

susan g. komen.  **COMMUNITY**
PROFILE REPORT 2015



SUSAN G. KOMEN®
NORTH TEXAS

Table of Contents

Table of Contents	2
Acknowledgments	3
Executive Summary	4
Introduction to the Community Profile Report	4
Quantitative Data: Measuring Breast Cancer Impact in Local Communities.....	4
Health System and Public Policy Analysis	6
Qualitative Data: Ensuring Community Input	6
Mission Action Plan	8
Introduction	13
Affiliate History	13
Affiliate Organizational Structure.....	15
Affiliate Service Area	17
Purpose of the Community Profile Report.....	21
Quantitative Data: Measuring Breast Cancer Impact in Local Communities	23
Quantitative Data Report.....	23
Selection of Target Communities	38
Health Systems and Public Policy Analysis	43
Health Systems Analysis Data Sources	43
Health Systems Overview	43
Public Policy Overview	49
Health Systems and Public Policy Analysis Findings.....	54
Qualitative Data: Ensuring Community Input	55
Qualitative Data Sources and Methodology Overview	55
Qualitative Data Overview.....	57
Qualitative Data Findings	61
Mission Action Plan	64
Breast Health and Breast Cancer Findings of the Target Communities.....	64
Mission Action Plan	66
References	72

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Executive Summary

Introduction to the Community Profile Report

In 1990, Nancy Brinker, Komen founder, called upon her friend, Florence Shapiro, to create the seventh Affiliate of Susan G. Komen® to serve Collin County. Komen North Texas then grew from serving a single county to three counties in 1996 (Collin, Denton and Grayson). In 2011, the Affiliate expanded to eight counties adding Fannin, Grayson, Hunt, Montague and Wise. In 2015, the Affiliate merged with Komen Wichita Falls to include the five counties of Archer, Baylor, Clay, Wichita and Wilbarger, furthering its reach to provide breast health education, screening, treatment and survivorship services to the community.

On a continuous basis Susan G. Komen North Texas is working to better the lives of those facing breast cancer in the local community. Through events like the Race for the Cure®, Ride for the Cure® and Celebration of Hope, Komen North Texas invests 75 percent of the net funds raised to support vital local breast health services in the service area.

The Affiliate dedicates the remaining 25 percent to the Komen Headquarters Research Programs to find the cures. Since its inception in 1990, Komen North Texas has invested \$10 million in local breast health programs and \$2.5 million in Susan G. Komen Research Programs. The Affiliate has funded 27,112 breast health educational interventions, 5,148 screenings, 1,788 diagnostics, 156 treatment services and 1,331 patients navigated through the continuum of care since the publication of the 2011 Community Profile Report.

The Affiliate uses this Community Profile to gain and present current information on the health of communities within the Komen North Texas service area. This information is collected to identify and assess local priorities for breast health education, screening, and social support services that are currently provided, and those that are needed for the population at the greatest risk of breast cancer. The Profile combines quantitative and qualitative data; health systems; and public policy analysis to form a Mission Action Plan. The Mission Action Plan will guide the Affiliate's strategic planning for the next four years, assisting the Affiliate in prioritizing its grantmaking decisions, initiating focused education and outreach efforts, and creating community partnerships to further our mission to end breast cancer forever.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

Komen North Texas has chosen three target communities within its service area where it will focus strategic efforts over the next four years. Target communities are communities which have cumulative key indicators showing an increased chance of vulnerable populations likely at risk for experiencing gaps in breast health services and/or barriers in access to care.

The selected target communities are:

- A: Collin and Denton Counties, Texas
- B: Cooke, Montague and Wise Counties, Texas
- C: Grayson, Fannin and Hunt Counties, Texas

Target Community A: Collin and Denton Counties: These adjacent counties have been combined into one target area for this report and future targeted efforts. They are the most populous of the eight counties in the Affiliate service area. The annual average female population is 374,897 in Collin and 318,811 in Denton, and both counties have a higher level of access to care compared to the other Affiliate's counties. The breast cancer incidence rate is significantly higher in Collin compared to the average Affiliate service area rate, while Denton's rate is not significantly different. The breast cancer death rate and late-stage diagnosis rate for both Collin and Denton Counties are not significantly different from the entire Komen North Texas service area, potentially allowing similar strategies to be used across both counties. The death rates are decreasing in both counties – Collin (-2.6 percent) Denton (-2.4 percent). Both counties have a higher percentage of linguistically isolated residents: Collin (5.2 percent) and Denton (4.8 percent). Collin has the highest percentage of Asian/Pacific Islanders (12.2 percent) compared to the state of Texas (4.5 percent) and the United States (5.8 percent).

Target Community B: Cooke, Montague and Wise Counties: These adjacent counties are in the western region of the Affiliate service and were combined into one target area for this report and future targeted efforts. The counties share key demographic characteristics typical of rural populations. Cooke and Montague share the key population characteristics of being medically underserved, having substantially older female populations, having substantially lower education levels, and having a substantially higher percentage of adults without health insurance than the average for the Affiliate service area as a whole.

The annual average female population is 19,351 in Cooke, 10,094 in Montague and 28,731 in Wise. The incidence rate is increasing in Cooke (11.9 percent) and Wise (7.1 percent), and decreasing in Montague (-20.1 percent). The death rate is decreasing in Cooke (-3.4 percent) and Wise (-2.1 percent). There was not enough data to report on death rate for Montague. Late-stage rates are trending downward in Cooke (-3.6 percent) and Montague (-8.2 percent), and upward in Wise (6.3 percent). All three counties have a higher percentage of residents with no health insurance (age 40-64) in comparison to the United States (16.5 percent) and Komen North Texas service area (16.7 percent). The percentage of residents with no health insurance is 23.6 percent for Cooke, 25.7 percent for Montague and 21.5 percent for Wise (21.5 percent).

Target Community C: Grayson, Fannin and Hunt Counties: These counties have been combined into one target area for this report and future targeted efforts. These three counties are adjacent to each other in the eastern region of the Affiliate service area sharing key population characteristics of older populations, lower education levels, higher percentages of individuals with incomes below 100 percent poverty level and higher percentages of residents residing in rural areas. Between 14.3 percent and 18.1 percent of the population have less than a high school education. Both Hunt and Fannin Counties are considered 100 percent medically underserved areas.

With screening percentages suppressed due to small numbers (fewer than 10) in Fannin and Hunt Counties, it is possible women are experiencing barriers to receiving mammography screening. Many residents live in rural areas and may not have easy access to health centers. Additionally, many residents are unable or prefer not to come to the metropolitan area to seek services as heard during key informant and focus groups.

Health System and Public Policy Analysis

The Breast Cancer Continuum of Care (CoC) (Figure 1) diagram shows how a person typically moves through the health care system for breast care.

The CoC will be used as a reference to point out the strengths and weaknesses for each targeted community in providing services through the major components of screening, diagnosis, treatment and follow-up and/or survivorship.

For Collin and Denton Counties, 46 health system facilities providing breast health services were identified: 97.8 percent provide screening services, 63.0 percent provide diagnostic services, 26.1 percent of these facilities provide treatment related services, and 23.9 percent provide some type of support/survivorship programming. There are an equal number of facilities between Collin and Denton Counties. The CoC weaknesses in this target community are breast cancer treatment and support and/or survivorship services.

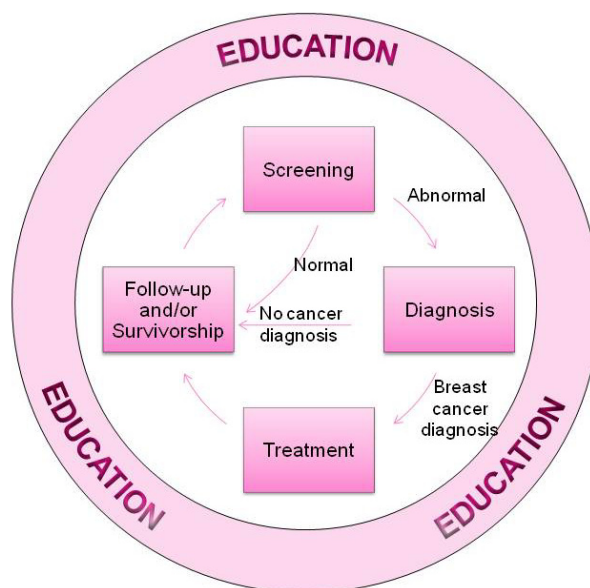


Figure 1. Breast Cancer Continuum of Care (CoC)

For Cooke, Montague, and Wise Counties, six health system facilities providing breast health services were identified: 100 percent provide both screening and diagnostic services, 66.7 percent provide treatment related services, and 50.0 percent provide some type of support/survivorship programming. The majority of the services are available in Wise County followed by Cooke and Montague Counties. CoC weaknesses include breast cancer treatment and follow-up and/or survivorship services.

For Grayson, Fannin, and Hunt Counties, 11 health system facilities providing breast health services were identified: 100 percent of these sources provided screening services, 36.3 percent provide diagnostic services, 27.3 percent provide treatment related services, and 36.3 percent provide some type of support/survivorship programming. There are an equal number of facilities between these three counties; however, there are minimal options for breast cancer diagnostic treatment and follow-up and/or survivorship services.

Qualitative Data: Ensuring Community Input

Komen North Texas utilized surveys, interviews and focus groups to gather information from a community perspective on knowledge, attitudes and beliefs about breast cancer, resources in the target communities, and outreach effectiveness. Breast cancer survivors and providers were interviewed or surveyed to understand the continuum of care from their perspective and determine the services available after diagnosis, through treatment, follow-up care, support services during post treatment and breast health education on an ongoing basis.

Key questions included:

1. *Breast cancer screened persons*: Questions included finding out about their perception of the need for screening, barriers to breast cancer screening, and most effective methods to receive breast self-awareness messaging.
2. *Breast cancer survivors*: Questions included finding out about their personal experience with breast cancer and its impact to co-survivors (e.g. friends and family), perception of health and social issues impacting women and their community, barriers to care, availability of breast health services, thoughts regarding preventative care/behaviors, effectiveness of breast cancer messaging reaching the community, and the effectiveness of survivorship services and quality of care.
3. *Provider/Health professionals*: Questions included finding out about their implementation of breast health education and outreach services, methods used for outreach and to address the continuum of care, timeliness of services, barriers for screening, diagnostics, treatment and follow-up, and established partnerships.

All Target Communities (All eight counties)

Across all eight counties, qualitative analysis found there is a need to improve access to affordable breast health services through appropriate insurance enrollment. By developing partnerships with community-based organizations to provide free insurance workshops on the Healthcare Marketplace, more of the service area population will be able to leverage available services.

In addition, there is a need for the availability of free or low-cost survivorship services such as diet and nutrition expertise, exercise programming and support groups in all eight counties.

Target Community A: Collin and Denton Counties, Texas

This more diverse, suburban community has a need to increase access to culturally competent breast health services among Asians, Blacks/African-Americans, and Hispanic/Latina women starting at age 40. Although a higher percentage of the population has health insurance, the qualitative data suggests continuing focus on breast health education and screening services especially for patients who have health insurance. Although many seek care when they perceive the need or suspect cancer from identification of a concern, some are hindered by fear of the consequences of a negative diagnosis. Social, economic and cultural barriers, as well as lack of transportation, scheduling conflicts, service availability and access, have impacts on both screening and care. Women often delay mammograms due to busy schedules, being the primary caregiver of their children or denial of the importance of early detection.

