

Health Systems and Public Policy Analysis

Health Systems Analysis Data Sources:

The Michigan Affiliate of Susan G. Komen conducted an assessment to identify breast health services located in the target communities of Hispanic/Latinos (Ottawa, Kent, and Van Buren counties); African American/Blacks (Jackson, Muskegon, and Berrien Counties), and Rural individuals (Montcalm, Livingston, Cass Counties). Using online search portals that provided detailed information on community health centers, free clinics, hospitals, accredited breast care centers and local health departments, the Affiliate performed online research to identify FDA approved mammography centers, and certifications of excellence through the American College of Radiology Breast Imaging Centers of Excellence. Further, Michigan Breast and Cervical Cancer Control Program (BCCCNP) information was reviewed and the Kent County BCCCNP service coordinator provided information in an interview.

The findings from this exhaustive search were compiled in an excel spreadsheet, organized by target community. Using the diagram of the Continuum of Care (CoC), Komen Michigan then reviewed the findings for each target community in terms of potential gaps in services, and other barriers to access.

Health Systems Overview

Breast Cancer Continuum of Care (COC)

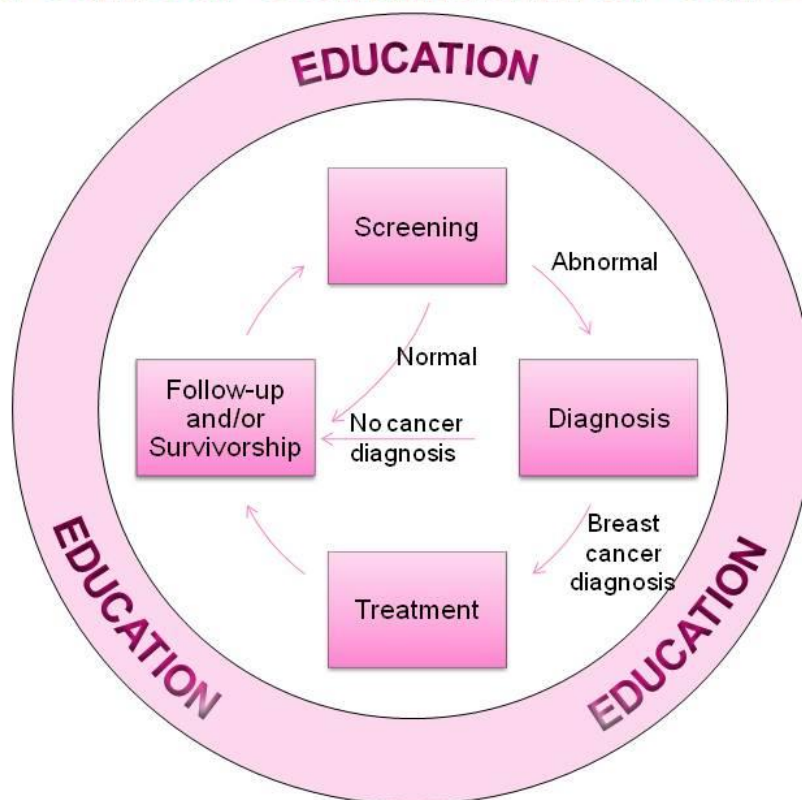


Figure 2. Breast Cancer Continuum of Care.

The Breast Cancer Continuum of Care (CoC) is a model that summarizes 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 achieve the best outcomes. Throughout the entire CoC, education plays an important role.

While a woman may enter the continuum at any point, entrance into the CoC is initiated by breast cancer screening, either with a clinical breast exam or a screening mammogram. If the screening test results are normal, she would loop back to follow-up care, where she would get another screening exam at the recommended interval. Breast health education encourages timely and routine screening. Screening and education also includes assessing an individual's risk, providing an opportunity for doctor and patient to discuss risk factors, how risk factors work together, reduction of risk factors, and which screening options are best for the individual woman.

If a screening exam resulted in abnormal results, diagnostic testing follows to determine the nature of the abnormality, which can include diagnostic mammogram, breast ultrasound, or biopsy. If the tests were negative for breast cancer (or benign), she would go to follow-up and return for screening at the recommended interval based on her individual risk factors. Education plays a role in communicating the importance of diagnostic testing for abnormalities, keeping follow-up appointments and understanding what it all means. Education can empower a woman and help manage anxiety and fear.

If diagnostics determine the cells are malignant, a breast cancer is diagnosed and the woman would proceed to treatment. Treatment can include chemotherapy, radiation, surgery, and other individual treatments. Education provides the patient with an understanding of treatment options, side effects, and questions to ask providers so she can make the best decision for herself.

