



COMMUNITY PROFILE REPORT

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2011

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Acknowledgements

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Table of Contents

Executive Summary	7
Mission Statement.....	7
Introduction	7
Statistics and Demographic Review	7
Health Systems Analysis.....	8
Data Overview.....	9
Conclusion.....	10
Introduction to the Louisville Affiliate	12
Komen Louisville Affiliate History	12
Organizational Structure.....	12
Description of Service Area.....	13
Purpose of the Report	13
Breast Cancer Impact in Affiliate Service Area	14
Methodology.....	14
Overview of the Affiliate Service Area	14
Breast Cancer Mortality.....	14
Breast Cancer Mortality by Age and State	15
Breast Cancer Mortality by County.....	15
Breast Cancer Mortality by State and Gender.....	16
Population Distribution by Race/Ethnicity.....	16
Female Population by Ethnicity	17
Population Distribution by Gender.....	17
Population Distribution by Age	18
Income Levels	18
Poverty Levels.....	19
Insurance.....	19
Conclusions.....	20
Health Systems Analysis of Target Communities	21
The Overview of Continuum of Care	21
Methodology.....	21
Overview of Community Assets	21
Breast Cancer and Cervical Cancer Program (BCCP).....	24
Key Informant Findings	24
Conclusions.....	24
Breast Cancer Perspectives in the Target Counties.....	26
Methodology.....	26
Background	26
Review of Survey Findings.....	27
Demographics	27
General Health and Well-being	27
Breast Cancer Detection and Screening	28
Access to Health Care.....	29
Conclusions: What We Learned, What We Will Do	30
Komen Louisville’s Action Plan	32
Resources.....	33

Tables

Table 1. Affiliate Population by County and Race/Ethnicity.....	16
Table 2. Affiliate Population by County and Gender.....	17
Table 3. Number of Breast Cancer Services in the Affiliate Service Area.....	23
Table 4. Race/Ethnicity Data.....	26
Table 5. Zip codes, County/State and Median Household Income.....	26

Figures

<i>Figure 1.</i> Susan G. Komen for the Cure, Louisville Affiliate Organizational Structure...	12
<i>Figure 2.</i> Estimated Breast Cancer Mortality by State.....	14
<i>Figure 3.</i> Breast Cancer Mortality Rates by State and Race/Ethnicity.....	14
<i>Figure 4.</i> Breast Cancer Mortality Rate by Age Group and State.....	15
<i>Figure 5.</i> Breast Cancer Mortality by County (females only).....	15
<i>Figure 6.</i> State Breast Cancer Mortality Rates by Gender.....	16
<i>Figure 7.</i> Female Population by Ethnicity.....	17
<i>Figure 8.</i> Age Distribution by County.....	18
<i>Figure 9.</i> Median Household Income by County.....	19
<i>Figure 10.</i> Income Below Poverty Levels.....	19
<i>Figure 11.</i> Uninsured Females.....	20
<i>Figure 12.</i> Uninsured Females 18-64 years.....	20
<i>Figure 13.</i> Susan G. Komen for the Cure, Continuum of Care.....	21
<i>Figure 14.</i> Breast Health Service Providers in the Louisville Affiliate Service Area.....	23
<i>Figure 15.</i> Influence of Marital Status on Attitudes towards Mammogram.....	28
<i>Figure 16.</i> Influence of Employment Status on Attitudes towards Mammogram.....	29
<i>Figure 17.</i> Breast Health Service Facilities in Counties with High Mortality Rates.....	30

Executive Summary

Mission Statement

The mission of Susan G. Komen for the Cure® is to save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to find the cures.

Introduction

In 1997 the first Susan G. Komen Louisville Race for the Cure® was held hosted by the Junior League of Louisville. In 1999 the Louisville Affiliate of Susan G. Komen for the Cure® was founded and has seen steady growth since its inception. This growth was made possible thanks to hundreds of dedicated volunteers who work tirelessly to spread the message of our organization to the community. In 2005, the Komen Louisville Affiliate hired their first staff member, today the staff has expanded to two full-time and one part-time. The Affiliate is proud to have contributed over \$3.5 million dollars to community breast health education, screening, and treatment programs and over \$1.3 million dollars to breast cancer research during our history. In 2010 we celebrated our 6th anniversary of the Pink Tie Ball and our 15th anniversary of the Komen Louisville Race for the Cure. In 2011 we added 7 additional counties to the already existing 8 county service area, bringing our service area to 15 counties. The *Pink Tie Ball* and the Komen Louisville *Race for the Cure* are the biggest fundraisers. In addition the Affiliate raises funds through donations from individuals and organizations.

Seventy five percent of the funds raised are retained locally to support community programs for diagnosis, treatment and support of those with breast cancer and twenty-five percent is used to support research nationally. Community grants support breast health programs that serve communities in its Affiliate service area. The eight counties presently in the Louisville Affiliate are: Bullitt, Jefferson, Hardin, Oldham, Shelby, and Spencer in Kentucky, as well as Clark and Floyd Counties in Indiana. Between 1997 and 2010 the Louisville Affiliate invested \$3,582,964 in community grants. In 2011, the number of counties served will increase by seven; adding five counties in Kentucky and two in Indiana. This will make a total of fifteen counties in the Affiliate service area.

The purpose of the Community Profile is to assess the burden of breast cancer within our service area, identify the needs of our community, and determine the gaps or barriers that exist concerning breast health and breast cancer. The process serves as a tool to help the Affiliate continually learn and understand breast health issues within the service area, allowing it to engage in further community collaboration. Consequently, the findings of the Community Profile provide direction for outreach, a focus for granting priorities, and a foundation for the Affiliate's strategic planning efforts.

Statistics and Demographic Review

The analysis for the 2011 Community Profile included the dataset compiled by Thomson Reuters(c) 2009 representing the Affiliate's 8-county service area that was provided by Susan G. Komen for the Cure® Headquarters. In addition, data from the Centers for Disease Control and Prevention (CDC) Surveillance Epidemiology and End Results (SEER), The Henry J. KAISER FAMILY FOUNDATION fact sheet, the American Cancer Society Facts and Figures as well as the U.S. Census Bureau.

In this analysis Jefferson and Hardin Counties in Kentucky have the largest representation of minority populations in the Affiliate service area. Jefferson County has the largest Black population at 19 percent. Jefferson County is also home to 3.1 percent of the Hispanic population and 1.9 percent of Asian Pacific Islanders. Hardin County has a Black population of 10.8 percent and largest Hispanic population (4.0 percent) and the largest population of Asian Pacific Islanders (2.2 percent) of the Affiliate services area. Clark County in Indiana has a higher proportion of Blacks (7.08 percent) and Hispanics (2.9 percent) compared to Floyd County. Jefferson County has the largest Black female population (19.8 percent) followed by Hardin County (10.1 percent) which also has the largest Asian Pacific Islander (2.4 percent) population. Shelby County has the largest Hispanic population (5.9 percent). Clark County in Indiana has a higher representation of Black females (10.1 percent), Hispanics (3.1 percent), Asian Pacific Islander (2.4 percent) than Floyd County. The Louisville Affiliate service area is 51.3 percent female and 48.7percent male. While Jefferson County has the largest female population (381,250), Spencer County has the smallest (8,594).

Income levels are important in understanding the areas that experience the greatest hardships within the Affiliate service area. Counties in Kentucky and Indiana experience different income levels that influence access to health insurance and other resources. Jefferson and Hardin Counties in Kentucky have the lowest median incomes (\$45,000 and \$44,000 respectively) and Bullitt and Clark counties have a median income of \$48,000. Meanwhile Floyd, Shelby, and Spencer Counties have median incomes of between \$51,000 and \$63,000. Oldham has the highest median income level of \$79,000.

Although men get breast cancer, their rates in the Louisville Affiliate service area are exceedingly low (0.28-0.36 per 100,000) while that for females is about 26 per 100,000 in both states. This report will focus on breast cancer in women.

Clark and Floyd counties in Indiana and Jefferson County in Kentucky have the highest mortality rates of all the counties in the Affiliate (approximately 30 per 100,000). Hardin and Spencer Counties have the lowest rates (16-18 per 100,000). Breast cancer mortality for both Indiana and Kentucky is higher among Blacks than among White women. The mortality rate for Blacks in Kentucky is 36.9 per 100,000 and in Indiana it is 34.3 per 100,000. These rates are also higher than the national mortality rate (22.8 per 100,000 in 2007).

About nine percent of the residents of both Jefferson and Hardin Counties have incomes below the poverty level, constituting the largest percentage of individuals with incomes below poverty in the Affiliate service area. Floyd has the higher level of poverty (6.4 percent) of the two Indiana Counties. Among the Affiliates' service area counties, Oldham County has the lowest number of households below poverty (3.5 percent). The counties that will form the focus of the Affiliate's work based greatest need are Jefferson County in Kentucky and Clark County in Indiana. A portion of focus will be minority women who have higher rates of mortality from breast cancer.

Health Systems Analysis

There is clearly a disparity in the distribution of breast health services across the Affiliate service area, with Jefferson County having the largest array of prevention, treatment and social support services within a 20 mile radius. Floyd County in Indiana has a reasonable level of services, providing diagnostic, treatment and support services. Clark County with

a population of 56,000 has a limited number of diagnostic services although it has a number of support services. All three counties have the highest rates of breast cancer mortality. Only clinical breast exam and mammography services are available for women in Shelby and Spencer Counties. Shelby, Spencer, Clark and Floyd Counties are limited to primarily one provider.

Gaps in services that outside Jefferson County include: psychosocial and support services, lymphedema services, prosthesis and other support services. Outside Jefferson County there may also be limited access to mammograms and other diagnostic services for women in rural areas or for racial and ethnic minority women who historically have less access to health care services. In addition to the gaps in services providers identified barriers to the utilization of existing services.

A 26-item survey developed was sent to breast health service providers and programs. The programs were asked which populations they served, the type of services they provided, their accessibility to the uninsured and underinsured, the type of information provided and methods of distribution. The survey was conducted understand the availability and accessibility of breast health services. The survey identified barriers women faced to breast health programs that included 1) lack of insurance, 2) language difficulties, 3) lack of transportation, 4) lack of finances, 5) poor educational and literacy levels, 6) low utilization of electronic media, and the reliance on face-to-face methods of communication for receiving health information. These barriers continue to be experienced by women in the Affiliate service area.