Target Community B: Cooke, Montague and Wise Counties, Texas

Women in this community are medically underserved, have a substantial older population, and have a substantially lower education level. There is a need to increase access to education, screening, diagnostic, treatment and survivorship services in this community.

Target Community C: Grayson, Fannin and Hunt Counties, Texas

The qualitative data exhibits a reduced level of access to quality care and the resources to support women and men through treatment, recovery and survivorship.

Overall, qualitative analysis found the continuum of care needs to be enhanced across all target communities. The means to accomplish this includes expanding cancer screenings, education

and increasing knowledge of local services. Women fear cancer diagnoses, they know the care can be costly, and proximity and cultural and language barriers can hinder access and delay treatment.

Mission Action Plan

The Affiliate is focused on improving the lives of those facing breast cancers in the thirteen-county community of Archer, Baylor, Clay, Collin, Cooke, Denton, Fannin, Grayson, Hunt, Montague, Wichita, Wilbarger and Wise Counties. The specific priorities and objectives that have been identified will enable the Affiliate to provide more access to breast health education, screening, diagnostic, treatment and survivorship services.

Here are the key findings for each Target Community:

Target Community A (Collin and Denton Counties)

- A1. Higher incidence rates
- A2. Decrease in late-stage diagnoses
- A3. Cultural competence barriers to care
- A4. Need for treatment and survivor services

Target Community B (Cooke, Montague and Wise Counties)

- B1. Lack of access to breast health services for lower income women
- B2. Abundant screening and diagnostic services available
- B3. High level of uninsured residents
- B4. Need for treatment and survivor services

Target Community C (Grayson, Fannin and Hunt Counties)

- C1. Lack of access to breast health services for seniors
- C2. Need for diagnostics, treatment, and survivor services

Target Community D (All Target Communities)

- D1. Higher incidence rate

Based on these key findings, the Affiliate has outlined objectives to reduce women's death rate from breast cancer and to reduce the number of breast cancers found at a late-stage. The targets and timelines in this Mission Plan are based on *Healthy People 2020* as follows:

Target Community A (Collin and Denton Counties):

Early detection for diverse populations

Problem Statement: Asian, Black/African-Americans and Hispanic/Latina communities have limited access to culturally competent health care services, with overall high incidence rates and late-stage diagnoses reported for the community (Key findings A1, A2, A3).

Priority: Identify and develop relationships with grassroots organizations serving these populations in which the Affiliate can collaborate and implement multiple breast health service delivery such as, but not limited to, Breast Self-Awareness education, volunteer opportunities, service provider referrals and future new grant applicants.

Objective 1: By March 31, 2017, the Affiliate will identify and schedule introduction meetings with 1-2 community based organizations serving the Hispanic/Latina community (e.g. Hispanic Wellness Coalition, historically Latina-

based national sorority Sigma Lambda Gamma Sorority) to initiate future collaborations on early detection for diverse populations.

Objective 2: By March 31, 2017, the Affiliate will collaborate with 1-2 new organizations serving the Black/African-American community (e.g. The Links, Incorporated, and historically Black/African-American service sororities and fraternities) to implement 1-2 events increasing Breast Self-Awareness and provides resources to access local service providers.

Objective 3: By March 31, 2017, the Affiliate will collaborate with 1-2 new organizations serving the Asian community (e.g. National Association of Asian American Professionals, DFW Asian American Citizens Council and India Association of North Texas) to implement 1-2 events increasing Breast Self-Awareness and provides resources to access local service providers.

**Target Community B (Cooke, Montague and Wise Counties):
Access for lower income women**

Problem Statement: Women in Cooke, Montague and Wise Counties are medically underserved, have a large older population and have a lower education level. In these three counties, an average of 23.6 percent of their residents between the ages of 40 - 64 are without health insurance. These are risk factors for low breast cancer awareness and potentially higher rates of late-stage breast cancer diagnosis (Key findings B1, B2, B3).

Priority: Identify and develop relationships with grassroots organizations serving these rural counties and lower income populations in which the Affiliate can collaborate and implement multiple breast health service delivery such as, but not limited to, breast cancer education, volunteer opportunities, service provider referrals, future new grant applicants and telehealth medicine.

Objective 1: By March 31, 2016, the Affiliate will identify and schedule introduction meetings with 1-2 community based organizations (e.g. United Way, faith-based organizations and senior citizen groups) serving Cooke and Montague Counties to initiate future collaborations to increase access for lower income women.

Objective 2: By March 31, 2017, the Affiliate will partner with Wise County breast health providers to conduct a breast cancer education event and provide referrals to local breast health services.

Objective 3: By March 31, 2017, the Affiliate will work with community health providers to identify 1-3 regular media channels to publicize Komen resources such as 1 877 GO KOMEN, komen.org and/or the Komen breast health resources app/mobile phone website resource.

Objective 4: By March 31, 2017, the Affiliate will have identified 2-4 community volunteers in the three counties and provided Breast Self-Awareness and Speakers Bureau training in order for the volunteers to provide local breast

cancer education and community breast health referrals to local service providers for lower income women.

Objective 5: By March 31, 2017, the Affiliate will provide 1-2 grant writing workshops to encourage new applications to the Affiliate Grants Program for evidence-based breast cancer programs targeting residents in Cooke, Montague and Wise Counties.

Objective 6: By March 31, 2016, the Affiliate will hold 1-2 collaborative meetings with 211 that connects people with local health and human services information to educate on the services of 1 877 GO KOMEN, komen.org, grantees and/or the Komen breast health resources app/mobile phone website for those who are seeking free and low-cost breast health services.

**Target Community C (Grayson, Fannin and Hunt Counties):
Access for all women and seniors**

Problem Statement: Women in Grayson, Fannin and Hunt Counties have late-stage diagnosis rates higher than the Affiliate service area. Both Hunt and Fannin Counties have a higher percentage of medically underserved at 100 percent. There are minimal options for breast cancer diagnostic treatment and survivorship services. Barriers to accessing routine medical care and annual exams are common themes among uninsured women along with fear of the unknown such as where to get free or low-cost breast health services (Key findings C1).

Priority: Increase awareness about the importance of early detection and available free or low-cost breast health community resources.

Objective 1: By March 31, 2017, the Affiliate will identify and schedule introduction meetings with 1-2 new community based organizations serving Fannin and Hunt Counties to initiate future collaborations to increase knowledge of where to access breast health services.

Objective 2: By March 31, 2017, the Affiliate will partner with Grayson, Fannin and Hunt County breast health providers to conduct a breast cancer awareness event and provide referrals to local breast health services.

Objective 3: By March 31, 2017, the Affiliate will work with community health providers to identify 1-3 regular media channels to publicize Komen resources such as 1 877 GO KOMEN, komen.org and/or the Komen breast health resources app/mobile phone website resource.

Objective 4: By March 31, 2017, the Affiliate will have identified 2-4 community volunteers in the three counties and provided Speakers Bureau training in order for the volunteers to provide local breast cancer education and community breast health referrals to local service providers and grantees.

Objective 5: By March 31, 2017, the Affiliate will provide 1-2 grant writing workshops to encourage new applications for evidence-based breast cancer programs targeting residents in Fannin, Grayson and Hunt Counties to provide

awareness, education and breast health services (screening, diagnostics, treatment and support services).

Objective 6: By March 31, 2016, the Affiliate will hold 1-2 collaborative meetings with 211 that connects people with local health and human services information to educate on the services of 1 877 GO KOMEN, komen.org, grantees and/or the Komen breast health resources app/mobile phone website for those who are seeking free and low-cost breast health services.

All Target Communities D (Collin, Cooke, Denton, Fannin, Grayson, Hunt, Montague and Wise Counties): Universal Approach

Target Community D was created to encompass universal concerns that span all counties in the Affiliate service area.

Problem Statement: Across the service area, the incidence trend for White women is increasing (+0.6 percent) and White women continue to have high non-screening percentages (69 percent for White women ages 50-74) despite having higher percentages of health insurance and access to care (Key findings D1).

Priority: Expand Breast Self-Awareness messaging and the importance of regular screening among White women with health insurance.

Objective 1: By March 31, 2016, the Affiliate will identify 2-3 large community employers in each county who are interested in providing breast cancer education to their employees.

Objective 2: By March 31, 2017, the Affiliate will provide 2-3 breast cancer educational events to these identified corporate sites while encouraging these sites to schedule mobile mammography units at their site on an annual basis.

Problem Statement: Access to breast health services continues to be a major challenge to rural communities (Cooke, Fannin, Grayson, Hunt, Montague and Wise). Komen North Texas will identify and develop community relationships that incorporate evidence-based rural public health methods and outreach practices (Key Findings A1, A4, B1, B4, C2).

Priority: Develop relationships with key community organizations/groups to increase the awareness about the importance of early detection, access to breast health services in rural communities, and available resources.

Objective 1: By March 31, 2016, the Affiliate will explore the development of a Small Grant Request that serves the rural counties in an effort to increase education on Breast Self-Awareness and provides community resource referrals.

Objective 2: By June 30, 2016, the Affiliate will update the grants application to include a request for specific rural breast health needs, such as telehealth, medical mobile units, or other offsite clinical activities along the Breast Cancer Continuum of Care to be included as part of submitted applications.

Objective 3: By March 31, 2017, the Affiliate will develop a Small Grant Request for Application to fund local outreach programs educating women and men on the importance of the Breast Cancer Continuum of Care among rural communities, including requests to meet the most needed services identified for each target community.

Objective 4: By March 31, 2017, the Affiliate will provide 1-2 grant writing workshops to strengthen partnerships with local organizations and to encourage new grant applications for evidence-based breast cancer programs and Breast Self-Awareness initiatives targeting residents in the service area rural counties.

Objective 5: By March 31, 2018, the Affiliate will have awarded 2-3 Small Grants representing 5-10 percent of the total grant award funding for FY2017.

Problem Statement: Survivors, co-survivors and service providers identified the lack of patient navigation and survivor support services (Key findings A4, B4, C2).

Priority: Increase the providers' awareness of the importance of supporting the entire Continuum of Care for survivors and co-survivors.

Objective 1: By March 31, 2017, the Affiliate will explore the development of a survivor-driven Sub-Committee of the Affiliate's Education or Speakers Bureau to create a resource directory of survivorship support services.

These activities per target community will be managed by the Affiliate Mission Program Manager and monitored by the Community Profile Team. Updates will be provided through the Affiliate communication mechanisms to its constituency and sponsors and will be available on the Affiliate website.

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

Introduction

Affiliate History

Susan G. Komen® North Texas is working to better the lives of those facing breast cancers in the local community. Through events like the Komen North Texas Plano Race for the Cure®, Denton Race for the Cure®, Ride for the Cure® and Celebration of Hope, Komen North Texas invests 75.0 percent of the net funds raised to support vital local breast health services in Archer, Baylor, Clay, Collin, Cooke, Denton, Fannin, Grayson, Hunt, Montague, Wichita, Wilbarger and Wise Counties, and dedicates the remaining 25.0 percent to Susan G. Komen's Research Programs to find the cures. Since inception in 1990 as the seventh Affiliate, Komen North Texas has invested \$10 million in local breast health programs and \$2.5 million in Susan G. Komen Research Programs.