Treatment can last weeks, months, years, or a lifetime depending on the individual patient. While the CoC model shows that follow-up and survivorship occur at different intervals, they can be concurrent. Follow up and survivorship may include: navigating insurance issues, locating financial assistance, and symptom management issues such as pain, fatigue, sexual issues, bone health, etc. Education may address topics including making healthy lifestyle choices, long term effects of treatment, managing side effects, the importance of follow-up appointments, communicating with providers, and appropriate screening intervals.

Delays in the continuum often lead to poorer outcomes. Additionally, women may fall out of the continuum of care when they cannot access the care they need. Barriers can include lack of transportation, language barriers, fear, lack of information or misconceptions, as well as systemic issues--long waits for appointments and inconvenient clinic hours. Education, supportive services, and navigation can help reduce barriers and assist a woman in her progression through the Continuum of Care.

Continuum of Care in Michigan Populations in Need

The populations-in-need in Michigan come with distinct and unique barriers depending upon the resources in each area. Though the Michigan Affiliate is one merged entity, each community has its own character in its provision of breast health services to Women of Color as well as those who dwell in underserved rural areas. As such, the Michigan Affiliate pays attention to the Hispanic, African American/Black, and rural populations as being similar in their need for service, but differently-served by virtue of their geographic location. To understand these regional differences, the Affiliate elected to examine counties in each of the service areas where the target populations have larger concentrations in combination with poor health indicators.

Resources and access are two major concerns faced by the Michigan Affiliate's three target populations. The Mid-Michigan service area, for example, has providers and community centers to meet the majority of the needs required to move through the CoC. The HSA, however, revealed significant gaps in care which could prevent women from receiving initial screenings or moving through the CoC in a time-appropriate manner in Mid-Michigan. The Southwest service area, similarly, has unique challenges for outlying communities, such as Berrien County—located in the left-southernmost corner of Michigan. Within this county, there are few resources close to home for women needing breast health services beyond navigation and CBE's. Screening and diagnostics are provided at three Lakeland Health Center locations. Otherwise, women who need more advanced care—including treatment—are forced to travel to other nearby areas, such as neighboring St. Joseph, Cass, Van Buren, or even Kalamazoo County (located two counties away). In West Michigan, resources are clustered in and around the urban centers. Kent County in particular has the "Medical Mile" in Grand Rapids, home to three hospitals – Spectrum, Blodgett, and Mary Free Bed. Of these resources, Spectrum is the only one which provides treatment options. Luckily, other resources, such as the Lemmen-Holton Cancer Pavilion and the Mercy Health Lacks Center, also exist to offer treatment options. In Ottawa County, Spectrum Health in Zeeland, Holland Hospital in Holland, and the Mercy Health system are located in Muskegon County—with Mercy Health's Main Campus being the sole provider of treatment services. Outlying areas away from these urban centers have limited access to the existing resources with little to no resources existing beyond those which provide CBE's, impacting how populations-in-need experience the CoC.

The Mid-Michigan service area is comprised of several urban areas with universities surrounded by both suburban and rural areas. According to data provided to the Affiliate by the Michigan Public Health Institute, there is only one rural clinic serving the population of Mid-Michigan. However, the Health System Analysis revealed four mobile mammography units. Regardless, most residents must travel to urban areas, such as Lansing, Owosso, or Ann Arbor to receive care. Furthermore, it emphasizes the need to increase knowledge and engage in evidence-based persuasive appeals to increase the likelihood a woman will travel for a clinical breast exam or screening mammography or minimize the barriers to receiving service close to home. Transportation to receive services is a common concern among underserved women as a whole. If patients do not have the means to travel, the Affiliate, providers, and health departments should focus on increasing access in rural areas to reduce barriers for women.

African Americans/Blacks in Berrien, Jackson, and Muskegon Counties

Berrien County has just a few breast health service providers. Those who qualify for BCCCNP services can get a clinical breast exam at one of the three Berrien County clinics in the cities of Benton Harbor, Niles, and Three Oaks, but must travel to Lakeland hospital's satellite locations in St. Joseph, Watervliet, or Niles for screening mammography and diagnostics. Berrien County Cancer Services helps local residents with patient navigation and home visits for those that qualify. They also refer for survivor support services. As a whole, there are no treatment facilities available to women receiving a breast cancer diagnosis in Berrien County, forcing them to travel to nearby counties to obtain these services.