A survey of providers reported educational and screening outreach activities to potential clients who are not in their immediate geographic area. Services included breast cancer awareness events, marketing and advertising, health fairs at community centers, churches, and using mobile units. They also reported that information is provided to clients using face to face communication, telephone help-line services, print media, electronic web-based and e-mail communication. In addition, service providers send materials to health departments and physicians' offices. Social networking activities on Facebook and Twitter have been used to provide information and maintain contacts with breast cancer survivors Breast cancer service providers reported barriers to breast health programs as 1) lack of insurance, 2) language difficulties, 3) lack of transportation, 4) lack of finances, 5) poor educational and literacy levels, 6) low utilization of electronic media, and the reliance on face-to-face method of communication for receiving health information.

Data Overview

In addition to determining the needs of women for services a survey was administered to understand health care utilization and attitudes toward breast cancer screening and detection given the high rates of breast cancer and screening rates among low income women. A total of 167 women from the Affiliate service area participated in the surveys.

Surveys were completed at seven locations in Jefferson and Hardin Counties in Kentucky and participants represented six affiliate counties through fall 2010. Locations in our Affiliate service area that needed education and outreach services were the selected. Women in each venue were asked to complete the survey and in return were given breast cancer information, pens, and other incentives.

The 48-item survey was organized into five sections. The questions were on general health, health care utilization, attitudes towards breast cancer detection, screening and treatment and demographics. The data was analyzed using IBM-SPSS 19.0. Frequencies and cross tabulations were conducted. Approval for the study was obtained from the Institutional Review Board at the University of Louisville, KY.

In this study, 8 percent of women have a previous diagnosis of breast cancer, 46 percent have a family history, and about half of the women said they believed it was unlikely that they would ever have it. The majority of the women believed that breast cancer is curable. Just over half (55 percent) of those who completed the survey have never had a mammogram. This provides some evidence for why women may not be screened since half of those who have a family history did not consider it to be important, so that it is important to continue to reinforce messages that screening is important.

There is also evidence that without a family history women are also unlikely to seek screening. Almost a quarter of the women have never done a breast exam although they know how to do one and one third do not consider having a mammogram to be important. In most cases where women had mammograms both black and white women reported having been advised to do so by a medical provider, again providing reinforcement for the need for health care providers to continually remind women of the importance of breast cancer screening. Almost 20 percent of women had no health insurance, and as a result 17 percent reported that they did not receive the care they needed, which reinforces the notion that a significant proportion of women continue to be outside the health care system, with little or no access to health care services even when some of them have jobs. When women were asked about their intention to have a mammogram in the next 12 months, those women who were in full time jobs were significantly more likely to consider it. Although ten percent of women reported that although they had jobs they did not have health insurance.

Women were more likely to have had a mammogram if they were married and over 40 years of age and to have at least one mammogram in their lifetime. This study however also found that women would not see a doctor until after at least one month of detecting a lump in her breast.

Conclusion

This community profile provides strong evidence of high rates of mortality among women in Kentucky and Indiana with the highest rates of breast cancer being found in Jefferson County in Kentucky and Clark and Floyd Counties in Indiana. In addition, this study finds that the State of Indiana and Black women across the Affiliate service area have the highest rates of mortality. Jefferson County Kentucky and Clark County Indiana have populations of Black women that are among the highest in the Affiliate service area. These counties are also among the poorest with Jefferson County having the lowest median household income of approximately \$44,000 and the highest rate of poverty at 9.2 percent. Clark County in Indiana has a median income of \$48,000 and a poverty rate of 6.2 percent. Jefferson and Clark counties also have the highest rates of uninsured females (15 percent).

The community profile study found that there is a considerable difference in the distribution of breast health services across the Affiliate service area. Jefferson County has the largest array of prevention, treatment and social support services while Clark

County has very few. Outside of Jefferson County there may also be limited access to mammograms and other diagnostic services for women in rural areas and for racial and ethnic minority women who historically have less access to health care services. Women in Clark County have most of their breast health services provided only at Clark Memorial Hospital. However, Family Health Center of Clark County provides outreach services for minority women in Southern Indiana. Gaps in services that may exist outside Jefferson County include: psychosocial and support services, lymphedema services, prosthesis and other support services. These gaps also exist in breast health services for women in Clark and Floyd Counties. This study also suggests that even women are at risk for breast cancer, may not be having a regular mammogram and in addition, doctors may not be recommending screening to low income women. A combination of both actions may result in delayed care and increase the late diagnosis of breast cancer with women reporting in Stage IV of the disease and ultimately to higher mortality rates.

This profile provides ample evidence of the need to support breast health services in the Affiliate area for those without health insurance and the working poor. In order to address this need for funded services across the Affiliate area, the Komen Louisville Affiliate funded eighteen grants in the 2009-2010 cycle, with the majority (fourteen) being in Jefferson County. In addition, programs were funded in Clark County and Hardin County. The hospitals in Jefferson County remain the largest beneficiary of funds providing services to women from nearby and contiguous counties. In addition to their location they provide outreach services to Hispanic and Vietnamese women. These services provide on-site mammograms, health education and referrals. Clark and Floyd Counties provide most of their services through the major hospitals (Floyd Memorial and Clark Memorial) and Federally Qualified Health Centers. Services for women at Clark Memorial however are more limited.

Introduction to Komen Louisville

Komen Louisville Affiliate History

In 1997 the first Susan G. Komen Louisville Race for the Cure® was held hosted by the Junior League of Louisville. In 1999 the Louisville Affiliate of Susan G. Komen for the Cure® was founded and has seen steady growth since its inception. This growth was made possible thanks to hundreds of dedicated volunteers who work tirelessly to spread the message of our organization to the community. In 2005, the Komen Louisville Affiliate hired their first staff member, today the staff has expanded to two full-time and one part-time. The Affiliate is proud to have contributed over \$3.5 million dollars to community breast health education, screening, and treatment programs and over \$1.3 million dollars to breast cancer research during our history. In 2010 we celebrated our 6th anniversary of the Pink Tie Ball and our 15th anniversary of the Komen Louisville Race for the Cure. In 2011 we added 7 additional counties to the already existing 8 county service area, bringing our service area to 15 counties. The *Pink Tie Ball* and the *Komen Louisville Race for the Cure* are its biggest fundraisers. In addition the Affiliate raises funds through donations from individuals and organizations.

Seventy five percent of the funds raised are retained locally to support community programs for diagnosis, treatment and support of those with breast cancer and twenty-five percent is used to support research nationally. Community grants support breast health programs that serve communities in its Affiliate service area. The eight counties presently in the Louisville Affiliate are: Bullitt, Jefferson, Hardin, Oldham, Shelby, and Spencer in Kentucky, as well as Clark and Floyd Counties in Indiana. Between 1997 and 2010 the Louisville Affiliate invested \$3,582,964 in community grants. In 2011, the number of counties served will increase by seven; adding five counties in Kentucky and two in Indiana. This will make a total of fifteen counties in the Affiliate service area.

Organizational Structure

The Louisville Affiliate is governed by a fifteen member Board made up of individuals from a variety of professional fields. It includes a mix of breast cancer survivors, co-survivors and others who have not had breast cancer (see Figure 1).

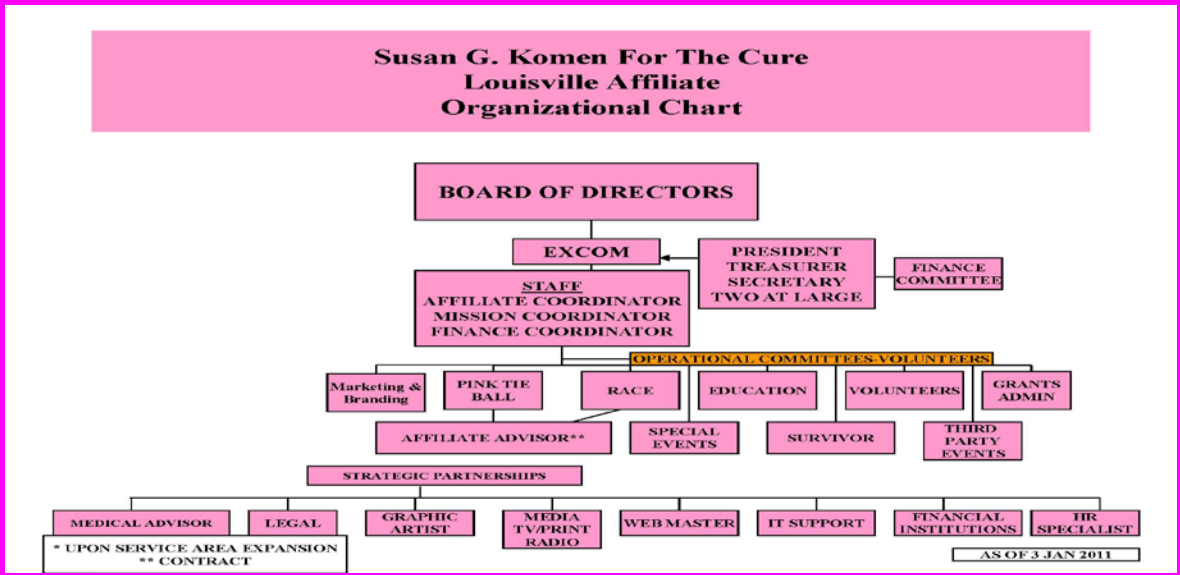


Figure 1. Susan G. Komen for the Cure, Louisville Affiliate Organizational Structure.

Description of Service Area

The Louisville Affiliate serves Bullitt, Hardin, Jefferson, Oldham, Shelby, Spencer Counties in Kentucky and Clark and Floyd Counties in Indiana. Jefferson County includes Kentucky's largest city, Louisville, where the Affiliate office is located. It serves a total population of 1,002,441 in Kentucky and 186,070 in Indiana. Jefferson County is the largest of the eight Counties, with a population of 735,833, representing 61.9 percent of the total Affiliate service population. Clark County in Indiana has a population of just over a hundred thousand. Spencer County is the smallest with 16, 224 and approximately 1.5 percent of the service area population. (Thomson Reuters (c) 2009).