In 1990, Nancy Brinker called upon her friend, Florence Shapiro, to create the seventh Affiliate of Susan G. Komen – Komen North Texas serving Collin County. What started as a group of friends planning a Race has become the leading advocate of breast health in North Texas, serving eight counties. Since its founding Komen North Texas has grown from serving a single county to three counties in 1996 (Collin, Denton and Grayson). In 2011 the Affiliate expanded to eight counties adding Fannin, Grayson, Hunt, Wise and Montague. In 2015, the Affiliate merged with Komen Wichita Falls to include the five counties of Archer, Baylor, Clay, Wichita and Wilbarger furthering its reach to provide education, screening, treatment and survivorship services to the community.

To best serve the North Texas area, the Affiliate takes pride in its strategic grants process, which ensures that it uses the money raised to do the most good for the most people. The programs invested in aim to change behaviors, address barriers and needs related to breast cancer, and increase access to early detection and quality treatment.

Since the 2011 Community Profile the Affiliate has funded over 27,000 breast health educational interventions, over 5,100 screenings, over 1,700 diagnostics, over 150 treatment services and over 1,300 patients navigated through the continuum of care. These direct services have been provided by nonprofit organizations who received grant funding after a rigorous grant review process that scores and ranks each application based on impact, feasibility, and sustainability.

The Affiliate continues to move the dial in our community to better breast health. Although the Affiliate's work is not driven by recognition received by the community, a few awards are noted below:

- Texoma Health Foundation
 - 2009 – Appreciation for partnering with the Texoma Health Foundation's Breast Cancer Project and for continued dedication to providing needed services in their community
 - 2010 - Appreciation for supporting Texoma Health Foundation Breast Cancer Project and for continued dedication to providing needed services in their community

- Bridge Breast Network
 - 2010 Bridge Builders Society – Breast Cancer Advocacy Award
 - 2010 Bridge Breast Network – Arch Society Award

Several of current and past grantees have been recognized by community leaders for their ability to break down barriers to awareness, education and breast health services:

An example of how the Affiliate addresses challenges such as barriers to breast health care is its funding of a program focused on addressing the needs of Asian and Pacific Islanders. This program provides a welcoming environment for Asian women who are linguistically isolated to communicate with a multi-cultural staff speaking Cantonese, English, Hindi, Korean, Mandarin, Urdu and Vietnamese. This program provides outreach to a population typically less targeted to ensure no populations are left behind in the fight against breast cancer. Though marketing is targeted to the Asian populations, all ethnicities are welcomed as long as the person meets income and coverage criteria. In part due to funding provided by Komen North Texas, this program has provided more than 10,000 mammogram screenings in the North Texas area since 2001.

Another example involves funding to a nonprofit organization implementing an early detection program providing screening and diagnostic services. This grantee partnered with health care providers to accept reimbursement for services at the Medicaid rate. Since the program's inception of this early detection program in 2011, there has been a 52.0 percent reduction in the number of late-stage cancers detected in their North Texas clients.

These efforts, along with Komen North Texas utilizing community organizing grants to bring together health care organizations through the development of a Denton and Collin County Breast Health Coalition and a Tri-County Breast Health Coalition addressing community needs in rural communities like Fannin, Grayson and Hunt Counties, is making strides in the fight against breast cancer. In addition, the Affiliate stays connected with public policy issues through interaction with the Cancer Alliance of Texas.

For multiple years, Komen North Texas has partnered with Texas A&M AgriLife Extension Service to host Friend to Friend programs in rural counties. This program focuses on educating women, typically uninsured or underinsured, on breast health and the importance of early detection through annual mammograms starting at age 40, if at average risk. The workshop activities support a bilingual community providing translation as needed ensuring clear communication.

Komen North Texas will continue to monitor and address the ongoing breast health needs of the community by providing education, screening, treatment and support services leveraging its organizational structure.

Affiliate Organizational Structure

The Board of Directors sets the strategic and annual goals of the Affiliate. The general expectations of the Board members are to:

- Embrace and advance the Komen Promise – To save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to find the cures.
- Know and promote in a positive and supportive manner the Affiliate's goals, policies, programs, services, strengths and offerings.
- Be familiar with and follow the Affiliate Policies, Race and Affiliation Agreements.
- Be a community advocate for the Affiliate and for the Komen organization.
- Attend (and volunteer at) Affiliate sponsored activities, ensuring a Board presence at all events.
- Follow general trends in the advancement of breast health and breast cancer treatment, staying informed of developments. Share information and knowledge with other Board members and Affiliate staff.

The Board consists of a President, Vice President, Grants Chair, Secretary, Treasurer and At-Large Members. Roles are generally two to three years in length. The Vice President moves into the President role and then into the Past President role over a combined term of three years.

To support strategic and annual goals, Komen North Texas is organized into six primary staffing areas:

- **Business Development** - Responsible for organizing, planning and leading fundraising activities for the Affiliate. The staff position is responsible for diversifying and expanding current fundraising strategies including corporate sponsorships, planned giving, third party event cultivation, foundation support and particular emphasis on major gift donor cultivation.
- **Marketing/Communications** - Responsible for managing activities related to the planning, execution, management and evaluation of communications and marketing programs.
- **Mission Program** – Responsible for managing mission-related activities of the Affiliate through education/outreach programs designed to increase the awareness and knowledge of breast health as well as Affiliate activities. This staff member is charged with identifying potential grantees, implementing proactive strategies to support the Affiliate's Grants activities.
- **Affiliate Operations** – Responsible for providing and coordinating administrative and financial support activities. Performs a variety of project-oriented duties, including coordinating and supervising activities of volunteers who are performing office and clerical work.
- **Events Logistics** – Responsible for leveraging resources, best practices and programs for the Affiliate. Provides advice, guidance and evaluation for the development, management and implementation of Affiliate events.
- **Executive Director** – Responsible for representing the Affiliate to the public, policymakers and community organizations; leading organized development and strategic planning; providing guidance to volunteers and committees; optimizing financial

performance; building donor relationships; and overseeing personnel. Works closely with the Board of Directors and is responsible for building systems and procedures to accomplish the mission and reach the strategic and annual goals set forth by the Board.

The Affiliate truly relies on the community to assist in accomplishing the Komen mission through individual and group volunteerism. Several opportunities are made available to the community to plan and support the execution of four major Affiliate fundraising events – Celebration of Hope, Plano Race for the Cure, Denton Race for the Cure and the Ride for the Cure.

Other volunteer opportunities include:

- **Advocacy** – Act as the voice of over 3.1 million breast cancer survivors to ensure that the fight against breast cancer remains a priority among state and national policymakers.
- **Community Grants** – Involve health care providers, community leaders, and survivors to score and rank grant applications based on impact, feasibility, and sustainability and most importantly to address funding priorities outlined in the Community Profile. The independent review panel selects which programs Komen North Texas will invest in for the next fiscal year.
- **Education Committee** – Develop a menu of programs and offerings for specific target audiences for community outreach, health fair engagement and coalition building to leverage breast health services in the service area.
- **Health Fairs** – Staff community and corporate health fairs raising awareness of breast health and the various services provided by the Affiliate and current grantees.
- **Internship Program** – Provide educational opportunities for high school and college students to gain valuable workplace experience by applying their skills, talent and expertise on Affiliate projects.
- **Speakers Bureau** – Be an Affiliate spokesperson for the fight against breast cancer presenting at corporate, school and other public forums promoting the Komen mission.
- **Teens for the Cure** – Empower teenagers with the knowledge that they can make a difference, the confidence to take action, and the very real hope of an end to breast cancer in their lifetime through education, awareness and fundraising activities.
- **Voices of Hope** – Leverage the musical talents of the breast cancer Survivor choir to provide hope and encouragement to others and to act as a safe place to bond with those who on a breast cancer journey.

It is through the integrated work of the Board of Directors, Affiliate staff, grantees, volunteers, and corporate and community partners that enables continuous progress in the fight against breast cancer in the Komen North Texas service area (Figure 1.1).

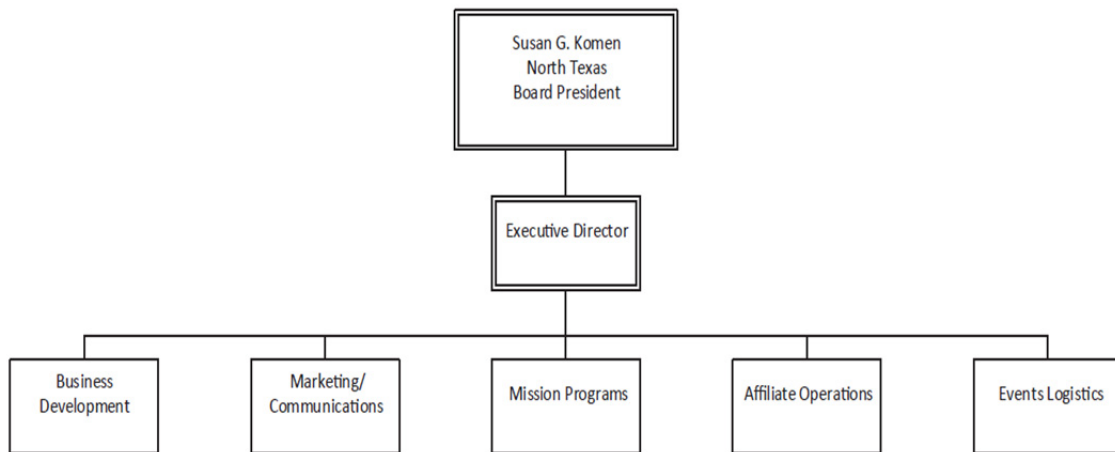


Figure 1.1. Susan G. Komen North Texas organizational chart

Affiliate Service Area

The Komen North Texas service area covers 13 counties comprising of 11,552 square miles and serving more than 2.1 million individuals that call North Texas their home.