The Department of Health and Human Services, Health Resources and Services Administration (HRSA) designated parts of Jackson County as medically underserved. The county has a higher percentile of the population living in poverty compared to both the Michigan and the Affiliate's service area averages. Within Jackson County, there are four screening resources—through Columbia Medical Center or the Allegiance Health System, three diagnostic resources—through Allegiance Health system and its mobile mammography unit, one resource for receiving treatment—through Allegiance, and two resources for survivorship support—through Columbia and Allegiance. The area has a number of screening services supplied, but resources become scarcer as patients move through the CoC. In any low-income population, access to transportation is an issue. This service area has two distinct mobile health units to meet this need. Qualitative data collection will allow a deeper look at the impact of the mobile units and discover where Komen can fill the gaps in care for this underserved population.

In Muskegon County, African Americans have access to Clinical Breast Exams (CBEs) through several community health centers. Within Muskegon County, there are four screening mammography resources—through Mercy Health System and Radiology Muskegon, three diagnostic resources—through Mercy Health, one resource for receiving treatment—through Mercy Health, and three resources for survivorship support. Three of Mercy Health's campuses offer mammography in Muskegon County including Mercy Campus, Hackley Campus, and Lakes Village. A private radiology center in Muskegon (Radiology Muskegon) also provides mammograms, but the majority of populations-in-need access mammograms within the Mercy Health system. No mobile mammography units are stationed in Muskegon County to serve populations away from the urban centers. The network of BCCCNP providers in Muskegon offer some educational opportunities, but there is room for more opportunities to encourage screening.

While it is obvious that breast health resources exist within the counties serving the African American populations of interest, there are few resources for those needing diagnostic mammography and even fewer resources for those needing treatment for breast cancer. As explored in the quantitative data analysis, Black women are diagnosed with breast cancer at more advanced stages and are more likely to die from the disease than white women. This disparity in timely progression through the CoC will be an area to examine in the qualitative data collection and analysis.

Hispanic/Latinos in Kent, Ottawa and Van Buren Counties

Hispanic/Latinos in Kent County have access to multiple screening options. Kent County alone has two dozen screening facilities, including eight community health centers that offer free and low-cost screening options. Diagnostics and treatment centers are clustered in the city of Grand Rapids in Kent County with all three major hospitals providing services. Additionally, there are several survivor support services. Examining these resources further, most provide programming in English only and often rely on translators to communicate with Spanish-speaking patients. While some have bilingual women's health staff members, more will be needed to serve a growing Spanish-speaking population.

In Ottawa County, diagnostic services are available in Holland (Holland Hospital), Zeeland (Zeeland Hospital), and Grand Haven (North Ottawa Community Hospital), while treatment is available only at Holland Hospital. One low-cost clinic has bilingual staff/physicians, and translation services are available at local providers. There are few formalized partnerships or programs designed for outreach, education, and provision of services for Hispanic/Latinos. Further, there are few programs or partnerships that focus on serving the migrant community.

Van Buren County--within the southwest region of the Michigan Affiliate--Hispanic/Latinos have several options to receive services. Large regional hospitals populate the area, including: Borgess-Pipp, Bronson Lakeview, Lakeland Community Hospital, and South Haven Health System. Additionally, the Van Buren Health Department performs clinical breast exams and makes referrals for screening/diagnostic services should those be needed.

Hispanic/Latinos in Kent have many resources available in the CoC. However, the connection between education and helping women enter and progress through the CoC appears to be an issue in need of further exploration for qualitative data collection and analysis. The educational opportunities available may not be targeted to reach the Hispanic/Latino populations with specific consideration to language barriers. Furthermore, cultural differences related to health care and fear of "the system" may impede Hispanic/Latino's access to other resources in the CoC. These issues relating to how Hispanic/Latinos access and progress through the CoC will be explored further in the qualitative data section.

Rural low-income individuals in Cass, Livingston, and Montcalm Counties

Due to location, rural-area residents are at a disadvantage for service. While it seems that no place in Michigan is too far from resources, some rural residents are located in veritable health service deserts, made more isolated by low-income, race/ethnicity, and transportation barriers. These interlocking factors have a multiple-jeopardy effect on residents of these outlying areas. Specifically, in the Michigan Affiliate's service area, Cass, Livingston, and Montcalm counties have been identified as areas of need in terms of breast health services.

Situated on the border of Indiana, Cass County residents are geographical outliers in a state where resources seem plentiful, especially around urban areas. The main hospital in the area is Borgess Lee Memorial Hospital, which is located in the city of Dowagiac. This hospital offers diagnostic/screening mammograms, however, patients must be referred elsewhere to receive treatment or survivor care, and typically patients are referred within the Borgess system to

nearby Kalamazoo. Beyond this primary resource, residents must travel to other counties in order to access breast health services.

