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### Introduction to the Community Profile Report

#### Affiliate History
Susan G. Komen® Memorial was formed in 1992 as an Affiliate of Susan G. Komen. Komen Memorial holds the distinction of being the birth and final resting place of Susan G. Komen. Komen Memorial holds the second oldest Race for the Cure® (RFTC) in the Komen series in Peoria Illinois. This race is the largest fundraising event of its kind in Peoria. Komen Memorial has added two additional Race for the Cure events, one in Bloomington/Normal, Illinois and the newest race in Springfield, Illinois at the State Capitol. These three events bring together over 15,000 participants raising approximately $1,000,000 annually for breast cancer education, screening, treatment and research.

Komen Memorial is recognized throughout the State of Illinois as a leader in breast health. During the Affiliate’s more than twenty year history it has received multiple recognitions for its community health work. Most recently the Affiliate received the Sigma Gamma Rho Sigma Image Award for Komen Memorial Pray for the Cure program and for the Circle of Promise Minority Outreach Program as well as the University Of Illinois College Of Medicine Community Health Award.

As a recognized breast health leader Komen Memorial is an active member of multiple statewide breast health committees, holding seats on the CDC Illinois Comprehensive Cancer State Planning Task Force, Regional Cancer Partnership, Carol Adams Ticket for the Cure Advisory Committee, Illinois Office of Women’s Health Illinois Breast and Cervical Cancer (IBCCP) planning committee, Ad Hoc Committee Member of Illinois Public Health Association, and local IBCCP coalition member. Komen Memorial is also the statewide administrator of the Mammogram Saves Lives License Plate grant program in partnership with the Illinois Public Health Association.

Komen Memorial has a successful Affiliate Community Health Grant program. Since its first granting period, Komen Memorial has awarded over $9.2 million to community organizations to support breast cancer education, screening, treatment and outreach. These dollars are distributed throughout the service area using a competitive granting process. Annually, the Affiliate awards grants totaling $500,000-$600,000. A complete list of current grant awards can be found at komenmemorial.org.

Komen Memorial not only addresses the breast health needs of Illinois women with community health grants but the Affiliate also has several successful in-house mission initiatives. The Circle of Promise Minority Outreach Program has seen tremendous growth over its five year history; growing from a small first year event with 150 participants to a 500 person sold out health education event honoring Black/African-American survivors and educating the community by dispelling myths and empowering participants with lifesaving breast health knowledge.

Komen Memorial was recently awarded a Walgreens Affiliate Based Education Intervention Grant to launch the “Girls Run Peoria” Health and Wellness Initiative for at-risk middle school and high school girls. This collaborative program will address general health, breast health, physical activity and healthy lifestyle choices by combining weekly physical activity with special educational presentations. The pilot program will launch the summer of 2015.
**Affiliate Service Area**

Komen Memorial service area consists of approximately 1,000,000 women in 36 counties located across Central Illinois (Figure 1). Komen Memorial has five urban centers, Peoria, Bloomington/Normal, Champaign/Urbana, Decatur and Springfield Illinois surrounded by vast farmland dotted with small rural towns.

The racial and ethnic makeup of the area is dominantly White (89.1 percent). Blacks/African-Americans (8.2 percent) are the second most prevalent group followed by Hispanics/Latinos (3.5 percent) and Asian/Pacific Islanders (2.4 percent). Anecdotal data suggests the continued growth of the Hispanic/Latino population within the service area.

Komen Memorial service area socioeconomic population characteristics indicate that 10.8 percent of residents have less than a high school education, which is below the state and national average. Of residents living in Komen Memorial service area, 14 percent have income below 100 percent of poverty level which is above the state average. Within Komen Memorial service area, 30.1 percent of residents live in a rural area which is well above the state average of 11.5 percent and the national average of 19.3 percent. Eleven percent of the Affiliate residents live in medically underserved areas. Many women in these rural areas lack not only sufficient medical services, but also lack available transportation to access health care services in surrounding communities.