The Komen North Texas service area includes the following counties as noted in Figure 1.2:

- Archer County, Texas
- Baylor County, Texas
- Clay County, Texas
- Collin County, Texas
- Cooke County, Texas
- Denton County, Texas
- Fannin County, Texas
- Grayson County, Texas
- Hunt County, Texas
- Montague County, Texas
- Wichita County, Texas
- Wilbarger County, Texas
- Wise County, Texas

Several of the counties are located within either a metropolitan or micropolitan statistical area:

- Dallas-Fort Worth-Arlington, TX Metro: Collin County, Denton County, Hunt County and Wise County
- Gainesville, TX Micro: Cooke County
- Sherman-Denison, TX Metro: Grayson County
- Vernon, TX Micro: Wilbarger County
- Wichita Falls, TX Metro: Archer County, Clay County and Wichita County

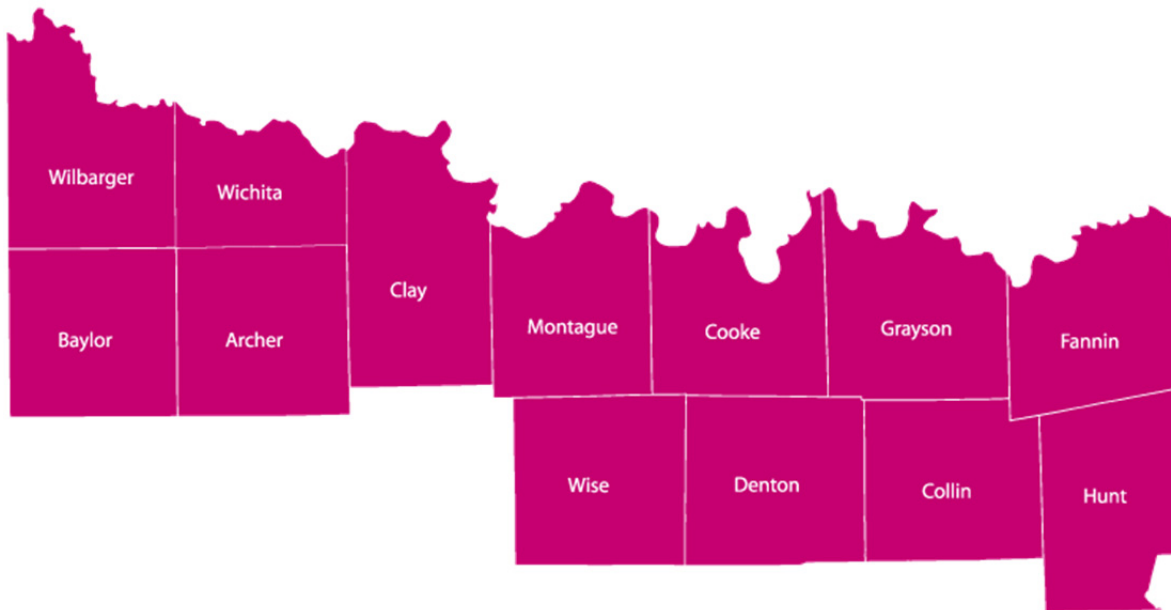


Figure 1.2. Susan G. Komen North Texas service area

Tables 1.1a and 1.1b provide a summary of demographic and socioeconomic data for Komen North Texas service area counties (US Census Bureau: State and County QuickFacts, 2015). Within the Komen North Texas service area, a majority of the population identify as White. Collin County, Denton County, Fannin County, Hunt County, Wichita County and Wilbarger County have the largest Black/African-American population within the service area (range 7.0 percent to 10.9 percent). While the counties of Collin, Cooke, Denton, Wichita, Wilbarger and Wise are home to the largest Hispanic/Latino populations in the service area (range 15.1 percent to 28.7 percent). The average median household income is \$51,791. Baylor County (\$33,445) has the lowest median income and Collin County (\$82,762) has the highest. The average percent of persons below poverty level is 14.1 percent for the service area. The counties with 15 percent or more of the population living below poverty level are Baylor, Fannin, Grayson, Hunt, Montague, Wichita and Wilbarger.

Table 1.1a. Komen North Texas service area demographics and socioeconomic factors

	Archer County	Baylor County	Clay County	Collin County	Cooke County	Denton County
Population Estimate, 2014	8,811	3,592	10,370	885,241	38,761	753,363
Female persons, 2014	49.9%	51.9%	49.8%	50.9%	50.4%	50.8%
White alone, percent, 2014 (a)	95.7%	94.2%	95.5%	74.2%	92.6%	79.3%
Black or African-American alone, percent, 2014 (a)	1.1%	3.1%	0.9%	9.6%	3.2%	9.6%

	Archer County	Baylor County	Clay County	Collin County	Cooke County	Denton County
American Indian and Alaska Native alone, percent, 2013 (a)	1.2%	0.7%	1.5%	0.7%	1.4%	0.9%
Asian alone, percent, 2014 (a)	0.3%	0.2%	0.3%	12.9%	1.1%	7.7%
Native Hawaiian and Other Pacific Islander alone, percent, 2014 (a)	0.1%	0.1%	Z	0.1%	0.1%	0.1%
Two or More Races, percent, 2014	1.6%	1.8%	1.9%	2.5%	1.7%	2.5%
Hispanic or Latino, percent, 2014 (b)	8.2%	12.4%	5.4%	15.1%	17.0%	19.0%
White alone, not Hispanic or Latino, percent, 2014	88.5%	82.9%	90.9%	60.4%	76.8%	61.7%
Median household income, 2009-2013	\$56,452	\$33,445	\$53,776	\$82,762	\$50,067	\$74,155
Persons below poverty level, percent, 2009-2013	11.3%	15.4%	10.3%	7.8%	14.8%	8.7%
Land area in square miles, 2010	903.1	867.5	1,088.7	841.2	874.8	878.4
Persons per square mile, 2010	10.0	4.3	9.9	930.0	43.9	754.3
Metropolitan or Micropolitan Statistical Area	Wichita Falls, TX Metro Area	None	Wichita Falls, TX Metro Area	Dallas-Fort Worth-Arlington, TX Metro Area	Gainesville, TX Micro Area	Dallas-Fort Worth-Arlington, TX Metro Area

Table 1.1b. Komen North Texas service area demographics and socioeconomic factors

	Fannin County	Grayson County	Hunt County	Montague County	Wichita County	Wilbarger County	Wise County
Population Estimate, 2014	33,752	123,534	88,493	19,416	132,355	12,973	61,638
Female persons, 2014	47.0%	51.2%	50.6%	50.8%	48.4%	51.0%	49.6%
White alone, percent, 2014 (a)	89.0%	88.3%	87.0%	96.0%	83.0%	86.6%	95.3%
Black or African-American alone, percent, 2014 (a)	7.0%	6.2%	8.4%	0.8%	10.9%	8.7%	1.6%
American Indian and Alaska Native alone, percent, 2013 (a)	1.2%	1.8%	1.1%	1.4%	1.3%	1.5%	1.0%
Asian alone, percent, 2014 (a)	0.5%	1.2%	1.4%	0.4%	2.2%	1.0%	0.5%
Native Hawaiian and Other Pacific Islander alone, percent, 2014 (a)	0.1%	0.1%	0.2%	Z	0.1%	0.1%	0.1%
Two or More Races, percent, 2014	2.2%	2.5%	1.9%	1.4%	2.5%	2.0%	1.5%
Hispanic or Latino, percent, 2014 (b)	10.5%	12.6%	14.9%	10.5%	18.3%	28.7%	18.4%
White alone, not Hispanic or Latino, percent, 2014	79.4%	76.8%	73.4%	86.5%	66.6%	59.9%	77.9%
Median household income, 2009-2013	\$44,355	\$46,429	\$44,858	\$44,231	\$45,086	\$41,658	\$56,005
Persons below poverty level, percent, 2009-2013	17.2%	15.7%	19.9%	15.6%	15.6%	20.7%	10.8%

	Fannin County	Grayson County	Hunt County	Montague County	Wichita County	Wilbarger County	Wise County
Land area in square miles, 2010	890.8	932.8	840.3	930.9	627.8	970.8	904.4
Persons per square mile, 2010	38.1	129.6	102.5	21.2	209.5	13.9	65.4
Metropolitan or Micropolitan Statistical Area	None	Sherman-Denison, TX Metro	Dallas-Fort Worth-Arlington, TX Metro Area	None	Wichita Falls, TX Metro Area	Vernon, TX Micro Area	Dallas-Fort Worth-Arlington, TX Metro Area

(a) Includes persons reporting only one race.

(b) Hispanics/Latinos may be of any race, so also are included in applicable race categories.

Z: Value greater than zero but less than half unit of measure shown

Source: US Census Bureau: State and County QuickFacts. 2015

These demographics along with specific quantitative and qualitative data regarding breast health found within this Community Profile will enable Komen North Texas to identify needs and determine priorities.

Purpose of the Community Profile Report

The Community Profile will help Komen North Texas align its community outreach, grantmaking and public policy activities with the overarching Komen mission goal – to save lives and end breast cancer forever.

The Community Profile will allow Komen North Texas to:

- Incorporate a broad range of people and stakeholders in the Affiliate’s work and become a better reflection of its community
- Fund, educate and build awareness in the areas of greatest need
- Make data-driven decisions about how to use resources to make the greatest impact in the North Texas area
- 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
- Create synergy between Mission-related strategic plans and operational activities

The Komen North Texas Community Profile will be used in multiple ways to include:

- **Strategic Planning** – The Board of Directors and Affiliate staff will align the strategic direction with priority areas addressed in the Community Profile ensuring that the Affiliate work is addressing the breast health needs of the service area.
- **Grantmaking** – Grant award funding decisions will be made based on the priorities identified in the Community Profile.
- **Community Outreach** – Determine the most effective placement of staff and trained volunteers at health fairs and other community events to target communities where face-to-face interaction is needed to provide breast health education, awareness and services are needed.

- **Partnership** – Inform current and potential sponsors, donors and health care advocates and providers of breast health priorities in the Komen North Texas services

The Komen North Texas Community Profile will be shared with the community in the following manner:

- Reaching out to health care providers through current coalition efforts
- Meeting with state and local legislators
- Hosting educational seminars at corporate and community locations
- Leading with the community's breast health priorities in attracting sponsors, donors and volunteers.
- Posting on social media – Facebook, Twitter and other viable sources to reach a diverse population
- Leveraging opportunities with newspaper, radio and television sponsors to lead with the Komen mission, Komen North Texas service area breast health priorities, and real-time ways to get involved as a donor, participant, and volunteer.
- Educating Affiliate committee members on the Komen mission, Komen North Texas service area breast health priorities and how their efforts are directly related to the Affiliate's strategic direction

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

Quantitative Data Report

Introduction

The purpose of the quantitative data report for Susan G. Komen® North Texas 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 North Texas' 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 between groups of women.

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

- A negative value means that the rates are getting lower.
- A positive value means that the rates are getting higher.