Rural individuals in Livingston County have similarly limited resources for breast health care. Livingston County has three resources for clinical breast exams—Planned Parenthood, St. Joseph Mercy, and U of M Health Center. Both University of Michigan Health Center and St. Joseph Mercy offer diagnostic services including mammograms and ultrasound, though only St. Joseph Mercy is able to offer advanced services such as biopsy and breast MRI. Treatment options are limited to St. Joseph Mercy, and Betty Ford Breast Care, both of which are located in the city of Brighton, 5 minutes from each other, forcing patients to travel from all four corners of the county to access care or opt to travel outside of the county for advanced services.

In Montcalm County, there are satellite locations of Grand Rapids-based Spectrum Health located in Lakeview (Kelsey Hospital), Freemont (Gerber Memorial Hospital), and Greenville (United Hospital). These locations provide basic clinical breast exam screenings, and rely on a once per month visit from a mobile mammography bus to provide screening mammograms. For diagnostics and treatment, individuals must travel to Spectrum United in Greenville or a hospital in Grand Rapids to the South or Big Rapids to the North. There are limited resources for education and survivorship support. Limited resources are a weakness of the health system available to rural and low-income individuals.

The rural nature of these counties, coupled with the distance to major hospitals, result in long trips for individuals needing to access all of the services in the Continuum of Care. For example, residents in Kessington, located at the southernmost border of Cass County, have a 40-minute commute to the city of Kalamazoo for services. Residents in northern Livingston County have at least an hour round-trip to obtain services in Brighton. For those in northwestern Montcalm County, travel time to Greenville and Grand Rapids each average about an hour and twenty minutes round-trip. In northeastern Montcalm County, travel time to Greenville is an hour and twenty minutes round-trip and travel to Grand Rapids is two and a half hours round-trip. Very clearly, transportation to these vital resources is a huge barrier to women who need breast health services and will be explored further in the qualitative data analysis section.

Key Mission Partnerships

The Mid-Michigan service area's location near the capitol (Lansing) provides great access to key mission partners. These include the Michigan Department of Community Health, Ingham County Health Department, Livingston County Health Department, the Michigan Institute of Public Health, Michigan State University, and the University of Michigan. Along with their Comprehensive Cancer Center, the University of Michigan also has an accredited school of Public Health.

Komen Michigan has established relationships with other community organizations to partner to improve the breast health of the community. Some partnerships that span the full 20-county service area include: the Breast and Cervical Cancer Control and Navigation Program's (BCCCNP) providers and outside partners network, the Michigan Cancer Consortium (MCC), the Migrant Resource Council (MRC), Michigan Migrant Legal Assistance Program (MMLAP),

the Michigan Public Health Institute (MPHI), and the Michigan Health Information Network (MiHIN). Additionally, Komen Michigan partners with support organizations to help support survivors and reduce barrier to accessing treatment including Gilda's Club/Cancer Support Communities, American Red Cross transportation initiative, and the American Cancer Society (ACS). Many of these collaborations impact more than one target population.

Komen Michigan has also formed regional partnerships to connect with organizations serving the three service areas. In the Mid-Michigan service area, Komen Michigan partner with the Capitol Area Health Alliance (CAHA) and local faith-based organizations. In the Southwest Michigan service area, Komen Michigan seeks to expand the partnership with Strong Women of Faith to expand the education and outreach efforts. In West Michigan, key partners for education and outreach include the Grand Rapids African American Health Institute (GRAAHI), the Hispanic Center of West Michigan (HCWM), and the West Michigan Asian American Association (WMAAA).

Komen Michigan plans to develop similar partnerships with organizations focused on serving the communities of interest in the target counties. The Affiliate seeks to develop a partnership with breast health providers such as Clinica Santa Maria, which serves a large part of the Hispanic/Latino community in Kent County, and Intercare, which serves the Hispanic/Latino community in Ottawa County, and is looking to form a partnership in Van Buren County. In the Southwest service area, the affiliate partnered with Strong Women of Faith for events and look to strengthen that relationship in the future. Additionally, Komen Michigan is in the process of re-launching the Pink in the Pews program, a faith-based education program that reaches Blacks in the churches they attend weekly and the program is set to expand to serve the Hispanic/Latino community by the end of 2015.

Connecting with rural low-income individuals is an area the Affiliate is looking to improve in the next four years. In Montcalm County, Komen Michigan plans to partner with the Freemont Community Foundation to identify community organizations that serve the target population and work to build relationships with those organizations. Komen Michigan seeks to form partnerships with organizations serving rural individuals in Livingston and Cass Counties in the future. Additionally, libraries remain a community meeting place in many rural communities and the Affiliate plans to build partnerships with local libraries to create educational opportunities. Komen Michigan seeks to build relationships with rural service providers to better understand how to serve the breast health needs of the community and assist individuals to receive the care they need.