On January 20th, 2011 Susan G. Komen for the Cure Headquarters granted the Louisville Affiliate a service area expansion into seven additional counties. The additional counties are; Nelson, Meade, Breckinridge, Larue and Grayson in Kentucky and the counties of Scott and Harrison in Indiana. This report does not include data regarding these counties because of the timeline previously set forth; however our action plan will include the outreach into the new services areas.

Purpose of the Report

The purpose of this report is to present an overview of breast cancer statistics at the national, state and local Affiliate level. It provides findings from a survey of women who participated in a variety of breast cancer awareness events in Kentucky and Indiana. In addition, it presents an overview of breast cancer and breast health programs and services in the Affiliate service area.

This information may be used to:

1. Establish Komen Louisville's grant priorities
2. Create targeted outreach, educational and screening programs
3. Strengthen fund-raising and marketing efforts
4. Align Komen Louisville's strategies and operational goals

In addition, this report provides support for planning and delivery of programs that increase access to services and reduce the delay in diagnosis and treatment for those who have breast cancer.

The 2011 Community Profile provides information on:

- Demographics of the eight-county Affiliate service area
- National, state, and county breast cancer statistics
- Access and utilization of health services in general and breast health services in particular
- Breast cancer related services offered in the Affiliate service area as provided by respondents to a survey to providers

Breast Cancer Impact in Affiliate Service Area

Methodology

The analysis for the 2011 Community Profile included the dataset compiled by Thomson Reuters(c) 2009 representing the Affiliate's 8-county area that was provided by Susan G. Komen for the Cure® Headquarters. In addition, data from the CDC Surveillance Epidemiology and End Results (SEER), The Henry J. KAISER FAMILY FOUNDATION factsheet, American Cancer Society Facts and Figures as well as the U.S. Census Bureau was included in this analysis.

Overview of the Affiliate Service Area

In 2010, the estimated number of new cases of breast cancer among women in Kentucky was lower than Indiana. The estimated number of deaths for Kentucky are 580 and for Indiana are 860 (see Figure 2).

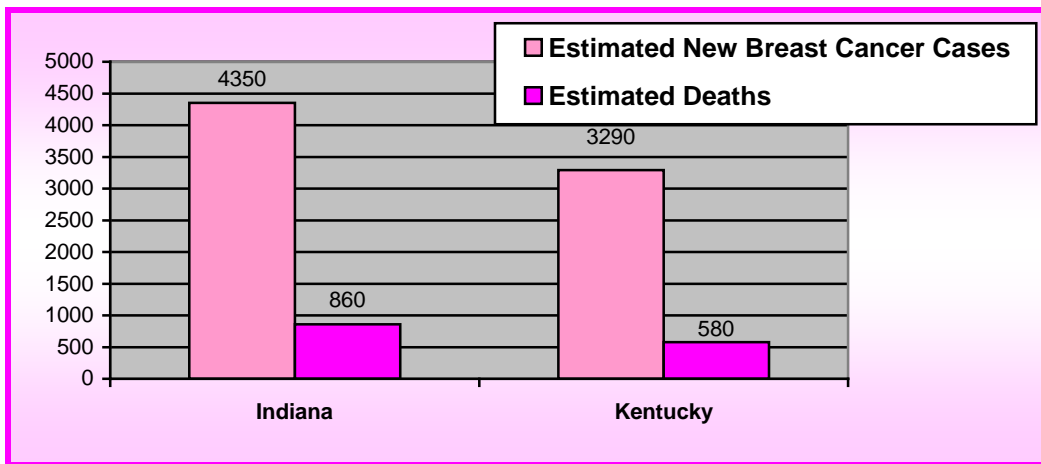


Figure 2. Estimated breast cancer mortality by state.
American Cancer Society

Breast Cancer Mortality

For both Indiana and Kentucky, the mortality rate for Whites is slightly lower than the state rating, while for Blacks it is much higher (see Figure 3). The higher mortality rates among Blacks (36.9 and 34.3 per 100,000) are seen in both Indiana and Kentucky and the rates are higher than the national mortality rates (22.8 in 2007).

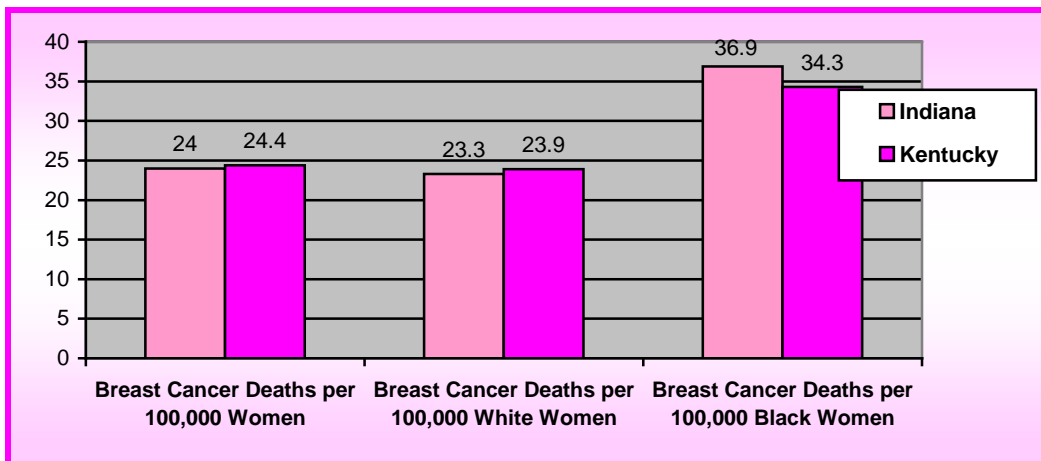


Figure 3. Breast cancer mortality rates by state and race/ethnicity.
Henry J. KAISER FAMILY Foundation (2007)

Breast Cancer Mortality by Age and State

Women 18-44 years of age in Kentucky are more likely to die from breast cancer than women in Indiana. However, for women 65 and older, Indiana has a higher mortality rate (103 per 100,000 cf 93 per 100,000). The mortality rate for women 45-64 years of age is similar (see Figure 4).

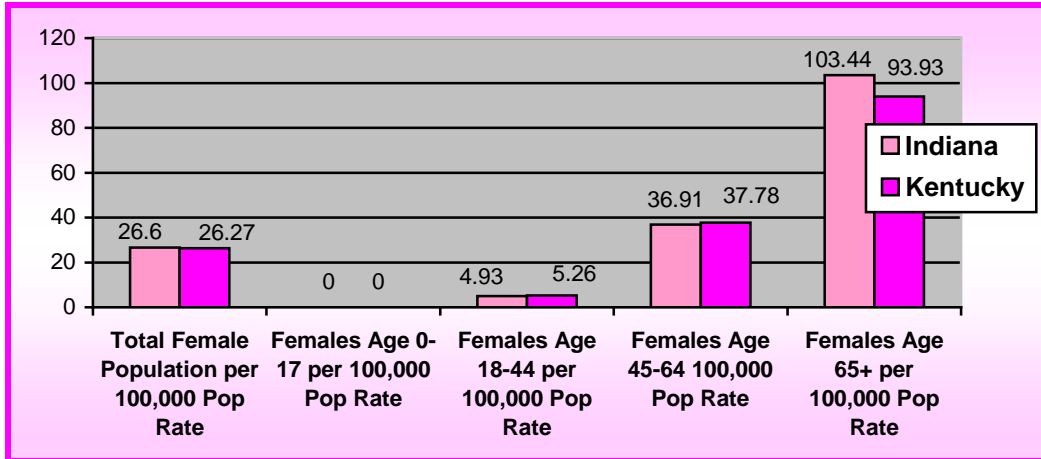


Figure 4. Breast cancer mortality rate by age group and state. Thomson Reuters (c) 2009

Breast Cancer Mortality by County

Clark and Floyd counties in Indiana and Jefferson County in Kentucky have the highest mortality rates of all the counties in the Affiliate (approximately 30 per 100,000). Hardin and Spencer Counties have the lowest rates (16-18). (See Figure 5)

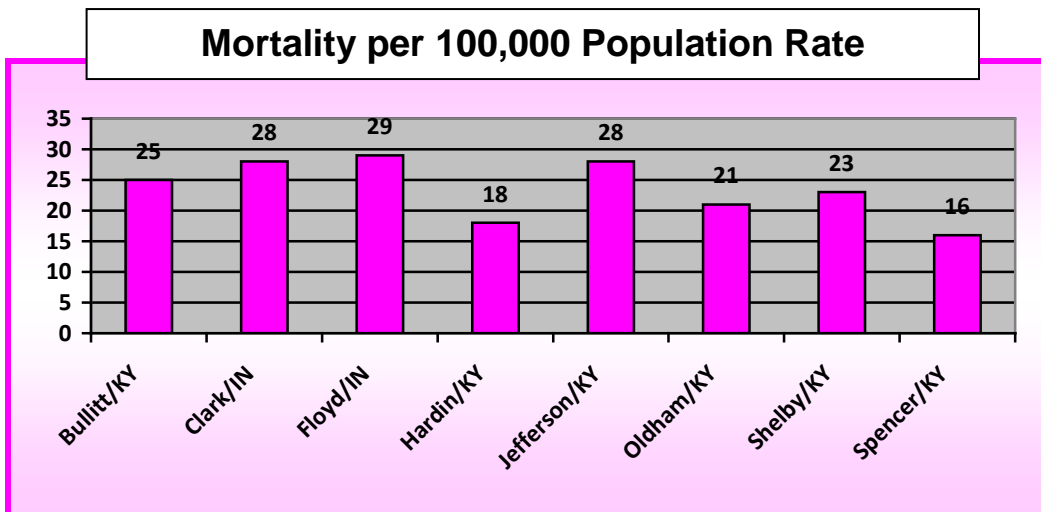


Figure 5. Breast cancer mortality by county (females only). Thomson Reuters (c) 2009

Breast Cancer Mortality by State and Gender

Breast cancer mortality rates for males are very low (almost zero) while that for females is about 26 per 100,000 in both states. In addition the state average is about half that for females. (See Figure 6)

