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Introduction to the Community Profile Report
Susan G. Komen® Greater Amarillo was incorporated in 2003. The Susan G. Komen Greater Amarillo service area is composed of the northern most twenty-six counties in the Panhandle of Texas. The Affiliate office is located in Amarillo and serves Armstrong, Briscoe, Carson, Castro, Childress, Collingsworth, Dallam, Deaf Smith, Donley, Gray, Hall, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, and Wheeler Counties.

Komen Greater Amarillo has made great strides in improving breast health services and reaching out to underserved individuals in the service area. The Affiliate provides breast health and breast cancer education and outreach in the Texas Panhandle and serves as a resource for individuals seeking breast health and breast cancer information. The Affiliate has granted over $1.8 million to breast health programs in the service area through its Community Grants program. The funds granted have been for breast cancer awareness programs, breast health education programs, screening and diagnostic testing for underserved women, breast cancer treatment, and breast cancer support programs.

Komen Greater Amarillo completes the community profile (CP), also known as a community health needs assessment, to provide a thorough assessment of breast health and breast cancer in the service area. The CP includes detailed information regarding the characteristics and breast cancer statistics of the service area as well as an overview of the programs and services available for breast health. Information that identifies what needs exist in regards to breast health and breast cancer in the Panhandle of Texas is included in the CP. The CP is used to ensure the Affiliate’s Mission Action Plan (MAP) or strategic plan for addressing breast health and breast cancer in the service area aligns with what is needed in the community. The CP is available for other organizations working in the breast health field to align their efforts to meet the needs of the community and to leverage support for their program/s.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

The purpose of the quantitative data report (QDR) is to combine evidence from many credible sources and use the data to identify the highest priority areas for evidence-based breast cancer programs. The data are used to identify priority communities in the Affiliate’s service area based on estimates of how long it will take an area to achieve Healthy People 2020 (HP2020) objectives for breast cancer late-stage diagnosis and death rates.

The breast cancer incidence rate shows the frequency of new cases of breast cancer. It is important to note that an increase in breast cancer incidence does not necessarily mean that there has been an increase in the occurrence of breast cancer. A higher incidence rate could mean that more breast cancers are being found because more women are getting mammograms. The breast cancer death rate shows the frequency of death from breast cancer. A negative value, which means that death rates are getting lower, is always desirable. For this report, late-stage breast cancer is defined as regional or distant stage using the Surveillance, Epidemiology, and End Results (SEER) Summary Stage definitions (http://seer.cancer.gov/tools/ssm/).
Table 1 (adapted from the full QDR) shows the breast cancer incidence rates and trends, death rates and trends, and late-stage rates and trends for the service area. It is important to note that much of the data for the Texas Panhandle is suppressed due to small numbers.

Table 1. ADAPTED Female breast cancer incidence rates and trends, death rates and trends, and late-stage rates and trends.

<table>
<thead>
<tr>
<th>Population Group</th>
<th>Incidence Rates and Trends</th>
<th>Death Rates and Trends</th>
<th>Late-stage Rates and Trends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female Population</td>
<td># of New Cases</td>
<td>Age-adjusted Rate/100,000</td>
</tr>
<tr>
<td></td>
<td>(Annual Average)</td>
<td>(Annual Average)</td>
<td>(Annual Average)</td>
</tr>
<tr>
<td>US</td>
<td>154,540,194</td>
<td>182,234</td>
<td>122.1</td>
</tr>
<tr>
<td>HP2020</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Texas</td>
<td>12,251,113</td>
<td>13,742</td>
<td>114.4</td>
</tr>
<tr>
<td>Komen® Greater Amarillo Service Area</td>
<td>208,362</td>
<td>245</td>
<td>108.1</td>
</tr>
<tr>
<td>Hutchinson County - TX</td>
<td>11,089</td>
<td>11</td>
<td>82.5</td>
</tr>
<tr>
<td>Moore County - TX</td>
<td>10,295</td>
<td>9</td>
<td>96.5</td>
</tr>
<tr>
<td>Potter County - TX</td>
<td>58,831</td>
<td>63</td>
<td>107.8</td>
</tr>
<tr>
<td>Randall County - TX</td>
<td>60,022</td>
<td>79</td>
<td>119.9</td>
</tr>
</tbody>
</table>

Regular screening mammograms (and treatment if diagnosed) lower the risk of dying from breast cancer. Screening mammography can find breast cancer early, when the chances of survival are highest. The Centers for Disease Control and Prevention’s (CDC’s) Behavioral Risk Factors Surveillance System (BRFSS) is the source of the data on mammograms that are used in the QDR. The mammography screening proportion is calculated by taking the number of women who had a mammogram during the past two years and dividing that by the number of women who should have had a mammogram in the same time frame. The BRFSS does not collect data that matches Komen® mammography screening recommendations (i.e. from women age 40 and older). The mammography screening data that is collected for the BRFSS is based on the United States Preventative Task Force (USPTF) recommendation that women age 50 to 74 have a mammogram within the last two years. Much of the data for the Panhandle of Texas is suppressed and the only data regarding screening mammography that was available from the BRFSS is included in Table 2.
Table 2. ADAPTED Proportion of women ages 50-74 with screening mammography in the last two years, self-report.

<table>
<thead>
<tr>
<th>Population Group</th>
<th># of Women Interviewed (Sample Size)</th>
<th># w/ Self-Reported Mammogram</th>
<th>Proportion Screened (Weighted Average)</th>
<th>Confidence Interval of Proportion Screened</th>
</tr>
</thead>
<tbody>
<tr>
<td>US</td>
<td>174,796</td>
<td>133,399</td>
<td>77.5%</td>
<td>77.2%-77.7%</td>
</tr>
<tr>
<td>Texas</td>
<td>3,174</td>
<td>2,348</td>
<td>72.0%</td>
<td>69.9%-74.0%</td>
</tr>
<tr>
<td>Komen® Greater Amarillo Service Area</td>
<td>48</td>
<td>28</td>
<td>59.7%</td>
<td>40.5%-76.4%</td>
</tr>
<tr>
<td>Potter County - TX</td>
<td>15</td>
<td>10</td>
<td>68.4%</td>
<td>33.2%-90.4%</td>
</tr>
<tr>
<td>Randall County - TX</td>
<td>13</td>
<td>9</td>
<td>59.4%</td>
<td>27.4%-85.0%</td>
</tr>
</tbody>
</table>

Data are for 2012. Source: CDC – Behavioral Risk Factor Surveillance System (BRFSS).

The breast cancer screening proportion in the Komen® Greater Amarillo service area was significantly lower than that observed in the United States (US) as a whole. The Potter and Randall Counties Community Health Assessment completed in 2013 included questions regarding breast health (Young, Ruggiere, & Short 2013). Over one-third (35.1 percent) of the respondents to the telephone survey reported that they have never had a mammogram. Over one-fourth (26.8 percent) of the female respondents were classified as ‘at-risk’ because they were 40 years old or older and had not had a mammogram within the past two years. County Health Rankings has data regarding screening mammography rates at a county level. The mammography screening rate used by County Health Rankings represents the percent of female Medicare enrollees aged 67-69 who have had a mammogram within the past two years. The data are limited but appears to indicate low screening mammography rates across the Panhandle. None of the counties appear to meet the 81.1 percent goal and twenty of the counties in the service area fall below 61.0 percent, the overall rate for the state of Texas.

Similar to many national health organizations, Komen® believes it is important to refer to Healthy HP2020 to see how areas across the country are progressing toward reducing the burden of breast cancer. HP2020 has several cancer-related objectives, which include:

- Reduce women’s death rate from breast cancer (Target 20.6 per 100,000 women).
- Reduce the number of breast cancers that are found at a late-stage (Target: 41.0 cases per 100,000 women).
- Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines (Target: 81.1 percent).

Counties were prioritized based on the time estimated for it to achieve HP2020 targets for death rate and late-stage incidence rate. It is important to note that the report considers both objectives equally important. It is important to note that only five of the twenty-six counties in the service area had sufficient data to classify their priority level. The five counties that were prioritized are outlined in Table 3 below (adapted from the full table that is located in the QDR).
Table 3. ADAPTED Intervention priorities for Komen® Greater Amarillo service area with predicted time to achieve the HP2020 breast cancer targets.

<table>
<thead>
<tr>
<th>County</th>
<th>Priority</th>
<th>Predicted Time to Achieve Death Rate Target</th>
<th>Predicted Time to Achieve Late-stage Incidence Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hutchinson County - TX</td>
<td>Highest</td>
<td>SN</td>
<td>13 years or longer</td>
</tr>
<tr>
<td>Moore County - TX</td>
<td>Highest</td>
<td>SN</td>
<td>13 years or longer</td>
</tr>
<tr>
<td>Potter County - TX</td>
<td>Highest</td>
<td>13 years or longer</td>
<td>13 years or longer</td>
</tr>
<tr>
<td>Randall County - TX</td>
<td>Medium High</td>
<td>13 years or longer</td>
<td>1 year</td>
</tr>
<tr>
<td>Gray County - TX</td>
<td>Medium Low</td>
<td>SN</td>
<td>4 years</td>
</tr>
</tbody>
</table>

SN – data suppressed due to small numbers (15 cases or fewer for the 5-year data period).

Limitations exist when considering the data from the QDR and include, but are not limited to, that the most recent data available was used but may still be years behind; data may not be available for some areas; areas with small populations may not have enough breast cancer cases or breast cancer deaths to generate reliable statistics; and the calculation of years needed to meet the HP2020 targets assumes that current trends will continue until 2020.

Target communities are those communities which have indicators showing an increased chance of vulnerable populations likely at risk for experiencing gaps in breast health services and/or barriers in access to care. Key indicators the Affiliate reviewed when selecting target counties include, but were not limited to, incidence rates and trends, death rates and trends, late-stage rates and trends, priority level, mammography screening rates, and population characteristics.

Potter and Randall counties were selected as a target community based on the quantitative data. Approximately sixty-seven percent of the female population in the Affiliate service area lives in geographically connected Potter and Randall counties. Amarillo, the largest town in the Panhandle, is located in both Potter and Randall counties. Potter County is not likely to meet either the death rate or late-stage incidence rate HP2020 targets. Breast Cancer is the 4th leading cause of death in Potter County and the 5th leading cause of death in Randall County (United Way of Amarillo and Canyon, 2014). Potter County has a relatively large Black/African-American population and high poverty rates compared to the service area as a whole. Randall County is not likely to achieve the death rate HP2020 target. The screening mammography rate for Potter and Randall counties appears to be well below the HP2020 target.

Moore and Hutchinson counties were also selected as target community based on the quantitative data. Approximately ten percent of the female population in the Affiliate service area lives in geographically connected Moore and Hutchinson counties. Hutchinson County and Moore County are not likely to meet the late-stage incidence rate HP2020 target. There is not enough data to predict when or if Moore or Hutchinson County will meet the death rate HP2020 target. Moore County has a substantial population of foreign born and linguistically isolated residents. Moore County has a relatively large Hispanic/Latina population and a higher percentage of API residents. There are a higher percentage of Moore County residents with low
education levels than the service area as a whole. Hutchinson County has a high percentage of medically underserved residents. The screening mammography rate for Moore and Hutchinson counties appears to be well below the HP2020 target.

Rural populations are included as an area of concern for the Affiliate. Data in twenty-one of the twenty-six counties are suppressed due to small populations; therefore, there is no or limited information to make conclusions regarding the state of breast health in those counties. The Affiliate's service area has a large percentage of people living in rural and medically underserved areas as well as a large percentage of residents without insurance.

Health System and Public Policy Analysis

The breast cancer continuum of care (CoC) is a model that shows how a woman typically moves through the health care system for breast care. A woman would ideally enter the CoC by getting screened for breast cancer – with a clinical breast exam or a screening mammogram - and then move through the CoC quickly and seamlessly. Figure 2 shows the CoC model. Breast health and breast cancer resources along the continuum of care were identified in the target communities. The Affiliate was able to identify screening mammogram providers, diagnostic testing providers, and treatment providers throughout the entire service area due to the small number of providers throughout the service area (excluding providers who complete clinical breast exams (CBEs).

![Breast Cancer Continuum of Care (COC)](image)

Figure 1. Breast Cancer Continuum of Care (CoC)

All but one of the breast care providers in Moore County who complete CBEs are located in the city of Dumas. Moore County Hospital District (MCHD) is the only provider in Moore County that provides screening mammography and certain diagnostic testing. MCHD is also able to provide basic surgery for its patients. All patients who require a diagnostic MRI, treatment other than surgery, or support services are referred to providers in Amarillo (Potter County). All but two breast care providers in Hutchinson County who complete CBEs are located in the city of Borger. Golden Plains Community Hospital (GPCH) in Borger is the only provider in Hutchinson County that provides screening mammography and certain diagnostic services. All patients who
require other diagnostic services, treatment, and/or support services are referred to providers in Amarillo (Potter County).

There are many providers in Potter and Randall counties who complete CBEs for their patients and they are located throughout Amarillo and Canyon. The American Cancer Society (ACS) provides support services on a national and a local level for cancer patients. The majority of all service providers in the Panhandle are located in the city of Amarillo (Potter County). The only two organizations in the service area that provide full breast cancer treatment services, Harrington Breast Center (HBC) and Texas Breast Specialist (TBS), are located in Amarillo (Potter County). There are four Food and Drug Administration (FDA) certified mammogram facilities located in Amarillo as well as a comprehensive breast health program, the Amarillo Breast Center of Excellence.

Rural populations experience proven health disparities and are underserved (Gosschalk and Carozza, 2003b). Some counties across the Texas Panhandle do not have a provider that completes CBEs. Many women in the Panhandle must travel at minimum outside of their city and many must travel outside of the county she lives in to receive breast health services. Many individuals from across the Texas Panhandle travel to Amarillo (Potter County) for their health care needs. An asset for the Texas Panhandle is the mobile mammography unit (MMU) that HBC operates. There are only ten locations for screening mammography scattered throughout the twenty-six counties and almost 26,000 square miles that make up the Panhandle of Texas (four of which are located in Amarillo). Figure 2 is a map of the six screening mammography sites outside of Amarillo. Childress Regional Medical Center (Childress County) now partners with Covenant Health in Lubbock to provide chemotherapy services locally. This partnership allows patients to travel to Lubbock for their initial treatment and then receive their subsequent chemotherapy treatments in Childress. Susan G. Komen® Greater Amarillo, the Amarillo Area Breast Health Coalition, and the Texas A&M Agrilife Extension Agency are the three main organizations who provide breast health education across the Texas Panhandle.
There are many federal and state programs that exist to assist women who qualify in accessing breast health services. One federal program is the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The NBCCEDP helps fund the state of Texas' Breast and CervICAL Cancer Services (BCCS) program. At the time of this writing there is only one BCCS provider located in the Affiliate's service area and that is Haven Health Clinics located in Amarillo. The Medicaid for Breast and Cervical Cancer (MBCC) program helps women diagnosed with breast or cervical cancers who are in need of treatment. Other state programs exist to assist women with breast health needs.

The Cancer Prevention and Research Institute of Texas (CPRIT) funds groundbreaking cancer research, prevention programs, and services in Texas and its goal is to expedite innovation and commercialization in the area of cancer research and to enhance access to evidence-based prevention programs and services throughout the state. The Texas Cancer Plan (TCP) is a statewide call to action for cancer research, prevention, and control which aims to reduce the cancer burden across the state. The Cancer Alliance of Texas (CAT) is a state-wide entity that engages organizations, agencies, institutions, and individuals to work collaboratively to reduce the impact of cancer in Texas and promote the TCP. Table 4 shows the difference between HP2020 and TCP breast cancer objectives.

Table 4. Overview of Objectives

<table>
<thead>
<tr>
<th></th>
<th>HP2020 Target</th>
<th>TCP 2012 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Late-Stage Rates*</td>
<td>41.0</td>
<td>35</td>
</tr>
<tr>
<td>Death Rates*</td>
<td>20.6</td>
<td>18</td>
</tr>
<tr>
<td>Screening Rates</td>
<td>81.1</td>
<td>80.0</td>
</tr>
</tbody>
</table>

*Rates are age-adjusted and are figured per 100,000 women

The Patient Protection and Affordable Care Act (PPACA) or Affordable Care Act (ACA) was signed into law in 2010. Many of the provisions of the ACA immediately went into effect, others staggered into effect, and still others have yet to go into effect. Some of the provisions of the ACA affect breast health care access and quality and include requirements such as Medicare and new insurance plans must cover preventative care (such as screening mammograms) at no cost to the patient, there are no lifetime limits on health coverage, and children and adults cannot be denied insurance coverage due to a preexisting condition. Texas has the highest rate of uninsured persons in the nation and Medicaid eligibility is limited in Texas. Texas has indicated that it will not create a state-based health insurance marketplace (also known as an exchange) and at the time of this writing the state of Texas has not planned to implement the optional Medicaid expansion program. Many individuals in Texas will earn too much to qualify for Medicaid but not enough to qualify for premium tax credits through the federal Marketplace and likely fall into a coverage gap forcing them to remain uninsured. It is estimated that more than one million people in Texas will be left uninsured. (Kaiser 2012)

The Komen Affiliate will continue to work to ensure that many individuals who are uninsured or underinsured and who are in need of breast health education and services get access. One of the ways that the Affiliate will work towards ensuring that all individuals in the Panhandle of
Texas have access to proper breast health care is to continue to be active in advocacy efforts surrounding breast health and breast cancer issues.

**Qualitative Data: Ensuring Community Input**

Primary data was collected regarding breast health and breast cancer in the target communities upon completion of the HSA and Public Policy Analysis section. Qualitative data was collected in order to better understand how the quantitative data and the results from the HSA and public policy analysis affect breast health in the Affiliate service area. Key informant interviews (KIIs) and focus groups were conducted in both target communities. Broad breast health related questions were chosen to gain a better overall understanding of breast health in the target community and to have baseline information to build future information gathering efforts on. The Mission Coordinator for Komen Greater Amarillo was responsible for all qualitative data collection. The Mission Coordinator has a Bachelor's of Science in Education with a focus in Community Health, a Master's of Science in Education with a focus in Health Education, and is a Certified Health Education Specialist (CHES).

Convenience sampling and an emergent sampling design were used in both target communities to approach individuals and request they be key informants. Breast health providers were chosen to interview in Potter and Randall counties and community members including breast health providers, staff at local businesses, and breast cancer survivors were chosen to interview in Moore and Hutchinson counties. Nine interviews were completed in Potter and Randall counties and ten interviews were completed in Moore and Hutchinson counties. KIIs were not conducted for rural populations; however, many of the key informants from Potter and Randall counties spoke about the individuals that they serve at their organization and those women come from all across the Texas Panhandle.

Key informants identified that rural populations and communities have a 'family-type culture' where the community comes together to help individuals in need. Key informants identified some challenges that rural populations may encounter in accessing breast health services including the fact that medical services are lacking within their community and individuals must travel to receive care. All key informants who spoke about rural populations expressed the sentiment that when services are available in a person's own community it facilitates the transition through the breast cancer CoC.

The interview responses were analyzed by calculating both the number of informants who brought up each topic and the number of times each topic was brought up. Figure 5 is a graph which visually represents the most frequently mentioned topics in the Moore and Hutchinson counties KIIIs (adapted from the full graph in the qualitative data section). Knowledge was brought up more times than any other topic during the interviews in Moore and Hutchinson counties. The next two most often topics brought up during the interviews were money and distance to care. Knowledge was the only issue that every key informant from Moore and Hutchinson counties identified during their interview. Nine of the ten informants in Moore and Hutchinson counties identified money, distance to care, and insurance as keys to breast health. Eight of the informants mentioned priority and support system.
Figure 5. ADAPTED Frequency of codes in analysis of Moore and Hutchinson counties KIIs

Figure 6 is a graph which visually represents the most frequently mentioned topics in the Potter and Randall counties KIIs (adapted from the full graph in the qualitative data section). Knowledge was brought up almost twice as often as the next most frequently mentioned topic. Money, distance to care, and priority were the next most often topics brought up throughout the Potter and Randall counties KIIs. All of the key informants from Potter and Randall counties mentioned knowledge, distance to care, priority, emotional, and support system. Seven of the nine informants mentioned provider policies, insurance, language, and being captured in the system.

Figure 6. ADAPTED Frequency of codes in analysis of Potter and Randall counties KIIs

Five factors that affect whether or not a woman seeks and receives breast care became salient in the KIIs from both target communities. The main issues that were identified by the informants were knowledge, money, distance to care, insurance, and priority.

The information gathered in the KIIs was used to help structure the questions for focus groups that were held in both target communities. Convenience sampling was used to form focus groups in Potter and Randall counties. Groups of women who were already meeting together were approached and asked if their group would agree to be a focus group for the CP. Key informants from Moore and Hutchinson counties assisted in identifying and inviting women to the focus groups in those counties. The prerequisite for being a part of a focus group was that the person be a woman who lived in the target county. Three focus groups were held in Potter...
and Randall counties and they were all held in Amarillo. One focus group was held in Dumas (Moore County), one focus group was held in Stinnett (Hutchinson County), and two focus groups were held in Borger (Hutchinson County). There were fifty-six total focus group participants and all were female. Twenty-eight were from Potter and Randall counties and twenty-eight were from Moore and Hutchinson counties.

Almost half (24) of the women were between 50 and 64 years old. The vast majority of the women were White (43) and Non-Hispanic (45). All but two of the women were born in the United States and identified English as the language they most commonly speak. More than three-fourths (80.4 percent) of the focus group participants reported having completed some type of education beyond high school and over half (57.1 percent) reported an annual household income exceeding $55,000. The focus group participants appear to either be currently in the CoC or have been at some point in time in their life. All of the women over the age of 40 reported that they have had a mammogram in their lifetime. Fifty-three of the participants reported having insurance with 68 percent of those reporting it as employer provided insurance. Twenty-one focus group participants have been diagnosed with breast cancer in their lifetime. Limitations to the focus group data include that the perspective of younger women (age 39 and younger), those with a high school degree or less, those with low incomes, Hispanic/Latina women, refugee-immigrant women, limited English proficiency, and women with Stage Four or Metastatic Breast Cancer was not captured. Focus groups were selected via convenience sampling; therefore, the results are not able to be generalized to the entire population in the target communities.

The information gathered in the focus groups in Moore and Hutchinson counties led to the conclusion that among the focus group participants there was a lack of knowledge regarding breast health, breast care resources, and breast cancer. Distance to care was an issue discussed at the focus groups in Moore and Hutchinson counties. The older population as well as the limited resource population was brought up as being at a specific disadvantage when it comes to the issue of distance to care. Focus group participants in Moore County also identified the Komen grant recipient (for fiscal year-end 3/31/2014 and 03/31/2015), Moore County Hospital District, as a resource that is utilized. Insurance, including insurance restrictions, as well as program eligibility guidelines were also discussed as barriers to breast health care. Money was brought up as a key to getting proper breast health care.

Misinformation, confusion, and general lack of knowledge of screening recommendations were noted in the focus groups in Potter and Randall counties. Insurance, money, and policies were the top three factors mentioned as challenges to receiving breast health care and breast cancer screenings. Many of the focus group participants in Potter and Randall counties made comments that were consistent with having a proactive mindset when it comes to preventative screenings and a ‘take charge’ attitude when it comes to getting the recommended breast health screenings. Many focus group participants felt that many people are aware and can recognize that the color pink is associated with breast cancer, but that does not necessarily translate into knowledge regarding proper breast health practices, screening recommendations, or resources. There are many factors that can affect a woman's breast health care. Five factors were prominent throughout the qualitative data collection in both target communities - Potter and Randall counties.
and Moore and Hutchinson counties. The five factors that were identified most often, most important, and as inverse factors to breast health in the target communities were knowledge, money, distance to care, insurance, and priority.

**Mission Action Plan**

The Mission Action Plan (MAP) is the strategic plan for the Affiliate to address breast health and breast cancer issues in the Affiliate service area. The MAP was developed by identifying problem statements for target communities based on the quantitative data, HSA and public policy analysis, and qualitative data. Priorities were selected that address each problem statement once the problem statement was identified. The Affiliate acknowledges that it is unable to address and/or solve every problem or issue that has become clear throughout the CP process; therefore, the priorities chosen were selected by taking into account what the most pressing/important need is, if the Affiliate has the resources to address the problem, if there are effective intervention strategies available to address the problem, and if the problem can be solved in a reasonable amount of time. Specific, Measurable, Attainable, Realistic, and Time-bound (SMART) objectives were then selected to help meet each priority. The MAP is presented in the following format:

- Problem Statement
  - Priority/Goal
    - Objective

- Women living in Moore and Hutchinson counties have a high late-stage breast cancer incidence rate. Women living in Moore and Hutchinson counties have low screening mammography rates. The HSA revealed that there is only one organization in each Moore County and Hutchinson County that provides screening mammography and minimal diagnostic procedures. There are no full treatment providers in either county. Women in both counties indicated that awareness regarding breast health, knowledge regarding proper breast health, and correct information regarding breast cancer is lacking and is a barrier to proper breast health care. Money, lack of insurance, and distance to care were also identified as barriers to obtaining breast health care for individuals living in Moore and Hutchinson counties.