The Affiliate's partnership with community organizations provides an opportunity to direct individuals to the services they need as well as outreach and educate on the importance of breast health. Additionally, the relationship with service providers help reduce barriers to care. For instance, ACS's transportation program helps reduce transportation barriers and the partnership with BCCCNP helps reduce cost barriers and provide navigation services to help women make and keep their appointments.

In the future, Komen Michigan intends to expand and strengthen existing partnerships while establishing new partnerships. Specifically, Komen Michigan will work to establish trust and

presence in the Hispanic/Latino, Black, and rural communities by partnering with established and respected organizations that already serve this population. For Hispanic/Latinos and Blacks, Komen Michigan will build relationships and form new key mission partnerships with church congregations and organizations serving these populations. To reach the rural population Komen Michigan will form a partnership with organizations serving rural individuals and other rural health service providers. These partnerships allow Komen Michigan to leverage resources and more efficiently address gaps in breast health needs in the community in the populations most in need.

Public Policy Overview

Michigan public policy impacts the breast health resources available. Michigan opted to use the federal Marketplace Exchange for health insurance purchasing under the Affordable Care Act. Michigan has expanded Medicaid and has a strong Breast and Cervical Cancer Control and Navigation Program (BCCCNP). The Michigan Cancer Consortium has set goals in relation to breast health and engages coalition members to work toward achieving those goals. The implementation of the Affordable Care Act has impacted the health system and has resulted in more Michiganders with access to health care. The Affiliate's advocacy efforts continue to support improving breast health in the community.

Breast and Cervical Cancer Control Program

Michigan participates in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and the program is known locally as the Breast and Cervical Control and Navigation Program (BCCCNP). Michigan's BCCCNP provides breast and cervical screening and diagnostic services for uninsured women with qualifying household incomes. Additionally, BCCCNP can provide diagnostic and navigation services for insured women who face a high deductible as well. Additionally, women under 40 with symptoms can also qualify for services. BCCCNP's expanded service coverage has reduced the gaps in breast health service provision in Michigan.

BCCCNP is primarily funded by Centers for Disease Control funding provided to the state. Some state funds are also contributed to the program, mostly focused on serving women under 40 years old. Additionally, following years of lobbying from Komen Affiliates, the Michigan Legislature passed a bill to create "Pink Plates" with a portion of license plate registration and renewal revenue going to support BCCCNP.

Individuals enroll in BCCCNP using a toll free phone number or online. The toll free number directs women to their local County program coordinators. Most of the West Michigan service area is served by the Kent County Health Department's Women's Health Network (WHN) for BCCCNP services. Women calling the WHN number will similarly be directed to their local resources if they are outside the area served by WHN. WHN also has bilingual staff to serve Spanish speakers. Montcalm and Newaygo Counties in West Michigan are served by District Health Department #10. The Southwest service area is served by the Kalamazoo County BCCCNP service coordinator. In Mid-Michigan the area is covered by the Mid-Michigan Health Department, Ingham County BCCCNP administrator, Shiawassee Health Department, and the

Barry Eaton Health Department. The BCCCNP service areas and qualifications in Michigan are constantly undergoing revision, so calling the toll free number is the best place for women to start enrollment.

During BCCCNP enrollment, if an individual would potentially qualify for Michigan's expanded Medicaid, the Healthy Michigan Plan (HMP), they will immediately be referred to a navigator to determine if they qualify and to be assisted in enrolling in the program. If an individual is eligible, they will be provided website and telephone enrollment information, or they can speak with a bilingual outreach specialist to assist them in enrolling during the call. Once enrolled in HMP, the individual will have full coverage health insurance starting from the first of the month of enrollment. The individual will still be scheduled for an appointment under BCCCNP. However, because appointment wait time averages 60 days, the individual will likely have HMP insurance by the time they come in for their appointment.

Individuals are seen at local Health Department, as well as other hospital and community health providers that participate in BCCCNP. Each facility is allocated a portion of the caseload, which is closely monitored to assure compliance with regulations.

The Michigan Affiliate of Susan G. Komen has a close working relationship with BCCCNP and the local Coordinating Agencies. Komen Michigan sits on the external committee for some of the local coordinating agencies for BCCCNP, which provides important BCCCNP program updates including qualification updates and caseload levels. The Kent County BCCCNP coordinator and the Komen Michigan Executive Director have made media appearances together to discuss the breast health resources in the community.