**Figure 1. Susan G. Komen Memorial service area**

**Purpose of the Community Profile Report**

The Purpose of the Community Profile Report is to:
- Align strategic and operational plans
- Drive inclusion efforts in the community
- Drive public policy efforts
- Establish focused granting priorities
- Establish focused education needs
- Establish directions for marketing and outreach
- Strengthen sponsorship efforts
Quantitative Data: Measuring Breast Cancer Impact in Local Communities

The purpose of Komen Memorial’s quantitative data report is to combine evidence from many credible sources and use the data to identify the highest priority areas for evidence-based breast cancer programs. Data were gathered from the North American Association of Central Cancer Registries (NAACCR), Cancer in North America Deluxe Analytic File (CINA), CDC National Center for Health Statistics, United States Census Bureau as well as NCI/CDC State Cancer Profiles.

The complete quantitative data report provides the following data at the Affiliate and county-level, as well as for the United States and State(s):

- Female breast cancer incidence (new cases)
- Female breast cancer deaths
- Late-stage diagnosis
- Screening mammography
- Population demographics (e.g. age, race/ethnicity)
- Socioeconomic indicators (e.g. income and education level)

The data provided in the report was used to identify priorities within the Affiliate’s service area, based on estimates of how long it would take an area to achieve Healthy People2020 objectives for breast cancer late-stage incidence and death rates.

To determine priority areas, each county’s estimated time to reach the HP2020 targets were compared and then each county was categorized into seven potential priority levels. The following counties were identified as either highest priority or high priority.

Highest priority areas

Nine counties in Komen Memorial’s service area are in the highest priority category. Two of the nine, Fulton County and Macon County, are not likely to meet either the death rate or late-stage incidence rate HP2020 targets. Seven of the nine, Cass County, Fayette County, Grundy County, Hancock County, Mason County, Moultrie County and Piatt County are not likely to meet the late-stage incidence rate HP2020 target. The incidence rates in Piatt County (168.3 per 100,000) are significantly higher than the Affiliate service area as a whole (126.0 per 100,000).

Cass County has a relatively large Hispanic/Latina population, low education levels, and a relatively large number of households with potential language barriers.

High priority areas

Four counties in Komen Memorial’s service area are in the high priority category. All of the four, Coles County, McLean County, Peoria County and Vermilion County, are not likely to meet the late-stage incidence rate HP2020 target.

Coles County has a high poverty percentage and high unemployment. Peoria County has a relatively large Black/African-American population. Vermilion County has a relatively large Black/African-American population and high unemployment as well as an emerging Hispanic/Latina population.
The following target areas were identified based on HP2020 breast cancer late-stage incidence, death rate and breast cancer late-stage incidence and death among Black/African-American women in specific counties.

**Peoria County**
Peoria County was selected as a priority target county because of the late-stage disease diagnosis in rural and Black/African-American women. According to the quantitative data set for Peoria County the predicted time to achieve the Healthy People 2020 (HP2020) breast cancer late-stage incidence targets are in excess of 13 years.

**Sangamon County**
Sangamon County is one of the six population centers in the Affiliate’s service area. It also includes the Illinois State Capital in Springfield. Sangamon County has a diverse population and includes a Black/African-American population of more than 13 percent. In 2008 the late-stage incidence numbers were above the Healthy People 2020 targets.

**McLean, Champaign and Vermilion Counties**
This target area includes three of six population centers in Komen Memorial’s service area. According to the quantitative data set for these target counties the predicted time to achieve the Healthy People 2020 (HP2020) breast cancer late-stage incidence targets are in excess of 13 years.

**Fulton, Cass, McDonough, Mason and Hancock Counties**
Fulton, Cass, McDonough, Mason and Hancock Counties are contiguous rural farming counties in rural West Central Illinois. These target counties are a highest priority with predicted time to achieve the Healthy People 2020 breast cancer late-stage incidence targets in excess of 13 years. Cass County has a large emerging Hispanic/Latina population with unique barriers to access and care.