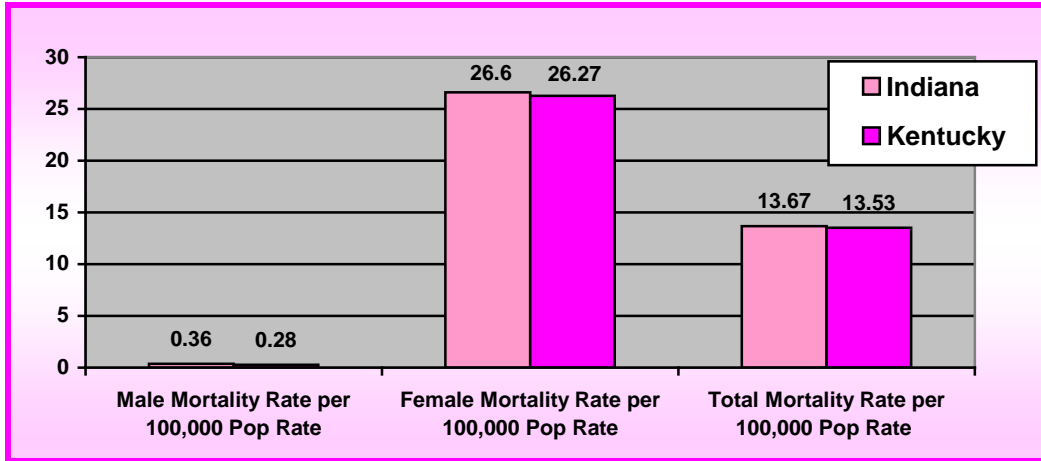


Figure 6. State breast cancer mortality rates by gender. Thomson Reuters (c) 2009

Population Distribution by Race/Ethnicity

Jefferson and Hardin Counties in Kentucky have the largest representation of minority populations in the Affiliate service area. Jefferson County has the largest Black population (19.5 percent), and is home to 3.1 percent of the Hispanic population and 1.9 percent of Asian Pacific Islanders. Hardin County has a Black population of 10.8 percent and is home to the largest Hispanic population (4.0 percent) and the largest population of Asian Pacific Islanders (2.2 percent). Clark County in Indiana has a higher proportion of Blacks (7.08 percent) and Hispanics (2.9 percent) compared to Floyd County. Table 1 below shows a breakdown of the Affiliate service area by county and race/ethnicity.

Table 1. Affiliate Population by County and Race/Ethnicity

County/State	2009 Total Population	Race/Ethnicity					
		White	Black	Hispanics	American Indian	Asian Pacific Islander	Other
Jefferson/KY	735,833	73.7%	19.5%	3.1%	0.3%	1.9%	1.6%
Hardin/KY	97,786	80.4%	10.8%	4.0%	0.3%	2.2%	2.3%
Clark/IN	110,338	87.4%	7.0%	2.9%	0.3%	0.8%	1.6%
Floyd/IN	75,732	91.1%	4.9%	1.6%	0.2%	0.7%	1.5%
Bullitt/KY	60,908	96.2%	1.3%	1.1%	0.3%	0.3%	0.8%
Oldham/KY	51,756	90.3%	5.1%	2.4%	0.2%	0.7%	1.4%
Shelby/KY	38,816	80.0%	8.2%	9.6%	0.2%	0.5%	1.4%
Spencer/KY	17,342	95.3%	2.0%	1.5%	0.1%	0.2%	0.8%
Total	1,188,511	79.0%	14.5%	3.1%	0.3%	1.5%	1.6%

Thomson Reuters (c) 2009

Female Population by Ethnicity

Jefferson County has the largest Black female population (19.8 percent) followed by Hardin County (10.1 percent) which also has the largest Asian Pacific Islander (2.4 percent) population. Shelby County has the largest Hispanic population (5.9 percent). Clark County in Indiana has a higher representation of Black females (10.1 percent), Hispanics (3.1 percent), Asian Pacific Islander (2.4 percent) than Floyd County (see Figure 7).

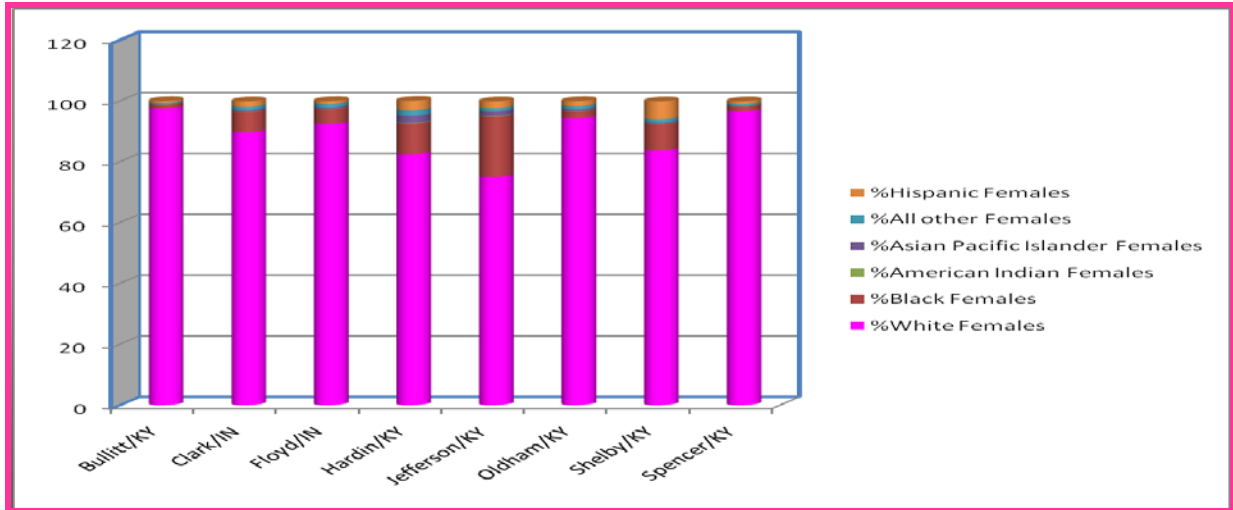


Figure 7. Female population by ethnicity.
Thomson Reuters (c) 2009

Population Distribution by Gender

The Louisville Affiliate service area is 51.3 percent female and 48.7 percent male, while Jefferson County has the largest female population at 381,250. Spencer County has the smallest at 8,594. The table below shows the distribution by county.

Table 2.
Affiliate Population by County and Gender

County/State	Male Population		Female Population	
	Number	Percent	Number	Percent
Jefferson/KY	354,584	48.2	381,250	51.8
Hardin/KY	48,571	49.6	49,263	50.4
Clark/IN	54,106	49.0	56,286	51.0
Floyd/IN	36,759	48.5	39,003	51.5
Bullitt/KY	30,169	49.5	30,744	50.5
Oldham/KY	26,985	52.1	24,810	47.9
Shelby/KY	19,186	49.4	19,634	50.6
Spencer/KY	8,740	50.4	8,594	49.6
Total	579,102	48.7	609,584	51.3

Thomson Reuters (c) 2009

Population Distribution by Age

Almost fifty percent (47.4 percent) of the female population in the Affiliate service area are 40 years and older. In Indiana, Floyd County has the highest proportion of persons over 40 years (48.9 percent) while Hardin, Shelby and Spencer Counties have the youngest populations (greater than 50 percent). Figure 8 shows the age distribution by county in the Affiliate service area.

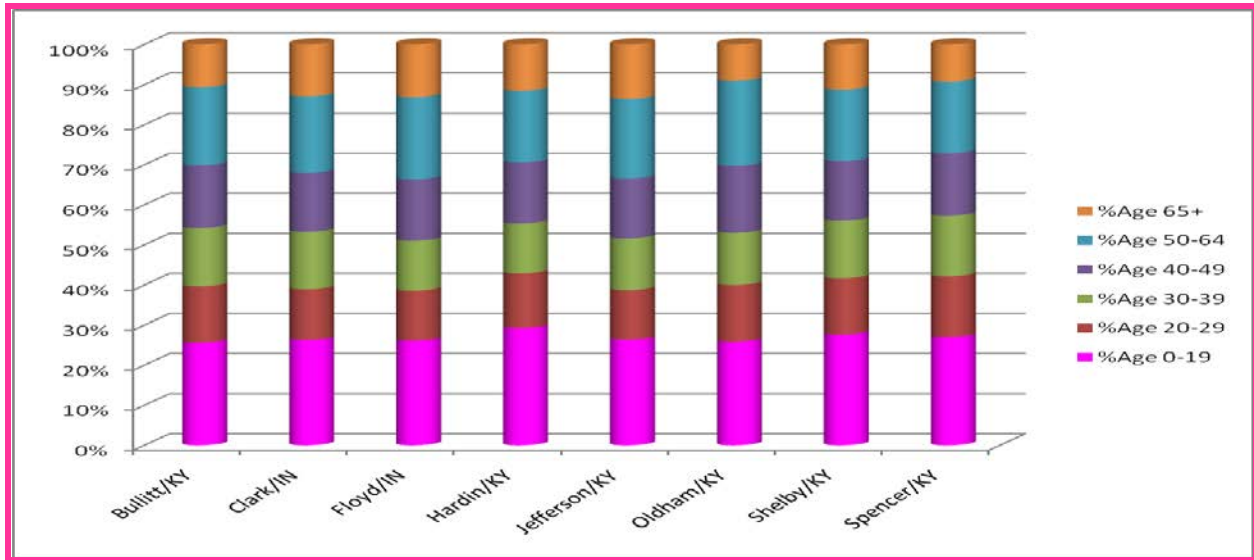


Figure 8. Age distribution by county.
Thomson Reuters (c) 2009

Income Levels

Income levels are important in understanding the areas that experience the greatest hardships within the Affiliate service area. Counties in Kentucky and Indiana experience different income levels that influence access to health insurance and other resources. Jefferson and Hardin Counties in Kentucky have the lowest median incomes (\$45,000 and \$44,000 respectively) and Bullitt and Clark counties have a median income of \$48,000. Meanwhile Floyd, Shelby, and Spencer Counties have median incomes of between \$51,000 and \$63,000. Oldham has the highest median income level of \$79,000. (See Figure 9)

