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- Tammy Franklin, Covenant Health Levelland
- Cheri Read, Area Health Education Center of the Plains
- Linda Thompson, Survivor
Affiliate History
Susan G. Komen® Lubbock Area is rich with many dedicated and passionate breast cancer survivors, volunteers, and advocates who donate their time, energy, and knowledge to the mission of ending breast cancer as a life-threatening disease. In 1994, a small group of survivors and activists organized the first Race for the Cure® in Lubbock. The following year, this group chartered Komen Lubbock Area with a commitment to spread the life-saving message of early detection and to support breast cancer screening and treatment programs across the South Plains of Texas. Today, the Affiliate has more than 500 volunteers committed to saving lives and empowering people.

The Affiliate continues to build partnerships and collaborate with grantees as well as local businesses, volunteers, and community leaders within a 16-county service area. Through these partnerships, the Affiliate strives to reach residents in local communities with education about breast health care and the importance of screening and early detection. In addition to attending dozens of health fairs and outreach events, the Affiliate conducts “I Am Selfish” health events, which focus on education and medical resources for the Hispanic/Latina community, and “Hallelujah for the Cure” events designed to reach traditionally underserved minorities.

Komen Lubbock Area has grown tremendously. To date, the Affiliate has raised more than $7.5 million to help fight breast cancer. In addition, the Affiliate has dedicated more than $4.4 million to local nonprofit organizations with projects related to breast health and/or breast cancer education, treatment, screening, support, and, for Komen Lubbock Area mission programs. Additionally, the Affiliate has invested more than $1.35 million in breast cancer research. In the 2014-2015 grant cycle, the Affiliate granted $190,534 to seven agencies through the Community Based Grants program. In addition, four small grants totaling $8,197 were provided to support breast health programs and outreach.

Affiliate Service Area
The Affiliate is located in Lubbock, Texas, and services an area of 16 counties across the South Plains: Bailey, Cochran, Cottle, Crosby, Dickens, Floyd, Garza, Hale, Hockley, Kent, Lamb, Lubbock, Lynn, Motley, Terry, and Yoakum. Komen Lubbock Area spans 144,519 square miles and is primarily rural and agricultural with cotton, grain, alfalfa, and peanut farm land, as well as cattle range land and ranches.

Fifteen of the Affiliate’s 16 counties are considered by the Texas Department of State Health Services to be rural. The U.S. Census Bureau identifies six of the counties in the Affiliate’s service area as falling in the 100 percent rural classification, and 11 of the counties in the Affiliate’s service area have fewer than 10,000 residents.

In 2013, it was estimated that the total population for the Affiliate’s service area was 423,457, with a population makeup of 88.61 percent White, 6.8 percent Black/African-American, 1.22 percent American Native and Alaskan Native, and 3.83 percent Asian and Pacific Islander. Additionally, 38.0 percent of women in the Affiliate’s service area are Hispanic/Latina, and may be of any race.
More than half—approximately 68.3 percent (289,324 people) —of the Affiliate’s total population reside in Lubbock County. The second-most populated county is Hale County, with approximately 35,764 residents. The percentage of women over 40 years of age within the Affiliate’s population is 41.9 percent, with 19.2 percent at an income below poverty level and 41.2 percent at an income less than 2.5 times the poverty level.

Lubbock is the urban city of the area and serves as a medical referral center for the region. It is the home of two major comprehensive hospitals (Covenant Health System and University Medical Center), which provide the highest quality and most up-to-date health care in all medical specialties; two cancer centers that specialize in breast cancer diagnosis and treatment (Joe Arrington Cancer Treatment and Research Center, and the Southwest Cancer Center); and Texas Tech University Health Sciences Center (TTUHSC), which provides medical education. Patients are drawn to Lubbock from a large geographic region, including West Texas, eastern New Mexico, and southern Oklahoma.

Within the city limits of Lubbock, Citibus is the only public transportation provider. Outside the Lubbock city limits, SPARTAN, a shared ride public transportation service, covers 17 counties in the South Plains of Texas. Cottle County, located in the northeastern part of the Affiliate’s service area, is the only county within the Affiliate’s service area not served by SPARTAN.

Purpose of the Community Profile Report
The Community Profile will allow Komen Lubbock Area to:

- include a broad range of people and stake holders in the Affiliate’s work and become more diverse;
- fund, educate, and build awareness in the areas of greatest need;
- make data-driven decisions about how to use its resources in the best way to make the greatest impact;
- strengthen relationships with sponsors by clearly communicating the breast health and breast cancer needs of the community;
- provide information to public policymakers to assist focusing their work;
- strategize direction to marketing and outreach programs toward areas of greatest need; and
- create synergy between Mission-related strategic plans and operational activities.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

Komen Lubbock Area Community Profile Team analyzed the breast cancer data provided by Komen Headquarters with the purpose of identifying and targeting high-risk communities in terms of high breast cancer incidence rates, high breast cancer death rates, late-stage diagnosis, access to health care, and demographic variables such as socioeconomic status and ethnicity.

The Team chose as its target communities for the 2015 Community Profile.

- Hale County (Abernathy, Cotton Center, Edmonson, Hale Center, Hale City, Petersburg, Plainview, Seth Ward)
- Hockley County (Anton, Levelland, Pep, Ropesville, Smyer, Sundown, Whitharral)
- Lamb County (Amherst, Earth, Fieldton, Littlefield, Olton, Spade, Springlake, Sudan)

Table 1 summarizes the factors for each county as they relate to breast cancer, ethnicity, socioeconomic status, and education—and as they compare to Lubbock County and the United States as a whole—that prompted the Team to target these communities.

<table>
<thead>
<tr>
<th></th>
<th>Hale County</th>
<th>Hockley County</th>
<th>Lamb County</th>
<th>Lubbock County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of women residents</td>
<td>17,447</td>
<td>11,654</td>
<td>7,065</td>
<td>136,756</td>
<td>154,540,194</td>
</tr>
<tr>
<td>Incidence rate (age-adjusted) per 100,000 females</td>
<td>83.4</td>
<td>112.5</td>
<td>122.5</td>
<td>113.6</td>
<td>122.1</td>
</tr>
<tr>
<td>Incidence rate trend</td>
<td>+3.5%</td>
<td>+3.6%</td>
<td>-11.5%</td>
<td>-3.5%</td>
<td>-0.2%</td>
</tr>
<tr>
<td>Late-stage incidence rates (age-adjusted) per 100,000 females</td>
<td>34.0</td>
<td>49.1</td>
<td>53.2</td>
<td>42.7</td>
<td>43.8</td>
</tr>
<tr>
<td>Late-stage rate trend</td>
<td>-2.1%</td>
<td>+4.1%</td>
<td>-1.9%</td>
<td>-9.5%</td>
<td>-1.2%</td>
</tr>
<tr>
<td>Death rate (age-adjusted) per 100,000 females</td>
<td>25.5</td>
<td>SN</td>
<td>SN</td>
<td>21.8</td>
<td>22.6</td>
</tr>
<tr>
<td>Hispanic/Latina female population</td>
<td>57.2%</td>
<td>44.4%</td>
<td>48.7%</td>
<td>38.0%</td>
<td>16.2%</td>
</tr>
<tr>
<td>People ages 40-64 without health insurance</td>
<td>27.7%</td>
<td>23.3%</td>
<td>29.8%</td>
<td>24.8%</td>
<td>16.6%</td>
</tr>
<tr>
<td>Women living in rural areas</td>
<td>25.1%</td>
<td>39.8%</td>
<td>57.7%</td>
<td>11.3%</td>
<td>19.3%</td>
</tr>
<tr>
<td>Women without a high school education</td>
<td>30.3%</td>
<td>24.8%</td>
<td>27.0%</td>
<td>16.5%</td>
<td>14.6%</td>
</tr>
<tr>
<td>People ages 40-64 living below 250% of poverty level</td>
<td>48.4%</td>
<td>38.2%</td>
<td>49.3%</td>
<td>39.3%</td>
<td>33.3%</td>
</tr>
</tbody>
</table>

**Health System and Public Policy Analysis**

**Data Sources**
Komen Lubbock Area’s comprehensive review of programs and services data included an analysis of available breast health services, health care facilities, grantee programs, mobile mammography site visits, and a collection of websites. Some of the websites in which data were obtained include mammography facilities certified by the FDA, hospitals that have been registered by Medicare, local health departments, community health centers, and free clinics.

**Health Systems Overview**
The Continuum of Care (Figure 1) is a strategic plan to ensure patients complete recommended screening and treatment after being diagnosed and not fall out of the patient care system. Once patients enter into the continuum through annual screenings, the goal is to keep them moving through the continuum by receiving annual follow-up care, and, if diagnosed, successfully completing treatment and follow-up care.

Numerous barriers keep women from entering into or staying in the patient care continuum. In the Affiliate’s service area, barriers include (but are not limited to) lack of insurance, patient navigation, language, distance from services, and transportation.
Women who live in Lubbock and have medical insurance have the least difficulty entering into the system through screening. In most cases, women with insurance who do not receive screening run into barriers which include (but are not limited to) time off from work, “convenience”, and childcare.

![Breast Cancer Continuum of Care](image)

**Figure 1. Breast Cancer Continuum of Care**

Table 2 highlights the strengths and weaknesses of the continuum of care in the target communities.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Hale County</th>
<th>Hockley County</th>
<th>Lamb County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengths</strong></td>
<td>• Two digital mammography facilities</td>
<td>• Access to health care providers for limited screening (clinical breast exams)</td>
<td>• Access to health care providers for limited screening (clinical breast exams)</td>
</tr>
<tr>
<td><strong>Weaknesses</strong></td>
<td>• Limited diagnostic and treatment facilities</td>
<td>• No mammography facility</td>
<td>• No mammography facility</td>
</tr>
<tr>
<td></td>
<td>• Limited survivorship services</td>
<td>• Patients referred to services outside county for specialized treatment</td>
<td>• Patients referred to services outside county for specialized treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Limited to non-existent survivorship and support services</td>
<td>• No survivorship or support services</td>
</tr>
</tbody>
</table>
Komen Lubbock Area’s partnership with these target communities is even more crucial because of the limited access of health care and mammography services. Their rural health clinics primarily offer basic health care assistance. Covenant Health Systems’ Mobile Mammography unit, which travels to all 16 counties in the service area, provides on-site digital mammograms for the insured and underinsured patients of the community. Follow-up care, however, must take place in Lubbock County.

The Texas AgriLife Extension Service provides breast cancer educational events in communities of the Affiliate’s counties, including the target communities. At each event, a physician discusses breast self-awareness, breast health education, bi-lingual patient navigation, financial aid assistance, and the opportunity to schedule an appointment on the mobile mammography unit. Collaborations with Covenant Hospital of Plainview and Area Health Education Center of the Plains (AHEC) may assist the Affiliate in increasing access to care for patients in these target communities.

Public Policies
Several public policies enable the Affiliate to provide screenings at little to no cost to the patients. Below is a brief overview of the policies, followed by a summary of services provided and funding sources in Table 3.

**National Breast and Cervical Cancer Early Detection Program (NBCCEDP)**
Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990, which allowed the CDC to develop the NBCCEDP. In 2000, Congress passed the Breast and Cervical Cancer Prevention Treatment Act, allowing women diagnosed with cancer in the NBCCEDP to access treatment through Medicaid, and then clarified that the option applies to American Indians/Alaska Natives with the passage of the Native American Breast and Cervical Cancer Treatment Technical Amendment Act.

**State Comprehensive Cancer Control Coalition – Breast and Cervical Cancer (BCCS)**
The Texas Department of State Health Services’ (DSHS) Breast and Cervical Cancer Services (BCCS) program offers low-income women ages 18-64 access to screening and diagnostic services.