  - Increase awareness and education of breast health and breast cancer in women living in Moore and Hutchinson counties.
    - In each year, FY15-FY18, the Affiliate staff will host at least one activity (such as posting fliers, mailing out postcards, or hosting a 'Pink Out' event where individuals are encouraged to wear the color Pink) in the target community (Moore and Hutchinson counties) that is focused on raising awareness of breast health and breast cancer.
    - In each year, FY15-FY18, the Affiliate staff will complete at least one breast health or breast cancer presentation to at least one group of individuals (such as an employee lunch and learn, a civic club, or school group) in the target community (Moore and Hutchinson counties).
Beginning with the FY16-17 Affiliate grants program request for applications (RFA), a key funding priority will be evidence-based educational programs that target women living in Moore County, especially those that target foreign born and linguistically isolated populations.

Beginning with the FY16-17 Affiliate grants program RFA, a key funding priority will be evidence-based educational programs that target women living in Hutchinson County, especially those populations considered medically underserved.

In 2016, Affiliate staff will meet with at least one provider or community based organization in Moore County to explore a potential partnership and discuss a plan for educational efforts targeted to populations with limited English proficiency and refugee populations.

In 2016, Affiliate staff will meet with at least one provider or community based organization in Hutchinson County to explore a potential partnership and discuss a plan for educational efforts targeted to populations who are medically underserved.

In 2016, after the Breast Health Resource Guide (BHRG) is updated, the Affiliate will distribute the BHRG to primary care providers located in Moore and Hutchinson counties.

- Increase access to breast health care for women living in Moore and Hutchinson counties.
  - Beginning with the FY16-17 Affiliate grants program (RFA), a key funding priority will be evidence-based interventions that improve access to care for women who live in Moore and Hutchinson counties, especially those that address the issues of money, lack of insurance, and distance to care.
  - In 2016, Affiliate staff will identify and meet with at least one organization, located in each county (Moore and Hutchinson), in order to determine how the Affiliate might partner with that organization to help better increase access to breast health care for women living in the county.

Women living in Potter County have a high late-stage breast cancer incidence rate and a high death rate due to breast cancer. Women living in Randall County have a high death rate due to breast cancer. Women in Potter and Randall counties have low screening mammography rates. The findings of the HSA showed the majority of breast health providers in the Panhandle are located in Amarillo, which resides in both Potter and Randall counties. Women in these counties indicated that lack of knowledge is a barrier to proper breast health care. Money and lack of insurance were also identified as barriers to proper breast health care.

- Increase breast health and breast cancer knowledge among individuals living in Potter and Randall counties.
  - Beginning with the FY16-17 Affiliate's grants program RFA, a key funding priority will be evidence-based educational programs that target women living in Potter and Randall counties, especially those populations with breast cancer disparities such as Black/African-American and Hispanic/Latina.
In 2016, Affiliate staff will meet with at least one provider or community based organization in Potter County to explore a potential partnership and discuss a plan for educational efforts targeted to Hispanic/Latina women.

In 2016, the Affiliate will update its Breast Health Resource Guide (BHRG) and make it available on the Affiliate website. The Affiliate will also have physical copies of the BHRG available to any person or organization who requests a physical copy.

In 2016, to assist communication among breast health providers, the Affiliate will update its online calendar and develop a system for getting any and all breast health and breast cancer related events on it so as to provide a 'one-stop' location for breast health and breast cancer events.

- Increase access to breast health care for women living in Potter and Randall counties, especially those with proven breast cancer disparities.
  - Beginning with the FY16-17 Affiliate grants program RFA, a key funding priority will be evidence-based interventions that improve access to care for women who live in Potter and Randall counties, especially those that address the issues of money and lack of insurance.
  - Beginning with the FY16-17 Affiliate grants program RFA, a key funding priority will be evidence-based interventions that improve access to care for populations living in Potter and Randall counties with proven health disparities, especially Black/African-American, Hispanic/Latina, and limited English proficiency.

- There is a lack of information specific to breast health and breast cancer in rural populations. The limited information available regarding rural populations indicates distance to care might be the biggest challenge for rural populations to receive proper breast health care. The HSA revealed that there are limited breast health care providers across the Panhandle with only six locations for screening mammography located outside of Amarillo. Across the Panhandle of Texas there are low screening mammography rates. Some counties in the Panhandle do not have a provider who completes clinical breast exams. Qualitative data collection efforts for target communities shed some light on the state of breast health in rural populations and seemed to indicate lack of medical services, distance to care, and transportation are all major issues for rural populations. Awareness and education were identified as lacking in rural populations. Qualitative data also indicated the elderly population and those with limited resources such as money may be at a larger disadvantage.

- Increase Affiliate knowledge regarding the state of breast health and breast cancer in rural populations.
  - By January of 2016, Affiliate staff will identify and meet with at least one organization, located in the Panhandle, who has knowledge regarding rural populations with the goal of determining how the Affiliate might partner with that organization to better assess the breast health care needs of rural populations.
  - In 2016, Affiliate staff will develop a strategic plan for better assessing breast health and breast cancer needs in rural populations.
Increase breast health and breast cancer education and breast health care in rural populations.

- Beginning with the FY16-17 Affiliate grants program RFA, a key funding priority will be evidence-based interventions that increase breast health care access for rural populations, especially those that address distance to care and money.
- Beginning with the FY16-17 Affiliate grants program RFA, a key funding priority will be evidence-based educational programs that target women living in rural communities.
- In 2016, Affiliate staff will develop a strategic plan for educational efforts targeted at rural populations.

Advocacy remains an important concern in regards to breast health and breast cancer. There was a lack of public policy knowledge among focus group participants.

Affiliate staff and/or volunteers will remain active in Advocacy efforts.

- Throughout FY15-FY18, Affiliate Mission staff will participate in all Komen Texas Advocacy Collaborative (KTAC) conference calls and/or webinars and will remain on the e-mail distribution list in order to receive all KTAC correspondence.
- Throughout FY15-FY18, at least one Affiliate staff or volunteer will participate in each State and National advocacy day hosted by Komen headquarters.

Increase the knowledge of those living in the Affiliate service area regarding public policy issues that affect breast health and/or breast cancer.

- By December 2015, the Affiliate website will include a page that outlines the current Komen Advocacy priorities.
- Beginning in 2016, a section regarding Advocacy/Public Policy information in respect to breast health and/or breast cancer issues will be incorporated in each Mission related Newsletter that the Affiliate distributes.
- Beginning in 2016, the Mission Coordinator will include a PowerPoint slide or talking points in all presentations which will cover Komen's Advocacy priorities and/or public policy issues affecting breast health and breast cancer.
- Beginning in 2016, a handout that explains the current Komen Advocacy priorities will be available at all health fairs that the Affiliate staff or volunteers attend.

Disclaimer: Comprehensive data for the Executive Summary can be found in the 2015 Komen® Greater Amarillo Community Profile Report.
Affiliate History

In 1990 a group of friends from Amarillo traveled to Dallas, Texas to observe the Race for the Cure®. That group of friends coordinated Amarillo’s first Race for the Cure which was held September 28, 1991 at Westgate Mall. The first Race was composed of 200 runners and supporters of Komen’s promise. In 2003, the Race was moved downtown and had hundreds of participants. This was also the year that Susan G. Komen® Greater Amarillo was incepted with Komen’s National Headquarters and a board of directors was created to pursue breast cancer and breast health outreach on a year-round basis. The Greater Amarillo Race for the Cure® became the largest foot race in the area with almost 5,924 participants in 2010.

Komen® Greater Amarillo has made great strides in improving breast health services and reaching out to the underserved members in its service area since its inception. The Affiliate staff participates in health fairs across the Texas Panhandle to provide breast health information to residents in the service area. The Affiliate provides speakers for organizations wishing to learn more about Komen, breast health, or breast cancer. The Affiliate serves as a resource for individuals seeking information on breast health and breast cancer.

Affiliate staff participated in the Texas Panhandle Advocates for Cancer Control (TPACC) (which started in 2005 and coincided with the first staff member for the Affiliate being hired), and continued to be a part of TPACC until it became inactive in 2013. The Affiliate partnered with the Amarillo Area Breast Health Coalition (AABHC) and with the support of the American Housing Foundation, American Cancer Society, Amarillo West Texas Family and Community Services, and The Laura W. Bush Institute for Women's Health of Amarillo began the 'Wise-Woman' program in 2009. W.I.S.E stands for Women, Inspiring, Serving, and Educating. The Wise-Woman program was modeled after a program that Susan G. Komen® Austin was providing and was an initiative to reach women living in government housing in Amarillo with breast health and breast cancer awareness and education. The Wise Woman program has been successful (Layeequr Rahman, 2013). The Affiliate has coordinated the 'Pink Sunday' initiative in which churches host an event to help raise awareness of breast cancer and educate their congregation or following about breast health and breast cancer.

Komen® Greater Amarillo established an annual Community Grant (CG) program to fund local organizations working in the breast health field. Money has been granted through the CG program every year since the Affiliate was started. Thanks to tremendous community understanding and support of its work, the Affiliate has granted over $1.8 million to breast health programs in the service area. The majority of the funds granted have gone to provide screening and diagnostic testing for underserved women in the Texas Panhandle. Other granted funds have gone to breast cancer awareness programs and programs that provide breast health education. Some money has been awarded to programs that focused on support issues such as travel assistance and mentoring.
**Affiliate Organizational Structure**

Susan G. Komen® Greater Amarillo was incepted in 2003. A full-time Executive Director was hired to manage the Affiliate in 2005. A part-time Mission Coordinator was hired in 2009 to update the website, coordinate with grant partners, and conduct education seminars. A part-time Financial Coordinator was hired in 2011 to maintain the financial records of the Affiliate. The Mission Coordinator position became a full-time position in 2013 with the responsibilities of coordination of the Affiliate's education and outreach, administration of the grant programs, and advocacy efforts. Every year the Komen Greater Amarillo Race for the Cure® is accomplished through the hard work of a team of volunteers who make up multiple committees to help facilitate the Race.

Oversight for the Affiliate is the responsibility of the Board of Directors. The primary duties of the Board include the appointment and oversight of the Executive Director, fiscal oversight, adoption of an annual budget, and development of policies and procedures for the Affiliate as needed. Standing committees are Grants and Race. Other ad hoc committees are created to address needs as they arise. The board members are drawn from the Affiliate service area and include a group of individuals with backgrounds in health care, nonprofit development, banking, business management, and other professional fields. The positions of the board members include President, Vice-President, Secretary, Treasurer, Grant Chair, Race Chair, and member-at-large.

**Affiliate Service Area**

The Komen® Greater Amarillo service area is composed of the northern most twenty-six counties in the state of Texas (see Figure 1.1). The Affiliate office is located in Amarillo and serves Armstrong, Briscoe, Carson, Castro, Childress, Collingsworth, Dallam, Deaf Smith, Donley, Gray, Hall, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, and Wheeler counties. The service area is primarily rural and spans over almost 26,000 square miles. There are approximately 208,362 women who live in the Affiliate service area. Potter, Randall, Moore, Hutchinson, and Gray counties are the only counties in the service area that have more than 10,000 women who live in them. Fifty-seven percent of the female population in the Texas Panhandle lives in Potter and Randall counties. The majority of the women living in the service area are White (91.6 percent) and Non-Hispanic (69.1 percent). Many residents of the Texas Panhandle live in rural areas (24.3 percent), live in medically underserved areas (32.8 percent), and do not have health insurance (24.4 percent).
Figure 1.1. Susan G. Komen® Greater Amarillo Service Area
Purpose of the Community Profile Report

Komen® Greater Amarillo conducts the Community Profile (CP) to provide a thorough assessment of breast health and breast cancer in the service area. The CP covers in detail the characteristics and breast cancer statistics of the service area as well as provides an overview of the programs and services available for breast health. The CP also ensures that the Affiliate's Mission Action Plan (MAP) or strategic plan for addressing breast health in the service area over the next four years aligns with what is needed in the community.

The CP will be used to make sure the Affiliate’s operational efforts align with the MAP and to create synergy between Mission-related strategic plans and operational activities. The CP will be used to make data-driven decisions to identify how the Affiliate should best use its resources. The CP will also be used to help the Affiliate establish focused granting priorities and educational priorities in order to make the greatest impact on breast cancer and breast health in the service area. The CP will be used to educate and inform the Affiliate's stakeholders (e.g. grantees, partners, donors, sponsors, legislators, other breast-focused organizations, and the community-at-large) regarding the state of breast cancer in the service area, the Affiliate’s current Mission priorities, and the plan to address the identified breast health and breast cancer needs within the target communities. The CP will allow the Affiliate to strengthen and diversify its relationship with stakeholders. The CP will be available for other organizations working in the breast health field to align their efforts to meet the needs of the community and leverage support for their program/s.

The full CP will be available electronically on komenamarillo.org, the Affiliate's website. A presentation covering the results of the CP will be held in Potter and Randall counties, Hutchinson County, and Moore County. The information regarding the presentations will be distributed in the county prior to the event to allow any and all stakeholders in that county to be present for the meeting. The executive summary portion of the CP will be printed off and physical copies will be available for stakeholders at the presentations and after the presentations by contacting the Affiliate directly.
Quantitative Data Report

Introduction

The purpose of the quantitative data report (QDR) for Susan G. Komen® Greater Amarillo is to combine evidence from many credible sources and use the data to identify the highest priority areas for evidence-based breast cancer programs. The data provided in the report are used to identify priorities within the Affiliate’s service area based on estimates of how long it would take a geographic area to achieve Healthy People 2020 (HP2020) objectives for breast cancer late-stage diagnosis and death (http://www.healthypeople.gov/2020/default.aspx).

The following is a summary of Komen® Greater Amarillo’s Quantitative Data Report. For a full report please contact the Affiliate.

Breast Cancer Statistics

Incidence rates
The breast cancer incidence rate shows the frequency of new cases of breast cancer among women living in an area during a certain time period (Table 2.1). Incidence rates may be calculated for all women or for specific groups of women (e.g. for Asian/Pacific Islander women living in the area).

The female breast cancer incidence rate is calculated as the number of females in an area who were diagnosed with breast cancer divided by the total number of females living in that area. Incidence rates are usually expressed in terms of 100,000 people. For example, suppose there are 50,000 females living in an area and 60 of them are diagnosed with breast cancer during a certain time period. Sixty out of 50,000 is the same as 120 out of 100,000. So the female breast cancer incidence rate would be reported as 120 per 100,000 for that time period.

When comparing breast cancer rates for an area where many older people live to rates for an area where younger people live, it is hard to know whether the differences are due to age or whether other factors might also be involved. To account for age, breast cancer rates are usually adjusted to a common standard age distribution. Using age-adjusted rates makes it possible to spot differences in breast cancer rates caused by factors other than differences in age between groups of women.

To show trends (changes over time) in cancer incidence, data for the annual percent change in the incidence rate over a five-year period were included in the report. The annual percent change is the average year-to-year change of the incidence rate. It may be either a positive or negative number.

- A negative value means that the rates are getting lower.
- A positive value means that the rates are getting higher.
• A positive value (rates getting higher) may seem undesirable—and it generally is. However, it's important to remember that an increase in breast cancer incidence could also mean that more breast cancers are being found because more women are getting mammograms. So higher rates don’t necessarily mean that there has been an increase in the occurrence of breast cancer.

Death rates
The breast cancer death rate shows the frequency of death from breast cancer among women living in a given area during a certain time period (Table 2.1). Like incidence rates, death rates may be calculated for all women or for specific groups of women (e.g. Black/African-American women).

The death rate is calculated as the number of women from a particular geographic area who died from breast cancer divided by the total number of women living in that area. Death rates are shown in terms of 100,000 women and adjusted for age.

Data are included for the annual percent change in the death rate over a five-year period.

The meanings of these data are the same as for incidence rates, with one exception. Changes in screening do not affect death rates in the way that they affect incidence rates. So a negative value, which means that death rates are getting lower, is always desirable. A positive value, which means that death rates are getting higher, is always undesirable.

Late-stage incidence rates
For this report, late-stage breast cancer is defined as regional or distant stage using the Surveillance, Epidemiology and End Results (SEER) Summary Stage definitions (http://seer.cancer.gov/tools/ssm/). State and national reporting usually uses the SEER Summary Stage which provides a consistent set of definitions of stages for historical comparisons.

The late-stage breast cancer incidence rate is calculated as the number of women with regional or distant breast cancer in a particular geographic area divided by the number of women living in that area (Table 2.1). Late-stage incidence rates are shown in terms of 100,000 women and adjusted for age.
Table 2.1. Female breast cancer incidence rates and trends, death rates and trends, and late-stage rates and trends.

<table>
<thead>
<tr>
<th>Population Group</th>
<th>Incidence Rates and Trends</th>
<th>Death Rates and Trends</th>
<th>Late-stage Rates and Trends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female Population (Annual Average)</td>
<td># of New Cases (Annual Average)</td>
<td>Age-adjusted Rate/100,000</td>
</tr>
<tr>
<td>US</td>
<td>154,540,194</td>
<td>182,234</td>
<td>122.1</td>
</tr>
<tr>
<td>HP2020</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Texas</td>
<td>12,251,113</td>
<td>13,742</td>
<td>114.4</td>
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<tr>
<td>Komen Greater Amarillo Service Area</td>
<td>208,362</td>
<td>245</td>
<td>108.1</td>
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<tr>
<td>White</td>
<td>192,488</td>
<td>234</td>
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<tr>
<td>Black/African-American</td>
<td>9,261</td>
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<td>SN</td>
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<tr>
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<tr>
<td>Non-Hispanic/ Latina</td>
<td>148,420</td>
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<td>113.6</td>
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<td>SN</td>
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<td>SN</td>
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<td>3,125</td>
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<tr>
<td>Deaf Smith County - TX</td>
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<td>92.1</td>
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<tr>
<td>Donley County - TX</td>
<td>1,878</td>
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<td>Gray County - TX</td>
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Susan G. Komen® Greater Amarillo
### Incidence Rates and Trends

<table>
<thead>
<tr>
<th>Population Group</th>
<th>Female Population (Annual Average)</th>
<th># of New Cases (Annual Average)</th>
<th>Age-adjusted Rate/100,000</th>
<th>Trend (Annual Percent Change)</th>
<th># of Deaths (Annual Average)</th>
<th>Age-adjusted Rate/100,000</th>
<th>Trend (Annual Percent Change)</th>
<th># of New Cases (Annual Average)</th>
<th>Age-adjusted Rate/100,000</th>
<th>Trend (Annual Percent Change)</th>
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<td>SN</td>
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<td>SN</td>
<td>SN</td>
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<tr>
<td>Potter County - TX</td>
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<td>63</td>
<td>107.8</td>
<td>3.2%</td>
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<td>26.0</td>
<td>-1.7%</td>
<td>26</td>
<td>44.1</td>
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<td>79</td>
<td>119.9</td>
<td>-6.1%</td>
<td>16</td>
<td>23.8</td>
<td>-0.9%</td>
<td>30</td>
<td>46.2</td>
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<td>Wheeler County - TX</td>
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</tbody>
</table>

*Target as of the writing of this report.
NA – data not available.
SN – data suppressed due to small numbers (15 cases or fewer for the 5-year data period).
Rates are in cases or deaths per 100,000.
Age-adjusted rates are adjusted to the 2000 US standard population.
Source of death rate data: Centers for Disease Control and Prevention (CDC) – National Center for Health Statistics (NCHS) death data in SEER*Stat.
Source of death trend data: National Cancer Institute (NCI)/CDC State Cancer Profiles.

### Incidence rates and trends summary

Overall, the breast cancer incidence rate and trend in the Komen® Greater Amarillo service area were lower than that observed in the United States (US) as a whole. The incidence rate and trend of the Affiliate service area were not significantly different than that observed for the State of Texas.

For the US, breast cancer incidence in Blacks/African-Americans is lower than in Whites overall. The most recent estimated breast cancer incidence rates for Asian Pacific Islanders (APIs) and American Indian/Alaskan Natives (AIANs) were lower than for Non-Hispanic Whites and Blacks/African-Americans. The most recent estimated incidence rates for Hispanics/Latinas were lower than for Non-Hispanic Whites and Blacks/African-Americans. For the Affiliate service area as a whole, the incidence rate was slightly lower among Blacks/African-Americans than Whites. There were not enough data available within the Affiliate service area to report on APIs and AIANs so comparisons cannot be made for these racial groups. The incidence rate among Hispanics/Latinas was lower than among Non-Hispanics/Latinas.

None of the counties in the Affiliate service area had substantially different incidence rates than the Affiliate service area as a whole or did not have enough data available.

It is important to remember that an increase in breast cancer incidence could also mean that more breast cancers are being found because more women are getting mammograms.
**Death rates and trends summary**

Overall, the breast cancer death rate in the Komen Greater Amarillo service area was similar to that observed in the US as a whole and the death rate trend was not available for comparison with the US as a whole. The death rate of the Affiliate service area was not significantly different than that observed for the state of Texas.

For the US, breast cancer death rates in Blacks/African-Americans are substantially higher than in Whites overall. The most recent estimated breast cancer death rates for APIs and AIANs were lower than for Non-Hispanic Whites and Blacks/African-Americans. The most recent estimated death rates for Hispanics/Latinas were lower than for Non-Hispanic Whites and Blacks/African-Americans. For the Affiliate service area as a whole, the death rate was higher among Blacks/African-Americans than Whites. There were not enough data available within the Affiliate service area to report on APIs and AIANs so comparisons cannot be made for these racial groups. The death rate among Hispanics/Latinas was lower than among Non-Hispanics/Latinas.

None of the counties in the Affiliate service area had substantially different death rates than the Affiliate service area as a whole or did not have enough data available.

**Late-stage incidence rates and trends summary**

Overall, the breast cancer late-stage incidence rate in the Komen® Greater Amarillo service area was slightly lower than that observed in the US as a whole and the late-stage incidence trend was lower than the US as a whole. The late-stage incidence rate and trend of the Affiliate service area were not significantly different than that observed for the State of Texas.

For the US, late-stage incidence rates in Blacks/African-Americans are higher than among Whites. Hispanics/Latinas tend to be diagnosed with late-stage breast cancers more often than Whites. For the Affiliate service area as a whole, the late-stage incidence rate was higher among Blacks/African-Americans than Whites. There were not enough data available within the Affiliate service area to report on APIs and AIANs so comparisons cannot be made for these racial groups. The late-stage incidence rate among Hispanics/Latinas was slightly lower than among Non-Hispanics/Latinas.

None of the counties in the Affiliate service area had substantially different late-stage incidence rates than the Affiliate service area as a whole or did not have enough data available.

**Mammography Screening**

Getting regular screening mammograms (and treatment if diagnosed) lowers the risk of dying from breast cancer. Screening mammography can find breast cancer early, when the chances of survival are highest. Table 2.2 shows the screening recommendations for women at average risk as stated among major organizations.
Table 2.2. Breast cancer screening recommendations for women at average risk.*

<table>
<thead>
<tr>
<th>American Cancer Society</th>
<th>National Comprehensive Cancer Network</th>
<th>US Preventive Services Task Force</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informed decision-making with a health care provider at age 40</td>
<td>Mammography every year starting at age 40</td>
<td>Informed decision-making with a health care provider ages 40-49</td>
</tr>
<tr>
<td>Mammography every year starting at age 45</td>
<td></td>
<td>Mammography every 2 years ages 50-74</td>
</tr>
<tr>
<td>Mammography every other year beginning at age 55</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*As of October 2015

Because having regular mammograms lowers the chances of dying from breast cancer, it’s important to know whether women are having mammograms when they should. This information can be used to identify groups of women who should be screened who need help in meeting the current recommendations for screening mammography. The Centers for Disease Control and Prevention’s (CDC) Behavioral Risk Factors Surveillance System (BRFSS) collected the data on mammograms that are used in this report. The data come from interviews with women age 50 to 74 from across the United States. During the interviews, each woman was asked how long it has been since she has had a mammogram. The proportions in Table 2.3 are based on the number of women age 50 to 74 who reported in 2012 having had a mammogram in the last two years.

The data have been weighted to account for differences between the women who were interviewed and all the women in the area. For example, if 20.0 percent of the women interviewed are Latina, but only 10.0 percent of the total women in the area are Latina, weighting is used to account for this difference.

The report uses the mammography screening proportion to show whether the women in an area are getting screening mammograms when they should. Mammography screening proportion is calculated from two pieces of information:
- The number of women living in an area whom the BRFSS determines should have mammograms (i.e. women age 50 to 74).
- The number of these women who actually had a mammogram during the past two years.