National median income: \$50,221

Kentucky median income: \$40,061

Indiana median income: \$45,427

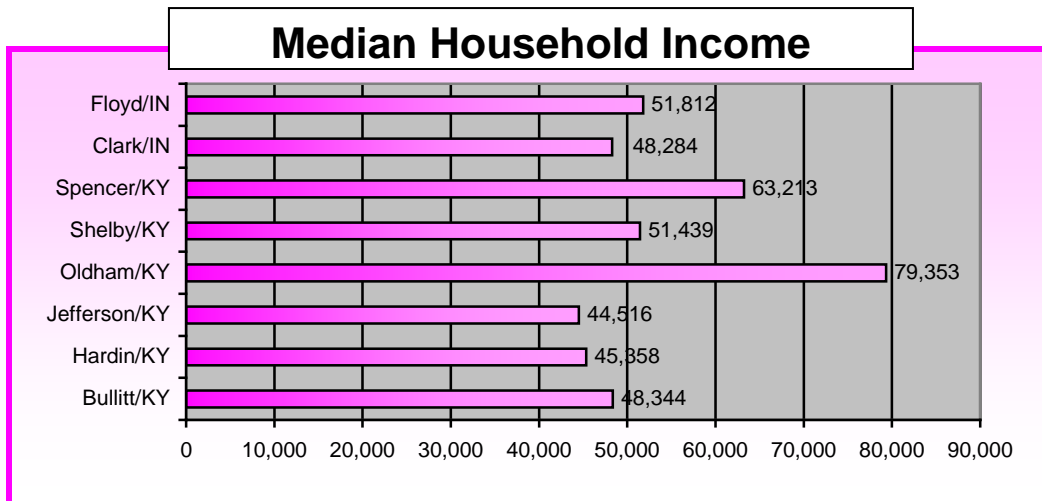


Figure 9. Median household income by county.
US Census Bureau

Poverty Levels

About nine percent of the residents of both Jefferson and Hardin Counties have incomes below the poverty level constituting the largest percentage of individuals with incomes below poverty in the Affiliate service area while Floyd has the higher level of poverty (6.4 percent) of the two Indiana Counties. Among the Affiliate service area counties, Oldham County has the lowest number of households below poverty (3.5 percent). (See Figure 10)

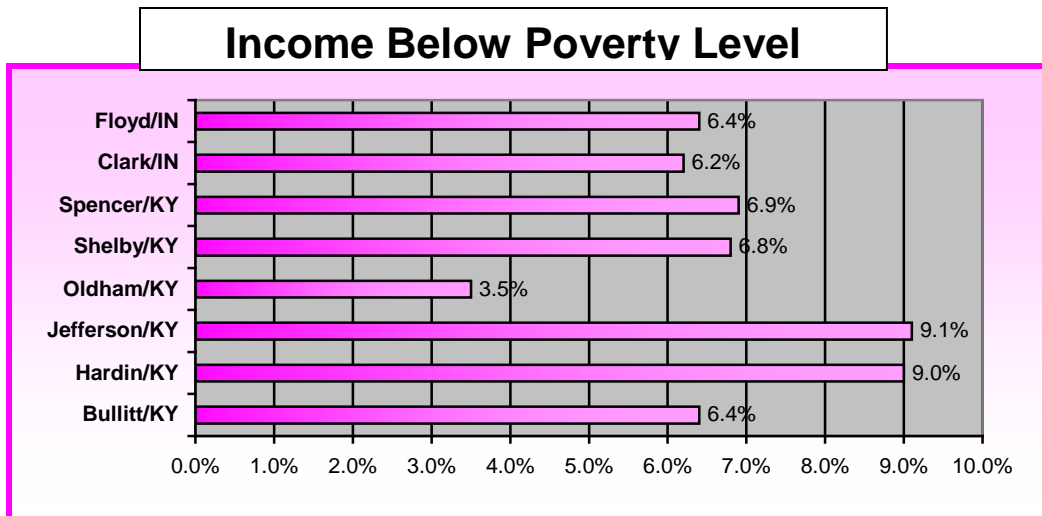


Figure 10. Income below poverty levels
Thomson Reuters (c) 2009

Insurance

Insurance rates are thought to be influenced by income levels and socio-economic status which in turn may influence breast cancer screening patterns. In this study, insurance rates varied across the Affiliate service area. Floyd County in Indiana and Jefferson County in Kentucky had the highest percentage of uninsured females (11.3 percent and 11.2 percent). Insurance rates in Hardin, Spencer, Bullitt, and Shelby Counties range from a low 7.4 percent (Shelby) to 9.8 percent (Spencer). Oldham County in Kentucky on the other hand was the lowest at 3.9 percent (see Figure 11).

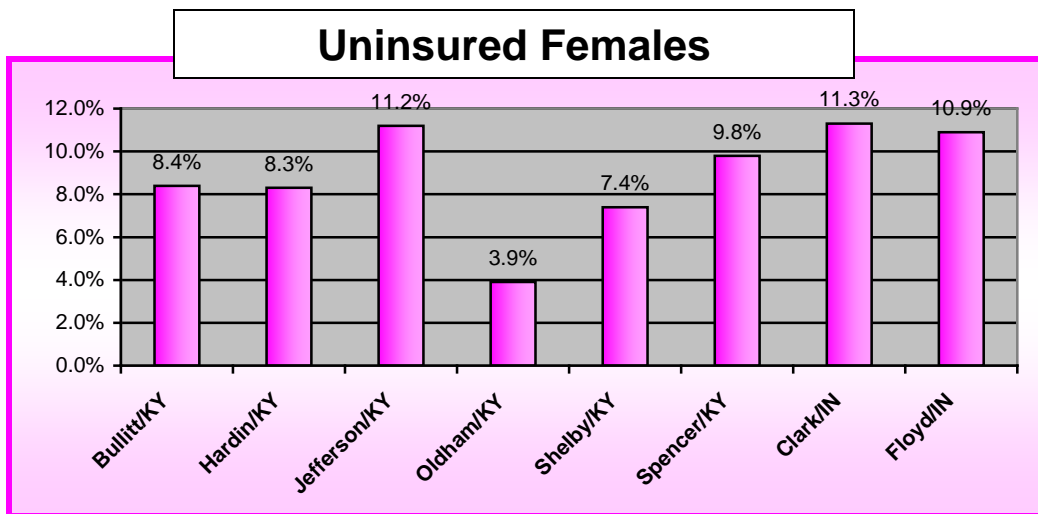


Figure 11. Unisured females.
Thomson Reuters (c) 2009

Women 18-64 years old in Jefferson County in Kentucky, Clark and Floyd Counties in Indiana had the highest rates of the uninsured of between, 15.8 percent and 14.3 percent. Oldham County had the lowest rates, 4.9 percent (see Figure 6).

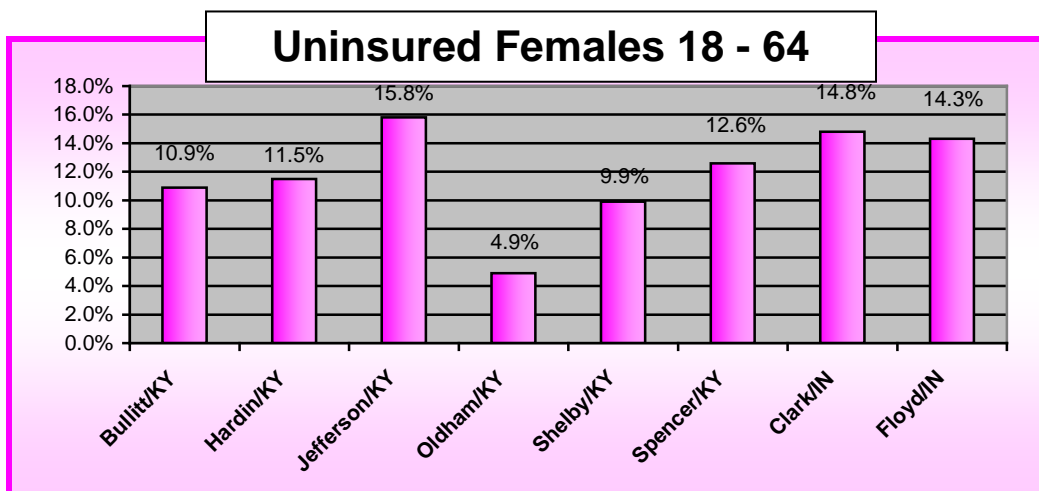


Figure 12. Uninsured females 18-64 years.
Thomson Reuters (c) 2009

Conclusions

The communities that have the highest rates of breast cancer are Jefferson County in Kentucky and Clark and Floyd Counties in Indiana. In addition, Black women across the Affiliate service area have the highest rates of mortality.

Jefferson and Hardin Counties in Kentucky have the lowest median household incomes of approximately \$44,000 which is still lower than Clark County in Indiana which has a median income of \$48,000. The rate of poverty in Jefferson and Hardin County are the highest in the Affiliate service area at 9.2 percent. Oldham County had the highest median household income of \$79, 353 and a poverty rate that is only a third (3.5 percent) of the rate found in Jefferson County.

In addition, Jefferson, Clark and Floyd Counties have the highest rates of uninsured females (approx.15 percent). By contrast Oldham County has the lowest rate of uninsured females at 4.9 percent.

Health Systems Analysis of Target Communities

The Overview of Continuum of Care

To analyze and define the communities' providers in the service area the Affiliate uses the Continuum of Care (see Figure 13) model as a basis for identifying and organizing health care providers on the continuum. This allows the Affiliate to identify gaps and barriers that could exist to delay or prevent access of care.