**Medicaid for Breast and Cervical Cancer (MBCC)**
BCCS-contracted health clinics determine a woman’s eligibility for MBCC by collecting verifying documents, completing the MBCC application, and sending documents to the DSHS for review. Women must be diagnosed and in need of treatment of a qualifying diagnosis, at or below 200 percent of the federal poverty level, uninsured, under the age of 65, a Texas citizen, and a U.S. citizen or qualified alien.

**States Comprehensive Cancer Control Coalition - The Texas Cancer Plan**
The goal of the Texas Cancer Plan is to reduce the cancer burden across the state and improve the lives of Texans.

**Affordable Care Act**
The United States federal statute signed into law by President Barack Obama in 2010 gives Americans options related to coverage, costs, and care regarding their health.
### Table 3. Services provided and funding sources of public policies

<table>
<thead>
<tr>
<th>Health Services Provided</th>
<th>Funding Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National Breast and Cervical Cancer Early Detection Program (NBCCEDP)</strong></td>
<td>• Center for Disease Control and Prevention (CDC)</td>
</tr>
<tr>
<td>• Clinical breast examinations</td>
<td></td>
</tr>
<tr>
<td>• Mammograms</td>
<td></td>
</tr>
<tr>
<td>• Pap tests</td>
<td></td>
</tr>
<tr>
<td>• Pelvic examinations</td>
<td></td>
</tr>
<tr>
<td>• Human papillomavirus (HPV) tests</td>
<td></td>
</tr>
<tr>
<td>• Diagnostic testing if results are abnormal</td>
<td></td>
</tr>
<tr>
<td>• Referrals to treatment</td>
<td></td>
</tr>
<tr>
<td><strong>State Comprehensive Cancer Control Coalition: Texas Department of State Health Services (DSHS) Breast and Cervical Cancer Services (BCCS)</strong></td>
<td>1. CDC Funds – Federal cancer prevention and control programs for state, territorial and tribal organizations funds.</td>
</tr>
<tr>
<td>• Breast and cervical cancer screening and diagnostic services</td>
<td>2. Title XX to TANF – Texas opts to convert a portion of its Temporary Assistance for Needy Families (TANF) funds to Social Services Block Grant (Title XX) funds which can be used for clinical women’s health services.</td>
</tr>
<tr>
<td>• Full health insurance beginning the day after diagnosis for all services (not only related to breast and cervical cancer)</td>
<td>3. State General Revenue – State funds allocated by the Texas legislature.</td>
</tr>
<tr>
<td><strong>Medicaid for Breast and Cervical Cancer (MBCC)</strong></td>
<td>• Medicaid</td>
</tr>
<tr>
<td>• Leads statewide call to action in the areas of cancer research, prevention, and control</td>
<td>• ???</td>
</tr>
<tr>
<td><strong>Affordable Care Act (ACA)</strong></td>
<td>• Insurance companies</td>
</tr>
</tbody>
</table>

**Affiliate’s Public Policy Activities**

With advocacy program changes at Komen Headquarters, the Komen Texas Advocacy Collaborative (KTAC) is assuming more state-level advocacy and public policy roles. Komen
Affiliates would like to strengthen the Collaborative structure through public policy, especially through volunteers willing to support KTAC’s legislative goals. Future goals include working with more cancer and health coalitions to learn about patient issues and to develop Komen’s advocacy presence.

Komen Lubbock Area is working to develop a relationship with local, state, and national elected officials through national and state Lobby Days. These organized lobby events have served as a time to discuss the issues facing women in the area and educating officials on the needs of their constituents. Komen Lubbock Area plans to partner with the Texas Komen Affiliates to work on further legislation in regard to breast health.

**Health Systems and Public Policy Analysis Findings**
The Health Systems Analysis findings in the target communities exemplified some potential needs within the Affiliate service area. The Affiliate will work with Hale County, the only target community with mammography facilities, to bring knowledge and education about the importance of breast health. For the other two target counties, Hockley and Lamb, providing knowledge and education about the importance of breast health, as well as accessibility to the nearest mammography facility, are necessary. The barriers to screening and treatment include travel distance, time off work, and financial assistance. Partnerships will be key to reducing these barriers, and advocacy activity is key to advancing the status of women’s health in the state.

**Qualitative Data: Ensuring Community Input**

**Methodology**
Based on the quantitative data and the health systems analysis, the Community Profile Team identified several questions to address during the collection of qualitative data for the target counties of Hale, Hockley, and Lamb: access to medical care, including access to mammograms; follow-up care if needed; misconceptions of using these services; and identifying the best ways for the Affiliate to increase education and presence in these target communities.

Different combinations of key informant interviews, surveys, and focus groups were used as data collection methods. Triangulation of the data occurred through comparisons of key informant interviews, focus groups, and surveys to determine the needs of the target communities as perceived by those living and working within those areas.

Key questions asked:
1. Why are women who have access to health care not being screened or being screened later?
2. Why are women receiving a late-stage diagnosis in this community?

**Sampling**
In each target community, the population of interest was women 40 and older, rural residents, and Hispanic/Latina women. Surveys were collected in two of the target communities. The focus groups were organized with the help of survivors, local hospitals, or the AHEC groups within the target communities. The sources selected for the focus groups were a sample of convenience but did include the populations of interest as previously defined. Additionally, the key informant interviews were conducted with residents of these communities that were survivors, residents
that had never received mammograms, medical personnel serving these communities, or
groups like AHEC that serve the medically underserved. All focus group participants, key
informant interviewees, and survey participants were used in the data analysis because of the
small number of women who participated in the focus groups in relation to the general
population of the target communities.

Ethics
The Community Profile Team provided each focus group participant with a consent form prior to
beginning the conversations and explained how their anonymity and confidentiality would be
protected. The recorder did not record any names or identifiers during focus group data
collection. While survey participants were given the option to provide their name on the survey,
they were assured that information provided would remain confidential. Key informant interview
responses were included in this report, but the names of those interviewed have been withheld,
and they may only be identified as a medical provider, survivor, or community member.

Qualitative Data Overview
The qualitative data exemplifies the issues highlighted in the quantitative data, including themes
of language barriers, financial barriers, lack of breast health education, cultural and generational
barriers, and access to health care.

Qualitative Data Findings
The strengths of the data collection was the sampling size of each of the focus groups, the
ability of the Team to collect additional information from informant interviews not addressed
through focus groups, and the fact that the informant interviewees live and work within the target
communities.

The focus groups were also a weakness of data collection, with the Team relying on the
participants who showed up to represent the entire community. This may have led to skewed
data, with one population being represented more than the general population of the county.

Mission Action Plan

Problem One: The rates of late-stage diagnosis in Lamb County (53.2) and Hockley
County (49.1) are higher than the rates in the Lubbock area (42.7) and nation (43.8).

Priority One: Increase screening of women ages 40 and over in the service area, with an
emphasis in Lamb and Hockley Counties.

Objective One: Beginning with the FY16 Community Grant Request for Application, give
priority to programs providing mammography screening days and follow-up for residents of
Lamb and Hockley Counties.

Objective Two: By October 2015, collaborate with the Arrington Comprehensive Breast
Cancer Center’s Mobile Mammography unit staff to develop a Mobile Mammography
Frequently Asked Questions document in English and Spanish that explains the process of
accessing the unit’s services; distribute 500 copies of the document to at least three
locations in Hockley County and four locations in Lamb County.
**Objective Three:** By March 2016 and through FY19, in collaboration with employers in Hockley and Lamb Counties and a mobile mammography provider, hold at least one mobile mammography screening event in Hockley County and Lamb County annually.

**Problem Two:** The qualitative data indicates a lack of knowledge about breast health and screening recommendations among Hockley County residents.

**Priority Two:** Increase educational efforts in the service area, with an emphasis in Hockley County.

**Objective One:** By November 2015, update, translate into Spanish, and distribute at least 300 copies of the Frequently Asked Questions about Breast Health document to 10 grantees, county ambassadors, nonprofits, social service providers, and health care facilities in Hockley County, and post both versions on website.

**Objective Two:** From FY16 to FY19, host an annual pep rally immediately preceding a high school football game in at least three schools in Hockley County to educate the population about breast health. Ask a local survivor or co-survivor to speak to gain credibility and reach in those towns.

**Objective Three:** By February 2016, cultivate and strengthen relationships in Hockley County that result in at least one county ambassador.

**Problem Three:** The qualitative data indicates a lack of awareness about free screening opportunities, available financial assistance, and other support services in Hale and Lamb Counties.

**Priority Three:** Develop an outreach campaign that informs citizens about free screening opportunities, financial assistance, support, and education in the service area, with an emphasis in Hale and Lamb Counties.

**Objective One:** By December 2015, update, translate into Spanish, and distribute 500 copies of the Mammography Screening Flow Chart to 30 grantees, county ambassadors, nonprofits, social service providers, and health care facilities in Hale and Lamb Counties, and post on website.

**Objective Two:** Collaborate with West Texas Area Health Education Center, Texas AgriLife, West Texas Family Practice, Covenant’s Joe Arrington Comprehensive Breast Cancer Center, UMC’s Physician Network Services, YWCA, and others to update the Breast Cancer Services Resource Guide with breast cancer continuum of care services available in each of the target counties and Lubbock County (the medical hub of the service area), including contact information, and post to website by May 2016. Distribute 100 to 10 sites in Hale and Lamb Counties and 250 to at least 25 sites in Lubbock County by August 2016.

**Objective Three:** By April 2016, submit informational articles/blurbs and/or materials about breast health and available services to established media outlets (at least one press release annually to all media outlets in each county in the service area), large employers (through company newsletters and/or payroll in the top three employers in each county in the service area), and post to website by the beginning of May 2016.
area), churches (to each church in the target counties and select churches in other counties in the service area), nonprofits (to each organization that services the population in the target counties and the major organizations that service the other counties in the service area), schools (to each school in the service area), county extension agents, and other means as they become known. From FY17 to FY19, continue supplying information and materials to established contacts while assessing and supplying new outlets as they become known.

Problem Four: The qualitative data indicates a language barrier for Spanish-speaking citizens in Hale and Hockley Counties to learn about and access available services and support.

Priority Four: Provide educational and outreach materials in both English and Spanish—as well as Spanish-speaking staff at educational and service events, when possible—and target efforts for the above priorities and objectives to best reach all population segments in the target counties of Hale and Hockley.

Objective One: By May 2016, strive to include a Spanish speaker on the Mobile Mammography unit for as many trips as possible to Hale and Hockley Counties. It could be a staff member of the unit, the county ambassador, or a volunteer. If no Spanish speaker is on board, provide materials in Spanish that describe the step-by-step process, what comes next depending on the result of the screening, and available services and support.

Objective Two: Starting January 2016 and through FY19, distribute Spanish materials to 20 businesses and community organizations and locations frequented by Spanish-speaking citizens in Hale and Hockley Counties, and add a Spanish page on the website.

Disclaimer: Comprehensive data for the Executive Summary can be found in the 2015 Susan G. Komen® Lubbock Area Community Profile Report.
Affiliate History

Susan G. Komen® Lubbock Area is rich with many dedicated and passionate breast cancer survivors, volunteers and advocates who donate their time, energy and knowledge to the mission of ending breast cancer as a life-threatening disease. In 1994, a small group of survivors and activists organized the first Race for the Cure® in Lubbock. The following year, this group chartered Komen Lubbock Area with a commitment to spread the life-saving message of early detection and to support breast cancer screening and treatment programs across the South Plains of Texas. Today, the Affiliate has more than 500 volunteers committed to saving lives and empowering people.