The number of women who had a mammogram is divided by the number who should have had one. For example, if there are 500 women in an area who should have had mammograms and 250 of those women actually had a mammogram in the past two years, the mammography screening proportion is 50.0 percent.

Because the screening proportions come from samples of women in an area and are not exact, Table 2.3 includes confidence intervals. A confidence interval is a range of values that gives an idea of how uncertain a value may be. It is shown as two numbers—a lower value and a higher one. It is very unlikely that the true rate is less than the lower value or more than the higher value. For example, suppose the screening proportion was reported as 50.0 percent, with a
confidence interval of 35.0 to 65.0 percent. The real rate might not be exactly 50.0 percent, but it is very unlikely that it is less than 35.0 or more than 65.0 percent.

In general, screening proportions at the county level have fairly wide confidence intervals. The confidence interval should always be considered before concluding that the screening proportion in one county is higher or lower than that in another county.

**Table 2.3.** Proportion of women ages 50-74 with screening mammography in the last two years, self-report.

<table>
<thead>
<tr>
<th>Population Group</th>
<th># of Women Interviewed (Sample Size)</th>
<th># w/ Self-Reported Mammogram</th>
<th>Proportion Screened (Weighted Average)</th>
<th>Confidence Interval of Proportion Screened</th>
</tr>
</thead>
<tbody>
<tr>
<td>US</td>
<td>174,796</td>
<td>133,399</td>
<td>77.5%</td>
<td>77.2%-77.7%</td>
</tr>
<tr>
<td>Texas</td>
<td>3,174</td>
<td>2,348</td>
<td>72.0%</td>
<td>69.9%-74.0%</td>
</tr>
<tr>
<td>Komen® Greater Amarillo Service Area</td>
<td>48</td>
<td>28</td>
<td>59.7%</td>
<td>40.5%-76.4%</td>
</tr>
<tr>
<td>White</td>
<td>46</td>
<td>27</td>
<td>60.8%</td>
<td>40.9%-77.7%</td>
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<tr>
<td>Black/African-American</td>
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<td>SN</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>AIAN</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>API</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Hispanic/ Latina</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Non-Hispanic/ Latina</td>
<td>43</td>
<td>25</td>
<td>58.7%</td>
<td>39.6%-75.5%</td>
</tr>
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<td>SN</td>
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<td>SN</td>
<td>SN</td>
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<td>SN</td>
<td>SN</td>
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<td>SN</td>
<td>SN</td>
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<td>Oldham County - TX</td>
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<tr>
<td>Parmer County - TX</td>
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<td>SN</td>
</tr>
<tr>
<td>Potter County - TX</td>
<td>15</td>
<td>10</td>
<td>68.4%</td>
<td>33.2%-90.4%</td>
</tr>
<tr>
<td>Randall County - TX</td>
<td>13</td>
<td>9</td>
<td>59.4%</td>
<td>27.4%-85.0%</td>
</tr>
<tr>
<td>Roberts County - TX</td>
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<td>Sherman County - TX</td>
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<tr>
<td>Wheeler County - TX</td>
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</tr>
</tbody>
</table>

SN – data suppressed due to small numbers (fewer than 10 samples).
Data are for 2012.
Source: CDC – Behavioral Risk Factor Surveillance System (BRFSS).
Breast cancer screening proportions summary

The breast cancer screening proportion in the Komen® Greater Amarillo service area was **significantly lower** than that observed in the US as a whole. The screening proportion of the Affiliate service area was not significantly different than the State of Texas.

For the United States, breast cancer screening proportions among Blacks/African-Americans are similar to those among Whites overall. APIs have somewhat lower screening proportions than Whites and Blacks/African-Americans. Although data are limited, screening proportions among AIANs are similar to those among Whites. Screening proportions among Hispanics/Latinas are similar to those among Non-Hispanic Whites and Blacks/African-Americans. There were not enough data available within the Affiliate service area to report on Blacks/African-Americans, APIs, and AIANs so comparisons cannot be made for these racial groups. Also, there were not enough data available within the Affiliate service area to report on Hispanics/Latinas so comparisons cannot be made for this group.

None of the counties in the Affiliate service area had substantially different screening proportions than the Affiliate service area as a whole or did not have enough data available.

Population Characteristics

The report includes basic information about the women in each area (demographic measures) and about factors like education, income, and unemployment (socioeconomic measures) in the areas where they live (Tables 2.4 and 2.5). Demographic and socioeconomic data can be used to identify which groups of women are most in need of help and to figure out the best ways to help them.

It is important to note that the report uses the race and ethnicity categories used by the US Census Bureau, and that race and ethnicity are separate and independent categories. This means that everyone is classified as both a member of one of the four race groups as well as either Hispanic/Latina or Non-Hispanic/Latina.

The demographic and socioeconomic data in this report are the most recent data available for US counties. All the data are shown as percentages. However, the percentages were not all calculated in the same way.

- The race, ethnicity, and age data are based on the total female population in the area (e.g. the percent of females over the age of 40).
- The socioeconomic data are based on all the people in the area, not just women.
- Income, education, and unemployment data do not include children because they are based on people age 15 and older for income and unemployment and age 25 and older for education.
- The data on the use of English, called "linguistic isolation", are based on the total number of households in the area. The Census Bureau defines a linguistically isolated household as one in which all the adults have difficulty with English.
Table 2.4. Population characteristics – demographics.

<table>
<thead>
<tr>
<th>Population Group</th>
<th>White</th>
<th>Black /African-American</th>
<th>AIAN</th>
<th>API</th>
<th>Non-Hispanic /Latina</th>
<th>Hispanic /Latina</th>
<th>Female Age 40 Plus</th>
<th>Female Age 50 Plus</th>
<th>Female Age 65 Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>US</td>
<td>78.8 %</td>
<td>14.1 %</td>
<td>1.4 %</td>
<td>5.8 %</td>
<td>83.8 %</td>
<td>16.2 %</td>
<td>48.3 %</td>
<td>34.5 %</td>
<td>14.8 %</td>
</tr>
<tr>
<td>Texas</td>
<td>81.5 %</td>
<td>12.9 %</td>
<td>1.1 %</td>
<td>4.5 %</td>
<td>62.5 %</td>
<td>37.5 %</td>
<td>42.9 %</td>
<td>29.4 %</td>
<td>11.7 %</td>
</tr>
<tr>
<td>Komen® Greater Amarillo Service Area</td>
<td>91.6 %</td>
<td>4.8 %</td>
<td>1.4 %</td>
<td>2.3 %</td>
<td>69.1 %</td>
<td>30.9 %</td>
<td>44.6 %</td>
<td>32.4 %</td>
<td>14.3 %</td>
</tr>
<tr>
<td>Armstrong County - TX</td>
<td>97.1 %</td>
<td>1.8 %</td>
<td>1.1 %</td>
<td>0.0 %</td>
<td>94.5 %</td>
<td>5.5 %</td>
<td>58.7 %</td>
<td>45.8 %</td>
<td>22.1 %</td>
</tr>
<tr>
<td>Briscoe County - TX</td>
<td>96.0 %</td>
<td>3.2 %</td>
<td>0.2 %</td>
<td>0.5 %</td>
<td>73.4 %</td>
<td>26.6 %</td>
<td>54.8 %</td>
<td>42.8 %</td>
<td>22.0 %</td>
</tr>
<tr>
<td>Carson County - TX</td>
<td>96.8 %</td>
<td>1.2 %</td>
<td>1.4 %</td>
<td>0.6 %</td>
<td>90.9 %</td>
<td>9.1 %</td>
<td>53.7 %</td>
<td>40.1 %</td>
<td>18.0 %</td>
</tr>
<tr>
<td>Castro County - TX</td>
<td>95.1 %</td>
<td>2.7 %</td>
<td>1.7 %</td>
<td>0.5 %</td>
<td>40.1 %</td>
<td>59.9 %</td>
<td>43.5 %</td>
<td>31.9 %</td>
<td>14.4 %</td>
</tr>
<tr>
<td>Childress County - TX</td>
<td>92.5 %</td>
<td>5.8 %</td>
<td>0.7 %</td>
<td>1.0 %</td>
<td>78.2 %</td>
<td>21.8 %</td>
<td>52.5 %</td>
<td>40.5 %</td>
<td>20.6 %</td>
</tr>
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<td>6.5 %</td>
<td>2.4 %</td>
<td>0.5 %</td>
<td>69.5 %</td>
<td>30.5 %</td>
<td>50.9 %</td>
<td>39.5 %</td>
<td>19.5 %</td>
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<td>95.8 %</td>
<td>1.9 %</td>
<td>1.4 %</td>
<td>0.9 %</td>
<td>59.6 %</td>
<td>40.4 %</td>
<td>40.2 %</td>
<td>26.9 %</td>
<td>10.7 %</td>
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<tr>
<td>Deaf Smith County - TX</td>
<td>96.0 %</td>
<td>1.9 %</td>
<td>1.5 %</td>
<td>0.6 %</td>
<td>32.9 %</td>
<td>67.1 %</td>
<td>39.9 %</td>
<td>28.7 %</td>
<td>12.8 %</td>
</tr>
<tr>
<td>Donley County - TX</td>
<td>92.6 %</td>
<td>6.1 %</td>
<td>0.9 %</td>
<td>0.4 %</td>
<td>90.6 %</td>
<td>9.4 %</td>
<td>54.4 %</td>
<td>43.4 %</td>
<td>23.7 %</td>
</tr>
<tr>
<td>Gray County - TX</td>
<td>94.1 %</td>
<td>3.8 %</td>
<td>1.4 %</td>
<td>0.6 %</td>
<td>76.7 %</td>
<td>23.3 %</td>
<td>48.7 %</td>
<td>37.1 %</td>
<td>18.5 %</td>
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<td>7.0 %</td>
<td>1.2 %</td>
<td>0.5 %</td>
<td>67.0 %</td>
<td>33.0 %</td>
<td>53.2 %</td>
<td>43.1 %</td>
<td>23.4 %</td>
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<td>96.4 %</td>
<td>1.2 %</td>
<td>1.8 %</td>
<td>0.6 %</td>
<td>58.0 %</td>
<td>42.0 %</td>
<td>45.8 %</td>
<td>33.2 %</td>
<td>15.1 %</td>
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<td>97.7 %</td>
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<td>0.8 %</td>
<td>0.6 %</td>
<td>81.5 %</td>
<td>18.5 %</td>
<td>48.7 %</td>
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<td>0.9 %</td>
<td>0.9 %</td>
<td>72.9 %</td>
<td>27.1 %</td>
<td>45.3 %</td>
<td>32.9 %</td>
<td>14.6 %</td>
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<td>93.9 %</td>
<td>3.0 %</td>
<td>2.4 %</td>
<td>0.6 %</td>
<td>79.6 %</td>
<td>20.4 %</td>
<td>47.9 %</td>
<td>36.2 %</td>
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<td>1.9 %</td>
<td>2.5 %</td>
<td>0.7 %</td>
<td>69.0 %</td>
<td>31.0 %</td>
<td>46.9 %</td>
<td>35.4 %</td>
<td>15.8 %</td>
</tr>
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<td>90.9 %</td>
<td>1.8 %</td>
<td>1.5 %</td>
<td>5.7 %</td>
<td>47.3 %</td>
<td>52.7 %</td>
<td>39.3 %</td>
<td>26.9 %</td>
<td>10.7 %</td>
</tr>
<tr>
<td>Ochiltree County - TX</td>
<td>96.8 %</td>
<td>0.9 %</td>
<td>1.7 %</td>
<td>0.5 %</td>
<td>52.2 %</td>
<td>47.8 %</td>
<td>40.3 %</td>
<td>27.7 %</td>
<td>12.2 %</td>
</tr>
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<td>93.5 %</td>
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<td>1.4 %</td>
<td>87.7 %</td>
<td>12.3 %</td>
<td>47.6 %</td>
<td>34.0 %</td>
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<td>40.7 %</td>
<td>59.3 %</td>
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<td>4.3 %</td>
<td>64.5 %</td>
<td>35.5 %</td>
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<td>Randall County - TX</td>
<td>94.2 %</td>
<td>2.9 %</td>
<td>1.0 %</td>
<td>1.8 %</td>
<td>82.8 %</td>
<td>17.2 %</td>
<td>45.5 %</td>
<td>33.1 %</td>
<td>13.8 %</td>
</tr>
<tr>
<td>Roberts County - TX</td>
<td>96.7 %</td>
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<td>0.9 %</td>
<td>0.9 %</td>
<td>89.1 %</td>
<td>10.9 %</td>
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<td>19.9 %</td>
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<td>59.7 %</td>
<td>40.3 %</td>
<td>46.8 %</td>
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<td>15.0 %</td>
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<td>1.7 %</td>
<td>0.5 %</td>
<td>59.2 %</td>
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<td>40.1 %</td>
<td>19.6 %</td>
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</tbody>
</table>

Data are for 2011.
Data are in the percentage of women in the population. Source: US Census Bureau – Population Estimate
Table 2.5. Population characteristics – socioeconomics.

<table>
<thead>
<tr>
<th>Population Group</th>
<th>Less than HS Education</th>
<th>Income Below 50% Poverty</th>
<th>Income Below 25% Poverty (Age: 40-64)</th>
<th>Unemployed</th>
<th>Foreign Born</th>
<th>Linguistic Isolated</th>
<th>In Rural Areas</th>
<th>In Medically Unserved Areas</th>
<th>No Health Insurance (Age: 40-64)</th>
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<tbody>
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<td>16.2 %</td>
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<td>16.0 %</td>
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<td>10.4 %</td>
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<td>32.8 %</td>
<td>24.4 %</td>
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<td>20.5 %</td>
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<td>4.5 %</td>
<td>1.1 %</td>
<td>33.1 %</td>
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</tr>
<tr>
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<td>10.4 %</td>
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<td>16.5 %</td>
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</tr>
<tr>
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<td>51.4 %</td>
<td>6.8 %</td>
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<td>31.6 %</td>
</tr>
<tr>
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<td>1.9 %</td>
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<td>12.1 %</td>
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<td>1.5 %</td>
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<tr>
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<td>17.8 %</td>
<td>8.6 %</td>
<td>100.0 %</td>
<td>100.0 %</td>
<td>30.0 %</td>
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<tr>
<td>Swisher County - TX</td>
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<td>9.4 %</td>
<td>5.8 %</td>
<td>5.7 %</td>
<td>37.6 %</td>
<td>100.0 %</td>
<td>27.6 %</td>
</tr>
<tr>
<td>Wheeler County - TX</td>
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<td>34.4 %</td>
<td>5.3 %</td>
<td>8.4 %</td>
<td>5.1 %</td>
<td>100.0 %</td>
<td>0.0 %</td>
<td>26.2 %</td>
</tr>
</tbody>
</table>

**Population characteristics summary**

Proportionately, the Komen Greater Amarillo service area has a substantially larger White female population than the US as a whole, a substantially smaller Black/African-American female population, a substantially smaller API female population, a similar AIAN female population, and a substantially larger Hispanic/Latina female population. The Affiliate's female population is slightly younger than that of the US as a whole. The Affiliate’s education level is slightly lower than and income level is slightly lower than those of the US as a whole. There is a substantially smaller percentage of people who are unemployed in the Affiliate service area. The Affiliate service area has a slightly smaller percentage of people who are foreign born and a slightly larger percentage of people who are linguistically isolated. There is a substantially larger
percentage of people living in rural areas, a substantially larger percentage of people without health insurance, and a substantially larger percentage of people living in medically underserved areas.

The following county has substantially larger Black/African-American female population percentages than that of the Affiliate service area as a whole:

- Potter County

The following county has substantially larger API female population percentages than that of the Affiliate service area as a whole:

- Moore County

The following counties have substantially larger Hispanic/Latina female population percentages than that of the Affiliate service area as a whole:

- Castro County
- Dallam County
- Deaf Smith County
- Hansford County
- Moore County
- Ochiltree County
- Parmer County
- Sherman County
- Swisher County

The following counties have substantially older female population percentages than that of the Affiliate service area as a whole:

- Armstrong County
- Briscoe County
- Childress County
- Collingsworth County
- Donley County
- Hall County
- Roberts County
- Swisher County
- Wheeler County

The following counties have substantially lower education levels than that of the Affiliate service area as a whole:

- Castro County
- Collingsworth County
- Dallam County
- Deaf Smith County
- Hall County
- Moore County
- Ochiltree County
- Parmer County
• Sherman County
• Swisher County

The following counties have substantially lower income levels than that of the Affiliate service area as a whole:
  • Briscoe County
  • Castro County
  • Collingsworth County
  • Hall County
  • Potter County

The following county has substantially lower employment levels than that of the Affiliate service area as a whole:
  • Swisher County

The following counties with substantial foreign born and linguistically isolated populations within the service area are:
  • Castro County
  • Deaf Smith County
  • Moore County
  • Ochiltree County
  • Parmer County
  • Sherman County

The following counties have substantially larger percentage of adults without health insurance than does the Affiliate service area as a whole:
  • Briscoe County
  • Castro County
  • Collingsworth County
  • Dallam County
  • Deaf Smith County
  • Hall County
  • Parmer County
  • Sherman County

Priority Areas

Healthy People 2020 forecasts
Healthy People 2020 (HP2020) is a major federal government initiative that provides specific health objectives for communities and for the country as a whole. Many national health organizations use HP2020 targets to monitor progress in reducing the burden of disease and improve the health of the nation. Likewise, Komen believes it is important to refer to HP2020 to see how areas across the country are progressing towards reducing the burden of breast cancer.
HP2020 has several cancer-related objectives, which includes:

- Reducing women’s death rate from breast cancer (Target as of the writing of this report: 41.0 cases per 100,000 women).
- Reducing the number of breast cancers that are found at a late-stage (Target as of the writing of this report: 41.0 cases per 100,000 women).

To see how well counties in the Komen Greater Amarillo service area are progressing toward these targets, the report uses the following information:

- County breast cancer death rate and late-stage diagnosis data for years 2006 to 2010.
- Estimates for the trend (annual percent change) in county breast cancer death rates and late-stage diagnoses for years 2006 to 2010.
- Both the data and HP2020 target are age-adjusted.

These data are used to estimate how many years it will take for each county to meet the HP2020 objectives. Because the target date for meeting the objective is 2020, and 2008 (the middle of the 2006-2010 period) was used as a starting point, a county has 12 years to meet the target.

Death rate and late-stage diagnosis data and trends are used to calculate whether an area will meet the HP2020 target, assuming that the trend seen in years 2006 to 2010 continues for 2011 and beyond.

**Identification of priority areas**
The purpose of this report is to combine evidence from many credible sources and use the data to identify the highest priority areas for breast cancer programs (i.e. the areas of greatest need). Classification of priority areas are based on the time needed to achieve HP2020 targets in each area. These time projections depend on both the starting point and the trends in death rates and late-stage incidence.

Late-stage incidence reflects both the overall breast cancer incidence rate in the population and the mammography screening coverage. The breast cancer death rate reflects the access to care and the quality of care in the health care delivery area, as well as cancer stage at diagnosis.

There has not been any indication that either one of the two HP2020 targets is more important than the other. Therefore, this report considers them equally important.

Counties are classified as follows (Table 2.6):

- Counties that are not likely to achieve either of the HP2020 targets are considered to have the highest needs.
- Counties that have already achieved both targets are considered to have the lowest needs.
- Other counties are classified based on the number of years needed to achieve both targets.
Table 2.6. Needs/priority classification based on the projected time to achieve HP2020 breast cancer targets.

<table>
<thead>
<tr>
<th>Time to Achieve Death Rate Reduction Target</th>
<th>Time to Achieve Late-stage Incidence Reduction Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 years or longer</td>
<td>Highest</td>
</tr>
<tr>
<td>7-12 yrs.</td>
<td>High</td>
</tr>
<tr>
<td>0 – 6 yrs.</td>
<td>Medium High</td>
</tr>
<tr>
<td>Currently meets target</td>
<td>Medium Low</td>
</tr>
<tr>
<td>Unknown</td>
<td>Highest</td>
</tr>
</tbody>
</table>

If the time to achieve a target cannot be calculated for one of the HP2020 indicators, then the county is classified based on the other indicator. If both indicators are missing, then the county is not classified. This does not mean that the county may not have high needs; it only means that sufficient data are not available to classify the county.

**Affiliate Service Area Healthy People 2020 Forecasts and Priority Areas**

The results presented in Table 2.7 help identify which counties have the greatest needs when it comes to meeting the HP2020 breast cancer targets. It is important to keep in mind the following:

- For counties in the “13 years or longer” category, current trends would need to change to achieve the target.
- Some counties may currently meet the target but their rates are increasing and they could fail to meet the target if the trend is not reversed.

Trends can change for a number of reasons, including:

- Improved screening programs could lead to breast cancers being diagnosed earlier, resulting in a decrease in both late-stage incidence rates and death rates.
- Improved socioeconomic conditions, such as reductions in poverty and linguistic isolation could lead to more timely treatment of breast cancer, causing a decrease in death rates.

The data in this table should be considered together with other information on factors that affect breast cancer death rates such as screening rates and key breast cancer death determinants such as poverty and linguistic isolation.
### Table 2.7. Intervention priorities for Komen® Greater Amarillo service area with predicted time to achieve the HP2020 breast cancer targets and key population characteristics.

<table>
<thead>
<tr>
<th>County</th>
<th>Priority</th>
<th>Predicted Time to Achieve Death Rate Target</th>
<th>Predicted Time to Achieve Late-stage Incidence Target</th>
<th>Key Population Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hutchinson County - TX</td>
<td>Highest</td>
<td>SN</td>
<td>13 years or longer</td>
<td>Medically underserved</td>
</tr>
<tr>
<td>Moore County - TX</td>
<td>Highest</td>
<td>SN</td>
<td>13 years or longer</td>
<td>%API, %Hispanic, education, foreign, language</td>
</tr>
<tr>
<td>Potter County - TX</td>
<td>Highest</td>
<td>13 years or longer</td>
<td>13 years or longer</td>
<td>%Black/African-American, poverty</td>
</tr>
<tr>
<td>Randall County - TX</td>
<td>Medium High</td>
<td>13 years or longer</td>
<td>1 year</td>
<td></td>
</tr>
<tr>
<td>Gray County - TX</td>
<td>Medium Low</td>
<td>SN</td>
<td>4 years</td>
<td></td>
</tr>
<tr>
<td>Armstrong County - TX</td>
<td>Undetermined</td>
<td>SN</td>
<td>SN</td>
<td>Older, rural, medically underserved</td>
</tr>
<tr>
<td>Briscoe County - TX</td>
<td>Undetermined</td>
<td>SN</td>
<td>SN</td>
<td>Older, poverty, rural, insurance, medically underserved</td>
</tr>
<tr>
<td>Carson County - TX</td>
<td>Undetermined</td>
<td>SN</td>
<td>SN</td>
<td>Rural, medically underserved</td>
</tr>
<tr>
<td>Castro County - TX</td>
<td>Undetermined</td>
<td>SN</td>
<td>SN</td>
<td>%Hispanic, education, poverty, foreign, language, rural, insurance, medically underserved</td>
</tr>
<tr>
<td>Childress County - TX</td>
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<td>SN</td>
<td>Older, rural, medically underserved</td>
</tr>
<tr>
<td>Collingsworth County - TX</td>
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<td>SN</td>
<td>SN</td>
<td>Older, education, poverty, rural, insurance, medically underserved</td>
</tr>
<tr>
<td>Dallam County - TX</td>
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<td>SN</td>
<td>SN</td>
<td>%Hispanic, education, foreign, insurance, medically underserved</td>
</tr>
<tr>
<td>Deaf Smith County - TX</td>
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<td>SN</td>
<td>SN</td>
<td>%Hispanic, education, foreign, language, insurance, medically underserved</td>
</tr>
<tr>
<td>Donley County - TX</td>
<td>Undetermined</td>
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<td>SN</td>
<td>Older, rural, medically underserved</td>
</tr>
<tr>
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<td>SN</td>
<td>Older, education, poverty, rural, insurance, medically underserved</td>
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<td>%Hispanic, foreign, rural</td>
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<tr>
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<td>SN</td>
<td>Rural, medically underserved</td>
</tr>
<tr>
<td>Hemphill County - TX</td>
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<td>SN</td>
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</tr>
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<td>SN</td>
<td>Rural</td>
</tr>
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<td>Ochiltree County - TX</td>
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<td>SN</td>
<td>%Hispanic, education, foreign, language, medically underserved</td>
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<td>SN</td>
<td>Rural, medically underserved</td>
</tr>
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<td>Parmer County - TX</td>
<td>Undetermined</td>
<td>SN</td>
<td>SN</td>
<td>%Hispanic, education, foreign, language, rural, insurance, medically underserved</td>
</tr>
<tr>
<td>Roberts County - TX</td>
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<td>SN</td>
<td>SN</td>
<td>Older, rural</td>
</tr>
<tr>
<td>Sherman County - TX</td>
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<td>%Hispanic, education, foreign, language, rural, insurance, medically underserved</td>
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<tr>
<td>County</td>
<td>Priority</td>
<td>Predicted Time to Achieve Death Rate Target</td>
<td>Predicted Time to Achieve Late-stage Incidence Target</td>
<td>Key Population Characteristics</td>
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<td>-----------------------</td>
<td>-----------</td>
<td>--------------------------------------------</td>
<td>------------------------------------------------------</td>
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<tr>
<td>Swisher County - TX</td>
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<td>SN</td>
<td>SN</td>
<td>%Hispanic, older, education, employment, rural, medically underserved</td>
</tr>
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<td>Wheeler County - TX</td>
<td>Undetermined</td>
<td>SN</td>
<td>SN</td>
<td>Older, rural</td>
</tr>
</tbody>
</table>

**Map of Intervention Priority Areas**

Figure 2.1 shows a map of the intervention priorities for the counties in the Affiliate service area. When both of the indicators used to establish a priority for a county are not available, the priority is shown as “undetermined” on the map.