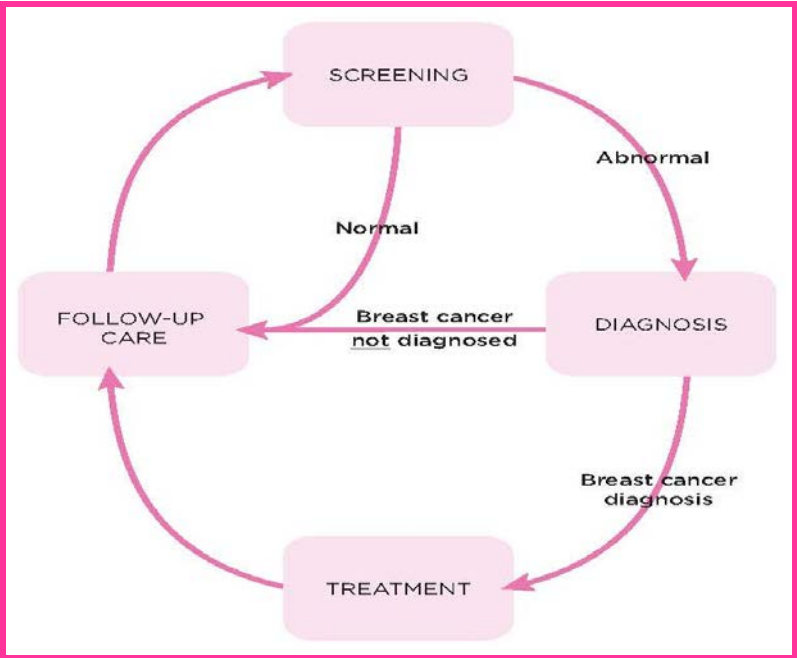


Figure 13. Susan G. Komen for the Cure, Continuum of Care
Susan G. Komen for the Cure®

Methodology

The assets mapping process was conducted by identifying our Affiliate service area resources. Resources were defined as any breast health service that is represented within the Continuum of Care. The Affiliate began with a list of current grantees and then compiled a list of public data; scanning the Internet and other information sources. Resources were identified that can be utilized to support the development of our Affiliates initiatives. The inventory of resources available in the Affiliate service area includes clinical breast exams, mammography, educational resources, MRI, biopsy, radiology, oncology services, breast support services and providers assisting with transportation services. Once the providers were identified based on their services they were compiled onto an Excel spreadsheet and mapped based on their location in the current service area.

Overview of Community Assets

Within the Affiliate eight county service area the breast health services that are available range of services from comprehensive services within a 20 mile radius for women in Jefferson to only clinical breast exam and mammography services in Shelby and Spencer Counties. The limitations to adequate breast cancer care are probably the greatest in the counties with the least services. When this is compounded with high levels of poverty, it is not difficult to see how access to breast health services

appropriate for early detection, early diagnosis and treatment may be difficult. Even where there are services; Shelby, Spencer, Clark and Floyd Counties these services are limited to one provider (see *Figure 14*). With populations ranging from approximately 8,000 in Spencer County to 56,000 in Clark County, women may have difficulty in accessing services early enough to ensure treatment and reduce the rates in breast cancer mortality. There is clearly a disparity in the distribution of breast health services across the Affiliate service area, with Jefferson County having the largest array of prevention, treatment and social support services. Floyd County in Indiana has a reasonable level of services, providing diagnostic, treatment and support services. Clark County however has a limited number of services and while they have a number of support services, they have limited access to diagnostic services. They may also have very limited treatment services.

The Komen Louisville Affiliate funded eighteen grants in the 2009-2010 cycle, with the majority (fourteen) being in Jefferson County. However, programs in Clark County and Hardin County were also funded to provide educational services. The hospitals in Jefferson County remain the largest beneficiary of funds providing services to women from nearby and contiguous counties. In addition to their location they provide outreach services to Hispanic and Vietnamese women. These services provide on-site mammograms, health education and referrals. Clark and Floyd Counties provide most of their services through the major hospitals (Floyd Memorial and Clark Memorial) and Federally Qualified Health Centers. Services for women at Clark Memorial however are more limited.

Most programs and providers reported outreach activities to potential clients who are not in their immediate geographic area through breast cancer awareness events, marketing and advertising, health fairs at community centers, churches, and using mobile units. Information is provided to clients using face to face communication, telephone help-line services, print media, electronic web-based and e-mail communication. In addition, service providers sent materials to health departments and physicians' offices. Social networking activities on Facebook and Twitter are used to provide information and maintain contacts with survivors.

Breast Health Providers in the Komen Affiliate Area

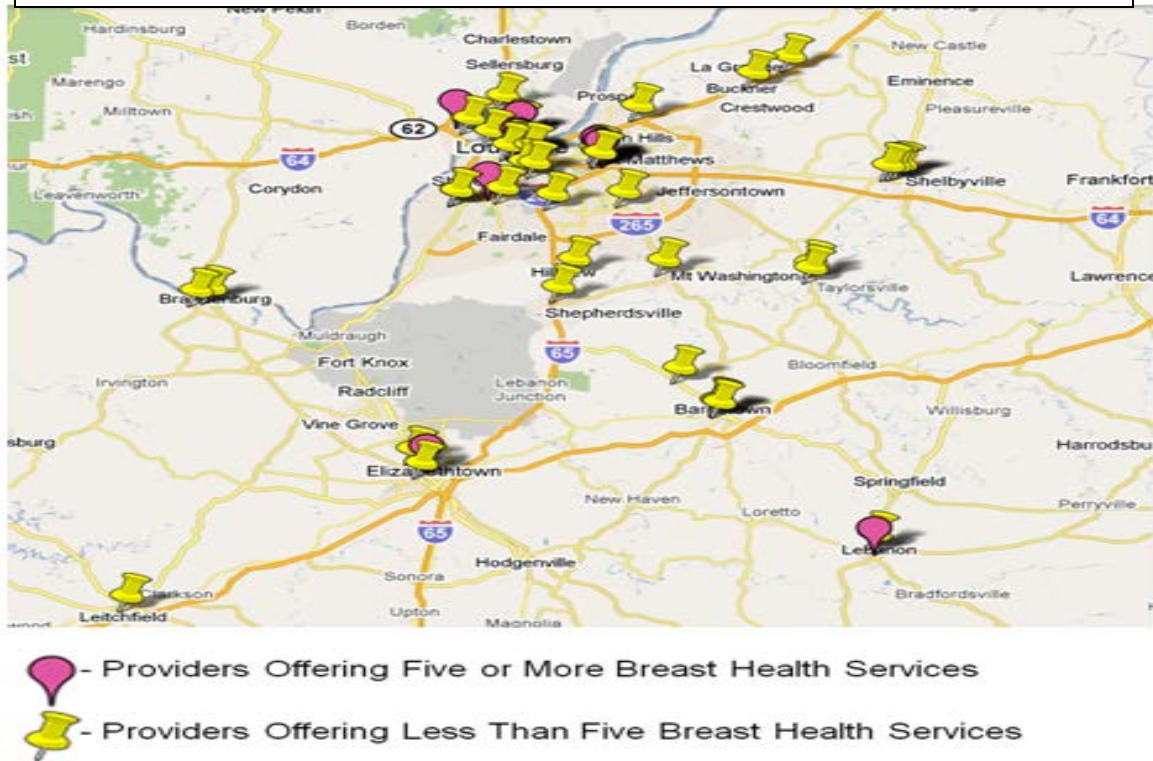


Figure 14. Breast health service providers in the Louisville Affiliate service area.

Table 3.

Number of Breast Cancer Services in the Affiliate Service Area

Breast Cancer Services	Kentucky Counties						Indiana Counties	
	Bullitt	Jeff	Hardin	Oldham	Shelby	Spencer	Clark	Floyd
Clinical Breast Exam	1	16	1	2	1	2	2	1
Mammography	4	20	2	2	1	1	1	1
MRI		5	1	2	1			
Ultrasound		4	2	2				
Comprehensive Breast Health Clinical Services		2	1					1
Treatment Service				1				
Biopsy		1	1				1	
Radiation Oncology		1		1				
Breast Health Education	1	3	1				1	
Outreach Education		2					1	
Psychosocial Support		5		1	1	1		1
Lymphedema		1	1					
Navigation		1						
Prosthesis/Women's Boutique		2					1	
Referral Services		2						

Breast Cancer and Cervical Cancer Program (BCCP)

The State of Kentucky participates in the Breast Cancer and Cervical Cancer Program (BCCP) and provides breast cancer screening and treatment services to women who are on Medicaid through local health departments. It provides services to women ages 21-65 who are United States citizens or qualify for coverage. Women with breast cancer can receive treatment for four months (Cabinet for Health and Family services, n.d.).

Key Informant Findings

Providers were asked to describe the populations they served the type of services, their accessibility to the uninsured and underinsured the type of information provided and methods of distribution. They identified a variety of barriers women face to accessing and utilizing breast health programs that included 1) a lack of health insurance, 2) language difficulties, 3) a lack of transportation, 4) a lack of finances to cover out of pocket costs, 5) poor educational and literacy levels, 6) low utilization of electronic media, and the reliance on face-to-face method of communication for receiving health information.

Programs that provided information about their programs were from Floyd, Hardin, Jefferson and Shelby Counties. The Programs provide services to all demographic groups but a few in the Jefferson County area specifically target the African American and Hispanic populations. The programs accept Medicare, Medicaid, private insurance, and self-pay from patients. Of the key informants surveyed just over half provide services to underinsured and uninsured populations and a few provide services free of cost to those individuals who qualify. Of the program data received showed that majority of the breast health services are in the Jefferson County area. Breast cancer survivor services, educational service providers and outreach activities are also programs that are available in the Affiliate service area.

They cited additional difficulties in providing information and making contact with patients, since many do not have telephones and access to the internet. Providers also identified client motivation as a factor, yet their motivation may be influenced by real or perceived barriers to services among ethnically diverse populations.

Conclusions

There is clearly a huge disparity in the distribution of breast health services across the Affiliate service area, Jefferson County having the largest array of prevention, treatment and social support services. Floyd County in Indiana has reasonable levels of services, providing diagnostic, treatment and support services. Clark County has a limited number of services and while they have a number of support services, they have limited access to diagnostic services and treatment services. Women in Clark County have most of their breast health services provided only at Clark Memorial Hospital. However, Family Health Center of Clark County provides outreach services for minority women in Southern Indiana.

Clark and Floyd in Indiana with Jefferson County have the highest rates of Breast Cancer mortality, yet, outside of Jefferson County there is limited access to mammograms and other diagnostic services for women who may also be in rural areas and for racial and ethnic minority women who historically have less access to health care services. Gaps in services that include: psychosocial and support services, lymphedema services, prosthesis and other support services.