In 2014, two Komen Lubbock Area Board members were recognized for contributions and leadership in their careers and for their volunteer work within the community. Dr. Candy Arentz was a recipient of the Twenty Under Forty award by the Lubbock Chamber of Commerce. Dr. Arentz was recognized for outstanding leadership in her career while actively participating in the community. Rebecca Ramirez was named 2014 Hispana Inspiradora by the Hispanic Association of Women for exemplifying character, courage, and commitment, and serving as a strong role model for other women.

Komen Lubbock Area continues to build partnerships and to collaborate with grantees as well as local businesses, volunteers, and community leaders within a 16-county service area. Through these partnerships, the Affiliate strives to reach residents in local communities with education about breast health care and the importance of screening and early detection. One example is the “I Am Selfish” health events, which focuses on education and medical resources for the Hispanic/Latina community. “Hallelujah for the Cure” is another example of an event designed to spread the message of breast cancer awareness to traditionally underserved minorities.

Komen Lubbock Area has grown tremendously. To date, the Affiliate has raised more than $7.5 million to help fight breast cancer. In addition, the Affiliate has dedicated more than $4.4 million to local nonprofit organizations with projects related to breast cancer health and/or breast cancer education, treatment, screening, support, and to Komen Lubbock mission programs. Additionally, the Affiliate has invested more than $1.35 million in breast cancer research. In the 2014-2015 grant cycle, the Affiliate granted $190,534 to seven agencies through the Community Based Grants program. In addition, four small grants totaling $8,197 were provided to support breast health programs and outreach.

The impact of grants in the Affiliate’s service area is clear. From April to August of 2014, the Komen Lubbock Area provided grant funds to cover 104 screening mammograms, 47 diagnostic mammograms, and 42 diagnostic ultrasounds through mobile mammography in rural communities of the South Plains. Additional grant funds during the Affiliate’s 2014 grant cycle provided 350 women in the Affiliate’s service area with financial assistance for breast screening and diagnostics, and approximately 170 breast cancer patients received financial assistance for expenses such as lodging, transportation, medication, compression garments, and wigs during their treatment program.
**Affiliate Organizational Structure**

Over the years, Komen Lubbock Area has grown from a volunteer organization to an organization with two full-time staff members and one part-time staff member. The Affiliate staff includes an Executive Director, Development Coordinator, and part time Finance Coordinator (Figure 1.1). The Affiliate’s Board of Directors is a governing board and oversees the fundraising, budget and mission of the Affiliate. More than 500 volunteers serve on various committees including Race for the Cure, Laugh for the Cure, Grants, Education, Board Development, and Community Profile.

![Figure 1.1. Susan G. Komen Lubbock Area organizational chart](image)

**Affiliate Service Area**

Komen Lubbock Area is located in Lubbock, Texas, and serves an area of 16 counties across the South Plains of Texas (Figure 1.2): Bailey, Cochran, Cottle, Crosby, Dickens, Floyd, Garza, Kent, Lamb, Hale, Hockley, Lubbock, Lynn, Motley, Terry, and Yoakum. The Affiliate spans 144,519 square miles and is primarily rural and agricultural with cotton, grain, alfalfa and peanut farm land, and cattle range land and ranches.

Fifteen of the Affiliate’s 16 counties are considered by the Texas Department of State Health Services to be rural. The U.S. Census Bureau identifies six of the counties in the Affiliate’s service area as falling in the 100 percent rural classification, and 11 of the counties in the Affiliate’s service area have fewer than 10,000 residents.

In 2013, it was estimated that the total population for Komen Lubbock Area’s service area was 423,457, with a population makeup of 88.61 percent White, 6.8 percent Black/African-American, 1.22 percent American Native and Alaskan Native, and 3.83 percent Asian and Pacific Islander. Additionally, 38.0 percent of women in the Affiliate’s service area are of Hispanic/Latina ethnicity, and may be of any race (U.S. Census Bureau, 2013).
Approximately 68.3 percent (289,324 people) of the Affiliate’s total population reside in Lubbock County (U.S. Census Bureau, 2013). The second-most populated county is Hale County, with approximately 35,764 residents (U.S. Census Bureau, 2013). The percentage of women over 40 years of age within the Affiliate’s population is 41.9 percent, with 19.2 percent at an income...
below poverty level and 41.2 percent at an income less than 2.5 times the poverty level (U.S. Census Bureau, 2013).

Lubbock is the urban city of the area and serves as a medical referral center for the region. It is the home of two major comprehensive hospitals (Covenant Health System and University Medical Center), which provide the highest quality and most up-to-date health care in all medical specialties; two cancer centers (Joe Arrington Cancer Treatment and Research Center and the Southwest Cancer Center) that specialize in breast cancer diagnosis and treatment; and Texas Tech University Health Sciences Center (TTUHSC), which provides medical education. Patients are drawn to Lubbock from a large geographic region, including West Texas, eastern New Mexico, and southern Oklahoma.

Within the city limits of Lubbock, Citibus is the only public transportation provider. Outside the Lubbock city limits, SPARTAN, a shared ride public transportation service, covers 17 counties in the South Plains. Cottle County, located in the northeastern part of Komen Lubbock Area’s service area, is the only county within the Affiliate’s service area not served by SPARTAN. SPARTAN covers specific routes only if a customer requests service. All passengers are requested to make reservations at least 24 hours in advance for all trip options, and reservations are honored, on a first-call, first-served basis based on the availability of a driver and vehicle.

**Purpose of the Community Profile Report**

The Community Profile will allow Komen Lubbock Area to:
- include a broad range of people and stakeholders in the Affiliate’s work and become more diverse;
- fund, educate, and build awareness in the areas of greatest need;
- make data-driven decisions about how to use its resources in the best way to make the greatest impact;
- strengthen relationships with sponsors by clearly communicating the breast health and breast cancer needs of the community;
- provide information to public policymakers to assist focusing their work;
- strategize direction to marketing and outreach programs toward areas of greatest need; and
- create synergy between Mission-related strategic plans and operational activities.

To ensure that funds are making the greatest impact, Komen Lubbock Area will utilize the comprehensive community needs assessment known as the Community Profile. It is completed every four years with input from local community leaders, and is used to identify target communities as well as the gaps between services currently offered and services needed. The results of the Community Profile will help guide Komen Lubbock Area’s mission and funding priorities for the next several years. The Community Profile will be the basis for the Affiliate’s Community Based Grant application, grant review process, and funding priorities. Grant applicants will be encouraged to develop their programs with the needs identified by the Community Profile in mind. The Community Profile will also help the Komen Lubbock Area identify and develop strategic partnerships with which to collaborate in the local fight against breast cancer. These partners include local grant recipients, survivors, donors, volunteers, and
community agencies. Additionally, the action plan drawn from the results of the Community Profile will help to alleviate the existing disparities within the Affiliate’s service area.

The Community Profile will be shared in Komen Lubbock Area’s service area and target communities in a variety of ways. It will be posted on the Affiliate website, where grant applicants will be encouraged to become familiar with the document while developing their applications. It will be distributed to city and county elected officials and key personnel in health care systems and community agencies within the target counties of Hale, Hockley, and Lamb, as well as Lubbock County. Copies also will be available from Komen Lubbock Area’s office for distribution as requested.
Quantitative Data Report

Introduction
The purpose of the quantitative data report for Susan G. Komen® Lubbock Area 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 an area to achieve Healthy People 2020 objectives for breast cancer late-stage diagnosis and death rates (http://www.healthypeople.gov/2020/default.aspx).

The following is a summary of Komen Lubbock Area’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’s 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 among 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 don’t 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/](http://seer.cancer.gov/tools/ssm/). State and national reporting usually use the SEER Summary Stage. It 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># of New Cases (Annual Average)</td>
<td>Age-adjusted Rate/100,000</td>
<td>Trend (Annual Percent Change)</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 Lubbock Area Service Area</td>
<td>202,604</td>
<td>225</td>
<td>108.1</td>
</tr>
<tr>
<td>White</td>
<td>183,378</td>
<td>211</td>
<td>109.4</td>
</tr>
<tr>
<td>Black/African-American</td>
<td>13,691</td>
<td>12</td>
<td>101.9</td>
</tr>
<tr>
<td>American Indian/Alaska Native (AIAN)</td>
<td>2,291</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Asian Pacific Islander (API)</td>
<td>3,244</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Non-Hispanic/Latina</td>
<td>129,049</td>
<td>182</td>
<td>114.0</td>
</tr>
<tr>
<td>Hispanic/Latina</td>
<td>73,555</td>
<td>43</td>
<td>85.1</td>
</tr>
<tr>
<td>Bailey County - TX</td>
<td>3,496</td>
<td>5</td>
<td>121.4</td>
</tr>
<tr>
<td>Cochran County - TX</td>
<td>1,602</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Cottle County - TX</td>
<td>786</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Crosby County - TX</td>
<td>3,183</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Dickens County - TX</td>
<td>1,059</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Floyd County - TX</td>
<td>3,352</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Garza County - TX</td>
<td>2,393</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Hale County - TX</td>
<td>17,447</td>
<td>15</td>
<td>83.4</td>
</tr>
<tr>
<td>Hockley County - TX</td>
<td>11,654</td>
<td>14</td>
<td>112.5</td>
</tr>
<tr>
<td>Kent County - TX</td>
<td>409</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Lamb County - TX</td>
<td>7,065</td>
<td>10</td>
<td>122.5</td>
</tr>
<tr>
<td>Lubbock County - TX</td>
<td>136,756</td>
<td>153</td>
<td>113.6</td>
</tr>
<tr>
<td>Lynn County - TX</td>
<td>3,030</td>
<td>3</td>
<td>93.7</td>
</tr>
<tr>
<td>Motley County - TX</td>
<td>587</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Terry County - TX</td>
<td>5,907</td>
<td>7</td>
<td>105.2</td>
</tr>
<tr>
<td>Yoakum County - TX</td>
<td>3,875</td>
<td>3</td>
<td>94.1</td>
</tr>
</tbody>
</table>

*TTarget 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).
Data are for years 2006-2010.
Rates are in cases or deaths per 100,000.
Age-adjusted rates are adjusted to the 2000 U.S. 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.
**Summary of Breast Cancer Statistics**

**Incidence Rates and Trends Summary**
Overall, the breast cancer incidence rate and trend in the Komen Lubbock Area service area were lower than that observed in the U.S. 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 United States, breast cancer incidence in Blacks/African-Americans is lower than in Whites overall. The most recent estimated breast cancer incidence rates for Asians and Pacific Islanders (APIs) and for American Indians and Alaska 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 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'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.

**Death Rates and Trends Summary**
Overall, the breast cancer death rate in the Komen Lubbock Area service area was similar to that observed in the U.S. as a whole, and the death rate trend was not available for comparison with the U.S. 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 United States, 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 enough data available.

**Late-stage Incidence Rates and Trends Summary**
Overall, the breast cancer late-stage incidence rate in the Komen Lubbock Area service area was slightly lower than that observed in the U.S. as a whole, and the late-stage incidence trend was lower than the U.S. 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 United States, 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
about the same 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 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 some screening recommendations among major organizations for women at average risk.