*Figure 2.1. Intervention priorities.*
Data Limitations

The following data limitations need to be considered when utilizing the data of the QDR:

- The most recent data available were used but, for cancer incidence and deaths, these data are still several years behind.
- For some areas, data might not be available or might be of varying quality.
- Areas with small populations might not have enough breast cancer cases or breast cancer deaths each year to support the generation of reliable statistics.
- There are often several sources of cancer statistics for a given population and geographic area; therefore, other sources of cancer data may result in minor differences in the values even in the same time period.
- Data on cancer rates for specific racial and ethnic subgroups such as Somali, Hmong, or Ethiopian are not generally available.
- The various types of breast cancer data in this report are inter-dependent.
- There are many factors that impact breast cancer risk and survival for which quantitative data are not available. Some examples include family history, genetic markers like HER2 and BRCA, other medical conditions that can complicate treatment, and the level of family and community support available to the patient.
- The calculation of the years needed to meet the HP2020 objectives assume that the current trends will continue until 2020. However, the trends can change for a number of reasons.
- Not all breast cancer cases have a stage indication.

Quantitative Data Report Conclusions

Highest priority areas

Three counties in the Komen Greater Amarillo service area are in the highest priority category. One of the three, Potter County, is not likely to meet either the death rate or late-stage incidence rate HP2020 targets. Two of the three, Hutchinson County and Moore County, are not likely to meet the late-stage incidence rate HP2020 target.

Moore County has a relatively large API population, a relatively large Hispanic/Latina population, low education levels, a relatively large foreign-born population, and a relatively large number of households with limited English proficiency. Potter County has a relatively large Black/African-American population and high poverty rates.

Medium high priority areas

One county in the Komen Greater Amarillo service area is in the medium high priority category. Randall County is not likely to meet the death rate HP2020 target.

The incidence rates in Randall County (119.9 per 100,000) appear to be higher than the Affiliate service area as a whole (108.1 per 100,000) although not significantly. The late-stage incidence rates in Randall County (46.2 per 100,000) appear to be higher than the Affiliate service area as a whole (41.8 per 100,000) although not significantly. Screening rates in Randall County (59.0
percent) are similar to those of the Affiliate service area but are lower than the State of Texas as a whole (72.0 percent).

**Additional Quantitative Data Exploration**

Much of the data for many counties in the Panhandle of Texas are suppressed due to small numbers (15 cases or fewer for the 5-year data period). The fiscal resources to complete independent quantitative data collection in those counties are not currently available. Secondary data were sought out to try to build a better picture of the state of breast health in those counties in order to have a better understanding of breast health and breast cancer in the entire service area.

**HP2020 Mammography Screening Percentage Objective**

Objective C-17 in the HP2020 document is to increase the proportion of women who receive a breast cancer screening based on the most recent guidelines. The target that has been set for this objective is for 81.1 percent of females aged 50-74 years to receive breast cancer screening based on the most recent United States Preventative Services Task Force (USPSTF) guidelines. The Affiliate will use the HP2020 goal to create a measurable objective for mammography screening rates. The Affiliate will strive to have at least 81.1 percent of women living in the service area who are 50-74 years to have a mammogram within the past two years. The Affiliate still encourages all women starting at the age of 40 to have a mammogram yearly as this is the best way to catch breast cancer early when it is most treatable; however, this creates a measurable objective based on the data available.

**Potter and Randall Counties Community Health Assessment**

The Amarillo Health Department and Northwest Texas Health System collaborated in 2013 to complete a Community Health Assessment for Potter and Randall counties. A telephone survey was completed on a representative sample from Potter and Randall counties. Questions used in the survey are some of the same questions from the BRFSS. A few of the questions asked in the survey are regarding breast health and breast cancer. According to data from the Potter and Randall Counties Community Health Assessment (PRC-CHA), over a third (35.1 percent) of the women living in Potter and Randall counties reported that they have never had a mammogram. Almost two-thirds (64.9 percent) of female respondents reported having had a mammogram in their lifetime which is an increase over 62.0 percent in 2010 and 58.9 percent in 2007. Female respondents who reported having had a mammogram in their life generally increased as the respondent's age increased and as income increased. Over three-fourths (78.1 percent) of female respondents who reported having had a mammogram also reported that this mammogram was completed within the past two years. Their mammogram was completed in the past year according to 59.2 percent of respondents. About one-fourth (26.8 percent) of the female respondents were classified as 'at-risk' because they were 40 years old or older and had not had a mammogram within the past two years. (Young et al., 2013)

Limitations regarding the data collected in the PRC-CHA include the fact that the data is self-reported; therefore, it only reflects the information that persons surveyed chose to provide. The
telephone survey only included a sample of the total population of the counties; therefore, it may not be generalized to apply to the counties overall.

County Health Rankings

The Dartmouth Atlas of Health Care has examined patterns of health care delivery and practice across the US and evaluated the quality of health care Americans receive since 1996. The very large claims databases used in the Dartmouth Atlas Project come from the Centers for Medicare and Medicaid Services (CMS), the federal agency that collects data for every person and provider using Medicare health insurance. Access to this data is made available for research purposes. Normally, the Dartmouth Atlas reports data by hospital service area and hospital referral region but, for the County Health Rankings, staff from the Dartmouth Institute for Health Policy and Clinical Practice identified and calculated a small subset of quality of care measures by county. The mammography screening rate used by County Health Rankings represents the percent of female Medicare enrollees aged 67-69 who have had a mammogram in the past two years. Table 2.8 shows the data that corresponds to the counties in the service area. The data is very limited in nature due to the fact that the only women included are from a small age range (67-69) who are also enrolled in Medicare and it is not a reliable indicator of wider mammography use.

Table 2.8. Percent of Female Medicare enrollees age 67-69 Screening Mammogram within the past two years

<table>
<thead>
<tr>
<th>County</th>
<th>%</th>
<th>Error Margin</th>
<th>County</th>
<th>%</th>
<th>Error Margin</th>
<th>County</th>
<th>%</th>
<th>Error Margin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armstrong</td>
<td>70.4%</td>
<td>38.7 - 100.0</td>
<td>Lipscomb</td>
<td>56.8%</td>
<td>34.5 - 79.1</td>
<td>Dallam</td>
<td>46.9%</td>
<td>33.4 - 60.5</td>
</tr>
<tr>
<td>Oldham</td>
<td>66.7%</td>
<td>34.0 - 99.3</td>
<td>Potter</td>
<td>56.9%</td>
<td>51.5 - 62.3</td>
<td>Gray</td>
<td>47.1%</td>
<td>38.8 - 55.4</td>
</tr>
<tr>
<td>Randall</td>
<td>63.2%</td>
<td>58.6 - 67.8</td>
<td>Moore</td>
<td>55.3%</td>
<td>43.4 - 67.2</td>
<td>Childress</td>
<td>45.5%</td>
<td>30.4 - 60.5</td>
</tr>
<tr>
<td>Donley</td>
<td>61.4%</td>
<td>41.1 - 81.7</td>
<td>Carson</td>
<td>54.0%</td>
<td>41.1 - 67.0</td>
<td>Wheeler</td>
<td>44.9%</td>
<td>30.0 - 59.7</td>
</tr>
<tr>
<td>Texas</td>
<td>61.0%</td>
<td></td>
<td>Hemphill</td>
<td>53.8%</td>
<td>30.8 - 76.9</td>
<td>Swisher</td>
<td>44.4%</td>
<td>29.0 - 59.8</td>
</tr>
<tr>
<td>Collingsworth</td>
<td>60.0%</td>
<td>34.3 - 85.7</td>
<td>Sherman</td>
<td>51.3%</td>
<td>28.8 - 73.8</td>
<td>Deaf Smith</td>
<td>40.0%</td>
<td>30.0 - 50.0</td>
</tr>
<tr>
<td>Parmer</td>
<td>58.3%</td>
<td>42.0 - 74.7</td>
<td>Hansford</td>
<td>50.0%</td>
<td>29.6 - 70.4</td>
<td>Ochiltree</td>
<td>36.9%</td>
<td>23.9 - 49.9</td>
</tr>
<tr>
<td>Briscoe</td>
<td>57.1%</td>
<td>24.8 - 89.5</td>
<td>Hall</td>
<td>49.0%</td>
<td>29.8 - 68.2</td>
<td>Hartley</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Hutchinson</td>
<td>56.7%</td>
<td>44.0 - 69.5</td>
<td>Castro</td>
<td>47.1%</td>
<td>30.8 - 63.4</td>
<td>Roberts</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>
Selection of Target Communities

In order to be the most efficient steward of resources, Susan G. Komen® Greater Amarillo has chosen two target communities and identified one area of concern within the service area. The Affiliate will focus strategic efforts on these target communities until the next Community Profile (CP) is published or an addendum to the 2015 CP is completed.

Key indicators the Affiliate reviewed when selecting target counties included, but were not limited to, incidence rates and trends, death rates and trends, late-stage rates and trends, mammography screening rates, and population characteristics (demographics and socioeconomics).

Target communities are those communities which have indicators showing an increased chance of vulnerable populations likely at risk for experiencing gaps in breast health services and/or barriers in access to care. The Affiliate referenced HP2020 to identify goals focused on reducing the death rate from breast cancer and reducing the number of breast cancers found at a late-stage. Populations of priority were identified based on the time needed to meet HP2020 targets for breast cancer. The Affiliate also used HP2020 to identify a measurable objective for mammography screening rates.

The selected target communities are Potter and Randall counties and Moore and Hutchinson counties. The CP will focus on the selected target communities; however, an area of concern is rural populations in the twenty-six counties of the Panhandle of Texas.

Men can and do get breast cancer; however, it only accounts for about one percent of the breast cancer cases in the United States (American Cancer Society, 2013). Most breast cancer cases occur in women; therefore, the Affiliate will target their efforts on the female population in the service area. The Affiliate will be able to reach or affect just over two-thirds (67.3 percent) of the female population living in the service area by focusing on the four counties that fall into the highest and medium high priority areas due to probable failure to meet the HP2020 targets (Potter, Moore, Randall, and Hutchinson).

Potter and Randall counties

Approximately fifty-seven percent (118,853) of the female population in Komen® Greater Amarillo service area live in geographically connected Potter and Randall counties. Amarillo alone, which lies in both Potter and Randall counties, is home to approximately 100,553 of the 208,362 women who live in the twenty-six counties in the Panhandle of Texas.

Potter County is not likely to meet either the death rate or late-stage incidence rate HP2020 targets. Potter County has a relatively large Black/African-American population and high poverty rates compared to the service area as a whole. Randall County is not likely to achieve the death rate HP2020 target.

Table 2.9 summarizes the data for Potter and Randall counties.
Table 2.9. Potter and Randall counties Breast Cancer Statistics

<table>
<thead>
<tr>
<th></th>
<th>HP2020 Target</th>
<th>Potter County</th>
<th>Randall County</th>
<th>Affiliate Area</th>
<th>Texas</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidence Rates*</td>
<td>107.8</td>
<td>119.9</td>
<td>108.1</td>
<td>114.4</td>
<td>122.1</td>
<td></td>
</tr>
<tr>
<td>Late-Stage Rates*</td>
<td>41.0</td>
<td>44.1</td>
<td>46.2</td>
<td>41.8</td>
<td>40.7</td>
<td>43.8</td>
</tr>
<tr>
<td>Death Rates*</td>
<td>20.6</td>
<td>26.0</td>
<td>23.8</td>
<td>23.3</td>
<td>21.8</td>
<td>22.6</td>
</tr>
<tr>
<td>Screening Rates</td>
<td>81.1</td>
<td>68.4</td>
<td>59.4</td>
<td>59.7</td>
<td>72.0</td>
<td>77.5</td>
</tr>
</tbody>
</table>

*Rates are age-adjusted and are figured per 100,000 women

The late-stage incidence rate in Potter County appears to be higher than the Affiliate service area as a whole although not significantly. The late-stage incidence trend was rising (4.3 percent) in Potter County although not significantly. The death rate in Potter County appears to be higher than the Affiliate service area as a whole although not significantly. The incidence rates in Randall County appear to be higher than the Affiliate service area as a whole although not significantly. The late-stage incidence rates in Randall County appear to be higher than the Affiliate service area as a whole although not significantly. According to the PRC-CHA, the mammography screening rate in Randall and Potter Counties is 78.1 percent which is just below the HP2020 target of 81.1 percent. The mammography screening rates in Potter and Randall counties according to the data from the BRFSS are below the HP2020 target.

Potter and Randall counties are more populous counties and services are more likely to be readily available; however, a health systems analysis is needed to provide a deeper look at any underserved areas. The actual availability of breast health services will be reviewed in the health systems analysis portion of this report and it is crucial to understanding the state of breast health in this target community.

Moore and Hutchinson counties

Approximately ten percent (21,384) of the female population in the Komen® Greater Amarillo service area live in geographically connected Moore and Hutchinson counties. Almost three-fourths of the women who live in Moore County live in the city of Dumas. Approximately half of the women that live in Hutchinson County live in the city of Borger. Hutchinson County and Moore County are not likely to meet the late-stage incidence rate HP2020 target. There is not enough data to predict when or if Moore or Hutchinson counties will meet the death rate HP2020 target. Moore County has a substantial population of foreign born and linguistically isolated residents. Moore County has a relatively large Hispanic/Latina population and a higher percentage of API residents. There are also a higher percentage of Moore County residents with low education levels. Hutchinson County has a higher percentage of medically underserved population than the service area as a whole.

Table 2.10 summarizes the data for Moore and Hutchinson counties.
Table 2.10. Moore and Hutchinson counties Breast Cancer Statistics

<table>
<thead>
<tr>
<th></th>
<th>HP2020 Target</th>
<th>Moore County</th>
<th>Hutchinson County</th>
<th>Affiliate Area</th>
<th>Texas</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidence Rates*</td>
<td></td>
<td>96.5</td>
<td>82.5</td>
<td>108.1</td>
<td>114.4</td>
<td>122.1</td>
</tr>
<tr>
<td>Late-Stage Rates*</td>
<td>41.0</td>
<td>46.8</td>
<td>38.1</td>
<td>41.8</td>
<td>40.7</td>
<td>43.8</td>
</tr>
<tr>
<td>Death Rates*</td>
<td>20.6</td>
<td>SN</td>
<td>SN</td>
<td>23.3</td>
<td>21.8</td>
<td>22.6</td>
</tr>
<tr>
<td>Screening Rates</td>
<td>81.1</td>
<td>55.3**</td>
<td>56.7**</td>
<td>59.7</td>
<td>72.0</td>
<td>77.5</td>
</tr>
</tbody>
</table>

*Rates are age-adjusted and are figured per 100,000 women
** Data comes from County Health Rankings

The incidence rates in Moore and Hutchinson counties appear to be less than the service area as a whole although not significantly. The late-stage incidence rate in Moore County appears to be higher than the Affiliate service area as a whole although not significantly. The late-stage incidence trend was rising (7.4 percent) in Moore County although not significantly. Although the late-stage incidence rate in Hutchinson County met the HP2020 goal, the trend was rising (5.3 percent) which would indicate that it would pass the HP2020 target; therefore, would not, as of the year 2020, meet the HP2020 target. The low mammography screening rate in the data that is available may indicate that women in Moore and Hutchinson counties are experiencing barriers to receiving mammography screening. This may be associated with higher rates of late-stage diagnoses and more women dying from breast cancer. It may also explain the lower rates of incidence.

An accurate picture of what services are available in Moore and Hutchinson counties is needed. An in depth review of the available breast health services in Moore and Hutchinson counties is crucial to understanding the state of breast health in this target community and will be explored in the health systems analysis portion of this report.

Rural Populations

An area of concern for the Affiliate is the rural populations of the service area. The twenty-six counties that make up the Texas Panhandle cover almost 26,000 square miles (Panhandle Regional Planning Commission, 2014). Data in twenty-one of the twenty-six counties are suppressed due to small populations; therefore, there is no or limited information to make conclusions regarding the state of breast health in those counties. The Affiliate service area has a substantially large percentage of people living in rural areas and a substantially large percentage of people living in medically underserved areas. Twelve of the counties in the service area are considered both rural and medically underserved. An additional five counties are considered rural and an additional five counties are considered medically underserved. Ten of the counties that are considered rural are designated as 100 percent rural.

Due to the large geographic area and rural nature of the service area as well as the many counties that are designated as medically underserved it is vitally important to gain a clear understanding of how accessible breast health services are in the Panhandle of Texas. A portion of the health systems analysis section of the CP will begin to take a more in depth look at available breast health services throughout the service area. The Affiliate will continue to gather information about how women in these counties access breast health care.
Health Systems Analysis Data Sources

The Health Systems Analysis (HSA) section of the CP was started with the collection of updated information on Breast Health providers who were listed in the 2011 Breast Health Resource Guide that was published by the Affiliate. A particular resource's information was collected and/or updated via a telephone call. During the telephone call the Affiliate staff would inquire if they were aware of additional breast health resources in the county that should be added to the list. The Affiliate sent out a short informational survey via two e-mail lists (a local daily e-mail 'blast' through Welcome Pardner and an as needed e-mail 'list-serve' through the United Way of Amarillo and Canyon) to attempt to locate additional organizations that provide breast health services. Internet searches as well as telephone directories were also used to assist in locating additional breast health resources that were not included in the 2011 guide. Telephone calls were made to all providers to gather or update their information and clearly identify what specific breast health services the organization provides.

The National Cancer Institute (NCI) website was used to confirm that there are no NCI Certified Cancer Centers in the service area. The Affiliate used the Food and Drug Administration (FDA) website to identify the ten FDA certified mammography sites in the service area. The National Association of County and City Health Officials website was used to confirm that the City of Amarillo Public Health Department is the only health department in the service area. The Health Resources and Services Administration website was used to find health centers located in the service area. The National Association of Free and Charitable Clinics website was used to find that there are no free clinics located in the service area. At the time of this writing a free clinic named Heal the City has opened in Amarillo (Potter County); however, it is unclear what breast health services are provided at the clinic.

The information that was collected was then examined to determine what services were available and where they were available. The Affiliate first determined what resources were available in Moore County and Hutchinson counties. The Affiliate then looked to see what resources were available in Randall County and Potter County. Due to the small number of providers throughout the service area (excluding providers who complete CBEs) the Affiliate was able to identify screening mammogram providers, diagnostic providers, and treatment providers throughout the entire service area.

Health Systems Overview

The Breast Cancer Continuum of Care (CoC), shown in Figure 3.1, is a model that shows how a woman typically moves through the health care system for breast care. A woman would ideally move through the CoC quickly and seamlessly, receiving timely, quality care in order to have the best outcomes. Education can play an important role throughout the entire CoC.

While a woman may enter the continuum at any point, ideally, a woman would enter the CoC by getting screened for breast cancer – with a clinical breast exam or a screening mammogram. If the screening test results are normal, she would loop back into follow-up care, where she would get another screening exam at the recommended interval. Education plays a role in both
providing education to encourage women to get screened and reinforcing the need to continue to get screened routinely thereafter.

**Figure 3.1. Breast Cancer Continuum of Care (CoC)**

If a screening exam resulted in abnormal results, diagnostic tests would be needed, possibly several, to determine if the abnormal finding is in fact breast cancer. These tests might include a diagnostic mammogram, breast ultrasound, or biopsy. If the tests were negative (or benign) and breast cancer was not found, she would go into the follow-up loop and return for screening at the recommended interval. The recommended intervals may range from three to six months for some women to 12 months for most women. Education plays a role in communicating the importance of proactively getting test results, keeping follow-up appointments, and understanding what everything means. Education can empower a woman and help manage anxiety and fear.

The woman would proceed to treatment if breast cancer is diagnosed. Education can cover such topics as treatment options, how a pathology reports determines the best options for treatment, understanding side effects and how to manage them, and helping to formulate questions a woman may have for her providers.

For some breast cancer patients, treatment may last a few months and for others, it may last years. While the CoC model shows that follow-up and survivorship come after treatment ends, they actually may occur at the same time. Follow-up and survivorship may include things like navigating insurance issues, locating financial assistance, symptom management, such as pain, fatigue, sexual issues, bone health, etc. Education may address topics such as making healthy lifestyle choices, long term effects of treatment, managing side effects, the importance of follow-up appointments, and communication with their providers. Most women will return to screening at a recommended interval after treatment ends, or for some, during treatment (such as those taking long term hormone therapy).

There are often delays in moving from one point of the continuum to another – at the point of follow-up of abnormal screening exam results, starting treatment, and completing treatment –
that can all contribute to poorer outcomes. There are also many reasons why a woman does not enter or continue in the breast cancer CoC. These barriers can include things such as lack of transportation, system issues including long waits for appointments and inconvenient clinic hours, language barriers, fear, and lack of information or the wrong information (myths and misconceptions). Education can address some of these barriers and help a woman enter and progress through the CoC more quickly.

Moore County and Hutchinson County

Moore County includes the communities of Dumas, Masterson, Etter, Sunray, and Cactus. There is one physician in Sunray who completes CBEs for her established patients. At the time of this writing her patient load is full and she has not been accepting new patients in over two years. There is not a provider in Cactus that completes CBEs. There are a few physicians and clinics located in Dumas that complete CBEs.

Moore County Hospital District (MCHD) in Dumas is the only provider in Moore County that provides screening and certain diagnostic services (diagnostic mammograms, ultrasounds, and biopsies). MCHD is also able to provide basic surgery for breast cancer patients. All patients who require a diagnostic MRI, treatment other than surgery, and/or support services are referred to providers in Amarillo (Potter County) or must go outside the service area.

Hutchinson County includes the communities of Borger, Stinnett, Phillips, Sanford, Fritch, and Bunavista. A new family clinic opened in the city of Stinnett in June of 2014 and the providers there complete CBEs for patients. A clinic in Fritch completes CBEs for their patients as well. The other providers in Hutchinson County who do CBEs are all located in Borger.

Golden Plains Community Hospital (GPCH) in Borger is the only provider in Hutchinson County that provides screening and certain diagnostic services (diagnostic mammograms and ultrasounds). All patients who require other diagnostic services, treatment, and/or support services are referred to providers in Amarillo (Potter County) or must go outside the service area.

Potter County and Randall County

Randall County includes the communities of Canyon, Umbarger, part of Happy, Lake Tanglewood, Palisades Village, Timbercreek Canyon, and part of Amarillo. Potter County includes the communities of Bushland, Bishop Hills, and part of Amarillo.

A number of providers who complete CBEs are located in Canyon and Amarillo. The American Cancer Society (ACS) has an office located in Amarillo. ACS provides support services on a national and a local level for cancer patients. There are no providers who do screening mammograms, diagnostic procedures, or treatment located in Randall County that the Affiliate is aware of. The only health department in the service area is located in Amarillo. The City of Amarillo Public Health Department does not provide any direct breast health services.

The majority of all service providers in the Panhandle are located in Amarillo (Potter County). The only two organizations in the service area that provide full breast cancer treatment services
are located in Amarillo (Potter County) – Harrington Breast Center (HBC) and Texas Breast Specialists at Texas Oncology Physician Associates-Amarillo Cancer Center (TOPA). The only formal support services provided by organizations that the Affiliate is aware of are located in Amarillo (Potter County). The two organizations that provide treatment for breast cancer each host a support group for breast cancer survivors. Some organizations in Amarillo have staff members that travel to outlying communities to provide support services. For example, as of July 2014 there is a support group for cancer survivors that meet in Pampa (Gray County) because a staff member of an organization located in Amarillo travels to Pampa to host the group. There may be informal support services or formal support services that the Affiliate has yet to identify.