**Macon, Piatt, Coles and Moultrie Counties**
Macon, Piatt, Coles and Moultrie are contiguous counties in East Central Illinois. Aside from Macon County this is a mostly rural area of farming communities. Located in Macon County, the city of Decatur is one of the largest population centers in Komen Memorial’s service area. Decatur is a racially diverse city with the second greatest population of Blacks/African-Americans in the Affiliate service area. According to the quantitative data set for these target counties the predicted time to achieve the Healthy People 2020 (HP2020) breast cancer late-stage incidence targets are in excess of 13 years.

**Health Systems and Public Policy Analysis**

**Health Systems Analysis**
Komen Memorial accessed multiple resources to create an inventory of breast cancer services available to women across the five target communities of the Central Illinois service area. The Affiliates first contact was with the lead agencies for the Illinois Breast and Cervical Cancer Program in each target county. Secondly the Affiliate accessed the FDA Certified Mammography Facilities website to capture the mammography screening centers within these
identified counties (http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfMQSA/mqsa.cfm). The Health Resources and Services Administration website was used to find community health centers and Federally Qualified Health Centers (FQHC) in target counties (http://findahealthcenter.hrsa.gov/Search HCC.aspx ). The Affiliate accessed the website for the National Association of Free and Charitable Clinics (http://www.nafcclinics.org/clinics/search) to identify free clinics in the target areas. Personal contacts, internet searches and phone calls to gather information on survivorship support programs as well as specific types of services available at each health care location were also used.

Appropriate information was entered into a spread sheet to allow for evaluation of services available in target communities. Review of this information enabled the committee to identify service available as well as note gaps in services across the continuum of care within the target areas.

The Breast Cancer Continuum of Care (CoC) is a model that shows how a woman typically moves through the health care system for breast care. A woman would ideally move through the CoC quickly and seamlessly, receiving timely, quality care in order to have the best outcomes. In the five target communities both strengths and weaknesses were identified across the continuum of care.

**Peoria County**

Multiple mammography screening locations can be found in Peoria County, as well as one of only two mobile mammography units in the state of Illinois. Breast Imaging Centers of Excellence, breast health navigators and 3D mammography are available in this community. A certified FQHC, with five locations in Peoria, provides care for the underserved populations in the area. Peoria County is fortunate to have a full range of breast health services available across the continuum of care.

**Sangamon County**

Sangamon County also has a full range of breast health services available across the continuum of care providing comprehensive breast health services from diagnostics thru treatment to survivorship support. Community based FQHC provide care for the underserved population of Sangamon County. Rural transportation is an issue for many residents across central Illinois. With no mobile mammography service available many rural women and some urban ethnic groups are reluctant to travel outside of their communities to access services. This remains a challenge to reaching these groups with important breast health information and services.

**McLean, Champaign and Vermilion Counties**

The largest cities in each of these counties, Bloomington Illinois (McLean), Champaign Illinois (Champaign) and Danville Illinois (Vermilion) offer a full range of breast health services across the continuum of care. There are adequate screening sites, treatment facilities and survivorship support services offered in both Champaign and Bloomington. Vermilion County appears to have more limited services available for breast cancer survivors than McLean and Champaign Counties. Rural transportation is an issue for many residents of McLean and Vermilion County, not only those seeking screening services but for those clients diagnosed with breast cancer who are undergoing treatment.
**Fulton, Cass, McDonough, Mason and Hancock Counties**

Fulton, Cass, McDonough, Mason and Hancock Counties are contiguous counties in West Central Illinois. This is a very rural area of mostly small farming communities. Breast health services are very limited throughout this region. Fulton, Mason, Cass and Hancock County Health Departments offer clinical breast exams and work to connect patients with screenings through the state IBCCP program. Fulton, McDonough, Mason and Hancock each have small community hospitals offering basic breast care services but lacking in patient navigation, support services, and onsite radiation therapy. Cass County has no hospital and only the most basic breast health care services offered through the county health department. Many residents of West Central Illinois face transportation barriers to accessing services.