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 for ages 40-49</td>
</tr>
<tr>
<td>Mammography every year starting at age 45</td>
<td></td>
<td>Mammography every 2 years for 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 used in this report. The data come from interviews with women ages 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 ages 50 to 74 who reported in 2012 having had a mammogram in the previous 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 Hispanic/Latina, but only 10.0 percent of the total women in the area are Hispanic/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 ages 50 to 74).
- The number of these women who actually had a mammogram during the previous 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 previous 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’s 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, if 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’s very unlikely that it’s 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>U.S.</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 Lubbock Area Service Area</td>
<td>47</td>
<td>39</td>
<td>75.3%</td>
<td>56.7%-87.6%</td>
</tr>
<tr>
<td>White</td>
<td>40</td>
<td>35</td>
<td>88.7%</td>
<td>70.1%-96.3%</td>
</tr>
<tr>
<td>Black/African-American</td>
<td>SN</td>
<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>40</td>
<td>33</td>
<td>79.2%</td>
<td>60.0%-90.6%</td>
</tr>
<tr>
<td>Bailey County - TX</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Cochran County - TX</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Cottle County - TX</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Crosby County - TX</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Dickens County - TX</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Floyd County - TX</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Garza County - TX</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Hale County - TX</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Hockley County - TX</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Kent County - TX</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Lamb County - TX</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Lubbock County - TX</td>
<td>33</td>
<td>27</td>
<td>77.9%</td>
<td>54.1%-91.3%</td>
</tr>
<tr>
<td>Lynn County - TX</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Motley County - TX</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Terry County - TX</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Yoakum County - TX</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
</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 Lubbock Area service area was not significantly different than that observed in the U.S. 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.

Most of the counties in the Affiliate service area did not have enough data available to compare with the Affiliate service area as a whole. However, the one county with sufficient data, Lubbock County, did not have substantially different screening proportions than the Affiliate service area as a whole.

**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 U.S. 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 U.S. counties. All the data are shown as percentages. However, the percentages weren’t 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 don’t include children. They’re 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>
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<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 Lubbock Area Service Area</td>
<td>89.9%</td>
<td>7.0%</td>
<td>1.3%</td>
<td>1.8%</td>
<td>62.0%</td>
<td>38.0%</td>
<td>41.9%</td>
<td>30.3%</td>
<td>13.6%</td>
</tr>
<tr>
<td>Bailey County - TX</td>
<td>94.8%</td>
<td>1.8%</td>
<td>2.6%</td>
<td>0.8%</td>
<td>41.3%</td>
<td>58.7%</td>
<td>42.8%</td>
<td>31.2%</td>
<td>15.5%</td>
</tr>
<tr>
<td>Cochran County - TX</td>
<td>92.3%</td>
<td>5.2%</td>
<td>2.1%</td>
<td>0.4%</td>
<td>45.8%</td>
<td>54.2%</td>
<td>44.8%</td>
<td>32.5%</td>
<td>15.5%</td>
</tr>
<tr>
<td>Cottle County - TX</td>
<td>89.9%</td>
<td>9.8%</td>
<td>0.3%</td>
<td>0.1%</td>
<td>79.5%</td>
<td>20.5%</td>
<td>60.0%</td>
<td>47.8%</td>
<td>26.9%</td>
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<tr>
<td>Crosby County - TX</td>
<td>94.2%</td>
<td>4.7%</td>
<td>0.9%</td>
<td>0.2%</td>
<td>48.5%</td>
<td>51.5%</td>
<td>48.5%</td>
<td>37.2%</td>
<td>18.7%</td>
</tr>
<tr>
<td>Dickens County - TX</td>
<td>94.3%</td>
<td>2.9%</td>
<td>1.7%</td>
<td>1.1%</td>
<td>74.2%</td>
<td>25.8%</td>
<td>58.4%</td>
<td>48.7%</td>
<td>23.0%</td>
</tr>
<tr>
<td>Floyd County - TX</td>
<td>94.6%</td>
<td>4.1%</td>
<td>1.0%</td>
<td>0.3%</td>
<td>47.5%</td>
<td>52.5%</td>
<td>48.7%</td>
<td>37.0%</td>
<td>19.5%</td>
</tr>
<tr>
<td>Garza County - TX</td>
<td>91.5%</td>
<td>7.0%</td>
<td>1.1%</td>
<td>0.5%</td>
<td>61.2%</td>
<td>38.8%</td>
<td>46.1%</td>
<td>33.8%</td>
<td>15.9%</td>
</tr>
<tr>
<td>Hale County - TX</td>
<td>92.5%</td>
<td>5.2%</td>
<td>1.7%</td>
<td>0.6%</td>
<td>42.8%</td>
<td>57.2%</td>
<td>41.9%</td>
<td>29.8%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Hockley County - TX</td>
<td>93.6%</td>
<td>4.4%</td>
<td>1.5%</td>
<td>0.4%</td>
<td>55.6%</td>
<td>44.4%</td>
<td>44.3%</td>
<td>32.4%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Kent County - TX</td>
<td>96.9%</td>
<td>1.6%</td>
<td>1.4%</td>
<td>0.0%</td>
<td>87.1%</td>
<td>12.9%</td>
<td>62.6%</td>
<td>51.8%</td>
<td>30.4%</td>
</tr>
<tr>
<td>Lamb County - TX</td>
<td>92.3%</td>
<td>5.4%</td>
<td>1.9%</td>
<td>0.4%</td>
<td>48.7%</td>
<td>51.3%</td>
<td>47.7%</td>
<td>34.8%</td>
<td>17.8%</td>
</tr>
<tr>
<td>Lubbock County - TX</td>
<td>88.2%</td>
<td>8.2%</td>
<td>1.1%</td>
<td>2.5%</td>
<td>67.8%</td>
<td>32.2%</td>
<td>40.3%</td>
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<td>12.5%</td>
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<tr>
<td>Lynn County - TX</td>
<td>95.0%</td>
<td>2.8%</td>
<td>1.8%</td>
<td>0.4%</td>
<td>54.6%</td>
<td>45.4%</td>
<td>49.0%</td>
<td>35.5%</td>
<td>17.8%</td>
</tr>
<tr>
<td>Motley County - TX</td>
<td>96.2%</td>
<td>2.2%</td>
<td>1.5%</td>
<td>0.2%</td>
<td>86.0%</td>
<td>14.0%</td>
<td>62.0%</td>
<td>51.3%</td>
<td>31.3%</td>
</tr>
<tr>
<td>Terry County - TX</td>
<td>94.2%</td>
<td>4.1%</td>
<td>1.0%</td>
<td>0.7%</td>
<td>49.9%</td>
<td>50.1%</td>
<td>47.2%</td>
<td>34.8%</td>
<td>16.9%</td>
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<tr>
<td>Yoakum County - TX</td>
<td>96.2%</td>
<td>1.7%</td>
<td>1.7%</td>
<td>0.4%</td>
<td>41.4%</td>
<td>58.6%</td>
<td>41.1%</td>
<td>28.6%</td>
<td>12.0%</td>
</tr>
</tbody>
</table>

Data are for 2011.
Data are in the percentage of women in the population.
## Table 2.5. Population characteristics – socioeconomics

<table>
<thead>
<tr>
<th>Population Group</th>
<th>Less than HS Education</th>
<th>Income Below 100% Poverty</th>
<th>Income Below 250% Poverty (Ages 40-64)</th>
<th>Unemployed</th>
<th>Foreign Born</th>
<th>Linguistically Isolated</th>
<th>In Rural Areas</th>
<th>In Medically Underserved Areas</th>
<th>No Health Insurance (Ages 40-64)</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>14.6%</td>
<td>14.3%</td>
<td>33.3%</td>
<td>8.7%</td>
<td>12.8%</td>
<td>4.7%</td>
<td>19.3%</td>
<td>23.3%</td>
<td>16.6%</td>
</tr>
<tr>
<td>Texas</td>
<td>19.6%</td>
<td>17.0%</td>
<td>37.1%</td>
<td>7.3%</td>
<td>16.2%</td>
<td>8.2%</td>
<td>15.3%</td>
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<tr>
<td>Komen Lubbock Area Service Area</td>
<td>20.7%</td>
<td>19.2%</td>
<td>41.2%</td>
<td>6.2%</td>
<td>7.2%</td>
<td>4.7%</td>
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<td>38.3%</td>
<td>24.8%</td>
</tr>
<tr>
<td>Bailey County - TX</td>
<td>28.3%</td>
<td>19.2%</td>
<td>48.5%</td>
<td>6.2%</td>
<td>12.9%</td>
<td>4.6%</td>
<td>28.8%</td>
<td>0.0%</td>
<td>32.0%</td>
</tr>
<tr>
<td>Cochran County - TX</td>
<td>30.7%</td>
<td>16.2%</td>
<td>49.9%</td>
<td>10.6%</td>
<td>12.3%</td>
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<td>100.0%</td>
<td>100.0%</td>
<td>31.2%</td>
</tr>
<tr>
<td>Cottle County - TX</td>
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<td>53.0%</td>
<td>2.0%</td>
<td>3.4%</td>
<td>1.9%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>33.9%</td>
</tr>
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<td>Crosby County - TX</td>
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<td>50.5%</td>
<td>4.8%</td>
<td>5.2%</td>
<td>7.7%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>27.8%</td>
</tr>
<tr>
<td>Dickens County - TX</td>
<td>26.0%</td>
<td>20.5%</td>
<td>47.1%</td>
<td>3.7%</td>
<td>4.4%</td>
<td>1.3%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>26.3%</td>
</tr>
<tr>
<td>Floyd County - TX</td>
<td>27.4%</td>
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<td>44.0%</td>
<td>4.7%</td>
<td>6.4%</td>
<td>8.1%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>27.3%</td>
</tr>
<tr>
<td>Garza County - TX</td>
<td>37.6%</td>
<td>22.5%</td>
<td>42.0%</td>
<td>2.4%</td>
<td>37.7%</td>
<td>9.1%</td>
<td>22.3%</td>
<td>100.0%</td>
<td>23.0%</td>
</tr>
<tr>
<td>Hale County - TX</td>
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<td>9.6%</td>
<td>7.9%</td>
<td>23.1%</td>
<td>0.0%</td>
<td>27.7%</td>
</tr>
<tr>
<td>Hockley County - TX</td>
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<td>6.7%</td>
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<td>39.8%</td>
<td>100.0%</td>
<td>23.3%</td>
</tr>
<tr>
<td>Kent County - TX</td>
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<td>7.0%</td>
<td>40.2%</td>
<td>4.0%</td>
<td>2.2%</td>
<td>1.5%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>19.7%</td>
</tr>
<tr>
<td>Lamb County - TX</td>
<td>27.0%</td>
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<td>49.3%</td>
<td>8.3%</td>
<td>10.1%</td>
<td>9.3%</td>
<td>57.7%</td>
<td>100.0%</td>
<td>29.8%</td>
</tr>
<tr>
<td>Lubbock County - TX</td>
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<td>19.1%</td>
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<td>3.0%</td>
<td>11.3%</td>
<td>24.1%</td>
<td>23.6%</td>
</tr>
<tr>
<td>Lynn County - TX</td>
<td>23.9%</td>
<td>18.5%</td>
<td>42.3%</td>
<td>2.9%</td>
<td>6.9%</td>
<td>9.9%</td>
<td>56.7%</td>
<td>100.0%</td>
<td>26.8%</td>
</tr>
<tr>
<td>Motley County - TX</td>
<td>15.4%</td>
<td>21.6%</td>
<td>46.9%</td>
<td>7.5%</td>
<td>2.0%</td>
<td>0.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>27.9%</td>
</tr>
<tr>
<td>Terry County - TX</td>
<td>32.7%</td>
<td>16.7%</td>
<td>47.3%</td>
<td>7.0%</td>
<td>9.8%</td>
<td>11.3%</td>
<td>24.7%</td>
<td>100.0%</td>
<td>27.3%</td>
</tr>
<tr>
<td>Yoakum County - TX</td>
<td>31.8%</td>
<td>22.4%</td>
<td>34.0%</td>
<td>6.2%</td>
<td>24.4%</td>
<td>24.2%</td>
<td>37.3%</td>
<td>100.0%</td>
<td>25.1%</td>
</tr>
</tbody>
</table>

Data are in the percentage of people (men and women) in the population.
Source of health insurance data: U.S. Census Bureau – Small Area Health Insurance Estimates (SAHIE) for 2011.
Source of rural population data: U.S. Census Bureau – Census 2010.
Source of medically underserved data: Health Resources and Services Administration (HRSA) for 2013.
Source of other data: U.S. Census Bureau – American Community Survey (ACS) for 2007-2011.