There are certain diagnostic procedures that are only available at providers located in Amarillo (Potter County). There are four FDA Mammogram sites located in Amarillo (Potter County) and they are HBC, Women's Imaging Center at Northwest Texas Healthcare System, Texas Breast Specialists at TOPA, and Women's Healthcare Associates. The HBC, Women's Imaging Center at Northwest Texas Healthcare System, and TOPA located in Amarillo (Potter County) have all received the American College of Radiology's Breast Imaging Center of Excellence (BICOE) accreditation. HBC and Texas Breast Specialists at TOPA have also received accreditation from the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons.

An asset in regards to breast health in the Texas Panhandle is the Amarillo Breast Center of Excellence (ABCE) at Texas Tech University Health Sciences Center (TTUHSC) in Amarillo (Potter County). ABCE is a comprehensive breast health program that has received both the NAPBC and BICOE accreditation. ABCE is a partnership between TTUHSC, Northwest Texas Healthcare System, and TOPA. In 2010 the Laura W. Bush Institute for Women's Health and TTUHSC received a three year Cancer Prevention and Research Institute of Texas (CPRIT) grant that included money set aside for breast cancer services and research. This grant allowed the ABCE to launch the Access to Breast Care for West Texas (ABC4WT) project that allowed the institute to provide breast cancer screening and preventative care to many women in the underserved populations throughout the Panhandle and South Plains regions. Eight mammogram providers in the Panhandle were a partner for ABC4WT so that some women would not have to travel to Amarillo for their screening. Many women, who may have otherwise not received breast health care, have received care through this program (Layeequr Rahman et al, 2013). Due to a moratorium on funding, there was a short gap of services. In 2014 TTUHSC received another grant from CPRIT for the Access to Breast and Cervical Care for West Texas (ABC²4WT) program to continue to address breast health issues and in addition address cervical health issues. ABCE also has access to Delivery System Reform Incentive Payments program funds to help women access breast health services.

Rural Populations

Many individuals from across the Texas Panhandle travel to Amarillo (Potter County) for their healthcare needs. Providers in Amarillo see individuals from across the Texas Panhandle (as well as into Oklahoma, New Mexico, Colorado and even Kansas). Residents of the Panhandle
of Texas who live near the state line might cross into New Mexico or Oklahoma to get access to care. The sources of care in the other state may be closer distance-wise than the resources in the state of Texas. Individuals can cross state lines to receive care if the provider is in their insurance's network. For example, patients with Oklahoma's Medicaid can receive care in Texas as long as the provider they visit is in Oklahoma's provider network and accepts Oklahoma's Medicaid.

The health disparities for rural populations have been explored extensively and are significant. In 2003 Gosschalk and Carozza completed a literature review of cancer in rural areas. "The clear conclusion to be made from the literature and data reviewed is that rural residents demonstrate a lesser adjusted rate of cancer than urban residents; this comparative advantage, however, may be offset by higher deaths of rural residents diagnosed at later stages of disease. Even though the adjusted incidence rate of cancer is lower in rural areas than in urban, the factors related to barriers to care increase the likelihood of negative outcomes" (Gosschalk & Carozza, 2003b). "The disproportionate prevalence of chronic disease is reflected in the higher crude all-causes death rates reported for rural areas" (Gosschalk & Carozza, 2003a). The Texas Cancer Plan (TCP) also states that rural populations in Texas are underserved. Some of the reasons might include that rural Texans tend to be older, have low income, be less likely to have insurance, and have less access to preventative care (TCP, 2012). One reason identified by the TCP for the rural disparities is the distance rural residents must travel to receive quality cancer care such as that provided by NCI-designated cancer care centers. It is important to note that there is not an NCI-designated cancer care center in the Affiliate service area.

The purpose of Rural Healthy People 2020 (RHP2020) is to advance the promotion of health in rural communities. RHP2020 identified several priority areas for rural populations - access to care was the number one priority identified (Gamm et al., 2003). Other priorities identified include cancer and educational or community-based programs. Due to funding cuts, RHP2020 was not as thorough as Rural Healthy People 2010 (RHP2010). RHP2010 identified objectives related to breast health:

- Objective 3-1: Reduce the overall cancer death rate.
- Objective 3-13: Increase the proportion of women aged 40 years and older who received a mammogram within the preceding two years.

A number of studies have found rural residents to be more at risk for late-stage diagnosis. Limited access to care may negatively impact health outcomes for cancer patients. Potential barriers specific to rural populations identified by RHP2010 include poorer access to healthcare services, limited geographic access, minimal transportation options for either cancer screening or treatment, and limited knowledge of cancer particularly the importance of early detection through regular screening.

There are three main organizations who focus on breast health education efforts in the Panhandle of Texas. Komen Greater Amarillo provides breast self-awareness (BSA) education and education on other breast health and breast cancer issues. The Amarillo Area Breast Health Coalition's (AABHC's) purpose is to save lives in the Amarillo Area by offering education, support, and increased access to breast health services. AABHC completes outreach and
education regarding the importance of screening mammography. The majority of their work occurs in Amarillo; however, they have a presence in many communities around the Panhandle. The Texas Agrilife Extension Agency implements the CPRIT funded ‘Friend-to-Friend’ project which is an evidence-based program designed to help women find breast and cervical cancer earlier when treatment is more successful. ‘Friend-to-Friend’ events have been held in Carson, Oldham, Childress, and Castro counties. Another organization that has made efforts to reach women in Amarillo with breast health education messaging is the Amarillo Alumni Chapter of the Delta Sigma Theta Sorority. Delta Sigma Theta Sorority, Inc. is a private non-profit organization that provides assistance and support through established programs in communities throughout the world. The Amarillo Alumnae have presented health information in the Black/African-American community most often through the annual Lisa Cherry Wellness event. Information about health is shared at the Lisa Cherry Wellness event and there was a specific focus on breast health education in 2014 and 2015.

Many clinics and physicians spread throughout the Panhandle provide CBEs; however, some counties lack a provider that completes CBEs, such as Roberts County and Oldham County. Many women in the Panhandle must travel, at minimum, outside of their city and many must travel outside of the county she lives in to receive breast health services. For example, the only breast health service provider located in Donley County is a clinic that provides CBEs for their patients. All other breast health services are located outside of Donley County. Residents can either travel to Childress (Childress County) or Amarillo (Potter County) for their breast health services. HBC’s mobile mammography unit (MMU) travels to Clarendon (Donley County) on a regular basis.

An asset in regards to breast health in the Panhandle of Texas is the MMU that is operated by HBC. HBC’s MMU travels to many rural cities across the Texas Panhandle as well as into parts of Oklahoma and New Mexico. For a current schedule for the MMU go to http://www.harringtonbreastcenter.org/calendar or contact HBC directly.

There are only ten locations for screening mammography scattered throughout the twenty-six counties and almost 26,000 square miles that make up the Panhandle of Texas. Four of those are located in Amarillo (Potter County). There are only six mammography sites located throughout the other 25 counties of the Panhandle and they include Childress County Hospital (Childress; Childress County), Hereford Regional Medical Center (Hereford; Deaf Smith County), Golden Plains Community Hospital (Borger; Hutchinson County), Moore County Hospital District (Dumas; Moore County); Ochiltree Hospital District (Perryton; Ochiltree County), and Prime Health Services (Pampa; Gray County). Figure 3.2 is a map of the mammogram screening locations throughout the Panhandle (not including those in Amarillo).
Certain diagnostic procedures such as diagnostic mammograms may be provided at the same locations that have screening mammography available. For example, MCHD (Moore County) can provide diagnostic mammograms, ultrasounds, and biopsies. However, other locations can only provide screening mammograms. For example, Hereford Regional Medical Center (Deaf Smith County) only provides screening mammograms at their facility. All other breast health services are referred to providers in Amarillo (Potter County).

There are only three organizations in the Panhandle that provide treatment for breast cancer. The two that provide full treatment services (HBC and TOPA) are located in Amarillo (Potter County). Childress Regional Medical Center (Childress County) now partners with Covenant Health in Lubbock to provide chemotherapy services locally. This partnership allows patients to travel to Lubbock for their initial treatment and then receive their subsequent chemotherapy treatments in Childress.

The Affiliate has become a trusted partner with many breast health organizations in the service area through its years as a community leader in funding breast health education, screening programs and diagnostic evaluations. The Affiliate has had a strong working relationship with HBC who has been a recipient of grant funds to provide screening mammograms and diagnostic services to women who would otherwise not be able to afford them. AABHC partnered with the Affiliate to develop the Wise Woman Program - a train-the-trainer educational program focused on educating women in low-income housing developments about breast health. AABHC received grant funds to assist in implementing the Wise Women program for multiple years. The Affiliate and AABHC have remained partners over the years to educate women in the Panhandle about breast health. Starting around 2011, the Affiliate developed a strong relationship with MCHD (Moore County) who has been a recipient of grant funds to provide screening mammograms and diagnostic services to women who would otherwise not be able to afford them.
The Affiliate has referred individuals to the ABCE program and Affiliate staff has continued to build professional relationships with individuals at the ABCE program. The Affiliate will continue to foster the relationship with ABCE to best serve women in the service area. The Affiliate's Mission Coordinator has been able to reach into some of the rural populations, such as Donley County and Childress County, to begin building relationships with individuals in the breast health community in those counties. The Affiliate has also had information available at the "Friend-to-Friend" events that the Agrilife Extension Agency has held in a couple of rural communities. The Affiliate has not historically had a working relationship with any breast health care provider in Hutchinson County.

The Affiliate will continue their current partnership and collaborative efforts as well as work to develop more. The Affiliate will continue to serve as a resource to organizations doing breast health education. The Affiliate will work to broaden their collaborations to include other organizations that provide breast health services and are located throughout the service area. The Affiliate has met individuals from organizations in Hutchinson County who are connected to the breast health community throughout the CP process. The Affiliate will begin to develop and nurture those relationships so that the Affiliate can create a presence in Hutchinson County. Affiliate staff also began nurturing a relationship with staff at the Women's Imaging Center at Northwest Texas Healthcare System in 2015. The Affiliate will continue to seek ways to be actively involved throughout the service area.
Statistics

Total Locations in Region: 7

Figure 3.3. Breast Cancer Services Available in Moore and Hutchinson Counties
Figure 3.4. Breast Cancer Services Available in Potter and Randall Counties
Public Policy Overview

National Breast and Cervical Cancer Early Detection Program (NBCCEDP)
The Centers for Disease Control (CDC) operates the NBCCEDP. Services funded include clinical breast exams, mammograms, Pap tests, pelvic exams, diagnostic testing for women whose screening outcome is abnormal, and referrals to treatment. Additionally, CDC funded programs use population based approaches such as public education, outreach, patient navigation, care coordination, and quality assurance to increase screening and reach underserved populations.

Breast and Cervical Cancer Services (BCCS) Program
The Texas Department of State Health Services operates the state-wide BCCS Program. The BCCS program is partially funded by the NBCCEDP. The goal of the BCCS program is to reduce death from breast cancer and cervical cancer. The Texas BCCS program offers low-income women, ages 18-64, access to screening and diagnostic services for breast and cervical cancer. There are certain eligibility requirements to qualify for the program. The eligibility requirements for the breast cancer screening portion of the BCCS program as of July 2014 are:

- Low-Income (at or below 200 percent of the Federal Poverty Income Guidelines)
- Uninsured or underinsured
- Ages 40-64 years for breast cancer screening and diagnostic services
  - High Priority Population: Ages 50-64

Breast and cervical cancer screening services are available through health care providers across the state of Texas. A full list of contractors and the counties they serve is available at http://www.dshs.state.tx.us.bccscliniclocator.shtm. At the time of this writing Haven Health Clinics, located in Amarillo (Potter County), is currently the only organization in the Affiliate service area that contracts with the state to provide the BCCS program. Haven Health Clinics completes many of the cervical cancer screenings themselves as well as can complete CBES onsite. Haven Health Clinics does not directly provide mammography screening or diagnostic services; therefore, they subcontract with other organizations to provide those services to individuals who qualify for the state-funded program. Those organizations who subcontract may change on a yearly basis and Haven Health Clinics should be contacted directly for the most accurate information.

Medicaid for Breast and Cervical Cancer (MBCC)
The Texas Department of State Health Services also operates the MBCC program. Women diagnosed with breast or cervical cancers who are in need of treatment may qualify for medical assistance through the MBCC program. A woman is entitled to full Medicaid coverage beginning on the day after the date of diagnosis (services are not limited to the treatment of breast and cervical cancer). Medicaid eligibility continues as long as the Medicaid treatment provider certifies that the woman requires active treatment for breast or cervical cancer. Any healthcare provider can refer eligible women in need of treatment for breast or cervical cancer. BCCS contractors manage the application process for the MBCC program; therefore, Haven
Health Clinics is the only entity in the service area who manages the program. The BCCS contractor must reapply for the woman to be eligible for Medicaid in the event of a recurrent breast or cervical cancer. The eligibility requirements for MBCC as of June 2014 are:

- Diagnosed and in need of treatment for one of the following biopsy-confirmed definitive breast or cervical diagnoses
  - CIN III, severe cervical dysplasia, cervical carcinoma in-situ, invasive cervical cancer
  - Ductal carcinoma in situ or invasive breast cancer
- Gross family income at or below 200 percent of the Federal Poverty Income Guidelines
- Uninsured
- Under age 65
- A Texas Resident
- A U.S. citizen or qualified alien

The Affiliate will remain updated on the both the BCCS and MBCC programs in order to provide accurate information to individuals seeking assistance with breast health services.

**Texas Women's Health Program (TWHP)**

The Texas Women's Health Program provides low-income women with one family planning exam each year, which might include: Pap smear or screening for breast and cervical cancers, diabetes, sexually-transmitted infections, and high blood pressure. There are other services provided specific to women’s health but not specific to breast health. Eligibility requirements for the TWHP include the following:

- A women ages 18-44 who is a U.S. citizen or legal immigrant, and lives in Texas.
- Do NOT get full Medicaid benefits, CHIP, or Medicare Part A or B.
- Are not pregnant, sterile, or infertile.
- Make less than the monthly family income limits
  - Family Size | Monthly Income
  - 1           | $1,772
  - 2           | $2,392
  - 3           | $3,011
  - 4           | $3,631
  - 5           | $4,251
  - 6           | $4,871
  - For each extra person add $620

A full list of providers can be found at http://www.texaswomenshealth.org/providers/search. The program only pays for specific services and does not cover follow-up screenings and treatment for cancer. The patient will be referred to a doctor or clinic that can treat them if a health problem such as breast cancer is found. The patient will most likely be referred to the BCCS or MBCC program.
Cancer Prevention and Research Institute of Texas (CPRIT)

CPRIT was established in 2007 with the charge to fund groundbreaking cancer research and prevention programs and services in Texas. CPRIT accepts applications and awards grants for a variety of cancer-related research and for the delivery of cancer prevention programs and services by entities located in Texas. CPRIT’s goal is to expedite innovation and commercialization in the area of cancer research; enhance access to evidence-based prevention programs and services throughout the state; attract, create, or expand research capabilities; and continue to develop and support the implementation of the Texas Cancer Plan.

Texas Cancer Plan (TCP)

The aim of the TCP is to reduce the cancer burden across the state. It is the statewide call to action for cancer research, prevention, and control. The TCP identifies the challenges and issues that affect the state of Texas and presents a set of goals, objectives, and strategies to help inform and guide communities in the fight against cancer. The intent of the plan is to provide a coordinated, prioritized, and actionable framework that will help guide efforts to fight the human and economic burden of cancer in Texas. The TCP is developed with input from many sources. More information about the goals, more specific objectives, and ideas on how people and organizations across Texas can help support the TCP can be found in the complete version of the TCP. One of the goals identified in the plan is specific to breast cancer and is outlined below in Table 3.1.

Table 3.1. 2012 Texas Cancer Plan - Breast Cancer Goal

<table>
<thead>
<tr>
<th>Goal</th>
<th>Objective</th>
<th>Metric</th>
<th>Baseline and Data Source</th>
<th>2016 Recommended Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.0 Increase proportion of early stage diagnosis through screening and early detection to reduce deaths from breast cancer.</td>
<td>7.1 Increase proportion of women who receive breast cancer screening according to national guidelines.</td>
<td>% of women age 40 and over who have had a mammogram within the past two years.</td>
<td>70.1% (BRFSS, 2010)</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.2 Reduce the rate of late-stage diagnosis of breast cancer.</td>
<td>Rate per 100,000 female breast cancer diagnosis at late stage (regional and distant).</td>
<td></td>
<td>40.5 per 100,000 (TCR, 2008)</td>
<td>35 per 100,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Age-adjusted death rate, female breast cancer.</td>
<td>21.8 per 100,000 (TCR, 2008)</td>
<td>18 per 100,000</td>
</tr>
</tbody>
</table>

BRFSS is the Behavioral Risk Factor Surveillance Survey
TCR is the Texas Cancer Registry
The TCP encourages community-based organizations and stakeholders to pursue the following actions to help work toward the goals presented in the plan:

- Support policy, environmental and systems changes for cancer control.
- Provide cancer prevention awareness information and screening programs for clients.
- Provide navigation services for clients.
- Encourage participation in clinical trials.
- Collaborate to provide community prevention programs.

Table 3.2 shows how the TCP breast health objectives compare to the HP2020 objectives.

<table>
<thead>
<tr>
<th>Objective</th>
<th>HP2020 Target</th>
<th>TCP 2016 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Late-Stage Rates*</td>
<td>41.0</td>
<td>35.0</td>
</tr>
<tr>
<td>Death Rates*</td>
<td>20.6</td>
<td>18.0</td>
</tr>
<tr>
<td>Screening Rates</td>
<td>81.1</td>
<td>80.0</td>
</tr>
</tbody>
</table>

*C Rates are age-adjusted and are figured per 100,000 women

Cancer Alliance of Texas (CAT)

The CAT is a state-wide entity that engages organizations, agencies, institutions and individuals to work collaboratively to reduce the impact of cancer in Texas and promote the TCP. The CAT exists to promote, enhance and, expand all public and private partners’ efforts to implement the TCP 2012: A Statewide Call to Action for Cancer Research, Prevention, and Control. The Affiliate has not historically been involved in the CAT. The Affiliate will look into becoming a CAT partner or member in the future.

Texas Panhandle Advocates for Cancer Control (TPACC)

TPACC is a coalition advocating a unified approach in communicating programs and services available to limit cancer’s impact on the Panhandle of Texas. TPACC is currently inactive. The Affiliate has previously participated in the TPACC and if it becomes an active coalition the Affiliate will assess how best to be a part of the coalition.

Patient Protection and Affordable Care Act (PPACA)

In 2010 the PPACA, more commonly referred to as the Affordable Care Act (ACA), was signed into law. The ACA is a comprehensive health care reform law. Many of the provisions of the ACA have already gone into effect and more are still slated to come into effect. There is still a lot of confusion surrounding the ACA and there is uncertainty regarding the actual impact and long-term effects of the ACA. There is a basic understanding of what has happened to date and some information regarding the initial impact available.

All US citizens and residents are now required by law to have health insurance or pay a penalty (with a few exceptions). Some of the provisions of the ACA that affect breast health care access and quality in some way include the following:

- All new health insurance plans are required to provide essential health benefits
• Many preventative services including screening mammograms are available at no cost through Medicare and any new private insurance plans
• Medicare participants receive help with their prescription drug costs
• There are no lifetime limits on health coverage
• Children and adults cannot be denied insurance coverage because of a pre-existing condition

Almost one-fourth (24 percent) of the people living in Texas or approximately 6,252,600 individuals were uninsured in 2012. Texas has the highest rate of uninsured persons in the nation. Fifteen percent of people (3,891,200) living in Texas were covered by Medicaid. Medicaid eligibility for adults in Texas is quite limited. As of January 2014, adults without dependent children are ineligible for Medicaid regardless of their income and eligibility for non-disabled adults is limited to parents with incomes below 19 percent of the federal poverty line. (Kaiser, 2012)

Texas has indicated that it will not create a state-based health insurance marketplace or exchange. Individuals in the state of Texas who wish to purchase insurance through a marketplace will do so through a federally run marketplace. The federal health exchange provides tax subsidies to people making between 100 percent and 400 percent of the poverty level to help offset insurance costs. Insurance offerings vary from county to county. Professionals can go to marketplace.cms.gov to get more information on the marketplace and how to help people apply. Consumers can go to healthcare.gov to learn more and purchase insurance.

At the time of this writing the state of Texas has not planned to implement the Medicaid expansion program. Expansion of the program would have allowed individuals with incomes up to 138 percent of the poverty level to qualify for Medicaid. It is estimated that would have increased access to healthcare for almost a million Texans. Many individuals in Texas will earn too much to qualify for Medicaid but not enough to qualify for premium tax credits through the federal Marketplace and likely fall into a coverage gap forcing them to remain uninsured. Due to Texas’ already large uninsured population as well as current very limited Medicaid eligibility more than one million people in Texas will likely be left uninsured. (Kaiser, 2014)

At the time of this writing it is believed that in Texas the ACA will have a minimal impact on the state BCCS program because most clients of the BCCS program will fall in the coverage gap mentioned above. Individual providers may make the choice whether or not they accept insurances obtained through the Marketplace. Many service providers in the Affiliate service area have opted to not accept insurance obtained through the Marketplace at this time. Many providers want to see how the provisions of the ACA will fully affect operations. Individuals with lower incomes might tend to choose insurance plans with lower premiums and higher deductibles. These individuals may still encounter challenges affording care due to the high deductibles that must be met.

The complete effects of the ACA have not yet been fully realized but are continuing to become clearer. The Affiliate will continue to stay informed regarding the ACA. One source of
information for the facts surrounding the ACA is the Kaiser Family Foundation (Kaiser). Kaiser is a great source to stay abreast of the most up-to-date factual information about the ACA. Go to http://kff.org/health-reform/ to access the information. The Affiliate will continue to work to ensure that many individuals who are uninsured or underinsured and who are in need of breast health education and services get access.

**Affiliate’s Public Policy Activities**

The Komen Texas Advocacy Collaborative (KTAC) is a group that was created due to the need for all of the Komen Affiliates in Texas to be informed and unified on state level advocacy. Members of the KTAC attend conference calls as needed while the Public Policy Committee of the KTAC conducts bi-monthly calls to discuss policy and advocacy updates. Different members of the Public Policy Committee work to maintain communication with the BCCS program, MBCC program, Texas Breast Health Collaborative, CAT, and other breast health organizations in the state of Texas. The committee is responsible for public policy planning and structures the activities of the KTAC. KTAC also provides support for the Affiliates regarding public policy activities. The Amarillo Affiliate has been a member of the KTAC since its creation.

Staff members from the Affiliate have participated in national and state level lobbying in the past. The Affiliate has engaged with legislators on different issues. The Affiliate will continue to develop relationships with legislators and policy makers. The Affiliate will work to keep legislators and policy makers educated in regards to breast health, breast cancer, and the happenings at the Affiliate. The Affiliate will work to maintain relationships with local and federal elected officials. The Affiliate will schedule individual meetings and conduct phone calls with legislators as necessary. Affiliate staff will ensure that officials representing the service area are kept up to date on Susan G. Komen® advocacy priorities. Komen headquarters will be focusing on federal policy priorities and the Affiliate will support those efforts as requested. Komen® Greater Amarillo will continue to be an active member of the KTAC. The Mission Coordinator at the Affiliate joined the Public Policy Committee in 2014 when it was developed and will continue to be a member. The Affiliate will participate in conference calls hosted by the KTAC. The Affiliate will determine the best way to be involved in lobby days and advocacy efforts of KTAC in the future as they arise. The Affiliate will look for ways to become involved with cancer and health coalitions whose priorities include advocacy to further develop Komen®’s advocacy presence.