**Macon, Piatt, Coles and Moultrie Counties**

Macon, Piatt, Coles and Moultrie are contiguous counties in East Central Illinois. Aside from Macon County this is a mostly rural area of farming communities. Basic screening services are offered through the Illinois Breast and Cervical Cancer program in each county. Macon County, the city of Decatur in particular has a full range of breast health services available across the continuum of care. Coles County also has comprehensive breast health services available across the continuum of care and is home to the Sarah Bush Lincoln Regional Cancer Center. The other two counties in this area appear to be lacking in availability of breast health services. A mobile mammography unit housed at Sarah Bush Lincoln Hospital in Coles County provides basic screening services to rural communities in Moultrie and Piatt Counties. Piatt County has one small community hospital and Moultrie County has satellite clinics from Decatur Memorial and Sarah Bush Lincoln where only screening and diagnostic services are offered.

Preliminary examination seems to indicate sufficient services across the continuum of care exist in the Affiliate’s service area large metropolitan areas. However, rural communities still appear to lack adequate services across the continuum of care and deal with access, transportation and language barriers.

**Public Policy Analysis**

Illinois has benefitted from many legislative actions to enhance breast health services for the women of the state. Recent success include; oral chemo parity, insurance coverage for clinical trials, Medicaid expansion, as well as continued funding for IBCCP. Komen Memorial will continue to work to maintain fair funding for IBCCP. The Affiliate will continue to monitor the roll out of ACA in an effort to identify any barriers or new gaps in services that may occur during this transition period with the goal of ensuring quality breast health care and to protect against any negative impact to breast health services provided to the women of Illinois.

**Qualitative Data: Ensuring Community Input**

Komen Memorial undertook the process of gathering qualitative data for the 2015 Community Profile. These data were used to enhance the quantitative data and health system analysis information related to five target communities identified in the first two components of the profile process. The Affiliate generated fifteen key questions focusing on access to care, barriers, disparities and health care delivery in an effort to gather information related to possible factors impacting late-stage disease incidence in the five identified target communities. The fifteen questions were used universally for focus group and key informant interviews.
Due to the large physical expanse of Komen Memorial’s service area, the Affiliate choose to gather the majority of information through key informant interviews and focus groups. A total of 45 key informant interview, as well as eight different focus groups were conducted with key stake holders from the identified target areas.

As described in the Quantitative Data Assessment breast cancer late-stage incidence in rural, Hispanic/Latina and Black/African-American women emerged as a primary concern in the target communities. The Affiliate partnered with the Illinois Public Health Association and the Springfield Urban League and Lathan Harris Inc. to assist in securing representation from the Hispanic/Latina and Black/African-American populations and facilitating focus groups throughout the target communities.

All key informant and focus group participants were selected due to their relevance to the target communities and the overarching concern of late-stage incidence in specific special populations. The analysis of the qualitative data involved the identification and examination of patterns and themes from the data and information collected. Common themes quickly emerged and fell into two categories; systemic/institutional barriers to care and personal/cultural barriers to care.

**Systemic/Institutional Barriers to Care**
- Lack of transportation (lack of affordable rural and urban transportation)
- Financial Concerns (lack of insurance, copay/deductible, missed work, childcare)
- Language capacity (need for properly trained translators)
- Cultural competence (culturally appropriate communication)
- Lack of access to services and specialists (rural isolation, Medicaid providers)
- Lack of patient navigation and psycho-social support (rural isolation)

**Personal and Cultural Barriers to Accessing Care**
- Lack of health literacy & knowledge of breast cancer
- Cultural health beliefs (mistrust, too busy, fear, denial, breast cancer stigma, shame)

**Peoria County**
Systemic/institutional barriers to care: The need for transportation in both the rural communities and from urban neighborhoods was a common systemic barrier to care. Rural women were less likely to travel into the city for screenings. The issue of insurance co-pay and deductibles were also discussed. Health care providers shared their concern over women who did not get recommended diagnostic screenings because of an inability to pay their insurance deductibles and associated co-pays.

Personal/cultural barriers to accessing care included; comments that breast health was simply “not a priority for women”. “Busy lives” and the “fear” of a breast cancer diagnosis appeared to cause many women to delay or put off all together breast cancer screenings. The need for continued outreach with breast health advocates from within the communities sharing the awareness message was also identified as a need.
**Sangamon County**
Systemic/institutional barriers to care included: Lack of affordable transportation. Rural women reported a hesitation to travel “into the city” as well as asking someone to take their time to transport them. There is no formal public transportation network outside of the city and what is provided is based on volunteer support. Insurance co-pay and deductible concerns were also expressed as another barrier to access by providers as well as patients.