### Population Characteristics Summary

Proportionately, the Komen Lubbock Area service area has a substantially larger White female population than the U.S. as a whole, a substantially smaller Black/African-American female population, a substantially smaller Asian and Pacific Islander (API) female population, a slightly smaller American Indian and Alaska Native (AIAN) female population, and a substantially larger Hispanic/Latina female population. The Affiliate’s female population is slightly younger than that of the U.S. as a whole. The Affiliate’s education level is substantially lower than and income level is slightly lower than those of the U.S. as a whole. There is a slightly smaller percentage of people who are unemployed in the Affiliate service area. The Affiliate service area has a substantially smaller percentage of people who are foreign born. There is a slightly 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 counties have substantially larger Hispanic/Latina female population percentages than the Affiliate service area as a whole.

- Bailey County
- Cochran County
- Crosby County
- Floyd County
- Hale County
- Hockley County
- Lamb County
- Lynn County
- Terry County
- Yoakum County

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

- Cottle County
- Crosby County
- Dickens County
- Floyd County
- Kent County
- Motley County

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

- Bailey County
- Cochran County
- Crosby County
- Dickens County
- Floyd County
- Garza County
- Hale County
- Lamb County
- Terry County
- Yoakum County

The following county has substantially lower income levels than the Affiliate service area as a whole.

- Crosby County

The following county has substantially lower employment levels than the Affiliate service area as a whole.

- Cochran County

The following counties have a substantial foreign-born and linguistically isolated population.

- Cochran County
- Garza County
- Yoakum County
The following counties have substantially larger percentage of adults without health insurance than Affiliate service area as a whole.

- Bailey County
- Cochran County
- Cottle County
- Lamb 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 toward reducing the burden of breast cancer.

HP2020 has several cancer-related objectives, including:

- reducing women’s death rate from breast cancer (target as of the writing of this report: 20.6 cases per 100,000 women); and
- 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 Lubbock Area 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 the 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 the 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, the 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 the two 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</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 doesn’t 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.
- 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.
- 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 percentages) and key breast cancer death determinants (such as poverty and linguistic isolation).

**Table 2.7.** Intervention priorities for Komen Lubbock Area 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>Hockley County - TX</td>
<td>Highest</td>
<td>SN</td>
<td>13 years or longer</td>
<td>%Hispanic/Latina, rural, medically underserved</td>
</tr>
<tr>
<td>Lamb County - TX</td>
<td>Highest</td>
<td>SN</td>
<td>13 years or longer</td>
<td>%Hispanic/Latina, education, language, rural, insurance, medically underserved</td>
</tr>
<tr>
<td>Hale County - TX</td>
<td>Medium</td>
<td>13 years or longer</td>
<td>Currently meets target</td>
<td>%Hispanic/Latina, education, language</td>
</tr>
<tr>
<td>Lubbock County - TX</td>
<td>Medium Low</td>
<td>5 years</td>
<td>1 year</td>
<td>%Hispanic/Latina, education, foreign, rural, insurance</td>
</tr>
<tr>
<td>Bailey County - TX</td>
<td>Undetermined</td>
<td>SN</td>
<td>SN</td>
<td>%Hispanic/Latina, education, foreign, rural, medically underserved</td>
</tr>
<tr>
<td>Cochran County - TX</td>
<td>Undetermined</td>
<td>SN</td>
<td>SN</td>
<td>%Hispanic/Latina, education, employment, foreign, language, rural, insurance, medically underserved</td>
</tr>
<tr>
<td>Cottle County - TX</td>
<td>Undetermined</td>
<td>SN</td>
<td>SN</td>
<td>Older, rural, insurance, medically underserved</td>
</tr>
<tr>
<td>Crosby County - TX</td>
<td>Undetermined</td>
<td>SN</td>
<td>SN</td>
<td>%Hispanic/Latina, older, education, poverty, language, rural, medically underserved</td>
</tr>
<tr>
<td>Dickens County - TX</td>
<td>Undetermined</td>
<td>SN</td>
<td>SN</td>
<td>Older, education, rural, medically underserved</td>
</tr>
<tr>
<td>Floyd County - TX</td>
<td>Undetermined</td>
<td>SN</td>
<td>SN</td>
<td>%Hispanic/Latina, older, education, poverty, language, rural, medically underserved</td>
</tr>
<tr>
<td>Garza County - TX</td>
<td>Undetermined</td>
<td>SN</td>
<td>SN</td>
<td>Education, foreign, language, medically underserved</td>
</tr>
<tr>
<td>Kent County - TX</td>
<td>Undetermined</td>
<td>SN</td>
<td>SN</td>
<td>Older, rural, medically underserved</td>
</tr>
<tr>
<td>Lynn County - TX</td>
<td>Undetermined</td>
<td>SN</td>
<td>SN</td>
<td>%Hispanic/Latina, language, rural, medically underserved</td>
</tr>
<tr>
<td>Motley County - TX</td>
<td>Undetermined</td>
<td>SN</td>
<td>SN</td>
<td>Older, rural, medically underserved</td>
</tr>
<tr>
<td>Terry County - TX</td>
<td>Undetermined</td>
<td>SN</td>
<td>SN</td>
<td>%Hispanic/Latina, education, language, medically underserved</td>
</tr>
<tr>
<td>Yoakum County - TX</td>
<td>Undetermined</td>
<td>SN</td>
<td>SN</td>
<td>%Hispanic/Latina, education, foreign, language, rural, medically underserved</td>
</tr>
</tbody>
</table>

NA – data not available.
SN – data suppressed due to small numbers (15 cases or fewer for the 5-year data period).
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.

Data Limitations
The following data limitations need to be considered when utilizing the data of the Quantitative Data Report.
- The most recent data available were used; however, 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**

Two counties in the Komen Lubbock Area service area are in the highest priority category. Both of the two, Hockley County and Lamb County, are not likely to meet the late-stage incidence rate HP2020 target.

Hockley County has a relatively large Hispanic/Latina population. Lamb County has a relatively large Hispanic/Latina population, low education levels, and a relatively large number of households that speak little English.

**Medium Priority Areas**

One county in the Komen Lubbock Area service area is in the medium priority category. Hale County is not likely to meet the death rate HP2020 target.

Hale County has a relatively large Hispanic/Latina population, low education levels, and a relatively large number of households that speak little English.

**Undetermined Areas**

Several counties in the Komen Lubbock Area service area have undetermined priorities but may still have significant needs. Many of the counties with undetermined priorities have substantial minority populations and/or have multiple socioeconomic challenges among the key population characteristics.

**Selection of Target Communities**

Komen Lubbock Area Community Profile Team analyzed the breast cancer data provided by Komen Headquarters with the purpose of identifying and targeting high risk communities in terms of high breast cancer incidence rates, high breast cancer death rates, late-stage diagnosis, access to health care, and demographic variables such as socioeconomic status and ethnicity. The Community Profile Team concluded to target the communities of Hale, Hockley, and Lamb Counties.
The age-adjusted incidence rates in the target communities ranged from 83.4 to 122.5 per year. The incidence rates for both Hockley and Lamb Counties are higher than the Lubbock service area’s 108.1 age-adjusted new cases per year. The Lamb County age-adjusted incidence rate of 122.5 cases is higher than the national average of 122.1 cases per year. The death rate of 25.5 age-adjusted deaths per year in Hale County is higher than the Lubbock service area with 23.0 age-adjusted deaths per year. The late-stage diagnoses rate ranges from 34.0 to 53.2 age-adjusted new cases per year in the target communities compared to the Lubbock service area’s 42.7 age-adjusted new cases per year.

Hockley County has 11,654 women residing within the county, with approximately 112.5 cases of breast cancer per 100,000 females when adjusted for age. Late-stage age-adjusted rates are 49.1 cases per 100,000 females. Both incidence and late-stage rates show an increasing trend, with 3.6 percent and 4.1 percent annual increases, respectively. Hockley County has been determined to be of Highest Priority for the Lubbock Area Komen Affiliate, as it is predicted to take at least 13 years to reach the Healthy People 2020 late-stage incidence rate of 19.6 cases per 100,000 women. Hockley County is a medically underserved area with 23.3 percent of females age 40 to 64 without health insurance and 39.8 percent living in rural areas. Hockley County has a larger population of Hispanic/Latina females at 44.4 percent, compared to the Lubbock service area’s 38.0 percent.

Lamb County has 7,065 women residing within the county. Approximately 122.5 cases of breast cancer occur annually per 100,000 women when adjusted for age, and 53.2 cases per 100,000 are late-stage age-adjusted. Both the incidence and late-stage rates show a decreasing trend of 11.5 percent and 1.9 percent annual decreases, respectively. Even though the annual rates are decreasing, Lamb County is an area of the Highest Priority because the late-stage incidence target of HP2020 will not be reached at the current rate for 13 years or more. Lamb County has a Hispanic/Latina population of 48.7 percent. Additionally, this county is a medically underserved area, with 29.8 percent of women between 40 to 64 who do not have health insurance. The rate of uninsured women ages is considerably higher than that of the Lubbock service area as a whole at 24.8 percent. About 27.0 percent of the women who reside in Lamb County have less than a high school education.

Hale County has a population of 17,447 women and is the largest of the counties selected. Hale County falls in the Medium Priority area but was chosen as an area of focus for the Komen Lubbock Area because of the estimated 13 years or longer for this area to achieve the HP2020 death rate target of 20.6 cases per 100,000 women. Hale County’s age adjusted rates per 100,000 women for the number of new cases is 83.4, the death rate is 25.5, and the late-stage incidence rate is 34. While this county is not medically underserved, 27.7 percent of the women between the ages of 40 and 64 do not have health insurance. Additionally, 30.3 percent have less than a high school education, and 48.4 percent have an income that falls below 250 percent poverty. Hale County is comprised of 57.2 percent Hispanic/Latina women.

The next step is the health system analysis, which will include mapping key community assets, followed by qualitative analysis.
Health Systems Analysis Data Sources

Komen Lubbock Area’s comprehensive review of programs and services data included an analysis of available breast health services, health care facilities, grantee programs, mobile mammography site visits, and a collection of websites. Some of the websites in which data were obtained include mammography facilities certified by the FDA, hospitals that have been registered by Medicare, local health departments, community health centers, and free clinics. The Health System Analysis allowed the Team to better understand where programs were held and which counties lacked vital health services. With many of the counties having frontier populations, several have limited health care facilities and usually do not have breast health services other than visits by the mobile mammography unit.

Health Systems Overview

The Continuum of Care (Figure 3.1) is a strategic plan to ensure patients complete recommended screening and treatment after being diagnosed. In addition, the continuum of care’s goal is to ensure patients do not fall out of the patient care system. The continuum has four major components: screening, diagnosis, treatment, and follow-up care. Once patients enter into the continuum through annual screenings, the goal is to keep them moving through the continuum by receiving annual follow-up care or, if diagnosed, successfully completing treatment and follow-up care.

Numerous barriers keep women from entering into or staying in the patient care continuum. For example, education, income, language barriers, insurance, transportation, childcare, and time off of work are just a few. In the Affiliate’s services area, barriers include (but are not limited to) lack of insurance, patient navigation, distance to services, and transportation.

Women who live in Lubbock and have medical insurance have the least difficult time entering into the system through screening. In most cases, women with insurance who do not receive screening run into barriers which include (but are not limited to) time off from work, “convenience”, and childcare.

