psycho-social, emotional, and physical issues faced by survivors and their family members to facilitate continuation of breast cancer treatment in all Communities of Interest.

Objectives for Cuyahoga County

Objective 5: By the end of FY17, host at least one breast cancer survivor education event focused on short- and long-term breast cancer survivor issues and needs.

Affiliate Priority 3: Education

Initiate and support education efforts focused on increasing awareness and utilization of existing resources, the importance of early detection, and motivating women to action with an emphasis on reaching the low-income, underinsured, uninsured, and/or working poor within the Communities of Interest.

Objectives for All Communities of Interest

Objective 1: By the end of FY19, develop grassroots marketing strategies with at least three non-traditional partners (restaurants, beauty salons, churches, large employers, universities, etc.) and community-based organizations (YWCAs, libraries, food banks, etc.) in each Community of Interest to advertise free/low-cost screening programs and education events throughout the year.

Objective 2: Beginning with the FY16-17 Community Grant RFA and the FY17-18 Small Grant RFA, increase the number of evidence-based peer-to-peer education programs for target populations in all Communities of Interest. Programs must lead to a documented action (enrollment in insurance, mammogram appointment, navigation to primary care provider, etc.) for participants. Funding preference will be given to programs that utilize community health workers and lead to long-term behavior change (e.g., multi-session, cohort education programs).

Objectives for Lorain County

Objective 3: By FY19, provide a minimum of three community-based presentations to target populations on breast health, breast cancer, available community resources, and Komen Northeast Ohio in Lorain County.

Objectives for Mahoning County

Objective 3: By FY19, provide at least three community-based presentations to target populations on breast health, breast cancer, available community resources, and Komen Northeast Ohio in Mahoning County.

Affiliate Priority 4: Healthcare System Performance Improvement

Decrease gaps/breakdowns in the breast health continuum of care and reduce systemic barriers to care through the development of strategic collaborations with stakeholders and non-traditional partners to increase access to and seamless progression through the breast health continuum of care in each of the Communities of Interest.

Objectives for All Communities of Interest

Objective 1: Beginning with the FY16-17 Community Grant RFA and the FY17-18 Small Grant RFA, support the initiation and/or expansion of programs focused on healthcare system performance improvements in all five Communities of Interest, including: provider education on BCCP; internal training on agency processes for enrollment in financial assistance programs; physician reminder systems; shared medical appointments; development of cross-functional workgroup teams; creation of internal checklists and protocols; and deployment of data-driven approaches in implementing evidence-based programs.

Objective 2: By the end of FY19, work in conjunction with the Ohio Department of Health and BCCP Northeast Region to schedule at least three provider and healthcare systems

training on the BCCP in an effort to increase provider/systems participation and patient enrollment in the program targeting providers from Communities of Interest.

Objectives for Ashtabula County

Objective 3: By the end of FY18, host at least one grant writing workshop in Ashtabula County to increase knowledge of the Affiliate's work, foster inter-agency collaboration, and support the development of grant applications from organizations serving target populations in Ashtabula County.

Objective 4: By the end of FY19, increase the number of organizational partnerships in Ashtabula County from one to five.

Objectives for Cuyahoga County

Objective 3: By the end of FY17, host at least two collaborative meetings with hospitals, primary care providers, health clinics, and community-based organizations serving Cuyahoga County to explore additional community issues, discuss possible partnership opportunities, and gauge level of interest in participating in a breast health task force.

Objective 4: By the end of FY19, establish a breast health learning collaborative in Cuyahoga County made up of providers, stakeholders, breast cancer survivors and co-survivors, and community members to reduce duplication through service delivery efficiencies; create stronger and more integrated planning on regional approaches to address public service needs; expand and create opportunities that increase and improve effectiveness of each organization; and enhance program results through leveraged resources, combined resources, and the creation of new resources.

Objective 5: By the end of FY19, the breast health learning collaborative in Cuyahoga County will meet at least quarterly to provide status updates on progress towards achieving the task force's strategic goals and objectives.

Objectives for Harrison and Jefferson Counties

Objective 3: By the end of FY18, host at least one grant writing workshop in Jefferson County to increase knowledge of the Affiliate's work, foster inter-agency collaboration, and support the development of grant applications from organizations serving target populations in Harrison and Jefferson Counties.

Objective 4: By the end of FY19, increase the number of organizational partnerships in Harrison and Jefferson Counties from two to seven.

Objectives for Lorain County

Objective 3: By the end of FY19, host at least one grant writing workshop in Lorain County to increase knowledge of the Affiliate's work, foster inter-agency collaboration, and support the development of grant applications from organizations serving target populations in Lorain County.

Objective 4: By the end of FY19, increase the number of organizational partnerships in Lorain County from two to ten.

Objectives for Mahoning County

Objective 3: By the end of FY17, host at least two collaborative meetings with hospitals, primary care providers, health clinics, and community-based organizations serving Mahoning County to explore additional community issues and discuss possible partnership opportunities.

Objective 4: By FY17, increase the number of organizational partnerships in Mahoning County from three to ten.

Disclaimer: Comprehensive data for the Executive Summary can be found in the 2015 Susan G. Komen® Northeast Ohio Community Profile Report.