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

Death rates

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

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

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

The meanings of these data are the same as for incidence rates, with one exception. Changes in screening 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/>). State and national reporting usually uses 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

Population Group	Incidence Rates and Trends				Death Rates and Trends			Late-stage Rates and Trends		
	Female Population (Annual Average)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of Deaths (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)
US	154,540,194	182,234	122.1	-0.2%	40,736	22.6	-1.9%	64,590	43.8	-1.2%
HP2020	-	-	-	-	-	20.6*	-	-	41.0*	-
Texas	12,251,113	13,742	114.4	-0.4%	2,610	21.8	-1.8%	4,905	40.7	-3.2%
Komen North Texas Service Area**	871,658	991	121.4	0.2%	152	19.9	NA	312	37.6	-3.6%
White	725,023	885	123.8	0.6%	133	19.7	NA	273	37.8	-3.3%
Black/African-American	71,726	59	117.0	3.5%	16	33.8	NA	22	42.4	-4.3%
American Indian/Alaska Native (AIAN)	8,392	5	88.9	-13.2%	SN	SN	SN	SN	SN	SN
Asian Pacific Islander (API)	66,517	37	76.2	0.1%	3	8.3	NA	13	23.5	-9.5%
Non-Hispanic/ Latina	746,280	929	123.3	0.4%	144	20.1	NA	289	37.8	-3.5%
Hispanic/ Latina	125,378	62	96.8	-2.9%	8	16.4	NA	23	33.3	-8.8%
Archer County - TX	4,515	5	97.7	-15.4%	SN	SN	SN	SN	SN	SN
Baylor County - TX	1,965	SN	SN	SN	SN	SN	SN	SN	SN	SN
Clay County - TX	5,567	7	91.9	11.6%	SN	SN	SN	SN	SN	SN
Collin County - TX	374,897	441	131.2	-0.7%	56	19.1	-2.6%	128	37.0	-6.6%
Cooke County - TX	19,351	20	86.0	11.9%	5	20.4	-3.4%	8	30.6	-3.6%
Denton County - TX	318,811	331	124.9	0.2%	50	20.7	-2.4%	104	37.5	-3.4%
Fannin County - TX	15,811	22	105.5	-7.9%	3	15.1	NA	8	42.5	-18.2%
Grayson County - TX	61,197	87	115.4	0.1%	16	19.8	-2.2%	32	42.8	1.3%
Hunt County - TX	42,767	47	94.7	1.2%	14	27.8	-1.1%	18	37.2	-4.7%
Montague County - TX	10,094	12	89.4	-20.1%	SN	SN	SN	4	27.5	-8.2%
Wichita County - TX	63,857	77	109.4	-3.2%	14	18.3	-2.7%	25	35.8	-11.5%
Wilbarger County - TX	6,857	11	126.7	1.9%	SN	SN	SN	SN	SN	SN
Wise County - TX	28,731	30	97.7	7.1%	6	19.4	-2.1%	10	32.2	6.3%

*Target as of the writing of this report.

**Affiliate expanded their service area in 4/2015. Therefore, Affiliate service area data does not include the following counties: Archer, Baylor, Clay, Wichita and Wilbarger.

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 US standard population.

Source of incidence and late-stage data: North American Association of Central Cancer Registries (NAACCR) – Cancer in North America (CINA) Deluxe Analytic File.

Source of death rate data: Centers for Disease Control and Prevention (CDC) – National Center for Health Statistics (NCHS) death data in SEER*Stat.

Source of death trend data: National Cancer Institute (NCI)/CDC State Cancer Profiles.

Incidence rates and trends summary

Overall, the breast cancer incidence rate in the Komen North Texas service area was similar to that observed in the US as a whole and the incidence trend was slightly higher than the US as a whole. The incidence rate of the Affiliate service area was **significantly higher** than that observed for the State of Texas and the incidence trend was not significantly different than 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 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, lower among APIs than Whites, and lower among AIANs than Whites. The incidence rate among Hispanics/Latinas was lower than among Non-Hispanics/Latinas.

The following county had an incidence rate **significantly higher** than the Affiliate service area as a whole:

- Collin County

The incidence rate was significantly lower in the following counties:

- Cooke County
- Hunt County
- Montague County
- Wise County

The rest of the counties had incidence rates and trends that were not significantly different 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 North Texas service area was slightly lower than that observed in the US as a whole and the death rate trend was not available for comparison with the US as a whole. The death rate of the Affiliate service area was not significantly different than that observed for the State of Texas.

For the 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 and lower among APIs than Whites. There were not enough data available within the Affiliate service area to report on AIANs so comparisons cannot be made for this racial group. The death rate among Hispanics/Latinas was lower than among Non-Hispanics/Latinas.

The following county had a death rate **significantly higher** than the Affiliate service area as a whole:

- Hunt County

The rest of the counties had death rates and trends that were not significantly different than the Affiliate service area as a whole or did not have enough data available.

Late-stage incidence rates and trends summary

Overall, the breast cancer late-stage incidence rate and trend in the Komen North Texas service area were lower than that observed in the US as a whole. The late-stage incidence rate of the Affiliate service area was significantly lower than that observed for the State of Texas and the late-stage incidence trend was not significantly different than 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 higher among Blacks/African-Americans than Whites and lower among APIs than Whites. There were not enough data available within the Affiliate service area to report on AIANs so comparisons cannot be made for this racial group. 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.

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

American Cancer Society	National Cancer Institute	National Comprehensive Cancer Network	US Preventive Services Task Force
Mammography every year starting at age 40	Mammography every 1-2 years starting at age 40	Mammography every year starting at age 40	Informed decision-making with a health care provider ages 40-49 Mammography every 2 years ages 50-74

Because having regular mammograms lowers the chances of dying from breast cancer, it's important to know whether women are having mammograms when they should. This information can be used to identify groups of women who should be screened who need help in

meeting the current recommendations for screening mammography. The Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factors Surveillance System (BRFSS) collected the data on mammograms that are used in this report. The data come from interviews with women age 50 to 74 from across the United States. During the interviews, each woman was asked how long it has been since she has had a mammogram. BRFSS is the best and most widely used source available for information on mammography usage among women in the United States, although it does not collect data aligning with Komen breast self-awareness messaging (i.e. from women age 40 and older). The proportions in Table 2.3 are based on the number of women age 50 to 74 who reported in 2012 having had a mammogram in the last two years.

The data have been weighted to account for differences between the women who were interviewed and all the women in the area. For example, if 20.0 percent of the women interviewed are 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 age 50 to 74).
- The number of these women who actually had a mammogram during the past two years.

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

Because the screening proportions come from samples of women in an area and are not exact, Table 2.3 includes confidence intervals. A confidence interval is a range of values that gives an idea of how uncertain a value may be. It'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

Population Group	# of Women Interviewed (Sample Size)	# w/ Self-Reported Mammogram	Proportion Screened (Weighted Average)	Confidence Interval of Proportion Screened
US	174,796	133,399	77.5%	77.2%-77.7%
Texas	3,174	2,348	72.0%	69.9%-74.0%
Komen North Texas Service Area*	127	89	70.1%	60.2%-78.4%
White	120	83	69.0%	59.0%-77.4%
Black/African-American	SN	SN	SN	SN
AIAN	SN	SN	SN	SN
API	SN	SN	SN	SN
Hispanic/ Latina	SN	SN	SN	SN
Non-Hispanic/ Latina	118	82	74.7%	64.6%-82.8%
Archer County - TX	SN	SN	SN	SN
Baylor County - TX	SN	SN	SN	SN
Clay County - TX	SN	SN	SN	SN
Collin County - TX	41	31	82.3%	64.5%-92.3%
Cooke County - TX	SN	SN	SN	SN
Denton County - TX	45	31	74.0%	57.1%-85.9%
Fannin County - TX	SN	SN	SN	SN
Grayson County - TX	12	7	71.3%	37.8%-91.0%
Hunt County - TX	SN	SN	SN	SN
Montague County - TX	SN	SN	SN	SN
Wichita County - TX	29	23	75.2%	53.1%-89.1%
Wilbarger County - TX	SN	SN	SN	SN
Wise County - TX	SN	SN	SN	SN

*Affiliate expanded their service area in 4/2015. Therefore, Affiliate service area data does not include the following counties:

Archer, Baylor, Clay, Wichita and Wilbarger.

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 North Texas service area was not significantly different than that observed in the US as a whole. The screening proportion of the Affiliate service area was not significantly different than the State of Texas.

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

groups. Also, there were not enough data available within the Affiliate service area to report on Hispanics/Latinas so comparisons cannot be made for this group.

None of the counties in the Affiliate service area had substantially different screening proportions than the Affiliate service area as a whole.

Population Characteristics

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

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

The demographic and socioeconomic data in this report are the most recent data available for US counties. All the data are shown as percentages. However, the percentages 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 are based on people age 15 and older for income and unemployment and age 25 and older for education.
- The data on the use of English, called "linguistic isolation", are based on the total number of households in the area. The Census Bureau defines a linguistically isolated household as one in which all the adults have difficulty with English.

Table 2.4. Population characteristics – demographics

Population Group	White	Black /African-American	AIAN	API	Non-Hispanic /Latina	Hispanic /Latina	Female Age 40 Plus	Female Age 50 Plus	Female Age 65 Plus
US	78.8 %	14.1 %	1.4 %	5.8 %	83.8 %	16.2 %	48.3 %	34.5 %	14.8 %
Texas	81.5 %	12.9 %	1.1 %	4.5 %	62.5 %	37.5 %	42.9 %	29.4 %	11.7 %
Komen North Texas Service Area*	81.7 %	9.0 %	1.0 %	8.3 %	84.3 %	15.7 %	43.5 %	27.7 %	10.1 %
Archer County - TX	97.6 %	1.0 %	1.0 %	0.4 %	92.8 %	7.2 %	56.4 %	41.8 %	17.8 %
Baylor County - TX	96.3 %	2.8 %	0.5 %	0.4 %	86.5 %	13.5 %	59.8 %	47.2 %	27.5 %
Clay County - TX	96.9 %	1.1 %	1.7 %	0.3 %	94.6 %	5.4 %	56.8 %	43.4 %	19.3 %
Collin County - TX	77.2 %	9.8 %	0.8 %	12.2 %	85.3 %	14.7 %	43.0 %	26.2 %	8.9 %
Cooke County - TX	93.8 %	3.4 %	1.6 %	1.2 %	84.7 %	15.3 %	51.2 %	38.4 %	17.6 %
Denton County - TX	81.9 %	9.7 %	1.0 %	7.4 %	81.8 %	18.2 %	40.4 %	24.6 %	8.1 %
Fannin County - TX	92.7 %	5.3 %	1.5 %	0.6 %	91.4 %	8.6 %	53.9 %	40.2 %	19.4 %
Grayson County - TX	90.1 %	6.7 %	1.9 %	1.3 %	88.8 %	11.2 %	51.4 %	38.3 %	17.4 %
Hunt County - TX	87.9 %	9.3 %	1.3 %	1.5 %	86.4 %	13.6 %	48.8 %	35.1 %	15.3 %
Montague County - TX	97.1 %	1.0 %	1.4 %	0.5 %	90.2 %	9.8 %	55.0 %	42.5 %	21.2 %
Wichita County - TX	85.1 %	10.8 %	1.4 %	2.7 %	83.8 %	16.2 %	46.1 %	34.2 %	15.7 %
Wilbarger County - TX	89.0 %	8.5 %	1.5 %	1.0 %	73.2 %	26.8 %	49.1 %	37.2 %	17.6 %
Wise County - TX	96.8 %	1.4 %	1.2 %	0.6 %	82.9 %	17.1 %	48.9 %	33.8 %	13.6 %

*Affiliate expanded their service area in 4/2015. Therefore, Affiliate service area data does not include the following counties:

Archer, Baylor, Clay, Wichita and Wilbarger.

Data are for 2011.

Data are in the percentage of women in the population.