The Community Profile Team selected the following target counties: Hale, Hockley, and Lamb. The health systems analysis illustrated that Hale County contains two digital mammography facilities located in the most heavily populated city in Hale County (Figure 3.2). However, the diagnostic and treatment services are very limited or non-existent to the patients of Hale
County. Further, survivorship services within Hale County are limited, and those affected would have to travel to Lubbock County to access those services.

The health systems analysis of Hockley County identified that this county does not have a mammography facility but does have a number of health care providers in which patients are able to access limited screening services such as clinical breast exams (Figure 3.3). Patients within Hockley County are referred to services outside of the county for more specialized treatment and for support and survivorship services. Survivorship and support services for breast cancer patients are very minimal to non-existent in Hockley County.

The Lamb County health systems analysis determined that a mammography facility is not available but does have a number of health care providers in which patients are able to access limited screening activities like clinical breast exams (Figure 3.4). Within Lamb County, survivorship and support services are not available, and patients requiring those services would have to travel to Lubbock County to receive them.

Komen Lubbock Area's partnership with these target communities is even more crucial because of the limited access of health care and mammography services. All three target communities have a rural health clinic or a health care provider located in the county, but these services primarily offer basic health care assistance. One vital partnership is Covenant Health Mobile Mammography, which travels to all 16 counties in the Affiliate's service area. The unit provides on-site digital mammograms for the insured and underinsured patients of the community. If a patient is in need of follow-up care, the patient must travel to Lubbock County for diagnostic screening and diagnosis.

Additionally, the Affiliate partners with Texas AgriLife Extension Service to provide breast cancer educational events in communities of the Affiliate’s counties, including the target communities. At each educational event, a physician discusses breast self-awareness, breast health education, bi-lingual patient navigation, financial aid assistance, and the opportunity to schedule an appointment on the mobile mammography unit.

Komen Lubbock Area will pursue partnerships in the community to provide screening mammography services at a low or no cost to underserved patients of the community. Collaborations with Covenant Hospital of Plainview and Area Health Education Center of the Plains (AHEC) may assist the Affiliate in increasing access to care for patients in these target communities.
Figure 3.2. Breast cancer services available in Hale County
Figure 3.3. Breast cancer services available in Hockley County
Figure 3.4. Breast cancer services available in Lamb County
Public Policy Overview

Several public policies enable the Affiliate to provide screenings at little to no cost to the patients. Following is an overview of the five most significant, as well as the affiliate’s public policy activities.

National Breast and Cervical Cancer Early Detection Program (NBCCEDP)
In an effort to provide improved access to screening, Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990, which provided that the CDC would develop the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Through the NBCCEDP, the Centers for Disease Control and Prevention (CDC) provides timely breast and cervical cancer screenings and diagnostic services to low-income, uninsured, and underserved. Currently, the NBCCEDP provides funding to all 50 states, the District of Columbia, five U.S. territories, and 11 American Indian/Alaska Native tribes or tribal organizations. This funding is used to provide screening services for breast and cervical cancer, which allows the program to help low-income, uninsured, and underinsured women obtain access to breast and cervical cancer screening and diagnostic services. These services include:

- clinical breast examinations,
- mammograms,
- pap tests,
- pelvic examinations,
- human papillomavirus (HPV) tests,
- diagnostic testing if results are abnormal, and
- referrals to treatment.

In addition, in 2000, Congress passed the Breast and Cervical Cancer Prevention and Treatment Act, which allows states to provide the option to offer women who are diagnosed with cancer in the NBCCEDP access to treatment through Medicaid. Currently, all 50 states and the District of Columbia have approved this Medicaid option. In 2001, Congress clarified that this option also applies to American Indians/Alaska Natives with the passage of the Native American Breast and Cervical Cancer Treatment Technical Amendment Act. Congress explained that this option applies to American Indians/Alaska Natives who are eligible for health services provided by the Indian Health Service or by a tribal organization.

State Comprehensive Cancer Control Coalition – Breast and Cervical Cancer Services
The Texas Department of State Health Services (DSHS) Breast and Cervical Cancer Services (BCCS) program assists in the funding of clinical locations in Texas to provide women with quality, low-cost, and accessible breast and cervical cancer screening and diagnostic services. These services assist in the assurance that women achieve regular screening. Regular screenings are the best method to prevent and detect breast or cervical cancer in its earliest stages, thus increasing the patient's chance of survival.

Funding
BCCS is funded by a mix of Centers for Disease Control and Prevention (CDC) funds, Title XX to Temporary Assistance for Needy Families (TANF) funds, and State General Revenue.

- CDC Funds – Federal cancer prevention and control programs for state, territorial, and tribal organizations funds.
• Title XX to TANF – Texas opts to convert a portion of its TANF funds to Social Services Block Grant (Title XX), which can be used for clinical women’s health services.
• State General Revenue – State funds allocated by the Texas legislature.

Points of Contact to Enroll
Services are provided through contracts with local health departments, community-based organizations, private nonprofit organizations, Federally Qualified Health Centers (FQHCs), hospitals, and hospital districts. Contractors bill DSHS on a fee-for-service basis. In fiscal year 2013, 43 organizations contracted with DSHS to provide BCCS services at 212 clinics across the state.

Breast and cervical cancer screening services are available through health care providers across Texas. A list of contractors and the counties they serve is available at http://www.dshs.state.tx.us/bccscliniclocator.shtm.

Eligibility
The Texas BCCS program offers low-income women ages 18-64 access to screening and diagnostic services for breast and cervical cancer. To qualify for breast cancer services, a woman must be:
• low-income (at or below 200 percent of the Federal Poverty Income Guidelines),
• uninsured or underinsured,
• age 40-64 years for breast cancer screening and diagnostic services,
• high priority populations, and/or
• ages 50-64 with breast cancer.

Medicaid for Breast and Cervical Cancer (MBCC)
BCCS-contracted health clinics are the gateway to cancer treatment and determine a woman’s eligibility for the Medicaid for Breast and Cervical Cancer (MBCC) program. BCCS contractors are required to: 1) collect the verifying documents for identity, income, and qualifying diagnosis; 2) complete the MBCC application; and 3) send all the documents to DSHS for review of the qualifying diagnosis.

Eligibility
To be eligible for MBCC, a woman must be:
• 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, as defined by BCCS policy; and
• have family gross income at or below 200 percent of the Federal Poverty Income Guidelines, as defined by BCCS policy; and (see the criteria for eligibility at https://www.dshs.state.tx.us/bcccs/treatment.shtm); and
• uninsured, that is, she must not otherwise have creditable coverage (including current enrollment in Medicaid); and
• under age 65; and
• a Texas resident; and
• a U.S. citizen or qualified alien.
**Enrollment**
For enrollment, individuals can contact a BCCS contractor in their area or visit the BCCS Clinic Locator at [http://www.dshs.state.tx.us/bccscliniclocator.shtm](http://www.dshs.state.tx.us/bccscliniclocator.shtm).

- A BCCS contractor will screen for eligibility and, if applicable, complete the Medicaid Medical Assistance Application (Form 1034). The BCCS contractor will review and collect required documentation of eligibility.
- DSHS will verify the patient’s qualifying diagnosis and send Form 1034 to the Health and Human Services Commission (HHSC).
- HHSC Centralized Benefits Services make the final Medicaid eligibility determination.

**Coverage**
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. Should a woman have a recurrent breast or cervical cancer, the BCCS contractor must reapply for the woman to be eligible for Medicaid.

The collaborative relationship with BCCS is new. Susan G. Komen Headquarters managed the relationship in the past, but with recent advocacy program changes, Komen Texas Advocacy Collaborative (KTAC) is taking over responsibility of communicating and working with the agency to ensure advocacy interests are met. Advocacy efforts for the next four years include communicating more with BCCS and learning methods that can be helpful in ensuring BCCS serves more of the working poor. The program currently serves only 6.0 percent of eligible women.

**States Comprehensive Cancer Control Coalition – Texas Cancer Plan**
The goal of the Texas Cancer Plan is to reduce the cancer burden across the state and improve the lives of Texans. The Texas Cancer Plan identifies the challenges and issues that affect the state, presents a set of goals, and stands as the statewide call to action in the areas of cancer research, prevention, and control. The Texas Cancer Plan’s objectives and strategies help to inform and guide communities in the fight against cancer. The Texas Cancer Plan provides a coordinated, prioritized, and actionable framework that assists in guiding efforts to fight the human and economic burden of cancer in Texas. The Texas Cancer Plan is developed with input provided from organizations and institutions, community leaders, planners, coalition members, cancer survivors, and family and friends affected by cancer.

To accomplish the mission, the Texas Cancer Plan is comprised of 16 goals, grouped under six distinct categories.

I. **Primary Prevention and Risk Reduction – Promoting change in behavior, policy, environment, or other systems to prevent or reduce the risk of developing cancer**
   - **Goal 1:** Reduce incidence and deaths from lung cancer and other tobacco-related cancers.
   - **Goal 2:** Reduce cancer risk related to obesity.
   - **Goal 3:** Increase adoption of evidence-based nutrition behaviors and physical activity behaviors shown to reduce cancer risk.
• Goal 4: Reduce incidence and deaths of skin cancers resulting from solar and artificial ultraviolet radiation.
• Goal 5: Increase vaccination rate for vaccines shown to reduce the risk of cancer.
• Goal 6: Reduce cancer risk related to environmental carcinogens.

II. Screening and Early Detection – Increasing risk-appropriate and timely screening services to detect pre-cancerous changes or cancers as early as possible, when treatment is more likely to be successful
• Goal 7: Increase proportion of early stage diagnosis through screening and early detection to reduce deaths from breast cancer.
• Goal 8: Reduce deaths and number of new cases of cervical cancer through screening and early detection.
• Goal 9: Reduce the number of deaths from and new cases of colon and rectum cancer through screening and early detection.
• Goal 10: Develop and implement screening and early detection methods for other cancers.

III. Diagnosis, Treatment, and Palliation – Ensuring that all patients receive timely and effective diagnostic, treatment, and supportive care
• Goal 11: Increase timely access to quality cancer diagnostic, treatment, and palliation services for all Texans.

IV. Quality of Life and Survivorship – Improving the health and well-being of cancer survivors, from the point of diagnosis throughout treatment, and beyond
• Goal 12: Promote overall health and well-being of people affected by cancer.

V. Infrastructure – Developing and strengthening a sustainable framework to support delivery of the most appropriate prevention and care services
• Goal 13: Develop or strengthen the infrastructure supporting the delivery of the most appropriate cancer prevention and care services.

VI. Research and Commercialization – Accelerating the discovery, development, and dissemination of innovation in cancer prevention and treatment that holds the potential to reduce the burden of cancer
• Goal 14: Support the highest quality and most innovative research that will enhance the potential for medical or scientific breakthroughs in cancer.
• Goal 15: Increase opportunities to access and participate in cancer research and clinical trials.
• Goal 16: Improve patient care by accelerating the movement of prevention interventions, therapeutics, and diagnostics into practice.

More information about these objectives can be found in the complete version of the Texas Cancer Plan (Cancer Alliance of Texas) at http://www.cancerallianceoftexas.org/storage/texas-cancer-plan2012.pdf.
The Texas Cancer Plan encourages community-based organizations and stakeholders to pursue the following objectives:

- 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.

The Komen Affiliates of Austin, Dallas County, Houston, and North Texas, from the Komen Texas Advocacy Collaborative (KTAC), are members of the Cancer Alliance of Texas (CAT), the state cancer coalition. Member Affiliates share responsibility of attending quarterly calls and updating KTAC on developments.

Goals of The Komen Texas Advocacy Collaborative

- Goal 1: Encourage more Affiliates to become Cancer Alliance of Texas members.
- Goal 2: Integrate breast cancer policy objectives into the KTAC advocacy agenda.