Additionally, all Komen Michigan grantees who provide screening and diagnostic services must partner with BCCCNP to refer women who qualify. Komen Michigan is a "gap filling" organization, meaning it seeks to serve those who would otherwise not qualify for services. When a woman calls the Komen Michigan offices for assistance, staff uses a flow chart to help determine where to refer the caller. Those who qualify for BCCCNP or HMP are directed to their local BCCCNP coordinator for services and/or enrollment assistance/navigation. For those who don't qualify for services under BCCCNP, they are directed to local grantee programs for assistance. Komen Michigan will continue to work closely with BCCCNP providers and grantees to maintain an accurate understanding of the resources in the area.

State Comprehensive Cancer Control Coalition

The Michigan Cancer Consortium ("MCC") is a statewide, inclusive, broad-based partnership of public and private organizations that provides a forum for collaboration (i.e., communication, coordination, and the sharing of resources) to reduce the human and economic burden of cancer among the citizens of Michigan.

The MCC works to achieve the Consortium's research-based, results-oriented goals. The Michigan Cancer Consortium has set the following goal and objectives for breast cancer in Michigan:

Goal: Reduce breast cancer death rate in Michigan

Objective 1: Breast Cancer Implementation Objective 1:3 By 2011, 90 percent of women will report being offered age-appropriate breast cancer risk information, education, and suitable services

Objective 2: Breast Cancer Implementation Objective 2: By 2015, 80 percent of women aged 40 years and older will report having received both a clinical breast exam and a mammogram within the past year.

Through the dedicated, collaborative efforts of the stakeholder organizations that comprise the Consortium, Michigan cancer organizations are taking steps forward in reducing the very real burden that cancer places on Michiganders.

As a Consortium member organization Komen Michigan actively engages with fellow member organizations to focus on the breast cancer goals of the coalition. Komen Michigan works to accomplish measureable cancer prevention and control activities and also provides annual reports on progress and accomplishments. Representatives attend meetings on a quarterly basis, attend the annual meeting, and often present posters outlining a successful program or project from the previous year. Additionally, the Executive Director of the Affiliate serves on the Membership Committee focused on engaging additional organizations and members. The Affiliate plans to continue active participation in the Cancer Consortium and providing support to the breast cancer specific task force.

Affordable Care Act

Michigan's health care landscape is changing with the implementation of the Affordable Care Act (ACA). Michigan's Republican Governor led the charge to expand the state's Medicaid program. Expanded Medicaid in Michigan is known as the Healthy Michigan Plan (HMP). Komen Michigan supported the passage of expanded Medicaid through letters to legislators and social media campaigns to ensure more low-income individuals would have access to breast cancer screenings.

Enrollment in HMP has exceeded expectations. As of July 10, 2014, approximately 70 percent of eligible individuals, a total of 323,022 Michiganders, had enrolled in the program (State of Michigan, 2014). The first-year goal of enrolling 322,000 Michiganders was surpassed after less than four months of enrollment. HMP provides comprehensive health care coverage, including screening mammograms and coverage throughout the Continuum of Care.

According to a Gallup poll, the uninsured rate peaked in the United States in the third quarter of 2013 at 18 percent (Gallup, 2014). Since ACA implementation, the uninsured rate for US adults has dropped to 13.4 percent in April 2014. The Urban Institute's Health Policy Center's mid-year Health Reform Monitoring Survey noted that in Medicaid expansion states like Michigan, the uninsured rate is closer to 10.1 percent (Urban Institute, 2014). Affordable Care Act

implementation has reduced the number of uninsured in Michigan. Exact numbers are not available for Michigan.

Notably, the uninsured rate among Blacks dropped 7.1 percent to 13.8 percent, a greater drop than any other demographic group (Gallup, 2014). The uninsured rate dropped 5.5 percent to 25.2 percent for low-income Americans with a household income less than \$36,000. Hispanic/Latinos uninsured rate dropped 5.5 percent since the end of 2013, but still remains the highest among demographic groups. Further, uninsured individuals who are undocumented immigrants are ineligible for subsidies under ACA and are prohibited from purchasing coverage through the ACA marketplaces. Thus, undocumented immigrants in Michigan are likely to remain uninsured. Some programs, such as Michigan's BCCCNP program may serve undocumented immigrants who meet qualifications, but there are no resources for them to purchase full-service insurance coverage.

ACA implementation has impacted the qualifications for Michigan's BCCCNP program. The services provided by BCCCNP are changing. Many more women are enrolling in health care coverage, which provides screening services as a preventative service, through the ACA marketplaces and HMP. Thus, the demand for BCCCNP screening services is decreasing. For women without insurance, including undocumented immigrants, BCCCNP will continue providing free and low-cost mammograms. For women who are under-insured, meaning they have coverage but are unable to afford the co-pays, co-insurance, or deductibles, BCCCNP will increase provision of diagnostic services. Even women who were not initially screened through the BCCCNP program can access BCCCNP resources for diagnostic assistance and navigation. As a result in this shift from screening towards diagnostic services, some BCCCNP provider sites may drop out of the program due to low utilization of screening and inability to provide diagnostic services. These changes have also resulted in BCCCNP redrawing service areas to cluster around diagnostic resources.