Source: US Census Bureau – Population Estimates

Table 2.5. Population characteristics – socioeconomics

Population Group	Less than HS Education	Income Below 100% Poverty	Income Below 250% Poverty (Age: 40-64)	Un-employed	Foreign Born	Linguistically Isolated	In Rural Areas	In Medically Underserved Areas	No Health Insurance (Age: 40-64)
US	14.6 %	14.3 %	33.3 %	8.7 %	12.8 %	4.7 %	19.3 %	23.3 %	16.6 %
Texas	19.6 %	17.0 %	37.1 %	7.3 %	16.2 %	8.2 %	15.3 %	32.2 %	24.7 %
Komen North Texas Service Area*	9.7 %	9.0 %	21.6 %	6.4 %	13.7 %	4.4 %	16.0 %	13.8 %	16.7 %
Archer County - TX	15.0 %	13.1 %	29.5 %	2.7 %	3.6 %	0.8 %	89.0 %	70.6 %	21.6 %
Baylor County - TX	13.8 %	15.8 %	48.8 %	4.9 %	2.0 %	0.8 %	100.0 %	100.0 %	25.2 %
Clay County - TX	11.7 %	10.4 %	32.3 %	5.5 %	1.0 %	0.9 %	74.6 %	100.0 %	21.9 %
Collin County - TX	7.1 %	7.3 %	16.9 %	5.4 %	17.2 %	5.2 %	5.2 %	7.8 %	14.5 %
Cooke County - TX	18.1 %	13.6 %	34.8 %	7.2 %	8.1 %	3.0 %	59.0 %	100.0 %	23.6 %
Denton County - TX	8.6 %	7.9 %	19.4 %	6.5 %	13.8 %	4.8 %	6.9 %	0.0 %	15.9 %
Fannin County - TX	18.9 %	15.3 %	40.6 %	7.5 %	3.4 %	1.0 %	70.5 %	100.0 %	25.8 %
Grayson County - TX	14.3 %	14.4 %	36.1 %	7.9 %	5.5 %	2.3 %	43.2 %	8.7 %	22.4 %
Hunt County - TX	19.4 %	18.3 %	38.3 %	9.4 %	6.4 %	1.6 %	56.6 %	100.0 %	24.0 %
Montague County - TX	19.3 %	13.1 %	38.1 %	7.1 %	4.1 %	0.9 %	58.9 %	100.0 %	25.7 %
Wichita County - TX	16.7 %	13.9 %	39.6 %	5.6 %	6.6 %	2.5 %	10.7 %	19.9 %	22.8 %
Wilbarger County - TX	24.8 %	20.6 %	42.9 %	4.7 %	4.7 %	4.9 %	21.9 %	100.0 %	23.1 %
Wise County - TX	16.8 %	10.0 %	31.2 %	8.9 %	6.1 %	2.3 %	72.1 %	0.0 %	21.5 %

*Affiliate expanded their service area in 4/2015. Therefore, Affiliate service area data does not include the following counties:

Archer, Baylor, Clay, Wichita and Wilbarger.

Data are in the percentage of people (men and women) in the population.

Source of health insurance data: US Census Bureau – Small Area Health Insurance Estimates (SAHIE) for 2011.

Source of rural population data: US Census Bureau – Census 2010.

Source of medically underserved data: Health Resources and Services Administration (HRSA) for 2013.

Source of other data: US Census Bureau – American Community Survey (ACS) for 2007-2011.

Population characteristics summary

Proportionately, the Komen North Texas service area has a slightly larger White female population than the US as a whole, a substantially smaller Black/African-American female population, a slightly larger Asian and Pacific Islander (API) female population, a slightly smaller American Indian and Alaska Native (AIAN) female population, and a slightly smaller Hispanic/Latina female population. The Affiliate’s female population is slightly younger than that of the US as a whole. The Affiliate’s education level is slightly higher than and income level is substantially higher than those of the US as a whole. There are a slightly smaller percentage of people who are unemployed in the Affiliate service area. The Affiliate service area has a slightly larger percentage of people who are foreign born and a slightly smaller percentage of people who are linguistically isolated. There are a slightly smaller percentage of people living in rural areas, a slightly larger percentage of people without health insurance, and a substantially smaller percentage of people living in medically underserved areas.

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

- Collin Count

The following county has a substantially larger Hispanic/Latina female population percentage than that of the Affiliate service area as a whole:

- Wilbarger County

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

- Archer County
- Baylor County
- Clay County
- Cooke County
- Fannin County
- Grayson County
- Hunt County
- Montague County
- Wilbarger County

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

- Archer County
- Cooke County
- Fannin County
- Hunt County
- Montague County
- Wichita County
- Wilbarger County
- Wise County

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

- Archer County
- Baylor County
- Fannin County
- Grayson County
- Hunt County
- Wilbarger County

The following county has a substantially lower employment level than that of the Affiliate service area as a whole:

- Hunt County

The following counties have substantially larger percentage of adults without health insurance than does the Affiliate service area as a whole:

- Archer County
- Baylor County
- Clay County
- Cooke County
- Fannin County
- Grayson County
- Hunt County
- Montague County
- Wichita County
- Wilbarger County

Priority Areas

Healthy People 2020 forecasts

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

HP2020 has several cancer-related objectives, including:

- Reducing women's death rate from breast cancer (Target as of the writing of this report: 20.6 cases per 100,000 women).
- Reducing the number of breast cancers that are found at a late-stage (Target as of the writing of this report: 41.0 cases per 100,000 women).

To see how well counties in the Komen North Texas 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 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

		Time to Achieve Late-stage Incidence Reduction Target				
		13 years or longer	7-12 yrs.	0 – 6 yrs.	Currently meets target	Unknown
Time to Achieve Death Rate Reduction Target	13 years or longer	Highest	High	Medium High	Medium	Highest
	7-12 yrs.	High	Medium High	Medium	Medium Low	Medium High
	0 – 6 yrs.	Medium High	Medium	Medium Low	Low	Medium Low
	Currently meets target	Medium	Medium Low	Low	Lowest	Lowest
	Unknown	Highest	Medium High	Medium Low	Lowest	Unknown

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, including:

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

The data in this table should be considered together with other information on factors that affect breast cancer death rates such as screening percentages and key breast cancer death determinants such as poverty and linguistic isolation.

Table 2.7. Intervention priorities for Komen North Texas service area with predicted time to achieve the HP2020 breast cancer targets and key population characteristics

County	Priority	Predicted Time to Achieve Death Rate Target	Predicted Time to Achieve Late-stage Incidence Target	Key Population Characteristics
Grayson County - TX	Medium	Currently meets target	13 years or longer	Older, poverty, rural, insurance
Hunt County - TX	Medium	13 years or longer	Currently meets target	Older, education, poverty, employment, rural, insurance, medically underserved
Wise County - TX	Medium	Currently meets target	13 years or longer	Education, rural
Fannin County - TX	Medium Low	NA	1 year	Older, education, poverty, rural, insurance, medically underserved
Denton County - TX	Low	1 year	Currently meets target	
Collin County - TX	Lowest	Currently meets target	Currently meets target	%API
Cooke County - TX	Lowest	Currently meets target	Currently meets target	Older, education, rural, insurance, medically underserved
Montague County - TX	Lowest	SN	Currently meets target	Older, education, rural, insurance, medically underserved
Wichita County - TX	Lowest	Currently meets target	Currently meets target	Education, insurance
Archer County - TX	Undetermined	SN	SN	Older, education, poverty, insurance
Baylor County - TX	Undetermined	SN	SN	Older, poverty, insurance
Clay County - TX	Undetermined	SN	SN	Older, insurance
Wilbarger County - TX	Undetermined	SN	SN	%Hispanic/Latina, older. Education, poverty, insurance

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.

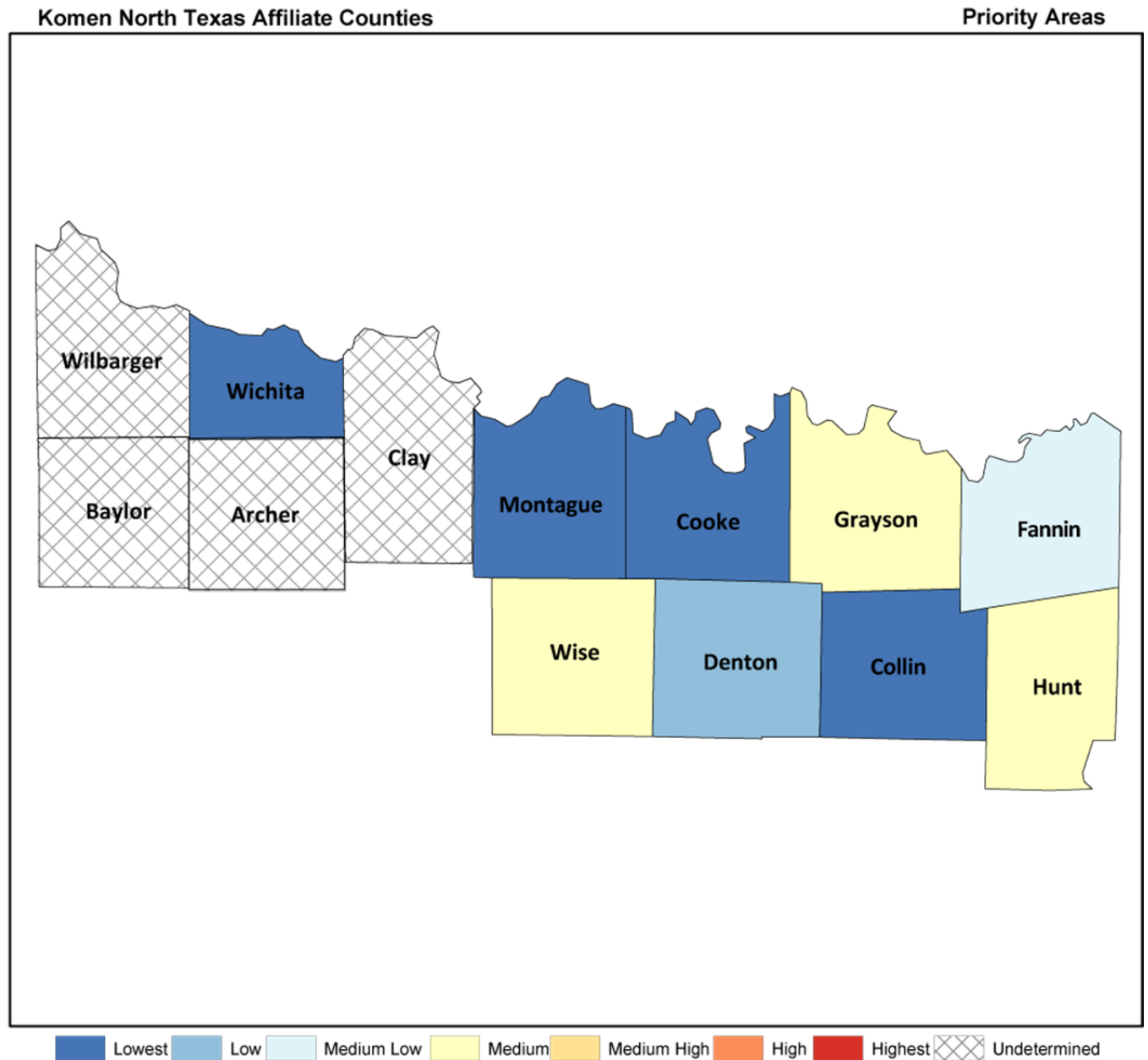


Figure 2.1. Intervention priorities

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 but, for cancer incidence and deaths, these data are still several years behind.
- For some areas, data might not be available or might be of varying quality.
- Areas with small populations might not have enough breast cancer cases or breast cancer deaths each year to support the generation of reliable statistics.