With budget and staffing limitations, KTAC Affiliates will seek ways to collaborate with other CAT agencies for policy advocacy, especially those working on Medicaid Expansion and issues relating to increased access to care.

**Affordable Care Act**
The Patient Protection and Affordable Care Act (PPACA), commonly called the Affordable Care Act (ACA) is a United States federal statute signed into law by President Barack Obama on March 23, 2010. Under the law, a new “Patient’s Bill of Rights” gives the American people options regarding their health.

**Key Features of the Affordable Care Act**

**Coverage**

- Ends Pre-Existing Condition Exclusions for Children: Health plans can no longer limit or deny benefits to children under 19 due to a pre-existing condition.
- Keeps Young Adults Covered: If an adult is under 26, they may be eligible to be covered under their parent’s health plan.
- Ends Arbitrary Withdrawals of Insurance Coverage: Insurers can no longer cancel coverage due to an honest mistake.
- Guarantees Right to Appeal: Right to ask that a plan reconsider its denial of payment.

**Costs**

- Ends Lifetime Limits on Coverage: Lifetime limits on most benefits are banned for all new health insurance plans.
- Reviews Premium Increases: Insurance companies must now publicly justify any unreasonable rate hikes.
- Helps Get the Most from Premium Dollars: Premium dollars must be spent primarily on health care, not administrative costs.
Covers Preventive Care at No Cost: An individual may be eligible for recommended preventive health services with no copayment.

Protects Choice of Doctors: Individuals may choose a primary care doctor from their plan’s network.

Removes Insurance Company Barriers to Emergency Services: An individual may seek emergency care at a hospital outside of health plan’s network.

State action on Medicaid expansion
Texas forfeited its option to run a state insurance exchange. As a result, consumers in the state can choose coverage from a federally run marketplace. Insurance offerings with providers vary from county to county (Healthcare.gov). Texas did not expand Medicaid coverage for those with incomes up to 133 percent of the poverty level. This would have increased access to health care for about 1,046,430 people in the state (Henry J. Kaiser Family Foundation, The Coverage Gap, 2014). Medicaid Expansion could also mean an overall increase in economic activity through the addition of federal funds for the program. Texas’ choice not to expand has thus caused them to miss the opportunity for job expansion as projected at a minimum of 379,000 jobs through 2017 (Missed Opportunities, 2013). Texas, along with 23 other states, chose not to expand Medicaid as of January 1, 2014, thus creating an economic loss of over $60 billion (Missed Opportunities, 2013).

Estimated number of uninsured in state prior to and after insurance mandate
Prior to the insurance mandate, more than 6.2 million people were uninsured in Texas, making up about 24 percent of the total population (Henry J. Kaiser Family Foundation, Health Insurance Coverage, 2012). The Affordable Care Act (ACA) insurance mandate for the public went into effect January 2014; its impact on the current uninsured rate is still being determined.

Implications of ACA on state NBCCEDP eligibility and utilization
Most exchange plans will provide coverage for “essential health benefits,” at minimum; be subject to certain limits on cost-sharing, including out-of-pocket costs; and meet one of four levels of plan generosity based on actuarial value. To make exchange coverage more affordable, certain individuals will receive premium assistance in the form of federal tax credits. Moreover, some recipients of premium credits may also receive subsidies toward cost-sharing expenses (Congressional Research Service, 2014).

The impact of health reform for health care providers varies among states, with some exchange plans offering a larger network of providers. Currently, challenges exist for patients with lower-cost exchange plans in accessing specialty care, like oncology (Texas Public Radio, 2014). Those with lower incomes tend to choose exchange plans with lower premiums, with higher deductibles resulting in problems affording care. Some consumers face cultural barriers and literacy challenges to understanding plans (Washington Post, 2014).

Implications of ACA for health care providers
Texas has the highest rate of uninsured people in the nation. According to the Kaiser Family Foundation, 53.0 percent of the population has been uninsured for at least five years, and 40.0 percent have incomes below the poverty level (The Uninsured Population, 2013).
Medicaid Expansion in Texas would have eased eligibility requirements for 56.0 percent of the uninsured population group in Texas (The Henry J. Kaiser Family Foundation, The Coverage Gap, 2014). Affordable Care Act provisions such as preventive services—including mammograms—without cost sharing, restrictions on annual and lifetime limits, restraints on out-of-pocket costs, and required coverage of pre-existing conditions could alleviate barriers to health care access for those who fall in the insurance gap in Texas. 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 through the marketplace (Internal Revenue Service, 2013).

More community outreach efforts might be needed to connect the eligible uninsured to insurance access through the marketplace, especially with 31.0 percent of the uninsured reporting never having coverage in their lifetime (Henry J. Kaiser Family Foundation, The Uninsured Population, 2013).

However, with more than one million uninsured people in the state who are unable to access affordable insurance even with Affordable Care Act provisions and tax credits, health care centers and nonprofits will continue to serve a large population in need.

The overall impact of the Affordable Care Act in Texas on the uninsured will take time. In the meantime, thousands of women will still need breast cancer screening, treatment, education, and aftercare services.

The current prevalence of access to care issues means that Texas Komen Affiliates will continue to serve high volumes of uninsured and underinsured constituencies through community based grants. Through Affordable Care Act outreach collaborations, Komen might be able to use grant funding more efficiently by ensuring those without insurance options receive resources.

Implications of ACA for the Affiliate
Most KTAC Affiliates maintain relationships with local and federal elected officials to ensure Komen’s policy priorities are reinforced and have become comfortable contacting policymakers. This is primarily through individual meetings and phone calls. Some Affiliates host legislative events to promote breast cancer awareness with local legislators and secure their support of Komen.

The Collaborative attends conference calls as needed, while the Public Policy Committee conducts bi-monthly calls to discuss updates from state health agencies and advocacy organizations. The Committee is responsible for public policy planning and decides KTAC’s role for local advocacy.

Affiliate’s Public Policy Activities
With advocacy program changes at Komen Headquarters, KTAC is assuming more state level advocacy and public policy roles. Most of the Affiliates are ready to engage legislators beyond initial contact, with more emphasis on policy changes affecting breast cancer patients and survivors.
Komen Affiliates would like to strengthen the Collaborative structure through public policy, especially through volunteers willing to support KTAC’s legislative goals.

Future goals include working with more cancer and health coalitions to learn about patient issues and to develop Komen’s advocacy presence.

**Health Systems and Public Policy Analysis Findings**

The Health Systems Analysis findings in the target communities exemplified some potential needs of the Affiliate. With only one of the target communities, Hale County, containing two mammography facilities in the county, the Affiliate will work with the community to improve knowledge and education about the importance of breast health. The other two target communities, Hockley and Lamb Counties, do not have mammography facilities located in the county; therefore, knowledge and education about the importance of breast health as well as accessibility to the nearest mammography facility are necessary. The barriers to screening and treatment could be distance and financial assistance. For many women, if they have transportation, a trip to the nearest mammography facility or into Lubbock, the largest metropolitan area, means taking an entire day off work to receive two or three annual screenings. For women who lack transportation services, public transportation is available in most counties, but can be costly and even more time-consuming. Funding for women who need a mammogram also brings on challenges. Information on where to find financial aid assistance and qualifications may be difficult to find, time consuming, and exhausting.

Currently, Komen Lubbock Area partners with Texas AgriLife Extension Service to provide educational events in communities of the Affiliate’s counties, including the target communities. Texas AgriLife Extension Service contains an office in each of the 16 counties in the Affiliate’s service area. At previous educational events, a physician discussed breast self-awareness, breast health education, bi-lingual patient navigation, financial aid assistance, and the opportunity to schedule an appointment on the mobile mammography unit. Moving forward, the Affiliate will pursue a partnership in the community to provide screening mammography services at a low or no cost to underserved patients of the community. Collaborations with Covenant Hospital of Plainview and Area Health Education Center of the Plains may assist the Affiliate in providing these screening services. Further, Komen Lubbock Area is working to develop a relationship with local, state, and national elected officials over the past few years through national and state Lobby Days. These organized lobby events have served as a time to discuss the issues facing women in the area and educating officials on the needs of their constituents. Komen Lubbock Area plans to partner with the Texas Komen Affiliates to work on further legislation in regards to breast health.
Qualitative Data Sources and Methodology Overview

Methodology
The Community Profile Team of Komen Lubbock Area identified several questions to address during the collection of the qualitative data. Based on the quantitative data and the health systems analysis, the target communities of Hale, Hockley, and Lamb Counties had specific trends that were chosen to investigate. Hockley and Lamb Counties are medically underserved areas, a large percentage does not have health insurance, and both have large Hispanic/Latina populations. Additionally, while Hale County wasn’t identified as a medically underserved area, it has a large percentage of residents with no health insurance. Therefore, the Team chose to investigate the following areas in the target communities: access to medical care, including access to mammograms and follow-up care if needed; and the misconceptions of using these services as well as identifying the best ways for Komen to increase education and presence in these target communities. Different combinations of key informant interviews, focus groups, and surveys were used as data collection methods. These methods were chosen because they were the best way to obtain the information, as the target communities are very rural. The data were collected by the Lubbock Area Mission Coordinator and the Community Profile Chair. For each focus group, the Mission Coordinator led the focus group and the data were recorded by the Community Profile Team. Additionally, the Mission Coordinator followed the pre-determined list of questions so the information collected would be the same across the target communities. The Mission Coordinator also conducted the key informant interviews and summarized this information, as well as the information obtained through survey responses, for the sake of consistency. Triangulation of the data occurred through comparisons of the informant interviews, focus groups, and surveys to determine the needs of the target communities as perceived by those living and working within those areas.

Sampling
In each target community, the population of interest was women 40 and older, rural residents, and Hispanic/Latina women. Surveys were collected in one of the target communities. The focus groups were organized in all three of the target communities with the help of survivors, local hospitals, or the AHEC groups within the target communities. The sources selected for the focus groups were a sample of convenience but did include the populations of interest as previously defined. Additionally, the key informant interviews were conducted in two target communities with residents of these communities who were survivors, residents who had never received mammograms, medical personnel serving these communities, or groups like AHEC that serve the medically underserved. All information gained from participants of the focus groups, key informant interviewees, and surveys were used in the data analysis. The rationale for including all participants is related to the small number of women who participated in relation to the general population of the target communities.
Ethics
Each focus group participant was provided with a consent form prior to the beginning of the conversations. The Community Profile Team explained the consent form and how their anonymity and confidentiality would be protected. Additionally, when the data were collected during focus groups, the recorder did not record any names or identifiers. Therefore, the comments and opinions collected during the focus groups were anonymous. Survey participants were informed of the confidentiality process and were given the option of providing their name if they chose to do so. Key informant interview responses were included in this report, but the names of those interviewed are withheld. The participants may only be identified as a medical provider, survivor, or community member.

Qualitative Data Overview

Komen Lubbock Area identified Hale, Hockley, and Lamb Counties as target communities based on the Quantitative Data. The high risk counties were identified due to the breast cancer incident rate, breast cancer death rate, late-stage diagnosis, access to health care, and demographic variables. The Community Profile Team collected data by conducting different combinations of key informant interviews, focus groups, and surveys in the target communities.

The choice of data collection was based on the Affiliate’s need to develop a comprehensive assessment of the target communities. The Community Profile Team wanted to further explore the breast health issues in each community. The qualitative data exemplify the issues highlighted in the quantitative date. The themes and categories are language barriers, financial barriers, lack of breast health education, cultural and generational barriers, and access to health care.

The methods of data collection enabled the Community Profile Team to capture some insight into the community and its breast health issues, with the purpose of partnering with the communities in the future.