Each year, Komen works to identify, through a broad-based, intensive vetting and selection process, the policy issues that have the greatest potential impact on Komen’s mission. This process includes the collection of feedback from Komen Headquarters leadership, policy staff, and subject matter experts; Komen Affiliates from across the country; advisory groups including the Komen Advocacy Advisory Taskforce (KAAT), Advocates in Science (AIS), and Komen Scholars; and other stakeholders with a vested interest in breast cancer-related issues. The selected issues are the basis for Komen’s state and federal advocacy work in the coming year.
In 2015, Komen’s Advocacy Priorities are:

- Support for expanded federal funding for breast cancer research at the National Institutes of Health and the Department of Defense
- Support state and federal funding for the Centers for Disease Control and Prevention’s (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP)
- Advocate for policies to improve insurance coverage of breast cancer treatments, including those that would require oral parity, preclude specialty tiers and prevent step therapy protocols
- Evaluate state and federal policies to reduce or eliminate out-of-pocket costs for medically necessary diagnostic mammography

**Health Systems and Public Policy Analysis Findings**

The Affiliate used a variety of sources to complete the HSA in order to determine what breast health resources are available in the target communities of Moore and Hutchinson counties, Potter and Randall counties, and rural populations, which have been identified as an area of concern. It is important for women to enter and stay in the breast cancer CoC. There are many providers throughout Potter and Randall counties who provide CBEs for their patients; however, the majority of breast health providers are located in Amarillo. The only resources for certain diagnostic procedures, treatment, and support services are located in Amarillo (Potter County). Dumas is the only city in Moore County that has breast health service providers. Dumas has providers who complete CBEs and MCHD provides screening, some diagnostic services, and basic surgery; however, individuals from Moore County often must travel outside of their county for breast health services. There are two providers outside of Borger in Hutchinson County that provide CBEs for their patients. GPCH provides screening mammograms. Individuals in Hutchinson County must travel outside of their county for all other breast health services. One asset for these counties in regards to breast health is the MMU from HBC. The MMU travels to certain communities in Moore County and Hutchinson County on a regular basis; but it is only able to provide screening mammograms. Women who receive screening mammograms on the MMU might still be required to travel outside of their county for other breast health services. Rural populations of women have challenges to accessing breast health care including the fact that sometimes they must travel outside of their county to even find a provider who will complete a CBE. Distance to care has a role in the breast health of women who live in rural areas.

Many individuals chose to travel to Amarillo for their breast health services. One reason individuals chose to travel to Amarillo is because it is the only city in the service area that has all breast health services across the CoC available. HBC and Texas Breast Specialists at TOPA, both located in Amarillo (Potter County) are the only two full service breast health centers in the service area. The Women’s Imaging Center at Northwest Texas Healthcare System provides most breast health services aside from chemotherapy and radiation for treatment of breast cancer.

The Affiliate staff and volunteers have a good working relationship with many breast health organizations in Amarillo. The Affiliate staff know individuals at all organizations in Amarillo and...
will refer individuals to the place that is most appropriate for their need. The Affiliate has
developed a good relationship with MCHD in Moore County. The Affiliate has not historically
had any partnerships with individuals in Hutchinson County. Affiliate staff has met many
individuals across the spectrum of breast health services across the service area through the
CP process. The Affiliate staff will maintain current relationships and continue to develop new
ones in order to best serve women in the Panhandle.

Many public policy issues have an impact on breast care in the Panhandle. Access to programs
such as BCCS, MBCC, and TWHP has allowed many women to receive care they otherwise
would not have been able to afford. The Affiliate has not historically been involved in the CAT
or with the TCP. The Affiliate staff will look at becoming a member or partner in the CAT to be
better connected to the TCP and individuals across the state working towards the same goal of
limiting the impact of breast cancer on Texas residents.

It is anticipated the ACA will make a positive impact on breast health care; however, there will
still be many individuals in need. The Affiliate will stay informed of the changes the ACA causes
and Affiliate staff will work to ensure it continues to serve individuals in need of assistance. The
Affiliate staff has been involved in advocacy work over the years and the Affiliate staff will
continue to be involved in advocacy.

The Affiliate staff will continue to stay informed of the breast health systems in the service area
and will be aware of the dynamics that affect the breast health CoC for women. The Affiliate will
continue to be a resource regarding breast health in the Panhandle. Qualitative data will be
collected in order to better understand how the resources identified in the HSA affect breast
health. Providers in the service area and target communities will be interviewed to gain insight
into their perspective of breast health. The knowledge gained in the interviews will help
formulate questions for focus groups of women. The next section of the CP will outline the
findings from the qualitative data collection process.
Qualitative Data Sources and Methodology Overview

The qualitative data portion of the Community Profile (CP) began in Potter and Randall counties with key informant interviews (KIIs) of breast health providers. Breast health providers were chosen to target in order to get the perspective of those providing breast health services, inform those within the breast health community about the CP, and build relationships. Broad breast health related questions were chosen to gain a better overall understanding of breast health in the target community and to have baseline information to build future information gathering efforts on. The information gathered in the interviews was used to help structure the questions for the focus groups in Potter and Randall counties.

The qualitative data portion of the CP in Moore and Hutchinson counties began with interviews of key individuals in the community. The Affiliate staff had minimal contacts in both counties at the beginning of the CP process and decided that interviews would give Affiliate staff the opportunity to meet and build relationships with people within those communities. Individuals in the breast health community were targeted as key informants; however, due to the limited number of individuals in the community in the breast health or breast cancer community, Affiliate staff also targeted individuals in the target community. The questions were broad due to the limited knowledge of the state of breast health and breast cancer in those communities. The information gathered in the interviews assisted the Affiliate staff in choosing questions to be asked in the focus groups. The key informants were utilized in identifying places to hold focus groups as well as individuals who might participate.

The Mission Coordinator for Komen Greater Amarillo was responsible for all qualitative data collection. The Mission Coordinator has a Bachelor’s of Science in Education with a focus in Community Health, a Master’s of Science in Education with a focus in Health Education, and is a Certified Health Education Specialist (CHES).

Key Informant Interviews: Methodology

The facilitator contacted individuals, explained the process, and requested that the person agree to be a key informant for the purposes of the CP. Prior to the start of all KIIs, the individual was told the reason for the interview, a little more about the process for the CP, and informed of why they were asked to be interviewed (i.e. for Potter and Randall counties their tie to the breast health/cancer community and for Moore and Hutchinson counties their tie to the breast health/cancer community or the general community). The information on the consent form was discussed and the person was asked to read the consent form, ask any questions they might have, and sign the form if they agreed to participate. All individuals who were interviewed as a key informant signed a consent form. Please see the appendix for a blank copy of the consent form. Once the consent forms were filled out and returned, the facilitator began the question portion of the interview. The questions that were asked in the KIIs were all the same. A blank copy of the questions for the KII can be found in the appendix. The facilitator kept written notes of the participants' answers. Based upon the notes taken and the
facilitator's memory of the interview, full notes were typed up to reflect the interview. The typed up versions of the interviews were used in the analysis.

Key Informant Interviews: Ethics

The only person who knows the identity of all the key informants is the facilitator. Each key informant is aware that they were interviewed and of the names of individuals they recommended to be interviewed as well. Not all of the individuals who were suggested to be interviewed were interviewed. Each consent form has the individual informant's name on it; however, the notes taken during the interview and the final typed up version of the interview do not have the individual's names on them anywhere. All of the forms from the key informant interviews are stored together in a binder with a divider for all of the consent forms, a divider for all of the written notes from the interviews, and a divider for all of the typed up versions of the interviews. The physical copies will be kept in the Affiliate office in a secure location that is only accessible to staff members and certain volunteers. The electronic copies of any documents will be kept on a password protected computer accessible only by Affiliate staff. Individuals who served as key informants were given a small token of appreciation for being interviewed. Each individual interviewed received either a small apothecary jar with the Komen® running ribbon in it or a small water bottle with the Komen® running ribbon on it.

Focus Groups: Sampling and Methodology

Convenience sampling was used to form focus groups in Potter and Randall counties. Groups of women who were already meeting together were approached and asked if their group would agree to be a focus group for the CP. The key informants from Moore and Hutchinson counties assisted in identifying and inviting women to the focus groups in those counties. The focus group discussions were centered on certain questions. The questions that were asked in the focus groups were developed, in part, from the information gathered from the key informants. See the appendix for a copy of the questions for the focus groups in both target communities.

Focus Groups: Ethics

Prior to the start of all focus groups the participants were told the reason for the focus group; a little more about the process for the CP; and informed of why they were included (i.e. for Potter and Randall counties the fact that they are a woman living in the target county and are a part of the pre-formed group and for Moore and Hutchinson counties the fact that they are a woman living in the target county). The information on the consent form was covered and everyone was asked to read the consent form, ask any questions they might have, and sign the form if they agree to participate. All individuals who were a part of a focus group signed a consent form. See the appendix for a blank copy of the consent form.

Once the consent forms were completed the focus group participants were also asked to fill out a demographic form. All focus groups were facilitated by the Mission Coordinator for Komen
Greater Amarillo. The facilitator went over the questions on the demographic form and clarified any confusion. Refer to the appendix for a copy of the demographic form. Once the demographic forms were filled out and returned, the facilitator began the questions portion of the focus group. The question portion of all focus groups was audio-recorded. The audio recordings were sent to Panhandle Area Health Education Center to be transcribed. The transcriptions of the focus groups were used in the analysis.

Each consent form has the focus group participant's name on it; however, the demographic forms, notes taken by the facilitator during the group, and the transcripts of the focus groups do not have any names associated with them. All of the forms from the focus groups are stored together in a binder with a divider for all of the consent forms, a divider for the demographic forms, a divider for all of the written notes from the focus groups, and a divider for all of the transcripts of the focus groups. The physical copies will be kept in the Affiliate office in a secure location that is only accessible to staff members and certain volunteers. The electronic copies of any documents will be kept on a password protected computer accessible only by Affiliate staff. All focus group participants were given a small token of appreciation for being a part of the group. Each focus group participant received a book.

Qualitative Data Overview

Key Informant Interviews: Potter and Randall counties

The facilitator interviewed individuals in the breast health and breast cancer community. These individuals included navigators, registration clerks, nurse practitioners, breast health educators, breast health grant administrators, oncologists, breast surgeons, etc. Individuals were selected via convenience sampling. An emergent sampling design was utilized to select individuals to be included by asking key informants for suggestions of other individuals who should be included. Many of the individuals that began on the Affiliate's original list of people to be approached to interview were also named as suggestions throughout the interviews. The data collected from the interviews from Potter and Randall counties come from a wide-variety of individuals across the breast health continuum of care; none-the-less, the information may not be generalized to be true of the entire population of providers across the two counties. The information collected from the interviews was used to assist in developing the questions and target groups for the focus groups that were completed. Even in the counties in the Panhandle with the largest populations, care must be taken to ensure that confidentiality is maintained. All interviews in Potter and Randall counties were conducted in person. Nine interviews were completed in Potter and Randall counties. The interviews were not providing any new information and were only repeating what had already been discovered in prior interviews; therefore, the interviews were believed to have met the saturation point and the facilitator moved on to the focus group portion of the qualitative data collection in Potter and Randall counties.
Key Informant Interviews: Moore and Hutchinson counties

The Affiliate had minimal contacts in Moore County and no contacts in Hutchinson County at the start of the CP process. Key informants were selected in Moore and Hutchinson counties via convenience sampling. Individuals working in the county in the breast health field were identified and approached initially. An emergent sampling design was utilized by asking for suggestions for additional individuals who should be interviewed. Due to the small nature of both counties, there are not many individuals working in the breast health community. The facilitator began to reach out to individuals who, although not working in the breast health field, were connected to breast cancer and held some kind of position of authority in the county. Some examples of the types of individuals included staff from Agrilife Extension Agencies, hospitals, chamber, city, and prominent community businesses. Survivors from the community were also included as individuals selected to be interviewed. Most of the interviews were completed by the facilitator in person; however, due to distance and scheduling, two were completed over the phone. The data collected from the key informant interviews in Moore and Hutchinson counties is most likely not able to be generalized to the entire population of those counties. The information collected will be useful in the initial stages of formulating a strategic plan for addressing breast health and breast cancer in the counties. Care must be taken to ensure confidentiality is maintained due to the small nature of the communities. Gaining and maintaining trust will be paramount to being successful in working in these communities. Ten interviews were completed in Moore and Hutchinson counties. No new names were being discovered as potential informants, the facilitator was not receiving return phone calls from potential informants, and the time to complete the focus group portion of the data collection was becoming increasingly short; therefore, the facilitator moved forward with the focus group process in Moore and Hutchinson counties.

Key Informant Interviews: Rural Populations

Key informant interviews were not conducted for rural populations; however, many of the key informants from Potter and Randall counties brought up issues specific to rural populations of women. Many of the informants spoke about the individuals that they served at their organization and the women they see come from more than just the target counties. Many of the informants said that the women they serve come from across the Texas Panhandle (as well as into Oklahoma, New Mexico, Colorado and even Kansas) and that they were mostly unable to separate which women were from the specific target counties. Most interviewees spoke about their experience with the women they serve and many identified issues specific to rural populations of women. No complete conclusions can be drawn from the information gathered about rural populations; however, the information gathered is a great starting point for future data collection efforts in rural populations. The topics mentioned only once during the interviews include some rural doctors telling women they do not need mammograms (or giving advice that is not up to date with current screening recommendations), the need for people at health fairs in rural communities to help educate the attendees regarding breast health, and the need for money to be used for breast health education in rural communities. The following is a
list of the things that came up regarding rural populations consistently during key informant interviews:

- Health services, including comments on the lack of medical services available, within the rural communities.
- Distance to care and providers is a factor for getting breast health care including the belief that living geographically close to Amarillo (where the providers are located) increases the likelihood a woman will utilize breast health services.
- Transportation, including the time it takes to get to and from a service provider, and not having the resources, including money, to be able to travel.
- "When women can get services in their own community it facilitates the transition through the (Breast Health) Continuum of Care." The MMU was identified multiple times as assisting rural populations in receiving breast health services, the CPRIT grant that Texas Tech received allows women to get screened in their own communities (when screening mammography is an available service), and the Komen grant that MCHD has received allows women the opportunity to get their screening mammography done in Dumas instead of Amarillo.
- The older population and the limited resource population were identified as being at a particular disadvantage to all of the barriers to breast health care identified for rural populations.

There are some positive aspects regarding rural populations that were also identified through the interviews. Many of the rural communities, although they do not possess any formal support services for those needing assistance with breast health and/or breast cancer, have a 'family-type culture' where the community comes together to help individuals in their community who are in need. For example, one community created a transportation support system for an individual in their community who needed to travel to Amarillo for breast cancer treatment. Each person involved signed up to drive the individual to and from Amarillo at least once during her treatment.

Key Informant Interviews: Results

The software program "QDA Miner 4 - Lite" was used to code the transcripts from the key informant interviews. The program made it easier to analyze the qualitative data collected. Interview transcripts were coded by topic. The codes were looked at to determine if any of the codes could be combined without losing any important information. One example of this is that fear, pride, and denial were all mentioned during some of the interviews in Potter and Randall counties and they were all recoded as "Emotional". Responses were analyzed by calculating the number of informants that brought up each topic and how many times each topic was brought up. The assumption is that the more times a topic was brought up the more important the topic is for breast health in the community. Looking at how many informants brought the topic up helps to balance out the possibility that one informant has a very rare perspective (i.e. if only one informant brought up a topic but it was brought up the most it would clearly be a very important factor for that one individual, but would not represent anyone else's perspective). Table 4.1 defines the codes used in the analysis of the key informant interview transcripts.
<table>
<thead>
<tr>
<th>Code</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Captured in system</td>
<td>An individual who has a doctor that they visit regularly; therefore, they are ‘captured’ in the healthcare system. For example, a women who visits a gynecologist on a yearly basis has a connection to healthcare and is considered captured in the system.</td>
</tr>
<tr>
<td>Distance to care</td>
<td>How far an individual lives from breast health services</td>
</tr>
<tr>
<td>Drug use</td>
<td>The abuse of prescription drugs or the use of illegal substances</td>
</tr>
<tr>
<td>Emotional</td>
<td>Emotional factors including fear, denial, and pride</td>
</tr>
<tr>
<td>Family history</td>
<td>An individual who has a family member who has had breast cancer</td>
</tr>
<tr>
<td>Insurance</td>
<td>Either has health insurance or does not have health insurance</td>
</tr>
<tr>
<td>Insurance policies</td>
<td>Insurance companies' requirements such as high deductibles, requiring a referring for a screening mammogram, not allowing certain women to have their screening mammogram covered due to age, and covering screening mammography with no-cost for the patient</td>
</tr>
<tr>
<td>Knowledge</td>
<td>Includes things such as knowledge of breast health in general, information on breast cancer, knowledge of available resources, etc.</td>
</tr>
<tr>
<td>Language</td>
<td>Individuals whose primary language is not or who are not fluent in English</td>
</tr>
<tr>
<td>Literacy</td>
<td>Education level in general (not specific to breast health)</td>
</tr>
<tr>
<td>Misinformation</td>
<td>Being given the wrong information and believing it as true</td>
</tr>
<tr>
<td>Money</td>
<td>Either has money or does not have money</td>
</tr>
<tr>
<td>Non-compliance</td>
<td>Not abiding by treatment (or doctor) recommendations</td>
</tr>
<tr>
<td>Physicians</td>
<td>Doctors reminding individuals it is time for a mammogram or giving advice that is contrary to current recommendations</td>
</tr>
<tr>
<td>Priority</td>
<td>Includes things such as cultural beliefs, other things taking precedence over breast health (not making breast health a priority), and not knowing why breast health should be a priority</td>
</tr>
<tr>
<td>Provider policies</td>
<td>Includes things such as a provider will not see an individual if they have been seen by another provider and inconsistent policies across programs or providers (such as the different guidelines for the BCCS program versus the MBCC program)</td>
</tr>
<tr>
<td>Referral Law</td>
<td>The relatively new law that an individual does not need a referral from a provider to get a screening mammogram.</td>
</tr>
<tr>
<td>Refugee/Immigrant</td>
<td>Population whose country of origin is not the United States, includes those individuals here legally and illegally, and also includes a 'transient' population of individuals who move around within the country often</td>
</tr>
<tr>
<td>Reminder</td>
<td>Includes both a doctor reminding an individual to get a mammogram and reminders from mammogram providers that an appointment is coming up (such as letters and phone calls)</td>
</tr>
<tr>
<td>Support system</td>
<td>Includes things such as having individuals who are encouraging of breast health in your life and individuals that help navigate breast health services</td>
</tr>
<tr>
<td>Survivor support</td>
<td>Includes programs addressing the emotional side of a breast cancer diagnosis, aftercare plans for breast cancer survivors, and survivorship</td>
</tr>
</tbody>
</table>
A factor serving as an encouragement for breast health practices does not necessarily mean the absence of the factor creates a barrier to breast health; however, many of the factors in the key informant interviews were presented in such a manner that the presence of something was a positive factor for good breast health practices while the absence of the same factor was a barrier (i.e. encouragement from friends or family to get regular screening increases the likelihood of a woman getting breast health care while the absence of strong encouragement and support from the people around a woman decreases the likelihood of a women getting breast health care). Sometimes the presence of a factor was mentioned as a barrier to practicing good breast health while the absence of that same factor was mentioned as a positive encouragement of breast health (i.e. having a high deductible insurance plan is a barrier to receiving breast health care while having an insurance plan that does not have a high deductible was a positive factor for good breast health practices). Some of the factors mentioned were mentioned both as having a positive impact on breast health as well as a negative impact on breast health (i.e. fear could be a motivator for women to have good breast health practices whereas fear could also be a discouragement to getting breast health care). Other factors were only mentioned as either a barrier or an encouragement but not both. For example, drug use was identified as a barrier to getting breast health care, but a lack of drug use was never mentioned as an encouragement to getting breast health care.

Key Informant Interviews: Results from Potter and Randall counties

Figure 4.1 shows all of the topics and the number of times a topic (or code) was brought up during the key informant interviews in Potter and Randall counties.
Figure 4.1. Frequency of codes in analysis of Potter and Randall counties KIIs

Knowledge was brought up almost twice as often as the next most frequently mentioned topic. Money, distance to care, and priority were the next most often topics brought up throughout the Potter and Randall counties KIIs. All of the key informants from Potter and Randall counties mentioned knowledge, distance to care, priority, emotional, and support system. Seven of the nine informants mentioned provider policies, insurance, language, and being captured in the system during the course of the interview.

**Key Informant Interviews: Results from Moore and Hutchinson counties**

Figure 4.2 shows all of the topics and the number of times a topic (or code) was brought up during the KIIIs in Moore and Hutchinson counties.
Knowledge was brought up more times than any other topic during the interviews in Moore and Hutchinson counties. The next two most often topics brought up during the interviews were money and distance to care. Knowledge was the only issue that every key informant from Moore and Hutchinson counties identified during their interview. Nine of the ten informants in Moore and Hutchinson counties identified money, distance to care, and insurance as keys to breast health. Eight of the informants mentioned priority and support system.

Five factors that affect whether or not a woman seeks and receives breast care became salient in the KIIs from both target communities. The main issues that were identified by the interviewees are knowledge, money, distance to care, insurance, and priority.

Focus Group: Overall Demographics

Three focus groups were held in Potter and Randall counties and they were all held in Amarillo. The first focus group was a group of breast cancer survivors that meet together on a regular basis; another group was a group of Black/African-American women who meet together on a regular basis for a civic-minded reason; and the last was a group of women who met together for training. Four total focus groups were held in Moore and Hutchinson counties. One focus group was held in Dumas (Moore County) and, although not targeted specifically, all the
participants were survivors and co-survivors. Three focus groups were held in Hutchinson County. Two focus groups were held in Borger (Hutchinson County) and one was held in Stinnett (Hutchinson County). One of the focus groups held in Borger only had a couple of participants, but all of the information collected during that focus group was similar to what was discussed in the other focus groups.

There were 56 total focus group participants and all were female. All participants were from Potter, Randall, Moore, or Hutchinson Counties except one. One participant lives in Hartley County but works in Moore County and was a part of the focus group held in Moore County.

Figure 4.3 shows the zip codes where the focus group participants live and Figure 4.4 shows on a map of the Texas Panhandle where those zip codes are located. Table 4.2 shows a breakdown of the participants' gender, age, race, and ethnicity.

![Figure 4.3 Zip Code of Residence of Focus Group Participants](image-url)
Figure 4.4. Map of Zip Codes of Focus Group Participants

Table 4.2. Gender, Age, Race, and Ethnicity of Focus Group Participants

<table>
<thead>
<tr>
<th>Focus Group Participants</th>
<th>Total</th>
<th>Moore and Hutchinson</th>
<th>Potter and Randall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>56</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>Male</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39 years or younger</td>
<td>5</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>40-49 years</td>
<td>12</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>50-64 years</td>
<td>24</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>65 years or older</td>
<td>15</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>43</td>
<td>28</td>
<td>15</td>
</tr>
<tr>
<td>Black/African-American</td>
<td>12</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>Asian</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latina</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>45</td>
<td>23</td>
<td>21</td>
</tr>
<tr>
<td>Don't know/Didn't answer</td>
<td>8</td>
<td>3</td>
<td>6</td>
</tr>
</tbody>
</table>
The majority of the participants (52) were born in the United States. Two participants were born in Mexico and two participants were born in Germany. The vast majority of the participants (54) identified English as the language they most commonly speak. Two participants identified German as the language they most commonly speak.

Figure 4.5 outlines the reported education level of focus group participants. The majority of the participants had completed some college or an Associate’s degree with more than three-fourths (80.4 percent) of the focus group participants reported having completed some type of education beyond high school. Over half (57.1 percent) reported an annual household income exceeding $55,000 (see Figure 4.6).

![Figure 4.5. Highest Level of Education of Focus Group Participants](image-url)
Many (45) of the participants reported that they have had a clinical breast exam (CBE) completed in the past three years. Eight participants had not had a CBE in the past three years, two did not know, and one participant did not answer. The vast majority of participants (52) reported that they have had a mammogram in their lifetime. Only four reported that they had never had a mammogram and each of those four individuals also reported that they were 39 years or younger (younger than the recommended age for the average risk woman to begin yearly mammography screening). The average age reported for how old an individual was when they received their first mammogram was 41.8 years old with 22 being the youngest and 60 being the oldest reported age of first mammogram. Forty-five of the fifty-two participants who had received a mammogram in their lifetime reported that their most recent mammogram was done in the last year. An additional four reported that their most recent mammogram had been completed within the past two years and two within the past five years. Only one focus group participant over the age of forty reported that it had been over five years since their most recent mammogram.

Twenty-one focus group participants have been diagnosed with breast cancer in their lifetime. One focus group participant has had breast cancer twice in her life. The youngest age of breast cancer diagnosis was 35 and the oldest was 75. The average age of breast cancer diagnosis was 53.9 years old. There were nine women who reported being diagnosed with Stage 1, eight women who reported being diagnosed with Stage 2, two women who reported being diagnosed with Stage 3, and no women reported being diagnosed with Stage 4 (See Figure4.7).
Only one focus group participant reported not having a doctor that they consider their personal doctor. Twenty-nine reported having one person that they consider their personal doctor and twenty-six reported having more than one person that they consider their personal doctor. Fifty-three reported having insurance. See Figure 4.8 to see a breakdown of the types of insurance focus group participants reported having. Two reported not having insurance and one did not know.