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

Quantitative Data Report Conclusions

Medium priority areas

Three counties in the Komen North Texas service area are in the medium priority category. One of the three, Hunt County is not likely to meet the death rate HP2020 target. Two of the three, Grayson County and Wise County, are not likely to meet the late-stage incidence rate HP2020 target.

The death rates in Hunt County (27.8 per 100,000) are significantly higher than the Affiliate service area as a whole (19.9 per 100,000).

Grayson County has an older population and high poverty percentage. Hunt County has an older population, low education levels, high poverty percentage and high unemployment. Wise County has low education levels.

Medium low priority areas

One county in the Komen North Texas service area is in the medium low priority category. Fannin County is expected to take one year to reach the late-stage incidence rate HP2020 target.

Fannin County has an older population, low education levels and high poverty percentage.

Selection of Target Communities

In order to be the most efficient stewards of resources, Susan G. Komen North Texas has chosen three target communities within the service area. The Affiliate will focus strategic efforts on these target communities over the course of the next four years. Target communities are those communities which have cumulative key indicators showing an increased chance of vulnerable populations likely at risk for experiencing gaps in breast health services and/or barriers in access to care.

When selecting target communities, the Affiliate reviewed Healthy People 2020, a major federal government initiative that provides specific health objectives for communities and the country as a whole. Specific to Komen North Texas' work, goals around reducing women's death rate from breast cancer and reducing the number of breast cancers found at a late-stage were analyzed. Through this review, areas of priority were identified based on the time needed to meet Healthy People 2020 targets for breast cancer.

Additional key indicators the Affiliate reviewed when selecting target counties included, but were not limited to:

- Incidence rates and trends
- Death rates and trends
- Late-stage rates and trends
- Below average screening percentages
- Residents living below poverty level
- Residents living without health insurance
- Unemployment percentages
- Residents who are linguistically isolated and/or foreign born

The selected target communities are:

- Collin and Denton Counties, Texas
- Cooke, Montague and Wise Counties, Texas
- Grayson, Fannin and Hunt Counties, Texas

Collin and Denton Counties: These two counties are the most populous of the eight counties in the Komen North Texas service area. The annual average female population is 374,897 in Collin and 318,811 in Denton and both have a higher level of access to care in comparison to the other counties in the Komen North Texas service area. The breast cancer incidence rate is significantly higher in Collin as compared to the Affiliate service area rate (Table 2.9) while Denton County (Table 2.10) is not significantly different. The breast cancer death rate and late-stage diagnosis rate for both Collin and Denton Counties are not significantly different from the Komen North Texas service area potentially allowing similar strategies to be used across both counties. The death rates are actually falling in both counties – Collin (-2.6 percent) Denton (-2.4 percent). Both Collin (7.1 percent) and Denton (8.6 percent) have a much lower percentage of residents with less than a high school education, in comparison to the other counties ranging from 14.3 percent to 19.4 percent. However, both counties have a higher percentage of linguistically isolated residents, Collin (5.2 percent) and Denton (4.8 percent). Collin has the highest percentage of Asian/Pacific Islanders (12.2 percent) a higher level than across Texas (4.5 percent) and the US (5.8 percent).

These counties have been combined into one target area for the purpose of this report and for the Affiliate's targeted efforts. This targeted area is located in lower central region of the Affiliate's service area. The Affiliate will be building on established partnerships via a Denton and Collin Breast Health Coalition which involves a variety of health systems in Collin and Denton Counties that focus on the early detection of breast cancer.

Table 2.9. Collin County breast cancer statistics

	Collin County	Affiliate Service Area Rate	US Rate
Incidence Rate*	131.2	121.4	122.1
Death Rates*	19.1	19.9	22.6
Late-Stage Rates*	37.0	37.6	43.8

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

Table 2.10. Denton County breast cancer statistics

	Denton County	Affiliate Service Area Rate	US Rate
Incidence Rate*	124.9	121.4	122.1
Death Rates*	20.7	19.9	22.6
Late-Stage Rates*	37.5	37.6	43.8

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

Cooke, Montague and Wise Counties: These three counties are adjacent to each other in the western region of the Affiliate service and have been combined into one target area for the purpose of this report and for the Affiliate’s targeted efforts. These counties in this region share key population characteristics of being rural and education. Between 16.8 percent to 19.3 percent of the population have less than a high school education. Cooke and Montague share the following key population characteristics of being medically underserved, have substantially older female population, substantially lower education levels, and have a substantially larger percentage of adults without health insurance than does the Affiliate service area as a whole underserved (Tables 2.4 and 2.5). Wise County also has a substantially lower education level.

The annual average female population is 19,351 in Cooke, 10,094 in Montague and 28,731 in Wise. As seen in Tables 2.11, 2.12 and 2.13, the incidence rate is rising in Cooke (11.9 percent) and Wise (7.1 percent), and falling in Montague (-20.1 percent). The death rate is decreasing in Cooke (-3.4 percent) and Wise (-2.1 percent). There was not enough data to report for Montague. Late-stage rates are trending down in Cooke (-3.6 percent) and Montague (-8.2 percent), and Wise trending up at 6.3 percent. All three have a higher percentage of residents with no health insurance (age 40-64) in comparison to US (16.5 percent) and Komen North Texas service area (16.7 percent). Percentage of residents with no health insurance - Cooke (23.6 percent), Montague (25.7 percent) and Wise (21.5 percent).

Screening percentages in these three counties were suppressed due to small numbers (fewer than 10), it is possible women are experiencing barriers to receiving mammography screening. Many residents live in rural areas and may not have easy access to health centers. Additionally, many residents are unable or prefer not to travel to the metropolitan areas to seek services. The ability to receive no cost services through the National Breast and Cervical Cancer Early Detection Program will be explored in the health systems analysis.

Table 2.11. Cooke County breast cancer statistics

	Cooke County	Affiliate Service Area Rate	US Rate
Incidence Rate*	86.0	121.4	122.1
Death Rates*	20.4	19.9	22.6
Late-Stage Rates*	30.6	37.6	43.8

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

Table 2.12. Montague County breast cancer statistics

	Montague County	Affiliate Service Area Rate	US Rate
Incidence Rate*	89.4	121.4	122.1
Death Rates*	SN	19.9	22.6
Late-Stage Rates*	27.5	37.6	43.8

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

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

Table 2.13. Wise County breast cancer statistics

	Wise County	Affiliate Service Area Rate	US Rate
Incidence Rate*	97.7	121.4	122.1
Death Rates*	19.4	19.9	22.6
Late-Stage Rates*	32.2	37.6	43.8

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

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

Grayson, Fannin and Hunt Counties: These counties have been combined into one target area for the purpose of this report and for the Affiliate’s targeted efforts (Tables 2.14, 2.15 and 2.16). These three counties are adjacent to each other in the eastern region of the Affiliate service area sharing key population characteristics of being older, lower education levels, higher percentages of individuals with incomes below 100 percent poverty level and higher percentages of residents residing in rural areas. Between 14.3 percent to 18.1 percent of the population have less than a high school education. Both Hunt and Fannin Counties are considered 100 percent medically underserved areas (Table 2.5).

With screening percentages suppressed due to small numbers (fewer than 10) in Fannin and Hunt, it is possible women are experiencing barriers to receiving mammography screening. Many residents still live in rural areas and may not have easy access to health centers. Additionally, many residents are unable or prefer not to come to the metropolitan area to seek services. The ability to receive no cost services through the National Breast and Cervical Cancer Early Detection Program will be explored in the health systems analysis.

The Affiliate will be building on established partnerships via a Tri-County Breast Health Coalition which involves a variety of health systems in Grayson, Fannin and Hunt Counties that focus on the detection of breast cancers. This combined effort should have a larger impact on reducing

the late-stage rate through ongoing education outreach and increase the percentage of women receiving annual screenings.

Table 2.14. Grayson County breast cancer statistics

	Grayson County	Affiliate Service Area Rate	US Rate
Incidence Rate*	115.4	121.4	122.1
Death Rates*	19.8	19.9	22.6
Late-Stage Rates*	42.8	37.6	43.8

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

Table 2.15. Fannin County breast cancer statistics

	Fannin County	Affiliate Service Area Rate	US Rate
Incidence Rate*	105.5	121.4	122.1
Death Rates*	15.1	19.9	22.6
Late-Stage Rates*	42.5	37.6	43.8

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

Table 2.16 Hunt County breast cancer statistics

	Hunt County	Affiliate Service Area Rate	US Rate
Incidence Rate*	94.7	121.4	122.1
Death Rates*	27.8	19.9	22.6
Late-Stage Rates*	37.2	37.6	43.8

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

Health Systems and Public Policy Analysis

Health Systems Analysis Data Sources

In order to capture as much data as possible for the Health Systems Analysis, the following data sources were researched to locate facilities in three targeted communities that provide breast health services:

- FDA approved Mammography Centers
- Hospitals
- Local Health Departments
- Community Health Centers
- Free Clinics
- American College of Surgeons Commission on Cancer Certification
- American College of Surgeons National Accreditation Program for Breast Centers
- American College of Radiology Breast Imaging Centers of Excellence
- National Cancer Institute Designated Cancer Centers

The data collection and review process involved searching and grouping the data into three target communities as noted below:

- Collin and Denton Counties
- Cooke, Montague and Wise Counties
- Grayson, Fannin and Hunt Counties

Internet and direct website searches resulted in the data used for the Health Systems Assessment template. The data were reviewed for completeness by Affiliate staff and college interns based on the multi-year experience and exposure in these communities.

On an ongoing basis, the Affiliate will continue to identify additional health services via Internet-based services as well as through relationships established local coalitions.

Health Systems Overview

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

It will be used as a reference in this section in order to point out the strengths and weaknesses for each targeted community in providing services through the major components of screening, diagnosis, treatment, follow-up and/or survivorship.

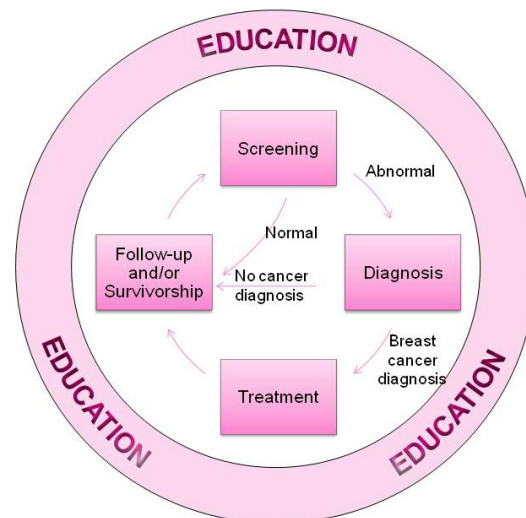


Figure 3.1. Breast Cancer Continuum of Care (CoC)

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

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

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

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

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

For Collin and Denton Counties, 46 health system facilities were identified in this targeted community (Figure 3.2). Out of the identified facilities, 97.8 percent provide screening services, 63.0 percent provide diagnostic services, 26.1 percent of these facilities provide treatment related services, and 23.9 percent provide some type of support/survivorship programming.