Personal/cultural barriers to accessing care included: busy lives often preempt self-care, shame associated with the disease and fear of being isolated, fear of being deserted by loved ones due to the perceived fatality from the disease, not seeing early detection/prevention services as a priority.

**McLean, Champaign and Vermilion Counties**
Systemic/institutional barriers to care included; transportation for rural and Hispanic/Latina women accessing services, translation services for Hispanic/Latina women, childcare during screening and treatment appointments, lack of Medicaid providers to take new patients entering the system through Illinois’ expanded Medicaid program, co-pay and deductible issues and the conflicting information presented regarding breast cancer screening guidelines.

Personal/cultural barriers to accessing care included; fear of diagnosis, afraid to take off work for screening appointment, too busy, breast health is not a priority, mistrust of medical community by Black/African-American women, women only willing to access services when symptomatic, and modesty and embarrassment concerns expressed by members of the Hispanic/Latina community.

**Fulton, Cass, McDonough, Mason and Hancock Counties**
Systemic/institutional barriers to care included; lack of available transportation, lack of breast health screening and treatment services particularly in Cass and Hancock Counties, language barriers for Hispanic/Latina and French speaking African women, co-pay and deductible issues, lack of case management by Medicaid program, as well as immigration status concerns for special populations.

Personal/cultural barriers to accessing care identified were; fear of diagnosis, comfort and trust issues, breast health not a priority, breast health knowledge deficits, afraid to miss work to access services, and women are too busy with daily priorities.

**Macon, Piatt, Coles and Moultrie Counties**
Systemic/institutional barriers to care identified were; lack of affordable rural transportation, lack of adequate breast health screening and treatment services especially in Moultrie and Piatt Counties, immigration status concerns, lack of translation services, lack of insurance for undocumented women, lack of knowledge of the health care system, lack of Medicaid case management, expense of co-pay and deductibles, and lack of cultural understanding of Hispanic/Latina patient needs and concerns.

Personal/cultural barriers to accessing care identified were; fear of cancer diagnosis, stigma of cancer diagnosis, privacy concerns, fear of desertion due to cancer diagnosis, lack of a woman's health as a priority, shame, and lack of trust between medical community and patient.
Community Profile Conclusions

Peoria County
Peoria County was selected as a priority target county because of the late-stage disease diagnosis. According to the quantitative data set for Peoria County the predicted time to achieve the Healthy People 2020 (HP2020) breast cancer late-stage incidence targets are in excess of 13 years. Peoria County has a full range of breast health services available across the continuum of care. Peoria County is home to one of only two mobile mammography units in the State of Illinois. Multiple screening, treatment and survivorship services are available to Peoria County residents. The qualitative data findings clearly illustrate issues that impact late-stage disease diagnosis in Peoria County residents. Rural, Black/African-American and Hispanic/Latina women experience challenges in accessing breast health services. Rural transportation issues were identified as a barrier to care. All target populations expressed concern about a lack of knowledge of the need for timely breast health screenings and the availability of breast health services. The need for culturally sensitive medical and outreach staff, as well as financial concerns centering on the insurance issues of copay and deductibles were also identified.

Sangamon County
Springfield located in Sangamon County is one of the six population centers in Komen Memorial’s service area. Sangamon County has a diverse population and includes a Black/African-American population of more than 13 percent. From 2006-2010, the late-stage incidence rate was above the Healthy People 2020 target. Sangamon County has a full range of breast health services available across the continuum of care. Residents from several of the Affiliate’s highest priority counties without breast health services travel to Sangamon County to access care. The qualitative data findings clearly illustrate issues that impact access to care for Sangamon County residents. Rural and Black/African-American women experience challenges in accessing breast health services. Rural and urban transportation issues were identified as a barrier to care. All target populations expressed concern about a lack of knowledge of the need for timely breast health screenings and the availability of breast health services. The need for culturally sensitive medical and outreach staff, as well as financial concerns centering on the insurance issues of co-pay and deductibles were also identified.