Focus Group: Data Limitations based on Demographics

The male perspective of breast health and breast cancer was not identified through the focus groups because all of the focus group participants were female. Only five focus group participants identified themselves as 39 years or younger; therefore, the perspective of younger women was not gathered through the focus groups. The majority of the participants are considered educated; therefore, the perspective of 'uneducated' women was not received. Sixty-eight percent of the participants identified their annual household income as more than
$40,000; therefore, the majority of the focus group participants were not considered low income. The perspective of Asian individuals was not gathered because only one of the participants identified themselves as Asian. Twelve of the fifty-six participants identified themselves as Black/African-American; therefore, the information gathered may not be able to be generalized to Black/African-American women. The Hispanic/Latina perspective was not well represented because only three of the participants identified themselves as Hispanic/Latina. The refugee/immigrant population is not well represented in the focus group participants because fifty-two of the fifty-six participants were born in the United States. The limited English proficiency (LEP) population or English as a second language population is not well represented in the focus group participants because fifty-four of the fifty-six participants identified English as their primary language.

The majority of the participants have had a mammogram in their life and the four that identified they had not received a mammogram were under 39 years of age; therefore, the focus group participants overall have been connected to breast health services previously. Of the fifty-two women who have had a mammogram in their life, forty-five had that mammogram in the past year; therefore, the perspective collected via the focus groups is mostly from women who adhere to breast cancer screening recommendations. Almost all (55 of the 56) of the women identified that they had either one or more doctors that they consider their personal doctor; therefore, the population of women participating in the focus groups are most likely captured in the healthcare system and most likely are active participants in their healthcare. None of the women who participated in the focus groups had been diagnosed with Stage Four or Metastatic Breast Cancer. All but three of the participants reported that they had insurance; therefore, the uninsured population is not well represented in the findings from the focus groups.

The groups of women in Potter and Randall counties were selected via convenience sampling (i.e. groups of women who were already meeting); therefore, the women in those groups more than likely have something in common which may make their perspective not necessarily be representative of the larger population of women in those communities. The focus group participants in Moore and Hutchinson counties were all invited by key informants and other focus group participants; therefore, the women may have similar perspectives and life circumstances that could make the information collected representative of the focus group participants and may not be representative of the larger population of women in those communities. For example, the focus group in Dumas (Moore County) was not intended to only be composed of survivors and co-survivors; however, due to the fact that key informants and other focus group participants invited other women, all of the participants were either breast cancer survivors or co-survivors. The fact that the participants share the experience of being a breast cancer survivor or co-survivor might make the perspective gathered during the focus group true for survivors and co-survivors from Moore County, but may not represent the general population of women from Moore County.
Focus Group: Areas for Future Investigation

Many of the populations identified with breast health and breast cancer disparities were not reached through the focus groups. Getting the perspectives of the following populations would prove to be useful: men, young women, less educated persons, refugees or immigrants, individuals whose primary language is not English, individuals who should have had a mammogram but have not, individuals who have not had a mammogram in over two years, individuals with Stage IV or Metastatic Breast Cancer, individuals who do not have a person they would consider their doctor or who are not captured in the healthcare system, individuals whose race is not White, individuals who are low income, and Hispanic/Latina individuals.

Focus Group: Results from Moore and Hutchinson counties

The women in the focus groups in Moore and Hutchinson counties listed the following places where people in the community go for breast health information: doctor, hospital, Amarillo, internet, American Cancer Society, their spouse, and the media. Most women in the groups agreed that their doctor, the hospital, or Amarillo is where they go for breast health information. The women in the focus groups in Moore and Hutchinson counties listed the following places where women in the community go for breast health care: the MMU (operated by HBC), Amarillo, the hospital, and their doctor. The MMU was identified through the HSA portion of the CP as being a resource for screening mammography and the information found through the focus groups confirms that this resource is being utilized in these communities and appears to allow better access to screening mammography. Many of the focus group participants did not know what programs were available to women seeking breast health services in their community. This lack of knowledge among focus group participants outlines the importance of education regarding breast health, breast cancer, and resources in Moore and Hutchinson counties. The MMU, the Komen grant at MCHD, transportation (provided through the ACS program Road to Recovery), and local doctors were mentioned as available breast health resources in the community. Breast health services are lacking in Moore and Hutchinson counties as pointed out by more than one focus group participant who stated that ‘everything’ and ‘all of them’ were the breast health services needed in the community. This confirms what was found through the HSA portion of the CP that the only available breast health services in Moore County are CBEs in the city of Dumas as well as screening mammography and some diagnostic testing available at MCHD. It also confirms what was found through the HSA portion of the CP that the only available breast health services in Hutchinson County are CBEs in Borger, Fritch, and Stinnett as well as screening mammography at Golden Plains Community Hospital in Borger. Certain breast health services, including treatment, are only offered in Amarillo. This information confirms what key informants said both about available breast health services and what breast health services are needed in the community.

Many of the focus group participants were unable to identify any policies or laws that affect access to breast health services. Insurance policies, Health Insurance Portability and Accountability Act (HIPAA), and immigration policies are three policies or laws that were
identified through the focus groups as factors that affect access to breast health services in the community. Insurance policies such as age restrictions for mammography coverage were mentioned as hindering women's access to breast health services whereas insurance policies such as covering mammography screening with no out of pocket costs for a woman was mentioned as assisting women's access to breast health services. HIPAA guidelines were brought up as hindering breast health services because certain information cannot be shared. One focus group participant brought up citizenship of individuals stating they were not sure if individuals without proper citizenship could access breast health services. The HSA and public policy portion of the CP outlines the guidelines for certain state funded programs which includes a social security number. Individuals without proper United States citizenship do not have social security numbers; therefore, would not be able to access those particular programs.

Factors that women listed during the focus groups in Moore and Hutchinson counties that assist people in the community to get breast healthcare and breast screenings included the MMU, services provided in the community, insurance coverage, monetary resources, having knowledge, having a family history of breast cancer, flexible workplace policies, transportation, and reminders. Insurance was the most prevalent factor that was brought up during the focus groups as assisting people in the community in getting breast health care. Knowledge of what the proper screening recommendations are and available resources was also commonly discussed during the focus groups. Many of the focus group participants expressed that the availability of services helped people get breast health care. The MMU makes screening mammography readily available and accessible making it easier for women to take the time to get a mammogram. Working for an employer who has flexible policies which allow women to take off to go to their appointment also assisted women in getting a mammogram. Reminders from a healthcare provider regarding mammography were also discussed a couple of times as being helpful for remembering both the need to go get a mammogram and when an appointment was made. Factors that women listed during the focus groups that make it more challenging for people in the community to get breast healthcare and breast screenings included not having insurance, not having money, not having knowledge, having misinformation, longer distance to care, the time it takes, not going to a doctor on a regular basis (i.e. captured in the system), speaking a different language than English, and emotional barriers (such as fear and denial).

Many factors that were discussed during the focus groups as helping women receive breast health care were also brought up as factors that can make it more challenging for women to receive breast health services. For example, having insurance was brought up multiple times as assisting women in getting breast health care while not having insurance was brought up multiple times as being a challenge for people to get breast health care. Other factors brought up as inverse factors include distance to care, insurance, policies (workplace and insurance), knowledge, money, and provider reminders (the associated inverse factor for provider reminders is not being captured in the healthcare system).

Distance to care or the need to travel to Amarillo for breast health care was a topic that came up on multiple occasions throughout each of the focus groups held in Moore and Hutchinson
counties. A number of the reasons focus group participants listed as reasons they desired to travel to Amarillo for breast health care include the high physician turnover in their community, the desire to not have to 'break in' a new doctor, and not wanting to have a personal relationship with the doctor that deals with breast health (i.e. they do not want to see the person that takes care of their breast health in the grocery store or be in a civic group with that individual). The reasons for the distance to Amarillo being an inconvenience include the required time off work, the potential for bad weather, and the fact that the closest places for surgery or treatment are located in Amarillo. The populations identified as being at a particular disadvantage when it comes to the distance to Amarillo include the older population, low income individuals without resources, and individuals with no form of transportation. Another factor discussed is the physical toll that treatment takes on a person's body which can make it harder to travel distances.

Focus Group: Results from Potter and Randall counties

Some of the focus group participants from Potter and Randall counties were able to quickly and accurately identify the current recommendations regarding screening mammography (as stated by Komen® and the American Cancer Society); however, many repeated misinformation that they had heard regarding screening mammography. Multiple focus group participants mentioned some confusion because of hearing information contrary to what they have previously heard. Some participants expressed not knowing the recommendations because they have never been told them. Some of the focus group participants recognized that if a person has a family history of breast cancer that it changes the mammography screening recommendations. Multiple focus group participants brought up the fact that insurance policies that state when a person can begin to receive coverage for screening mammography may differ from the recommendations which can also cause confusion. This information confirms what multiple key informant interviews from Potter and Randall counties stated that there is confusion surrounding recommended breast cancer screenings, specifically mammography.

Most of the focus group participants agreed that the internet, their doctor or other service providers (such as a survivor support group), and Komen® were the places that they or their peers would go for breast health information. Other sources for information mentioned included ACS, AABHC, and health fairs/wellness programs.

Previous experience with breast cancer, support, insurance, and reminders were the main factors that help focus group participants and their peers get breast health care and breast cancer screenings. Many factors were identified by focus group participants as making it more challenging for them or their peers to get breast health care and breast cancer screenings. Insurance, money, and policies were the top three factors that made it more challenging for participants and their peers to access breast care. Having insurance was listed as assistance to getting breast care and, inversely, the lack of insurance was listed as a barrier to getting breast care. Provider policies (such as a provider not wanting to see a patient after they have been seen at a different provider), insurance policies (such as required high deductibles), and workplace policies (such as not allowing time off) were all included in the conversation about
policies. Lack of knowledge of things such as screening recommendations or resources as well as emotional factors such as fear or denial were also included as possible challenges to proper breast care.

The most commonly discussed factors that encourage the focus group participants to go get their recommended breast health screening were reminders from a doctor that it is time to get breast health screening (i.e. CBE or mammogram) and reminders from mammogram providers that an appointment is coming up. Many focus group participants made comments that were consistent with having a proactive mindset when it comes to preventative screenings and a 'take charge' attitude of making sure they get the recommended breast health screenings. This reaffirms what many key informants stated about the women who are most likely to be getting the recommended breast health screening being of a certain personality type - one of being focused on health and being a 'health advocate' for themselves. Encouragement from those around them as well as previous experience with breast cancer (whether it be personal, someone in their family, or a close friend) were also mentioned as being a reminder or an encouragement to get the recommended breast cancer screenings.

All focus groups were asked what breast health programs were available in their communities and no additional programs beyond what was already identified through the HSA portion of the CP were identified. Knowledge about breast health and breast cancer was the most salient topic regarding what breast health services are needed in the community. Many focus group participants felt that many people are aware and can recognize that the color pink is associated with breast cancer, but that does not necessarily translate into knowledge regarding proper breast health practices, screening recommendations, and resources. Social support and survivor support were the next most commonly mentioned breast health services needed. This affirms a lot of the information in the breast health literature regarding the importance of navigators for women as well as the importance of support groups and other types of support services for breast cancer survivors. Treatment assistance and transportation assistance were also mentioned as services needed in the community.

Two laws were mentioned during the focus groups as helpful for women to get breast health services. One was the Women’s Health and Cancer Rights Act of 1998 (WHCRA); which is a federal law that requires most group insurance plans that cover mastectomies must also cover breast reconstruction. Go to http://www.dol.gov/ebsa/publications/whcra.html for specific information regarding the law. The other law mentioned was the Affordable Care Act (ACA) which has some provisions that are now required of insurance companies to assist women in getting breast health services such as covering durable medical equipment. It was mentioned that lymphedema sleeves are not covered under the requirement. Lastly insurance policies were brought up as both a potential assistance and barrier for women to get breast health services. Information like this confirms the importance of the advocacy work that Komen® does to continue to ensure that laws and policies on the federal level, state level, and insurance policies are consistent with helping women get breast health care. Other topics mentioned one time during the focus groups included the need for educating the mammogram technicians (on how to be gentler during mammograms), HIPAA regulations, the
fact that there is a need for men to be educated about the fact that they too can get breast
cancer, and young women being a particular population that is becoming increasingly affected
by breast cancer.

**Qualitative Data Findings**

There are many factors that can affect a woman's breast health care. Key informant interviews and
focus groups were conducted in the two target communities: Potter and Randall counties and Moore
and Hutchinson counties. Five factors were prominent throughout the qualitative data collection in
both target communities. The five factors that were identified most often and as most important to
breast health in the target communities were knowledge, money, distance to care, insurance, and
priority.

Knowledge regarding breast health and breast cancer was the most common and salient topic
that was discussed throughout the key informant interviews and the focus groups in both target
communities. Many different facets of knowledge were brought up with knowledge of proper
breast health practices and knowledge of resources being two of the most common.
The cost of breast health care was another common and salient topic of the key informant
interviews and focus groups. An individual who has the knowledge regarding proper breast
health and knows where to go, but does not have the monetary resources to pay for breast
health care is unable to act upon their knowledge. The lack of money was mentioned often
throughout the key informant interviews and the focus groups throughout both target
communities as a barrier to breast health care along the entire continuum of care.

Another common topic brought up by many key informants and many focus group participants
was distance to care. Individuals in Moore and Hutchinson counties especially mentioned this
as a factor that affects people living in their community. Low income individuals and the older
populations were identified as being at a particular disadvantage when it comes to the distance
to breast health services.

Lack of insurance was often brought up during key informant interviews and focus groups
throughout both target communities as a barrier to breast health care. Insurance coverage was
often brought up throughout the qualitative data collection as assistance to receiving breast
health care. Confusion surrounding actual insurance coverage and insurance policies were also
discussed as an area of concern for key informants and focus group participants.

Priority was another common topic throughout the key informant interviews and the focus
groups as a factor for breast health. Cultural beliefs that were a higher priority than breast
health, other things taking precedence over breast health care (such as work and family), using
available money for other things (such as food or utilities), and the lack of knowledge needed to
make preventative breast health care a priority (i.e. CBE and screening mammography) were all
discussed.

Other factors regarding breast health care were discussed during the KIIs and focus groups
throughout both target communities (Potter and Randall counties and Moore and Hutchinson
counties) as potential barriers for breast health including emotional, provider policies, and language. Support, reminders, and family history of breast cancer were also identified as encouragement for proper breast health practices. Although many topics were discussed through the KIIs and focus groups in both target communities, the five factors identified most often, most important, and as inverse factors regarding breast health care in the target communities were knowledge, money, distance to care, insurance, and priority.
Breast Health and Breast Cancer Findings of the Target Communities

The data from the Quantitative Data Report (QDR) shows that the Affiliate service area has a lower breast cancer incidence rate than the United States (US) as a whole. The Affiliate service area has a slightly higher rate for deaths due to breast cancer and late-stage diagnosis of breast cancer than the state of Texas overall. Much of the data from the Texas Panhandle is suppressed due to small numbers (15 cases or fewer for the five-year data period) as is demonstrated by the fact that the only counties that have county level data available for death rates and trends of breast cancer are Potter and Randall. The only counties in addition to Potter and Randall that have county level data available for late-stage diagnosis rates and trends are Moore, Hutchinson, and Gray. Only fourteen of the twenty-six counties in the Affiliate service area have breast cancer incidence rates and trends data available. Komen® Greater Amarillo service area overall has a significantly lower mammography screening rate (59.7 percent) than the US (77.5 percent).

Healthy People 2020 (HP2020) is a major federal government initiative that provides specific health objectives for the country as a whole. HP2020 objectives related to breast cancer were used as a comparison and a target to see how counties in the Affiliate service area are performing. Counties were classified based on the estimated time to achieve the HP2020 targets. Counties were classified as lowest, low, medium low, medium, medium high, high, or highest priority based upon the projected time to achieve the HP2020 targets. Hutchinson, Moore, and Potter Counties were categorized as highest priority. Potter County is not likely to meet either the death or late-stage incidence rate HP2020 targets. Hutchinson and Moore counties are not likely to meet the HP2020 late-stage incidence rate target. Randall County was classified as medium high priority. Randall County is not likely to meet the HP2020 death target. Gray County was classified as medium low priority.

Additional secondary data was sought in order to reveal a clearer picture of the state of breast health in the Affiliate service area. The Potter and Randall County Community Health Assessment completed in 2013 concluded that one-fourth (26.8 percent) of the female respondents were classified as ‘at-risk’ because they were 40 years of age or older and had not had a mammogram within the past two years. Only 59.2 percent of respondents reported that their most recent mammogram was completed in the past year. Over a third (35.1 percent) of the women reported that they have never had a mammogram. The limited data from the County Health Rankings corroborated with other data that shows screening mammography rates across the Affiliate service area are low.

Target communities were identified based upon breast cancer incidence rates and trends, death rates and trends, late-stage incidence rates and trends, mammography screening rates, and population characteristics. Moore and Hutchinson counties are geographically connected. Potter and Randall counties are geographically connected with the largest city in the Panhandle of Texas (Amarillo) located in both counties. The majority of women living in the Texas Panhandle (67 percent) live in Potter, Randall, Moore, or Hutchinson counties.
Population characteristics were taken into consideration when selecting target communities for the Affiliate. Hutchinson County was identified as a medically underserved area. Moore County has substantially larger Asian and Pacific Islander (API) and Hispanic/Latina female population percentages than that of the Affiliate service area as a whole. Moore County has substantial foreign born and linguistically isolated populations. Moore County was also identified to have substantially lower education levels than that of the Affiliate service area as a whole. Potter County has substantially larger Black/African-American female population percentages than that of the Affiliate service area as a whole. Potter County has substantially lower income levels than that of the Affiliate service area as a whole.

The target communities identified were Potter and Randall counties and Moore and Hutchinson counties. The Affiliate service area is geographically large and has a substantially large percentage of people living in rural and medically underserved areas; therefore, rural populations are included as an area of concern for the Affiliate.

The Health Systems Analysis (HSA) section of the CP began with an update of the breast health resources throughout each stage of the breast cancer continuum of care (CoC) in the target counties and for the entire service area. The findings of the HSA showed that throughout the service area there are limited available resources for breast health and breast cancer care. The majority of all service providers for breast health care in the Panhandle are located in the city of Amarillo (Potter County). The only two providers in the service area that provide the full spectrum of breast cancer care, from screening to treatment, are located in Amarillo. The only formal support services provided by organizations are based in Amarillo. Four of the ten mammogram providers in the Panhandle are located in Amarillo.

Moore County providers who complete clinical breast exams (CBEs) are all located in the city of Dumas. Hutchinson County has one limited clinic in Stinnett and one clinic in Fritch that can provide CBEs for patients and all other CBE providers in the county are located in the city of Borger. Excluding providers who complete CBEs, Moore County Hospital District (MCHD), located in Dumas, is the only provider in Moore County that provides screening and certain diagnostic services. MCHD is also able to provide basic surgery for breast cancer patients. All patients who require other breast health or breast cancer services are referred to providers in Amarillo (Potter County). Golden Plains Community Hospital (GPCH), located in Borger, is the only provider in Hutchinson County (excluding providers who complete CBEs) that provides screening and certain diagnostic services. All patients who require other breast health or breast cancer services are referred to providers in Amarillo (Potter County).

The health disparities for rural populations have been explored extensively and are significant (Bolin and Bellamy, 2011). Based on this fact and the limited number of resources available for breast health care throughout the Panhandle of Texas, rural populations remain an area of concern for the Affiliate.

There are many programs in the Texas that have an emphasis on breast health or breast cancer. The Texas Women's Health Program (TWHP) provides low-income women who are
eligible with one family planning exam each year, which may include (but not limited to) screening for breast and cervical cancers. The Cancer Prevention and Research Institute of Texas (CPRIT) is an organization whose responsibility is to fund groundbreaking cancer research and prevention programs and services in the state of Texas. The Texas Cancer Plan (TCP) is a statewide call to action for cancer research, prevention, and control. The TCP identifies the challenges and issues that affect the state of Texas and presents a set of goals, objectives, and strategies to help inform and guide communities in the fight against cancer. The Cancer Alliance of Texas (CAT) is a state-wide entity that engages organizations, agencies, institutions and individuals to work collaboratively to reduce the impact of cancer in Texas and promote the TCP.

Multiple organizations in the Texas Panhandle have received grant funds from CPRIT to help serve women living in the Affiliate service area. The Laura W. Bush Institute for Women's Health along with the Texas Tech University Health Sciences Center (TTUHSC) received CPRIT funds in 2011 to help fund mammography screening and diagnostic testing for women who otherwise could not afford it through the Access to Breast Care for West Texas (ABC4WT) program. The program reached and served over 2,000 women and found breast cancer in 35 individuals in the three and a half years of funding. TTUHSC received another grant from CPRIT in 2014 for the Access to Breast and Cervical Care for West Texas (ABC24WT) program to continue to address breast health issues and in addition address cervical health issues. Texas Agrilife Agency has received funding to host 'Friend-to-Friend' events held in rural areas to educate women about breast and cervical health. TTUHSC Department of Family and Community Medicine received funding for the West Texas Cancer Survivors Network (WTCSN) program and subsequently received funding for the second phase of the program (WTCSN-2) which expanded the area served. The program is an initiative to enroll cancer survivors in a network to provide cancer nutrition information, enhance quality of life, and encourage healthy habits for cancer survivors in the West Texas area.

Haven Health Clinics (HHC) in Amarillo is the only provider in the Affiliate service area that contracts with the state of Texas to provide the Breast and Cervical Cancer Services (BCCS) program which provides low-income women, who meet eligibility criteria, access to screening and diagnostic services for breast and cervical cancer. HHC does not provide mammograms; therefore, the clinic sub-contracts with mammogram providers to provide those services to women who qualify for the program. HHC also manages the Medicaid for Breast and Cervical Cancer (MBCC) program which provides Medicaid coverage for women diagnosed with breast or cervical cancers who are in need of treatment who meet the eligibility criteria.

The Affordable Care Act (ACA) was signed into law in 2010. The ACA is a comprehensive health care reform law with many of the provisions already in force and others slated to come in effect. Some of the provisions of the ACA that affect breast health care include the fact that screening mammograms must be provided at no-cost to the patient under new health insurance plans, there are no lifetime limits on health care coverage, and adults cannot be denied health insurance due to a pre-existing condition. Almost one-fourth (24 percent) of people living in Texas were uninsured in 2012 and almost one-sixth (15 percent) were covered by Medicaid.
At the time of this writing the state of Texas has not planned to implement the Medicaid expansion program. Many individuals in Texas are not eligible for Medicaid but also do not qualify for premium tax credits through the federally-facilitated Marketplace and will likely fall into a coverage gap forcing them to remain uninsured. This and other issues may become problematic as the complete effects of the ACA have not yet been fully realized and the landscape is continuing to evolve.

Historically, the Affiliate has participated in state and national advocacy and lobbying. The Affiliate will continue to be involved in advocacy and lobbying for breast health and breast cancer related issues. Komen® selects advocacy priorities on a yearly basis and the Affiliate will support those issues in appropriate ways. The Affiliate is a member of the Komen Texas Advocacy Collaborative (KTAC) and will continue to be an active member. The Affiliate will look for ways to become involved with cancer and health coalitions whose priorities include advocacy to further develop Komen’s advocacy presence.

The Mission Coordinator for the Affiliate was responsible for all qualitative data collection for the CP. The Mission Coordinator has a Bachelor's of Science in Education with a focus in Community Health, a Master's of Science in Education with a focus in Health Education, and is a Certified Health Education Specialist (CHES). The qualitative section of the CP was started with key informant interviews (KII) in the target communities (Potter and Randall counties and Moore and Hutchinson counties). Breast health care providers were selected as key informants in Potter and Randall counties and included breast health educators, mammogram technologists, breast cancer oncologists, patient navigators, etc. Breast health care providers and prominent community members were selected as key informants in Moore and Hutchinson counties and included mammogram technologists, chamber/city staff, Agrilife Extension Agency staff, prominent business staff, and breast cancer survivors. Broad breast health related questions were used in the KII to gain a better overall understanding of breast health and breast cancer in the target communities.

The software program "QDA Miner 4 - Lite" was used to code the transcripts from the KII. Responses were analyzed by calculating the number of informants that brought up each topic and how many times each topic was brought up (frequency).

Knowledge was brought up almost twice as often as the next most frequently mentioned topic during the KIIs in Potter and Randall counties. Money, distance to care, and priority were the next most often topics brought up throughout the Potter and Randall counties KII. All of the key informants from Potter and Randall counties mentioned knowledge, distance to care, priority, emotional, and support system as important factors for breast health. Seven of the nine informants mentioned provider policies, insurance, language, and being captured in the system during the course of their interview.

Knowledge was brought up more times during the KIIs in Moore and Hutchinson counties than any other topic. The next two most often topics brought up during the interviews were money and distance to care. Knowledge was the only issue that every key informant from Moore and Hutchinson counties identified during their interview. Nine of the ten informants in Moore and
Hutchinson counties identified money, distance to care, and insurance as important to breast health. Eight of the informants mentioned priority and support system.