Income levels may compound the problem and provide little incentive for communities to provide universal access to these services, since; these counties are also among the poorest with Jefferson County having the lowest median household income of approximately \$44,000 and the highest rate of poverty at 9.2 percent. Clark County in Indiana has a median income of \$48,000 and a poverty rate of 6.2 percent. Jefferson and Clark counties also have the highest rates of uninsured females (15 percent).

In spite of the cost factor, this study also suggests that even women who are at risk for breast cancer may not be having a regular mammogram and in addition, doctors may not be recommending screening to low income women. A combination of both actions may result in delayed care and increase the late diagnosis of breast cancer with women reporting in Stage IV of the disease and ultimately to higher mortality rates.

This profile provides ample evidence of the need to support breast health services in the Affiliate area for all women, but providing subsidized or free services for those without health insurance and the working poor.

In order to address this need for funded services across the Affiliate area, the Komen Louisville Affiliate funded eighteen grants in the 2009-2010 cycle, with the majority (fourteen) being in Jefferson County. In addition, programs were funded in Clark County and Hardin County. The hospitals in Jefferson County remain the largest beneficiary of funds providing services to women from nearby and contiguous counties. In addition to their location they provide outreach services to Hispanic and Vietnamese women. These services provide on-site mammograms, health education and referrals. Clark and Floyd Counties provide most of their services through the major hospitals (Floyd Memorial and Clark Memorial) and Federally Qualified Health Centers. Services for women at Clark Memorial however are more limited.

Breast Cancer Perspectives in the Target Counties

Methodology

A survey was administered to a total of 167 women from the Affiliate service area. Surveys were completed at seven locations, which included health fairs and primary health clinics during fall of 2009 through fall 2010. These locations were Family Health Center (n=46), Central High School (n=43), Presbyterian Community Center (n=26), Antioch Baptist Church (n=17), Elizabethtown (n=16), Wilson Elementary School (n=12), and Newburg Library (n=7). Those who completed the survey were from one of six Affiliate Counties. Women in each venue were asked to complete the survey and in return were given breast cancer information, pens, and other incentives.

The 48-item survey was comprised of five sections. The questions were on general health, health care utilization, attitudes towards breast cancer detection, screening and treatment and demographics. The quantitative data was analyzed using IBM-SPSS 19.0. Frequencies and cross tabulations were conducted. Approval for the study was obtained from the Institutional Review Board at the University of Louisville, KY.

Background

In the 2009 Community Profile, there was some indication that low income women were less likely to have access to health care, therefore this may have resulted in higher rates of late diagnoses of breast cancer in this population. The 2011 Community Profile reports shows the result of the study conducted to understand knowledge, attitudes and beliefs associated with health care access and utilization. The sample was equally represented by African Americans (48 percent) and Caucasians (46 percent).

Table 4
Race/Ethnicity Data

Race/ Ethnicity	Frequency	Percent
African American	72	48
Caucasians	75	46
Others	9	6

Only 55 percent of those whom participated provided their zip code, and the majority lived in Jefferson County. They represented fourteen zip codes that have a median household income ranging from \$15,978 to \$76,807. Other Affiliate counties represented had Median Household Incomes of \$33,567 to \$59,706. Floyd and Clark County zip codes have Median Household Income of \$45,290 to \$46,075. However, almost 20 percent had median income of less than \$26,000 and another 60 percent had income between \$26,000 and \$56,000.

Table 5.
Zip codes, County/State and Median Household Income

Zip Codes	County/State	Median Household Income (\$)
40014	Oldham/KY	85,521
40023	Jefferson/KY	74,873
40067	Shelby/KY	70,578
40160	Hardin/KY	45,022
40162	Hardin/KY	61,394

40203	Jefferson/KY	15,978
40208	Jefferson/KY	26,390
40210	Jefferson/KY	24,889
40211	Jefferson/KY	23,531
40212	Jefferson/KY	24,787
40213	Jefferson/KY	34,974
40216	Jefferson/KY	37,269
40218	Jefferson/KY	37,355
40219	Jefferson/KY	38,297
40220	Jefferson/KY	52,122
40222	Jefferson/KY	56,156
40228	Jefferson/KY	53,934
40229	Jefferson/KY	51,064
40241	Jefferson/KY	76,807
42701	Hardin /KY	50,736
42724	Hardin/KY	48,960
42732	Hardin/KY	49,186
42776	Hardin/KY	37,397
42784	Hardin/KY	33,567
42788	Hardin/KY	59,706
47130	Clark/IN	46,075
47150	Floyd/IN	45,290

Review of Findings

Demographics

Almost fifty percent (48 percent) of respondents were African Americans, 46 percent were Caucasian and other groups that included Asians and Hispanics made up 6 percent. Thirty nine percent (39 percent) of the women are aged 40 and older.

Almost half (41 percent) of the women who participated in the study had a high school diploma, 26 percent had a bachelor's degree, 10 percent had associate degrees, 10 percent had vocational/technical training. Thirteen percent had some other form of education that included General Education Diploma (GED) and graduate studies.

Most (58 percent) of the women said they work full-time outside the home, 27 percent were retired or working inside the home, and 15 percent have part time jobs outside the home. Eighty percent have been unemployed in the last twelve months. Almost half (42 percent) of the women in the study are married or cohabiting.

Eight percent of the women who completed the survey are breast cancer survivors. Forty five percent had a family history of breast cancer, and six percent African Americans and one percent Caucasians.

General Health and Well-being

Most women (72 percent) reported that they go to the doctor's office for routine or preventive care such as; checkup or physical examination, yet 19 percent have not seen or talked to any health care provider about their health. When women see a doctor

it is usually a general physician, and about one third (28 percent) see a gynecologist/obstetrician. Only 22 percent had seen doctors who specialize in breast health. Among the women who were interviewed 17 percent considered their health to be poor or fair and 13 percent said they have nowhere to go when they are sick or need advice about their health.

Breast Cancer Detection and Screening

In this study, eight percent of women had a previous diagnosis of breast cancer and 46 percent have a family history. Early detection of breast cancer is reliant on women's vigilance in detecting early signs of the disease, yet more than half (56 percent) of women in this study said they believed it was unlikely that they would ever get breast cancer.

Almost a quarter of the sample (22 percent) have never completed a breast exam although they know how to do one, and many women did not think they would do one in the next twelve months. Ten percent (10 percent) of women said they did not know about breast self-exams. In spite of these responses, 98 percent believed that if breast cancer is detected it is likely to be cured.

Over a third (32 percent) did not consider that it is important for them to have a mammogram and said it was unlikely that they would have one in the next 12 months. A majority (84 percent) said the advice to have a mammogram had come from their doctors and nurses, and few said it had been suggested by a family member or neighbor. Of those who responded to the survey, less than half (47 percent) were advised to have a mammogram.

Forty nine percent of women in this study reported having a mammogram in the last twelve months, but were more likely to have one if they were married (37 percent vs. 12 percent) or over forty years of age (see *Figure 15*). They were just as likely to have had a mammogram whether they were Black or White. Just over half (55 percent) of those who completed the survey said they have had a mammogram at least once in their lifetime.

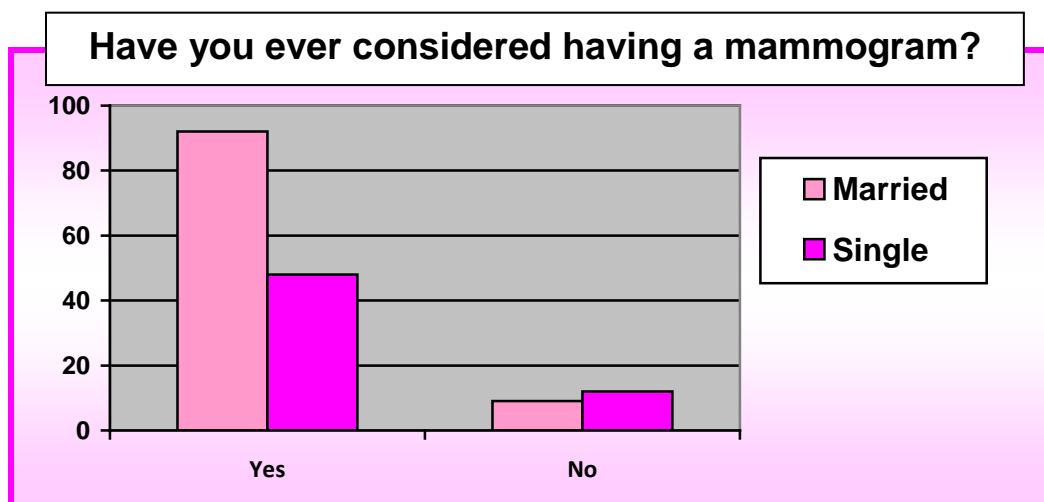


Figure 15. Influence of marital status on attitudes towards mammogram.

Women with jobs and employed full time are much more likely to consider having a mammogram (46 percent) compared to women who are unemployed (9 percent).

Women who have jobs are also more likely to have had a mammogram (37 percent vs. 7 percent).