ACA implementation has also affected health care providers. With an influx of newly insured individuals, some providers are struggling to keep pace with new patients seeking services. According to the Health Resources and Services Administration, many Counties in the service area are Health Professional Shortage Areas and particularly lack Primary Care Providers for the low-income populations in those areas (Health Resources and Services Administration, 2014). Increased demand for services will only increase these shortages.

Providers are also concerned about Medicaid reimbursement rates for services. It is unknown whether rates will increase, decrease, or remain flat as rates have for Medicare. Lower reimbursement rates result in slimmer profit margins for providers. Additionally, providers may need to increase prices and/or billing staff, which results in additional costs and increased fees. However, with more patients having some level of health coverage, providers expect to have less uncompensated care and less charity care. The ACA's impact on providers and service costs will be watched by the Affiliate to monitor affordability of services and potential gaps and barriers for insured women.

Changes in the health care landscape in Michigan have impacted the Affiliate. Komen Michigan is a “gap filling” organization that focuses on identifying needs that are not being addressed by other resources in the community. With more people having access to screening as a preventative care service, the Affiliate is seeing less demand for free and low-cost mammograms. There are still populations who need assistance accessing and paying for mammograms, but the demand has been less than in years past. For example, high risk women under age 40 may face challenges or insurance denials when attempting to access screening mammograms. Additionally, more underinsured women are seeking assistance paying for deductibles, co-insurance, and co-payments for diagnostic services and treatment.

The Affiliate recognizes a need for greater outreach to populations of need to provide education and assistance accessing care resources and insurance options. Further, while opportunities for screening have increased, supportive services like transportation and child care are needed by many individuals to access services. As needs continue to shift and change, the Affiliate will continue to monitor the gaps to ensure women can access quality breast health resources and work to reduce the barriers to utilizing services.

Affiliate Public Policy Efforts

Public policy impacts the breast health of the community and Komen Michigan actively works to make sure policy makers understand the importance of breast health. Komen Michigan collaborates with the Detroit Race for the Cure on state and national public policy activities. When important bills and legislation are being considered, the Affiliates draft a joint letter to be signed by all the Komen Affiliate Executive Directors serving Michiganders. The Detroit Race and Komen Michigan also work together to schedule recess meetings with national legislators to inform them on important issues and conduct Lobby Days with state legislators. Komen Michigan actively reaches out to local Representatives and Senators serving the Komen Michigan service area to provide information on breast health related bills, set in person meetings, explain the services Komen Michigan provides so they can assist constituents, and to invite them to key Komen events like the Race for the Cure series.

Additionally, Komen Michigan provides testimony, both written and oral, regarding important bills under consideration. In 2014, Komen Michigan provided oral testimony in support of a bill to require oral chemotherapy parity with traditional IV chemotherapy. When appropriate, Komen Michigan works to build coalitions of interested organizations and individuals to provide a stronger, more unified voice in favor of quality breast health in Michigan. The Affiliate plans to maintain and expand public policy efforts in the future utilizing the Komen Public Policy Priorities.

Health Systems and Public Policy Analysis Findings

Based on review of health system resources and public policy findings, the Michigan Affiliate of Susan G. Komen has identified the following needs and areas of focus:

Target Communities

Blacks in Berrien, Jackson, and Muskegon Counties have access to CoC resources, but Blacks timely progression through the CoC appears to be impeded and will be studied in the qualitative section. In Berrien, Jackson and Muskegon Counties, diagnostics and treatments in particular, are only available at a single provider. For those who need reconstructive surgery, or other advanced care, the only option often is travelling great distances for care. Barriers to care can lead to delays along the CoC which may contribute to later stage diagnosis and poorer outcomes. When examining the needs of this population in the qualitative data section, cultural barriers to breast health should be examined as well as needs related to supportive services. Navigation throughout the CoC and education on the importance of breast health is another area of need that should be strengthened.

Hispanic/Latinos in Kent, Ottawa, and Van Buren Counties have access to the full continuum of care. However, those in Ottawa County and Van Buren County have more limited resources available than those in the urban center of Grand Rapids in Kent County. Further, although services may be available, cultural and language barriers may pose barriers to access care. Additionally, based on the experiences of Komen Michigan's community partner Michigan Migrant Legal Aid Program, many migrant farm workers face transportation and logistical challenges. Undocumented immigrants are likely to be uninsured and have greater challenges accessing and paying for care. One area that should be explored in the qualitative data section is the cultural competence and reputation of providers in the Hispanic/Latino community. While hospitals are required to provide translation services, bilingual providers are able to more clearly and directly communicate with Spanish-speaking patients.