McLean, Champaign and Vermilion Counties
This target area includes three of six population centers in Komen Memorial’s service area. According to the quantitative data set for these target counties the predicted time to achieve the Healthy People 2020 (HP2020) breast cancer late-stage incidence target is in excess of 13 years. Adequate screening, treatment and survivorship support services are available across the continuum of care in this target area. The qualitative data findings clearly illustrate issues that impact late-stage disease diagnosis for McLean County, Champaign County and Vermilion County residents. All three counties have diverse populations with unique systemic and cultural barriers to breast health care. Rural, Black/African-American and Hispanic/Latina women experience challenges in accessing breast health services. Rural transportation issues were identified as a barrier to care in all three counties. Even with the availability of breast health services, rural and Hispanic/Latina women still experience challenges to accessing these services due to travel challenges and financial concerns related to co-pay and deductibles as well as language and immigration issues.
**Fulton, Cass, McDonough, Mason and Hancock Counties**
Fulton, Cass, McDonough, Mason and Hancock Counties are contiguous rural farming counties in West Central Illinois. These target counties are a highest priority with predicted time to achieve the Healthy People 2020 breast cancer late-stage incidence target in excess of 13 years. Cass County has a large emerging Hispanic/Latina population with unique cultural and systemic barriers to care. Breast health services are very limited in this region. Basic screening services are offered through the Illinois Breast and Cervical Cancer program. Fulton, McDonough, Hancock and Mason Counties have small rural hospitals offering basic breast health services but lacking in patient navigation, support services and onsite radiation services. Cass County has no hospital and only the most basic breast health services offered through the Cass County Health Department. The qualitative data findings clearly illustrate issues that impact late-stage disease diagnosis in this target area. The very rural nature of this area requires women to travel long distance for basic breast health screenings. Rural transportation and the lack of access to convenient services were identified as barriers to care. The large Hispanic/Latina population in Cass County experience breast health access issues related to immigration status and insurance coverage, copay and deductibles, language barriers and transportation.

**Macon, Piatt, Coles and Moultrie Counties**
Macon, Piatt, Coles and Moultrie are contiguous counties in East Central Illinois. Aside from Macon County this is a mostly rural area of farming communities. Located in Macon County, the city of Decatur is one of the largest population centers in Komen Memorial’s service area. Decatur is a racially diverse city with the second greatest population of Blacks/African-Americans in the Affiliate service area. Macon and Coles Counties have a full range of breast health services across the continuum of care. Moultrie and Piatt Counties are lacking services especially related to treatment and survivorship care. The qualitative data gathered from Macon, Piatt, Coles and Moultrie Counties illustrate issues impacting late-stage disease diagnosis. This target area is vast, rural and has several counties lacking in convenient breast health services. Rural transportation and lack of convenient services were identified as a barrier to access. Black/African-American women in Decatur continue to face challenges to accessing services. Mistrust and fear of diagnosis, transportation and lack of support are impacting access for this group. This target area is also home to a growing Hispanic/Latina population. This group faces breast health access issues related to immigration status, cultural and trust concerns, language barriers and transportation.

**Mission Action Plan**

**Peoria County**

**Problem Statement:** Women in Peoria County have higher than the state average rate of breast cancer late-stage incidence and will not reach the Healthy People 2020 target for late-stage incidence rate for more than 13 years.

- **Priority 1:** Reduce the late-stage incidence rate among Black/African-American, Hispanic/Latina and rural women in Peoria County by increasing breast cancer related partnerships that will address the identified systemic barriers to breast health care found in the qualitative data analysis of Peoria County.
Objective 1: In FY16-FY19, develop new collaborative relationships with at least three community based organizations whose target population is Black/African-American women in Peoria County to address the systemic barriers of transportation and financial issues related to breast cancer services.

Objective 2: In FY16-FY19, develop new collaborative relationship with at least three community based organizations whose target population is Hispanic/Latina women in Peoria County to address the systemic barriers of transportation, language and financial issues related to breast cancer services.

Objective 3: In FY16-FY17, develop new collaborative relationship with the local Farm Services (FS) dealer to conduct a breast health outreach to rural Peoria County women.