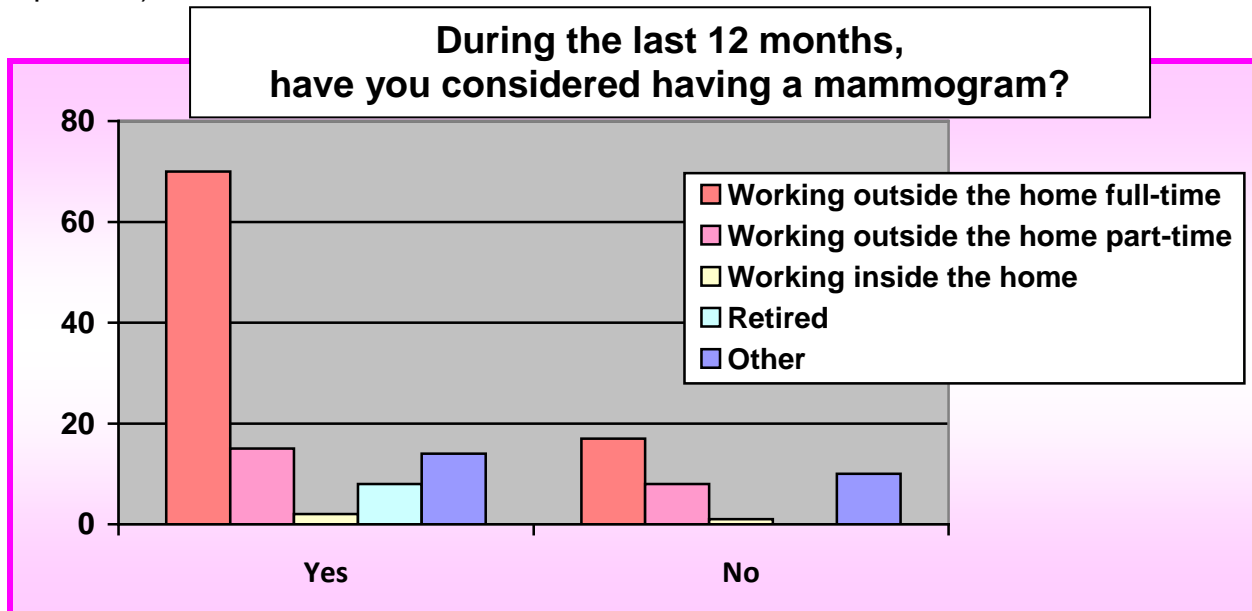


Figure 16. Influence of employment status on attitudes towards mammogram.

Early detection and diagnosis is most likely to lead to a five year survival of breast cancer, yet in this study twelve out of every hundred women (12 percent) who find a lump in their breast is unlikely to go to her doctor. A staggering 35 percent will not see their doctor the same week, 20 percent in the same month and as many as two out of ten (20 percent) will wait at least 6 months before seeking care.

Access to Health Care

Access to health care and health care utilization is often influenced by health insurance. In this study, 19 percent had no health insurance and could not get care for either physical or emotional problems. Ten percent had full time jobs. Fourteen percent delayed getting routine or preventive care because they could not get an appointment soon enough. Others could not afford the co-pay required to have health care. As many as 18 percent could not make an appointment even after waiting as long as 1 hr and 30 minutes on the phone. Seventeen percent of women reported they did not have the emotional support and counseling they needed because they did not have any health insurance.

Conclusions: What We Learned, What We Will Do

Review of Findings and Conclusion

This community profile provides evidence of high rates of mortality among women in Kentucky and Indiana with the highest rates of breast cancer being found in Jefferson County in Kentucky and Clark and Floyd Counties in Indiana.

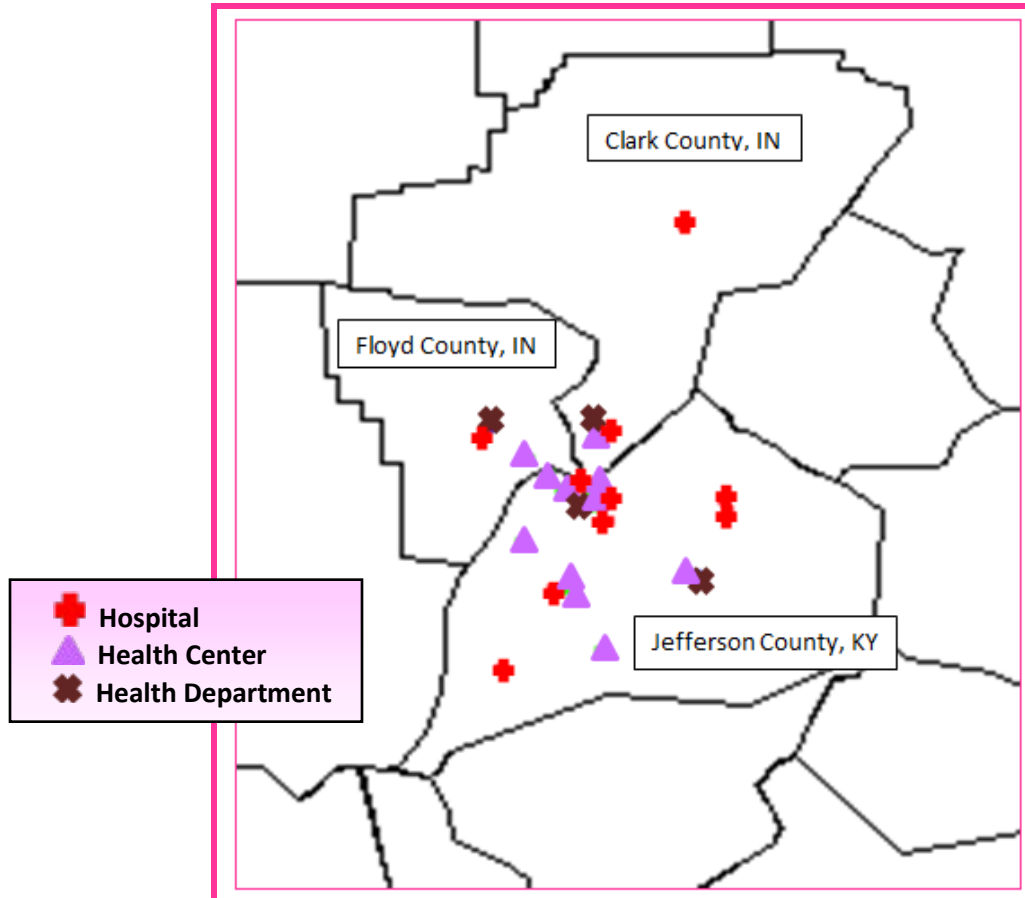


Figure 17. Breast Health Service facilities in counties with high mortality rates.

In addition this study finds that the State of Indiana and Black women across the Affiliate service area have the highest rates of mortality. Jefferson County, Kentucky and Clark County, Indiana have the highest populations of Black Women in the Affiliate service area. These counties are also among the poorest in the Affiliate service area with Jefferson County having the lowest median household income of approximately \$44,000 and the highest rate of poverty at 9.2 percent. Clark County in Indiana has a median income of \$48,000 and a poverty rate of 6.2 percent. Jefferson and Clark counties have the highest rates of uninsured females (15 percent). This study suggests that women are reluctant to see their doctors which may result in delayed care. The results also imply that women are less likely to be screened sufficiently early to reduce the rates of mortality from a diagnosis of breast cancer in Stage IV of the disease.

In this study, 8 percent of women had previously been diagnosed with breast cancer, 46 percent have a family history, and about half of the women said they believed it was unlikely that they would ever have it. A majority of the women believed that breast

cancer is curable. Just over half (55 percent) of those who completed the survey have never had a mammogram. Almost a quarter of the women had never done a breast exam although they know how to do one, and a third (32 percent) did not consider having a mammogram important. In most cases the advice to have a mammogram had come from their providers. They were just as likely to have had a mammogram whether they were Black or White.

Among women who participated in the survey, almost 20 percent had no health insurance, and as a result, 17 percent reported that they did not receive the care they needed. Ten percent of those in the sample reported that although they had jobs they did not have health insurance. Women in this study were more likely to have had a mammogram if they were married and over 40 years of age. Only 55 percent said they had had a mammogram at least one time in their life. Women over 40 years made up 39 percent of the sample. When women were asked about their intention to have a mammogram in the next 12 months, the women who were in full time jobs were significantly more likely to have considered it. Almost 50 percent of women in this study said they will not see a doctor until after one month of detecting a lump in their breast.

In addition to assessing the status of breast cancer and understanding women's attitudes towards their health, this study evaluated the system of care in the Louisville Affiliate. The study found that there is a considerable disparity in the distribution of breast health services across the Affiliate service area. Jefferson County in Kentucky has the largest array of prevention, treatment and social support services while Clark County in Indiana has very few services. Outside Jefferson County there may be limited access to mammograms and other diagnostic services for women in rural areas and for racial and ethnic minority women who historically have less access to health care services. Women in Clark County have most of their breast health services provided only at Clark Memorial Hospital. However, Family Health Center of Clark County provides outreach services for minority women in Southern Indiana. Gaps in services that may exist outside Jefferson County include; psychosocial and support services, lymphedema services, prosthesis and other support services. These gaps also exist in breast health services for women in Clark and Floyd Counties.

In a survey conducted with breast cancer service providers, barriers to breast health programs included; 1) lack of insurance, 2) language difficulties, 3) lack of transportation, 4) lack of finances, 5) poor educational and literacy levels, 6) low utilization of electronic media, and the reliance on face-to-face methods of communication for receiving health information.

Affiliate Action Plan

Based off the findings of the 2011 Community Profile the Affiliate has developed the following Action Plan in efforts to meet the needs of the service area.

Priority 1: Increase access to screening services in economically challenged areas of Jefferson County, KY and areas in Clark County, IN.

Objective 1: By March 2012, recruit five proposals for mobile mammography programs in five counties included in our service area.

Objective 2: For FY 2012, procure a patient navigation handbook tailored for breast health services specific to the fifteen county service areas.

Objective 3: For FY 2012, establish five new partnerships to increase accessibility to breast cancer services in the economically challenged areas.

Priority 2: Solicit requests to provide non-English speaking breast programming to increase screening for breast cancer in Jefferson County and Hardin County in Kentucky and Floyd County in Indiana.

Objective 1: By March of 2013, recruit five bilingual volunteers to establish a baseline of breast health speaking services to provide to the non-English speaking community.

Objective 2: By November 2012, establish at least three partnerships in the Hispanic/Latino and other non-English speaking communities.

Priority 3: Strengthen and build the capacity of existing breast health providers and grantees in an effort to ensure uninsured and underinsured patients receive the treatment and support services after diagnosis in Jefferson County in KY and Clark County in IN.

By FY 2013, Komen Louisville Affiliate will:

Objective 1: Distribute the Request for Application to at least twenty five new organizations/institutions in the fifteen county service areas.

Objective 2: Extend services to the uninsured and underinsured, by assisting services target economically challenged

Objective 3: Host a grantee networking event to encourage collaboration efforts.

Resources

1. Thomson Reuters(c) 2009. Provided by Susan G. Komen for the Cure, Dallas, TX
2. CDC Surveillance Epidemiology and End Results (SEER)
3. The Henry J. KAISER FAMILY FOUNDATION fact sheet. Retrieved January 20, 2011
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