Rural low-income individuals in Cass, Livingston, and Montcalm Counties face a shortage of available resources. Local resources include satellites of major health systems that provide screening, and some diagnostic and treatment services, however many patients have to travel long distances for advanced services like surgery, reconstruction, and sometimes treatment. Some outlying areas of the Counties rely on mammography unit visits on a regular basis rather than having standalone facilities, which provides much less flexible scheduling. Generally, the isolated nature of the rural population results in greater need for supportive services like transportation and navigation and these are areas to be explored in the qualitative section. Additionally, education opportunities are limited and should be expanded to encourage higher screening rates.

Additionally, there is a gap in coverage based on Michigan public policy. Although more women are insured, breast health care is not necessarily affordable for low-income women. There is a gap for women under age 40 with a breast health concern who have insurance, but may not be able to afford the deductible, co-pay, or co-insurance for diagnostic services and treatment. Low-income women over the age of 40 can access diagnostic services through BCCCNP, but women under age 40 are not always eligible. Accessing appropriate screening services may also be challenging for high-risk women under age 40 who may face insurance denials. Further, some women may make a bit too much to qualify for BCCCNP services, but still face a cost

barrier to accessing breast health services. Although BCCCNP can now provide navigation services for all women they serve, including the under-insured, many women who fall outside BCCCNP guidelines could benefit from navigation services to help them make and keep their appointments.

Key Partnerships

Key partnerships in the communities of need include expanding collaboration with cultural organizations. For example, key partners in connecting with the Black community include the Grand Rapids African American Health Institute, which has programs designed to help motivated women improve their health. The Affiliate is working to expand this collaboration to include breast health specific curriculum for their programs and develop similar partnerships in Muskegon, Jackson, and Berrien Counties. Additionally, Komen Michigan plans to re-launch a spiritually focused breast health education program called Pink in the Pews that has been successful in years past. By partnering with church congregations, the Affiliate is able to reach Blacks where they are.

Key partners in connecting with the Hispanic/Latino community include the Hispanic Center of West Michigan, Migrant Resource Council, and Michigan Migrant Legal Assistance Project. Additionally, key partnerships for services and navigation include the Breast and Cervical Cancer Control and Navigation Program, and grantee navigation programs. Additionally, the Affiliate plans to collaborate with Intercare in Holland, Clinica Santa Maria, and other providers already serving the migrant community in Kent, Ottawa, and Van Buren Counties.

To connect with rural low-income populations, Komen Michigan will develop a partnership with rural community organizations and community foundations. Additionally, the Affiliate will reach out to libraries as they tend to be a community gathering place in rural communities and a potential partner for education and outreach. Additionally, the Affiliate will seek to develop partnerships with the breast health care providers in the area who serve rural populations.

Each of these partnerships will provide strength to the Affiliate by leveraging the respect of the partner organizations with the populations Komen Michigan seeks to serve. These partnerships allow the Affiliate to gain the trust and respect of target populations.

Additionally, Komen Michigan will continue to work closely with service providers like BCCCNP, community health centers, free clinics, and hospital charity care programs to identify potential resources for underinsured women under the age of 40 who cannot afford diagnostic services, high risk women under age 40, and women who are low-income but do not qualify for BCCCNP services.

Affordable Care Act

The implementation of the Affordable Care Act has changed the shape of the healthcare landscape in Michigan. More individuals have access to health care and breast health

preventative services than before through the marketplaces and expanded Medicaid, known as the Healthy Michigan Plan. However, there is a correlated increasing need for assistance paying for diagnostic services for those who have insurance but have trouble affording co-payments, co-insurance, and deductibles. Similarly, the influx of new patients increases the need for primary care providers, which are in shortage in part of the service area. Additionally, the ACA has impacted the qualifications for services in the state BCCCNP program. As community resources shift, Komen Michigan will continue to monitor the changes to identify gaps in coverage and address them appropriately.

Public Policy

The Affiliate will continue to advocate for public policy in support of better breast health in Michigan. The Michigan Affiliate of Susan G. Komen will continue to work with the Detroit Race for the Cure and other community organizations to collaborate on letters, testimony, and meetings in support of breast health legislation. By educating legislators and supporting key breast health legislation in line with the Komen Public Policy Priorities, Komen Michigan will continue to closely monitor gaps in coverage. Additionally, by working with partners interested in supporting breast health policy, the Affiliate will expand its collaborative efforts and have a greater impact through the Michigan Cancer Consortium and the BCCCNP external providers' coalition.