Objective 4: In FY16-FY19, hold a yearly grant writing workshop in Peoria County to encourage grant applications for evidence based culturally competent breast cancer programs and to address systemic and cultural barriers to breast health care targeting rural and Black/African-American and Hispanic/Latina women in Peoria County.

Priority 2: Partner with community based organizations to promote positive breast health behaviors by effectively addressing cultural barriers to care within the Black/African-American and Hispanic/Latina community in Peoria County.

Objective 1: In FY16-FY19, partner with the Circle of Promise Minority Breast Health Advisory Committee and community based organizations to yearly facilitate no less than two culturally sensitive small group breast health education sessions targeting Black/African-American women in Peoria County.

Objective 2: In FY 16-FY19, partner with newly identified community based organizations to yearly facilitate no less than two culturally sensitive small group breast health education session targeting Hispanic/Latina women in Peoria County.

Sangamon County

Problem Statement: Black/African-American and rural women in Sangamon County have a higher than state average rate of breast cancer late-stage incidence.

Priority 1: Reduce the late-stage incidence among Black/African-American women in Sangamon County by increasing breast cancer related partnerships that will address the identified systemic barriers to breast health care found in the qualitative data analysis of Sangamon County.

Objective 1: In FY16-FY19, develop at least two new collaborative relationships with community based organizations whose target population is Black/African-American women in Sangamon County to address transportation and financial issues related to breast health services.

Objective 2: In FY16-FY17, develop new collaborative relationship with the local Farm Services (FS) dealer to conduct a breast health outreach to rural Sangamon County women.
• **Priority 2:** Partner with community based organizations to promote positive breast health behaviors by effectively addressing cultural barriers to care within the Black/African-American community in Sangamon County.
  
  o **Objective 1:** In FY16-FY19, partner with community based organizations to yearly facilitate no less than two culturally sensitive small group breast health education events targeting Black/African-American women in Sangamon County.
  
  o **Objective 2:** In FY16-FY19, hold a yearly grant writing workshop in Sangamon County to encourage grant applications for evidence based culturally competent breast cancer programs and to address systemic and cultural barriers to breast health care targeting rural and Black/African-American women in Sangamon County.

McLean, Champaign, and Vermilion Counties

**Problem Statement:** Women in McLean, Champaign and Vermilion Counties have a higher than state average rate of breast cancer late-stage incidence and will not reach the Healthy People 2020 target for late-stage incidence rate for more than 13 year.

• **Priority 1:** Reduce the late-stage incidence rate among Black/African-American, Hispanic/Latina and rural women in McLean, Champaign and Vermilion Counties by increasing breast cancer related partnerships that will address the identified systemic barriers to breast health care found in the qualitative data analysis of these counties.
  
  o **Objective 1:** In FY16-FY19, develop collaborative relationship with at least three community based organizations whose target population is Black/African-American women in McLean County and Vermilion County to address the systemic barrier of financial issues related to breast cancer services.
  
  o **Objective 2:** In FY16-FY19, develop collaborative relationship with at least two community based organizations whose target population is Hispanic/Latina women in Vermilion County to address the systemic barriers of transportation, language and financial issues related to breast cancer services.
  
  o **Objective 3:** In FY16-FY17, develop new collaborative relationship with the local Farm Services (FS) dealer to conduct a breast health outreach to rural McLean County, Champaign County and Vermilion County women.

• **Priority 2:** Partner with community based organizations to promote positive breast health behaviors by effectively addressing cultural barriers to care within the Black/African-American and Hispanic/Latina community in McLean, Champaign and Vermilion Counties.
  
  o **Objective 1:** In FY16-FY19, partner with Central Illinois Chapter of Links Inc. and newly identified community based organizations to yearly facilitate no less than two culturally sensitive small group breast health education events targeting Black/African-American women in McLean County.
Objective 2: In FY16-FY19, partner with community based organizations to yearly facilitate no less than two culturally sensitive small group breast health education events targeting Hispanic/Latina women in Vermilion County.