Hockley County
The data collection in Hockley County was conducted through a focus group and key informant interviews. The Community Profile concern in Hockley County is the high breast cancer incidence rate and late-state diagnosis in a county in which digital mammograms are performed. The Affiliate’s focus was, “Why are women who have access to health care not being screened or being screened later?” Hockley County has a population of 44.4 percent Hispanic/Latina women. This demographic was represented accurately during the focus group, as 92.0 percent of the attendees spoke only Spanish. The women of the focus group were clear to state that language creates barriers to seeking breast cancer screenings. One participant shared, “They will not understand my concerns and I will not understand theirs.” Language was not the only barrier that was a concern; financial assistance and lack of education about breast health were others. The focus group spoke at length about the burden to pay for screenings that they “don’t feel are necessary.” Breast cancer is often a disease with few or no symptoms; therefore, women who may not be able to pay for breast cancer screenings and possibly follow-up care may choose not to seek these screenings. Women of the community wanted to know more about breast health and the screening recommendations. When asked what Komen could do to increase breast health education, the participants responded to have more breast health classes associated with English as a Second Language classes held at a local school.
addition, they suggested advertising in Spanish newspapers and churches and teaching the classes in Spanish. Key informant interviews within this county reflected similar concerns about language barriers when seeking cancer screenings and lack of finances to be able to afford the screening as well as possible follow-up care.

**Hale County**
The data collection in Hale County was conducted through a focus group and key informant interviews. Hale County was selected as a target community due to the high breast cancer incidence rate, breast cancer death rate, and late-stage diagnosis. The data were concerning to the Community Profile Team because of the county’s ability to provide financial assistance to the women of Hale County through the indigent health care program. To attempt to discover why there is a high late-stage diagnosis despite availability of funding, the Team’s focus was, “Why are women receiving a late-stage diagnosis in this community?” The focus group conducted had a wide representation of women from the community. It was clear that the women of the community were aware of their breast health and the importance of breast screenings. However, the community was unaware of the financial assistance available to assist with mammograms. One woman shared, “I was not given a choice. I was just sent the bill.” Women of the community were clearly concerned about the cost of a repeat mammogram therefore causing the financial fear to overpower the education to stay in the continuum of care. To increase breast health awareness, the participants suggested posting educational information in the YMCE, WIC offices, and high schools. Additionally, advertising in Spanish newspapers and churches was suggested. Key informant interviewees said that it was intimidating to fill out the necessary paperwork in English and that the paperwork isn’t available in Spanish. Therefore, patients often bring their young children or grandchildren to help translate important diagnosis information. The key informant interviewees stated similar means of advertising and education to increase awareness of Komen and breast health education.

**Lamb County**
The data collection in Lamb County was conducted through surveys and key informant interviews. Lamb County is 100 percent medically underserved, with 57.7 percent of the residents living in a rural area. Interview answers as well as survey responses showed that women of this community must travel to receive mammograms, therefore making transportation an issue. The closest medical facility for residents of this community to receive a mammogram or breast health services is more than one hour away. Medical providers at local clinics are very limited and only see scheduled patients every other month. Financial barriers were also noted issues that keep women from entering the Continuum of Care. One woman shared through a key informant interview: “We have lots of low-income women that cannot afford to drive to Lubbock or afford the doctor visit…they can’t afford treatment if needed.” Lamb County has a population of 29.8 percent of women who are uninsured, and those who are insured are most often unable to pay for the co-pay. Both survey respondents and key informant interviews stated that increased access to locally provided mammograms would be welcomed. When told more about what Komen offers in the realm of breast health education and access to a mobile mammography unit, key informant interviewees thought that those opportunities would be a positive impact on the target community.
Qualitative Data Findings

The overall strengths of the qualitative data collection was the sampling size of each of the focus groups and the informant interviews, as the chosen target communities are rural areas with small populations spread over the entire county. Those identified as key informant interviews live and work within the target communities. This allowed the Team to collect additional information not addressed in the focus groups about how residents within those communities seek medical care and their perceptions on breast cancer, getting a mammogram, and potential follow-up care.

While the focus groups and informant interviews were considered strengths, the focus groups were also a weakness of data collection. In the rural communities that were visited, the Team had to rely on the participants who showed up to represent the entire community. This may have led to skewed data in terms of one population being represented more than the general population of the county. Therefore, the limitations of the data presented may include under-representation of specific populations within the target communities.

In Hockley County, the quantitative data shows that the population of the community is comprised of a large Hispanic/Latina population, and many are uninsured. One of the interviews in this community revealed that a local company had more than 70 employees, but only four were insured. Several comments were heard about how being uninsured was a hurdle in getting screened. Further, within the Hispanic/Latina community, there are concerns that the medical staff would not understand their concerns during the screening and potential follow-up care if necessary. There was also concern about how to get the needed educational information out to the targeted Hispanic/Latina population. The quantitative data and the health systems analysis agree that the populations within Hockley County are uninsured, Hispanic/Latina, and medically underserved. The conclusions for this target community include a need to focus education outreach to the Hispanic/Latina and uninsured communities to inform them about ways to get screened and to provide more information about breast health.

In Lamb County, the qualitative data supported the quantitative data and the health systems analysis that this target community is medically underserved. The participants stated that lack of screening facilities within the county result in the need to drive more than an hour away to receive medical attention. Additionally, the other concern that the qualitative data identified is affordability of medical expenses associated with the cost of screening and potential follow-up care, as well as travel expenses. Within this target community, the Community Profile Team concluded that areas of focus could include bringing in a mobile mammography unit to provide free screenings to the medically underserved women in the area as well as educating women on the availability of financial assistance for breast health and care.

Finally, in Hale County, the qualitative data again supported the health systems analysis and the quantitative data. The populations within this community represented within the focus group included a large portion of Hispanic/Latina women and several who were uninsured. They were unaware of the need to get a mammogram at the age of 40, and some were unaware there were services within the target community to assist them in obtaining screening. The conclusions for this target community were the need for increased education about breast health and services available for the target populations as identified by the quantitative data.
Breast Health and Breast Cancer Findings of the Target Communities

The quantitative data collected by Komen Lubbock Area identified two counties that are not on target to reach the late-stage incidence goal of Healthy People 2020. Hockley and Lamb Counties both have an above-average rate of late-stage diagnosis. Meanwhile, the citizens of Hale and Lamb Counties are uninsured at a higher rate than the Lubbock area, and 100 percent of women in Lamb County reside in a medically underserved area. The majority of women in Hale County are Hispanic/Latina, and almost half live below 250 percent of the poverty level. Hispanic/Latina women comprise almost half of the women in Lamb and Hockley Counties. The population of Lamb County is 58 percent rural, while 40 percent of Hockley County residents live outside of a town.

The Health System Analysis shows a critical need for medical service in the three counties. Only one, Hale County (including the towns of Plainview, Abernathy, and Hale Center), has any screening equipment, with two digital mammography facilities. All three counties are limited or very limited even in the availability of clinical breast exams. Lamb County has no survivor or support services, and such programming is either extremely limited or nonexistent in Hale and Hockley Counties.

Interviews and focus groups showed needs in screening, education, outreach, and language consideration. Hockley and Lamb Counties are in dire need of screening mammography facilities, as none exist in those areas. Women in all three counties were unaware of the financial assistance available to them for screening and treatment, and residents in Hockley County also expressed a need for breast health information and screening recommendations. Residents of Hale and Hockley Counties spoke of the need for outreach and informational materials written in Spanish and made available to Spanish-speaking churches and groups. Hockley County residents also expressed a concern about the language barrier when speaking with service providers.

Mission Action Plan

Problem One: The rates of late-stage diagnosis in Lamb County (53.2) and Hockley County (49.1) are higher than the rates in the Lubbock area (42.7) and nation (43.8).

Priority One: Increase screening of women ages 40 and over in the service area, with an emphasis in Lamb and Hockley Counties.

Objective One: Beginning with the FY16 Community Grant Request for Application, give priority to programs providing mammography screening days and follow-up for residents of Lamb and Hockley Counties.

Objective Two: By October 2015, collaborate with the Arrington Comprehensive Breast Cancer Center’s Mobile Mammography unit staff to develop a Mobile Mammography Frequently Asked Questions document in English and Spanish that explains the process of accessing the unit’s services; distribute 500 copies of the document to at least three locations in Hockley County and four locations in Lamb County.
Objective Three: By March 2016 and through FY19, in collaboration with employers in Hockley and Lamb Counties and a mobile mammography provider, hold at least one mobile mammography screening event in Hockley County and Lamb County annually.

Problem Two: The qualitative data indicates a lack of knowledge about breast health and screening recommendations among Hockley County residents.

Priority Two: Increase educational efforts in the service area, with an emphasis in Hockley County.

- **Objective One**: By November 2015, update, translate into Spanish, and distribute at least 300 copies of the Frequently Asked Questions about Breast Health document to 10 grantees, county ambassadors, nonprofits, social service providers, and health care facilities in Hockley County, and post both versions on website.

- **Objective Two**: From FY16 to FY19, host an annual pep rally immediately preceding a high school football game in at least three schools in Hockley County to educate the population about breast health. Ask a local survivor or co-survivor to speak to gain credibility and reach in those towns.

- **Objective Three**: By February 2016, cultivate and strengthen relationships in Hockley County that result in at least one county ambassador.

Problem Three: The qualitative data indicates a lack of awareness about free screening opportunities, available financial assistance, and other support services in Hale and Lamb Counties.

Priority Three: Develop an outreach campaign that informs citizens about free screening opportunities, financial assistance, support, and education in the service area, with an emphasis in Hale and Lamb Counties.

- **Objective One**: By December 2015, update, translate into Spanish, and distribute 500 copies of the Mammography Screening Flow Chart to 30 grantees, county ambassadors, nonprofits, social service providers, and health care facilities in Hale and Lamb Counties, and post on website.

- **Objective Two**: Collaborate with West Texas Area Health Education Center, Texas AgriLife, West Texas Family Practice, Covenant’s Joe Arrington Comprehensive Breast Cancer Center, UMC’s Physician Network Services, YWCA, and others to update the Breast Cancer Services Resource Guide with breast cancer continuum of care services available in each of the target counties and Lubbock County (the medical hub of the service area), including contact information, and post to website by May 2016. Distribute 100 to 10 sites in Hale and Lamb Counties and 250 to at least 25 sites in Lubbock County by August 2016.

- **Objective Three**: By April 2016, submit informational articles/blurbs and/or materials about breast health and available services to established media outlets (at least one press release annually to all media outlets in each county in the service area), large employers (through
company newsletters and/or payroll in the top three employers in each county in the service area), churches (to each church in the target counties and select churches in other counties in the service area), nonprofits (to each organization that services the population in the target counties and the major organizations that service the other counties in the service area), schools (to each school in the service area), county extension agents, and other means as they become known. From FY17 to FY19, continue supplying information and materials to established contacts while assessing and supplying new outlets as they become known.

**Problem Four:** The qualitative data indicates a language barrier for Spanish-speaking citizens in Hale and Hockley Counties to learn about and access available services and support.

**Priority Four:** Provide educational and outreach materials in both English and Spanish—as well as Spanish-speaking staff at educational and service events, when possible—and target efforts for the above priorities and objectives to best reach all population segments in the target counties of Hale and Hockley.

**Objective One:** By May 2016, strive to include a Spanish speaker on the Mobile Mammography unit for as many trips as possible to Hale and Hockley Counties. It could be a staff member of the unit, the county ambassador, or a volunteer. If no Spanish speaker is on board, provide materials in Spanish that describe the step-by-step process, what comes next depending on the result of the screening, and available services and support.

**Objective Two:** Starting January 2016 and through FY19, distribute Spanish materials to 20 businesses and community organizations and locations frequented by Spanish-speaking citizens in Hale and Hockley Counties, and add a Spanish page on the website.
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