Five factors that affect whether or not a woman seeks and receives breast care became salient in the KIIs from both target communities. The main issues that were identified by the key informants are knowledge, money, distance to care, insurance, and priority.

Information regarding breast health and breast cancer in rural populations was gleaned through the KII process for the target communities even though qualitative data collection was not completed on rural populations. Distance to care/transportation, education/knowledge, and the older population and limited resource population were identified as particular areas of concern in rural populations. Many of the rural communities do not possess any formal support services for those needing assistance with breast health and/or breast cancer. Individuals identified that most rural communities have a 'family-type' culture, one where the community bands together to help and support individuals within their community who are in need. The information received will be used in future efforts to gather information from rural populations.

The information gathered in the KIIs was used to plan the focus groups held in the target communities. Groups of women in Potter and Randall counties who were already meeting together were approached and asked if their group would agree to be a focus group for the CP. The key informants in Moore and Hutchinson counties helped recruit the women who participated in the focus groups. The questions that were asked in the focus groups were developed, in part, from the information gathered from the KIIs.

There were fifty-six total focus group participants and all were female. Three focus groups were held in Amarillo (Potter and Randall counties) and included twenty-eight women. One focus group was held in Moore County and three focus groups were held in Hutchinson Counties and encompassed twenty-eight women. All of the focus group participants over the age of forty reported that they have had a mammogram in their lifetime. The majority of those women (86.5 percent) reported that their most recent mammogram was within the past year. Twenty-one of the focus group participants are breast cancer survivors. The majority of focus group participants have already received breast health care or breast cancer care in their lifetime.

Misinformation, confusion, and general lack of knowledge of screening recommendations were noted in the focus groups in Potter and Randall counties. Insurance, money, and policies were the top three factors mentioned as challenges to receiving breast health care and breast cancer screenings. Many of the focus group participants in Potter and Randall counties made comments that were consistent with having a proactive mindset when it comes to preventative screenings and taking charge of getting the recommended breast health screenings. Many focus group participants felt that many people are aware and can recognize that the color pink is associated with breast cancer, but that does not necessarily translate into knowledge regarding proper breast health practices, screening recommendations, and resources.

The information gathered in the focus groups in Moore and Hutchinson counties confirmed that among the focus group participants there was a lack of knowledge regarding breast health,
breast care resources, and breast cancer. Distance to care was also an issue discussed at the focus groups in Moore and Hutchinson counties. Many focus group participants sought breast health information and breast health care in Amarillo or using the mobile mammography unit (MMU) that Harrington Breast Center (HBC) operates in the community. The older population as well as the limited resource population was brought up as being at a specific disadvantage when it comes to the issue of distance to care. Focus group participants in Moore County identified the Komen grant recipient, Moore County Hospital District, as a resource that is utilized for breast care. Insurance, including insurance restrictions, as well as program eligibility guidelines were also discussed as barriers to breast health care. Money was brought up as a key to getting proper breast health care.

Five factors were prominent throughout the qualitative data collection in both target communities. The five factors that were identified most often, most important, and as inverse factors to breast health in the target communities were knowledge, money, distance to care, insurance, and priority.

**Mission Action Plan**

The Mission Action Plan (MAP) is the Affiliate’s strategic plan to address breast health and breast cancer issues in the Affiliate service area. The MAP was developed by identifying problem statements for target communities based on the quantitative data, HSA and public policy analysis, and qualitative data. Problem statements were identified and then priorities were selected that addressed each statement. The Affiliate acknowledges that it is unable to address and/or solve every problem or issue that has become clear throughout the CP process; therefore, the priorities chosen were selected by taking into account the answers to the following questions:

- What is the most pressing/important need?
- Does the Affiliate have the resources to address the problem?
- Are effective intervention strategies available to address the problem?
- Can the problem be solved in a reasonable amount of time?

Specific, Measurable, Attainable, Realistic, and Time-bound (SMART) objectives were then selected to help meet each priority.

The MAP is presented in the following format:

- Problem Statement
  - Priority/Goal
    - Objective

- Women living in Moore and Hutchinson counties have a high late-stage breast cancer incidence rate. Women living in Moore and Hutchinson counties have low screening mammography rates. The HSA revealed that there is only one organization in each Moore County and Hutchinson County that provides screening mammography and minimal diagnostic procedures. There are no full treatment providers in either county. Women in both counties indicated that awareness regarding breast health, knowledge regarding proper breast health, and correct information regarding breast cancer is lacking and is a barrier to proper breast.
health care. Money, lack of insurance, and distance to care were also identified as barriers to obtaining breast health care for individuals living in Moore and Hutchinson counties.

- **Increase awareness and education of breast health and breast cancer in women living in Moore and Hutchinson counties.**
  - In each year, FY15-FY18, the Affiliate staff will host at least one activity (such as posting fliers, mailing out postcards, or hosting a 'Pink Out' event where individuals are encouraged to wear the color Pink) in the target community (Moore and Hutchinson counties) that is focused on raising awareness of breast health and breast cancer.
  - In each year, FY15-FY18, the Affiliate staff will complete at least one breast health or breast cancer presentation to at least one group of individuals (such as an employee lunch and learn, a civic club, or school group) in the target community (Moore and Hutchinson counties). Beginning with the FY16-17 Affiliate grants program request for applications (RFA), a key funding priority will be evidence-based educational programs that target women living in Moore County, especially those that target foreign born and linguistically isolated populations.
  - Beginning with the FY16-17 Affiliate grants program RFA, a key funding priority will be evidence-based educational programs that target women living in Hutchinson County, especially those populations considered medically underserved.
  - In 2016, Affiliate staff will meet with at least one provider or community based organization in Moore County to explore a potential partnership and discuss a plan for educational efforts targeted to populations with limited English proficiency and refugee populations.
  - In 2016, Affiliate staff will meet with at least one provider or community based organization in Hutchinson County to explore a potential partnership and discuss a plan for educational efforts targeted to populations who are medically underserved.
  - In 2016, after the Breast Health Resource Guide (BHRG) is updated, the Affiliate will distribute the BHRG to primary care providers located in Moore and Hutchinson counties.

- **Increase access to breast health care for women living in Moore and Hutchinson counties.**
  - Beginning with the FY16-17 Affiliate grants program (RFA), a key funding priority will be evidence-based interventions that improve access to care for women who live in Moore and Hutchinson counties, especially those that address the issues of money, lack of insurance, and distance to care.
  - In 2016, Affiliate staff will identify and meet with at least one organization, located in each county (Moore and Hutchinson), in order to determine how the Affiliate might partner with that organization to help better increase access to breast health care for women living in the county.
Women living in Potter County have a high late-stage breast cancer incidence rate and a high death rate due to breast cancer. Women living in Randall County have a high death rate due to breast cancer. Women in Potter and Randall counties have low screening mammography rates. The findings of the HSA showed the majority of breast health providers in the Panhandle are located in Amarillo, which resides in both Potter and Randall counties. Women in these counties indicated that lack of knowledge is a barrier to proper breast health care. Money and lack of insurance were also identified as barriers to proper breast health care.

- Increase breast health and breast cancer knowledge among individuals living in Potter and Randall counties.
  - Beginning with the FY16-17 Affiliate grants program RFA, a key funding priority will be evidence-based educational programs that target women living in Potter and Randall counties, especially those populations with breast cancer disparities such as Black/African-American and Hispanic/Latina.
  - In 2016, Affiliate staff will meet with at least one provider or community based organization in Potter County to explore a potential partnership and discuss a plan for educational efforts targeted to Hispanic/Latina women.
  - In 2016, the Affiliate will update its Breast Health Resource Guide (BHRG) and make it available on the Affiliate website. The Affiliate will also have physical copies of the BHRG available to any person or organization who requests a physical copy.
  - In 2016, to assist communication among breast health providers, the Affiliate will update its online calendar and develop a system for getting any and all breast health and breast cancer related events on it so as to provide a ‘one-stop’ location for breast health and breast cancer events.

- Increase access to breast health care for women living in Potter and Randall counties, especially those with proven breast cancer disparities.
  - Beginning with the FY16-17 Affiliate grants program RFA, a key funding priority will be evidence-based interventions that improve access to care for women who live in Potter and Randall counties, especially those that address the issues of money and lack of insurance.
  - Beginning with the FY16-17 Affiliate grants program RFA, a key funding priority will be evidence-based interventions that improve access to care for populations living in Potter and Randall counties with proven health disparities, especially Black/African-American, Hispanic/Latina, and limited English proficiency.

There is a lack of information specific to breast health and breast cancer in rural populations. The limited information available regarding rural populations indicates distance to care might be the biggest challenge for rural populations to receive proper breast health care. The HSA revealed that there are limited breast health care providers across the Panhandle with only six locations for screening mammography located outside of Amarillo. Across the Panhandle of Texas there are low screening mammography rates. Some Panhandle counties do not have a provider who completes clinical breast exams.
Qualitative data collection efforts for target communities shed some light on the state of breast health in rural populations and seemed to indicate lack of medical services, distance to care, and transportation are all major issues for rural populations. Awareness and education were identified as lacking in rural populations. Qualitative data also indicated the elderly population and those with limited resources such as money may be at a larger disadvantage.

- Increase Affiliate knowledge regarding the state of breast health and breast cancer in rural populations.
  - By January of 2016, Affiliate staff will identify and meet with at least one organization, located in the Panhandle, who has knowledge regarding rural populations with the goal of determining how the Affiliate might partner with that organization to better assess the breast health care needs of rural populations.
  - In 2016, Affiliate staff will develop a strategic plan for better assessing breast health and breast cancer needs in rural populations.

- Increase breast health and breast cancer education and breast health care in rural populations.
  - Beginning with the FY16-17 Affiliate grants program RFA, a key funding priority will be evidence-based interventions that increase breast health care access for rural populations, especially those that address distance to care and money.
  - Beginning with the FY16-17 Affiliate grants program RFA, a key funding priority will be evidence-based educational programs that target women living in rural communities.
  - In 2016, Affiliate staff will develop a strategic plan for educational efforts targeted at rural populations.

- Advocacy remains an important concern in regards to breast health and breast cancer. There was a lack of public policy knowledge among focus group participants.

  - Affiliate staff and/or volunteers will remain active in Advocacy efforts.
    - Throughout FY15-FY18, Affiliate Mission staff will participate in all Komen Texas Advocacy Collaborative (KTAC) conference calls and/or webinars and will remain on the e-mail distribution list in order to receive all KTAC correspondence.
    - Throughout FY15-FY18, at least one Affiliate staff or volunteer will participate in each State and National advocacy day hosted by Komen headquarters.

  - Increase the knowledge of those living in the Affiliate service area regarding public policy issues that affect breast health and/or breast cancer.
    - By December 2015, the Affiliate website will include a page (http://www.komenamarillo.org/get-involved/advocacy/) that outlines the current Komen Advocacy priorities.
• Beginning in 2016, a section regarding Advocacy/Public Policy information in respect to breast health and/or breast cancer issues will be incorporated in each Mission related Newsletter that the Affiliate distributes.

• Beginning in 2016, the Mission Coordinator will include a PowerPoint slide or talking points in all presentations which will cover Komen's Advocacy priorities and/or public policy issues that affect breast health and breast cancer.

• Beginning in 2016, a handout that explains the current Komen Advocacy priorities will be available at all health fairs that the Affiliate staff or volunteers attend.
References


Appendix

Appendix A: List of Acronyms

Appendix B: Key Informant Interview – Consent Form

Appendix C: Key Informant Interview – Questions

Appendix D: Focus Group – Consent Form

Appendix E: Focus Group – Demographic information sheet

Appendix F: Focus Group Questions – Potter and Randall counties

Appendix G: Focus Group Questions – Moore and Hutchinson counties
Appendix A

AABHC = Amarillo Area Breast Health Coalition  
ABC2WT = Access to Breast and Cervical Care for West Texas  
ABC4WT = Access to Breast Care for West Texas  
ABCE = Amarillo Breast Center of Excellence  
ACA = Affordable Care Act  
ACS = American Cancer Society  
AIAN = American Indian/Alaskan Native  
API = Asian-Pacific Islander  
BCCS = Breast and Cervical Cancer Services  
BHRG = Breast Health Resource Guide  
BICOE = Breast Imaging Center of Excellence  
BRFSS = Behavioral Risk Factor Surveillance Survey  
BSA = Breast Self-Awareness  
CAT = Cancer Alliance of Texas  
CBE = Clinical Breast Exam  
CDC = Centers for Disease Control  
CMS = Centers for Medicaid and Medicare Services  
CoC = (Breast Health) Continuum of Care  
CP = Community Profile  
CPRIT = Cancer Prevention and Research Institute of Texas  
FDA = Food and Drug Administration  
GPCH = Golden Plains Community Hospital  
HBC = Harrington Breast Center  
HIPAA = Health Insurance Portability and Accountability Act  
HP2020 = Healthy People 2020  
HSA = Health Systems Analysis  
KII = Key Informant Interview  
KTAC = Komen Texas Advocacy Collaboration  
MAP = Mission Action Plan  
MBCC = Medicaid for Breast and Cervical Cancer  
MCHD = Moore County Hospital District  
MMU = Mobile Mammography Unit  
NAPBC = National Accreditation Program for Breast Centers  
NCCCEDP = National Breast and Cervical Cancer Early Detection Program  
NCI = National Cancer Institute  
QDR = Quantitative Data Report  
RHP2010 = Rural Healthy People 2010  
RHP2020 = Rural Healthy People 2020  
SEER = Surveillance, Epidemiology, and End Results  
SMART = Specific, Measurable, Achievable, Relevant/Realistic, and Time-bound  
TBS = Texas Breast Specialists  
TCP = Texas Cancer Plan  
TCR = Texas Cancer Registry  
TPA = Texas Oncology, Physician Associates  
TPACC = Texas Panhandle Advocates for Cancer Control  
TTUHSC = Texas Tech University Health Sciences Center  
TWHP = Texas Women’s Health Program  
US = United States  
USPTF = United States Preventative Task Force
Appendix B

Key Informant Participant Consent Form
Susan G. Komen- Greater Amarillo Affiliate

I understand that I am being invited to participate in a key informant interview being conducted by the Greater Amarillo Affiliate of Susan G. Komen. By doing this interview, the Affiliate is assessing where there may be barriers to or gaps in breast health services in the Affiliate’s target counties - Potter/Randall and Hutchinson/Moore. Rural populations in the Panhandle of Texas are another area of concern. The themes that emerge from the interviews will be used to set priorities and inform the efforts of the Greater Amarillo Affiliate. I understand that I am being asked to take part because I am in some way connected to the breast health community in at least one of the priority counties selected by the Greater Amarillo Affiliate of Susan G. Komen.

A key informant interview is a discussion between the interviewer and interviewee. The interview will include breast health related questions. The discussion is estimated to last approximately thirty minutes to an hour.

I understand that I do not have to participate in this key informant interview and can choose to end the interview at any time. My participation is voluntary, and I may change my mind at any time. There will be no penalty if I decide not to participate, nor if I start the interview and decide to stop early. I understand that my participation in the key informant interview will in no way affect any current or future assistance from the Greater Amarillo Affiliate of Susan G. Komen.

I understand that all information obtained from the key informant interview will be kept strictly anonymous. All identifying information will be removed from the collected materials. In addition, all materials will be stored in a location that only Komen Amarillo staff have access to.

I understand that there are no physical risks to participating in this key informant interview, but I might not be completely comfortable answering some of the questions being asked. I understand that I am free not to answer any of the questions asked.

I also understand that my words may be quoted directly. With regards to being quoted, I have put my initials next to the following statement that I agree with:

_____ I agree to be quoted directly if my name is not published (I remain anonymous).
_____ I do not want my words quoted directly.

By signing this consent form, I am indicating that I fully understand the above information and I agree to participate in the key informant interview.

_________________________ ____________________________ ____________
Participant Printed Name  Participant Signature   Date

Susan G. Komen® Greater Amarillo
Appendix C

Key Informant Interview
Greater Amarillo Affiliate

What factors in this community do you think contribute to late stage diagnosis of breast cancer?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

What factors in this community do you think contribute to the mortality rate due to breast cancer?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

What factors in this community do you think contribute to mammography screening rates?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

What do you think prevents women from getting the recommended breast screenings in this community?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

What do you think assists women in getting the recommended breast screenings in this community?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

How would you describe the women in this community who are least likely to be getting regular breast cancer screening and/or breast health services?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

How would you describe the women in this community who are most likely to be getting regular breast cancer screening and/or breast health services?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

(Where do they live? Where do they work? Particular ethnic group? Family situation? Etc.)

Are there laws or policies that make it more difficult for women to get breast health services in this community?
Are there laws or policies that help women to get breast health services in this community?

What factors affect whether or not women seek breast health services in this community?

What types of programs are available to women seeking breast health services in this community?

What breast health services are needed in this community?

CoC = Education, screening, mammograms, diagnosis, treatment, follow-up care

What barriers exist that negatively impact a women's transition through the CoC in this community?

What strengths exist that assist a women's transition through the CoC in this community?

What are your suggestions or ideas for how organizations working in the field of breast health in this community could collaborate?

Is there anyone from this community that you feel should also be interviewed?
Do you have any suggestions for our focus groups? (i.e. location, people to include, etc.)

____________________________________________________________________________

Is there anything else you would like to add?

____________________________________________________________________________

____________________________________________________________________________
Appendix D

Focus Group Participant Consent Form

I understand that I was invited to participate in a focus group being conducted by the Greater Amarillo Affiliate of Susan G. Komen. I understand that I am being asked to take part because I fit the eligibility criteria. By conducting this focus group, the Affiliate is working to assess where there may be barriers or gaps in breast health services in the Affiliate's service area of the top twenty-six counties in the Panhandle of Texas. The themes and ideas that emerge from the Focus Group will be used to help set priorities and inform the efforts of the Affiliate.

A focus group is a discussion between 6-12 people. The facilitator will ask a few questions to gain understanding about a topic and then ask my thoughts and opinions on the topic. The discussion will last approximately half an hour to an hour.

I understand that I do not have to participate in this focus group and can choose to leave at any time. My participation is voluntary, and I may change my mind at any time. There will be no penalty if I decide not to participate, nor if I start to participate and decide to stop early. I understand that my participation in the focus group will in no way affect any current or future assistance from the Greater Amarillo Affiliate of Susan G. Komen.

I understand that all information obtained from the focus group will be kept strictly anonymous. All participants will be asked not to disclose anything said within the focus group discussion. All identifying information will be removed from the collected materials. In addition, all materials will be stored in a secure location at the Affiliate office where only Affiliate staff and certain volunteers may have access to the materials.

Because we want to accurately remember your ideas and thoughts, we will be voice recording this discussion. We are recording this session simply because we cannot write as fast as you talk. The recording will either be sent to Panhandle Area Health Education Center to be transcribed into a written report for the Greater Amarillo Affiliate of Susan G. Komen or Affiliate staff will use the recording to transcribe the information into a written report.

I understand that there are no physical risks to participating in this focus group, but I might not be completely comfortable answering some of the questions being asked. I understand that I am free not to answer any of the questions asked.

I also understand that my words may be quoted directly. With regards to being quoted, I have put my initials next to the following statement that I agree with:

_____ I agree to be quoted directly if my name is not published (I remain anonymous).
_____ I do not want my words quoted directly.
By signing this consent form, I indicate that I fully understand the above information and I agree to participate in the focus group.

<table>
<thead>
<tr>
<th>Participant Printed Name</th>
<th>Participant Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
## Appendix E

### Focus Group Demographic Form

<table>
<thead>
<tr>
<th>What is your age?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 39 years or younger</td>
</tr>
<tr>
<td>□ 40-49 years</td>
</tr>
<tr>
<td>□ 50-64 years</td>
</tr>
<tr>
<td>□ 65 years or older</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What is your gender?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Female</td>
</tr>
<tr>
<td>□ Male</td>
</tr>
<tr>
<td>□ Transgender</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Were you born in the United States?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
</tbody>
</table>

**If no, what country were you born in?**

<table>
<thead>
<tr>
<th>Zip code of residence:</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What language do you most commonly speak?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ English</td>
</tr>
<tr>
<td>□ Spanish</td>
</tr>
<tr>
<td>□ Other: __________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education level</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Did not graduate high school</td>
</tr>
<tr>
<td>□ High school graduate or GED</td>
</tr>
<tr>
<td>□ Trade school</td>
</tr>
<tr>
<td>□ Some college or Associates Degree</td>
</tr>
<tr>
<td>□ Bachelor’s Degree</td>
</tr>
<tr>
<td>□ Master’s Degree</td>
</tr>
<tr>
<td>□ Professional/Doctorate degree</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have you ever had a mammogram?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
</tbody>
</table>

If yes, at what age did you have your first mammogram? _________

How long has it been since you had your last mammogram?

**Please check one.**

- □ Within the past year
- □ Within the past 2 years
- □ Within the past 5 years
- □ More than 5 years
- □ Don't know or not sure

<table>
<thead>
<tr>
<th>What is your race?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ African American or Black</td>
</tr>
<tr>
<td>□ American Indian or Alaska Native</td>
</tr>
<tr>
<td>□ Asian</td>
</tr>
<tr>
<td>□ Native Hawaiian or Other Pacific Islander</td>
</tr>
<tr>
<td>□ Caucasian or White</td>
</tr>
<tr>
<td>□ Other: ____________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What is your ethnicity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Hispanic/Latina</td>
</tr>
<tr>
<td>□ Non-Hispanic</td>
</tr>
<tr>
<td>□ Do not know</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What is your approximate annual household income?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Less than $10,000</td>
</tr>
<tr>
<td>□ $10,001 - $25,000</td>
</tr>
<tr>
<td>□ $25,001 - $40,000</td>
</tr>
<tr>
<td>□ $40,001 - $55,000</td>
</tr>
<tr>
<td>□ More than $55,000</td>
</tr>
<tr>
<td>□ Don't know/Not sure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have you ever been diagnosed with breast cancer?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>□ Yes</td>
</tr>
</tbody>
</table>

If yes, at what age were you diagnosed? ________ years

What stage of breast cancer were you diagnosed with?

**Please check one.**

- □ Stage 1
- □ Stage 2
- □ Stage 3
- □ Stage 4

<table>
<thead>
<tr>
<th>Have you had a clinical breast exam within the past three years?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
</tbody>
</table>

If yes, at what age were you diagnosed? ________ years

What stage of breast cancer were you diagnosed with?

**Please check one.**

- □ Stage 1
- □ Stage 2
- □ Stage 3
- □ Stage 4

<table>
<thead>
<tr>
<th>Do you have one person that you think of as your personal doctor or healthcare provider?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes, only one</td>
</tr>
<tr>
<td>□ Yes, more than one</td>
</tr>
<tr>
<td>□ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you have insurance?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
</tbody>
</table>

**If yes, what type:**

- □ Employer provided insurance
- □ Private insurance
- □ Insurance from marketplace
- □ Medicaid
- □ Medicare
- □ Other: ____________________

<table>
<thead>
<tr>
<th>Were you born in the United States?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
</tbody>
</table>

**If no, what country were you born in?**

______________
Appendix F

Focus Group Potter and Randall Counties

Please leave blank any questions you do not want to answer.

Greater Amarillo Affiliate of Susan G. Komen

_______ (Number of total focus group participants)

1. What is your understanding of the current recommendations regarding mammograms?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

2. Does anyone or anything remind or encourage you to get your clinical breast exams or mammograms? If so, who or what?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

3. What helps you or your peers get breast health care and breast screenings? What are the things that assist you or your peers in getting breast health care?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

4. What makes it more challenging for you or your peers to get breast health care and breast screenings? What are the things that prevent you or your peers from getting breast health care?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
5. Are there any laws or policies that you are aware of that either help or make it more difficult for women to get breast health services?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

6. What factors affect whether or not you or your peers seek breast health services?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

7. What types of programs are available to women seeking breast health services in your community?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

8. What breast health services are needed in your community?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

9. Where are you or your peers most likely to go for breast health information?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
10. Is there anything else you would like to add?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Hand out BSA cards, mammogram cards, Affiliate information AND gift for participation.

Potter and Randall Focus Group Questions 107
Appendix G

Focus Group Moore and Hutchinson Counties

Greater Amarillo Affiliate of Susan G. Komen

(_______) (Number of total focus group participants)

1. Where do people in your community go for breast health information?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

2. Where people in your community go for breast healthcare?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

3. What types of programs are available to women seeking breast health services in your community?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

4. What breast health services are needed in your community?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
5. Are there any policies or laws that you are aware of that either help or make it more difficult for women to get breast health services?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

6. What helps people in your community get breast health care and breast screenings? What are the things that assist people in your community in getting breast health care?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

7. What makes it more challenging for people in your community to get breast health care and breast screenings? What are the things that prevent people in your community from getting breast health care?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

8. Is there anything else you would like to add?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Moore and Hutchinson Focus Group Questions 109