Objective 3: In FY16-FY19, hold a yearly grant writing workshop in McLean County to encourage grant applications for evidence based culturally competent breast cancer programs and to address systemic and cultural barriers to breast health care targeting Black/African-American and Hispanic/Latina women in McLean, Champaign and Vermilion Counties.

Fulton, Cass, McDonough, Mason and Hancock Counties

Problem Statement: Women in Fulton, Cass, Mason and Hancock Counties have a higher than state average rate of breast cancer late-stage incidence and will not reach the Healthy People 2020 target for late-stage incidence rate for more than 13 year and have limited access to breast health services as indicated in the health system analysis.

- Priority 1: Reduce the number of late-stage incidence among rural and Hispanic/Latina women in Fulton, Cass, Mason, McDonough and Hancock Counties by increasing breast cancer related partnerships that will address the identified systemic barriers to breast health care found in the qualitative data analysis of these counties.

  - Objective 1: In FY 17-FY19, develop new collaborative relationship with at least two community based organizations whose target population is Hispanic/Latina women in Cass County to address the systemic barriers of transportation, language and financial issues related to breast cancer services.

  - Objective 2: In FY 17, develop new collaborative relationship with local Farm Services (FS) dealers to conduct a breast health outreach to rural Fulton County, Cass County, McDonough County, Mason County and Hancock County women.

  - Objective 3: In FY 17-FY19, hold a grant writing workshop inviting community based organizations serving rural and Hispanic/Latina women in Fulton, Cass, McDonough, Mason and Hancock Counties to encourage applications that address the systemic barriers of transportation, language and financial issues related to breast cancer services.

- Priority 2: Partner with community based organizations to promote positive breast health behaviors by effectively addressing cultural barriers to care within the Hispanic/Latina community in Cass County.

  - Objective 1: In FY 16- FY19, partner with newly identified community based organizations to yearly facilitate no less than two culturally sensitive small group breast health education session targeting Hispanic/Latina women in Cass County.
Macon, Moultrie, Piatt and Coles Counties

Problem Statement: Women in Macon, Moultrie, Piatt and Coles Counties have a higher than state average rate of breast cancer late-stage incidence and will not reach the Healthy People 2020 target for late-stage disease incidence rate for more than 13 year and have limited access to breast health services as indicated in the health system analysis.

- **Priority 1:** Reduce the number of late-stage incidence among rural and Hispanic/Latina women in Moultrie, Piatt and Coles Counties by increasing breast cancer related partnerships that will address the identified systemic barriers to breast health care found in the qualitative data analysis of these counties.
  - **Objective 1:** In FY 16-FY19, develop new collaborative relationship with at least two community based organizations whose target population is Hispanic/Latina women in Moultrie, Piatt and Coles Counties to address the systemic barriers of transportation, language and financial issues related to breast cancer services.
  - **Objective 2:** In FY16-FY17, develop new collaborative relationship with the local Farm Services (FS) dealer to conduct a breast health outreach to rural Moultrie County, Piatt County and Coles County women.
  - **Objective 3:** In FY16-FY19, develop new collaborative relationship with at least two community based organizations whose target population is Black/African-American women in Macon County to address the systemic barrier of financial issues related to breast cancer services.
  - **Objective 4:** In FY17-FY19, hold a grant writing workshop inviting community based organizations serving rural, Black/African-American and Hispanic/Latina women in Macon, Moultrie, Piatt, and Coles Counties to encourage applications that provide evidence based culturally competent breast cancer programs and address systemic and cultural barriers to breast health care.

- **Priority 2:** Partner with community based organizations to promote positive breast health behaviors by effectively addressing cultural barriers to care within the Black/African-American, Hispanic/Latina and rural communities in Macon, Moultrie, Piatt and Coles Counties.
  - **Objective 1:** In FY 17-FY19, partner with newly identified community based organizations to yearly facilitate no less than two culturally sensitive small group breast health education session targeting Hispanic/Latina women in Moultrie, Piatt and Coles Counties.
  - **Objective 2:** In FY17-FY19, partner with newly identified community based organizations to yearly facilitate a culturally sensitive breast health education session targeting Black/African-American women in Macon County.

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