The facilities are evenly split between Collin and Denton Counties. The CoC weaknesses in this target community are breast cancer treatment and support and/or survivorship services.

For Cooke, Montague, and Wise Counties, six health system facilities were identified in this targeted community (Figure 3.3). From the identified facilities, 100 percent provide both screening and diagnostic services, 66.7 percent provide treatment related services, and 50.0 percent provide some type of support/survivorship programming. The majority of the services are available in Wise County followed by Cooke and Montague Counties. CoC weaknesses include breast cancer treatment and follow-up and/or survivorship services.

For Grayson, Fannin, and Hunt Counties, 11 health system facilities were identified in this targeted community (Figure 3.4). One hundred percent of these sources provided screening services, 36.3 percent provide diagnostic services, 27.3 percent provide treatment related services, and 36.3 percent provide some type of support/survivorship programming. The facilities are evenly split between these three counties; however, there are minimal options for breast cancer diagnostic, treatment and follow-up and/or survivorship services.

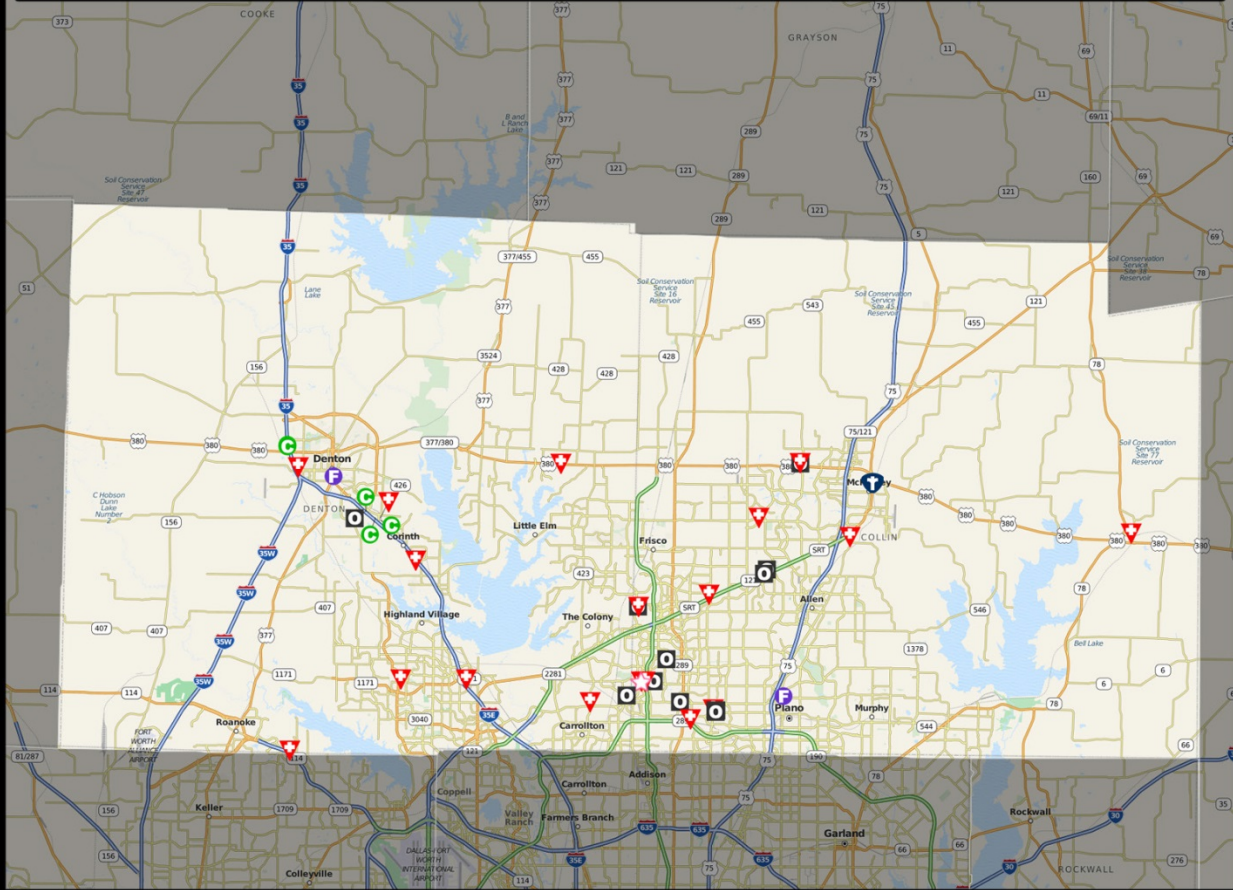
In order to enhance options available to residents in the Affiliate's service area, key mission related partnerships noted below will continue to be leveraged:

- Breast Health Collaborative of Texas- 3015 Richmond Avenue, Suite 140
Houston, TX 77098
- Cancer Alliance of Texas- 8160 Walnut Hill Ln, Dallas, TX 75231
- Denton & Collin Counties Breast Health Coalition, a virtual community
- Texas A&M AgriLife Extension Services
 - Cooke County Office – 301 S. Chestnut St., Gainesville, TX 76240
 - Grayson County Office – 100 W. Houston St., Sherman, TX 75090
 - Fannin County Office – 2505 N. Center St., POB 327, Bonham, TX 75418
 - Hunt County Office - 2217 Washington Street, Greenville, TX 75401
 - Montague County Office – 266 Franklin St., Montague, TX 76251
 - Wise County Office – 206 S. State St., Suite A, Decatur, TX 76234
- Tri-County Breast Health Coalition, a virtual community involving health system organizations in Grayson, Fannin, and Hunt Counties
- Wise County Health Forum- Intersection of Hwy 380 and FM 1655., Bridgeport, TX 76426

The Affiliate will continue efforts to identify new partnerships or collaboration opportunities to address needs/gaps. Many current partnerships assist by leveraging their partnerships with other facilities to serve new needs that evolve on a daily basis.

Collin & Denton Counties

▲ Hospital
 ● Community Health Center
 ○ Other
● Free Clinic
 ⚔ Department of Health
 ★ Affiliate Office



Statistics

Total Locations in Region: 41

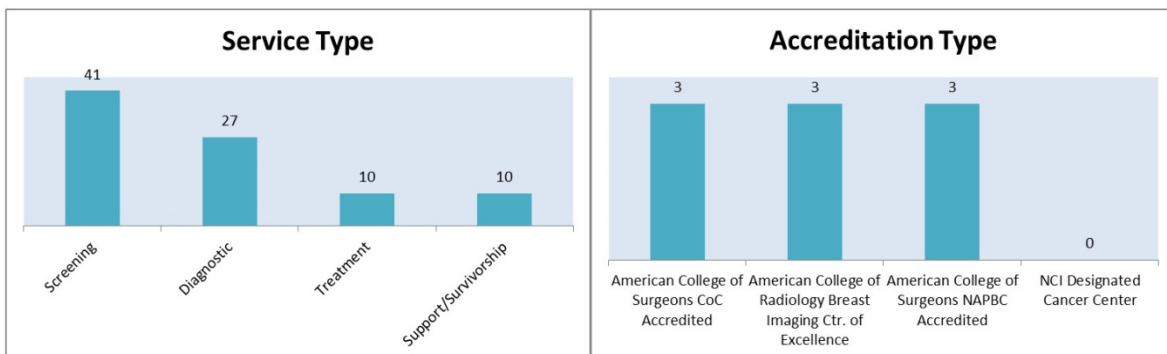
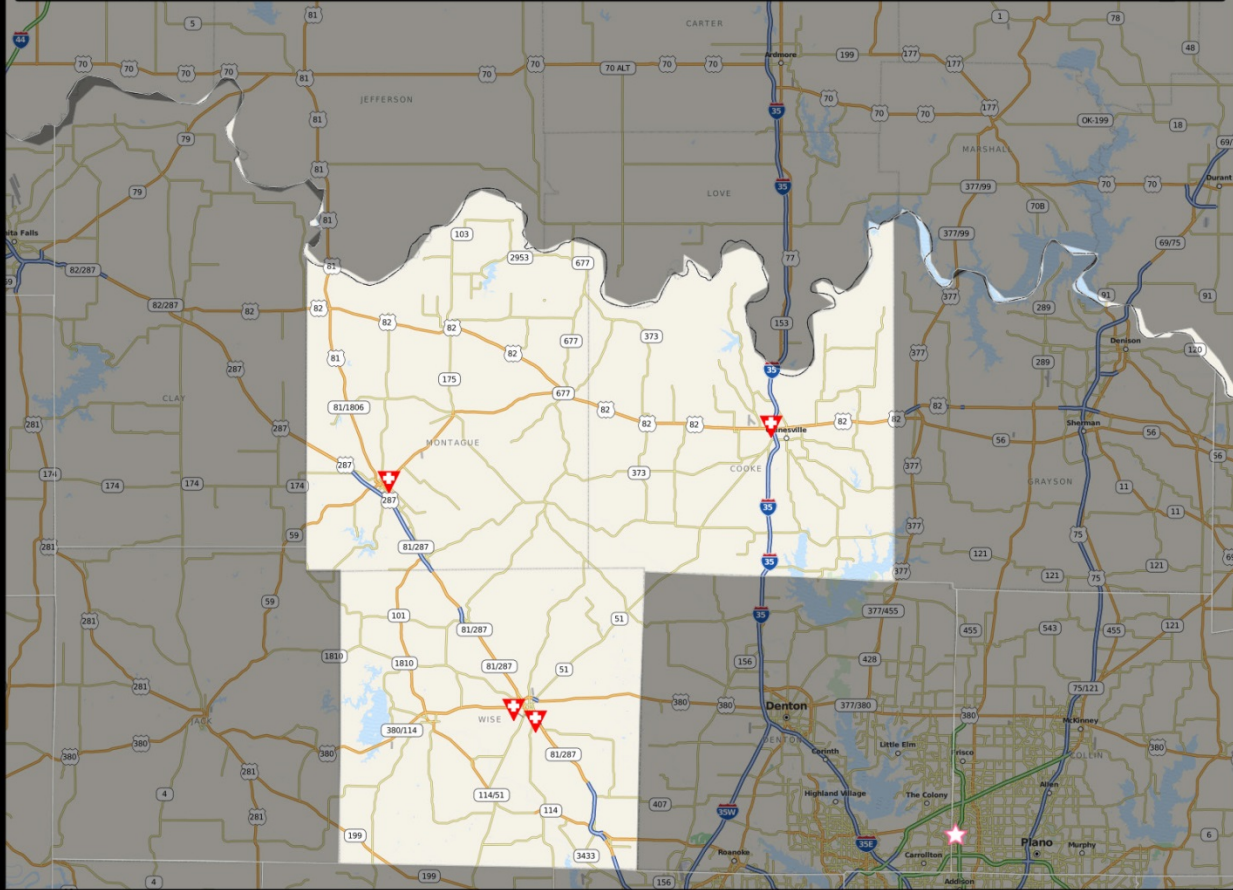


Figure 3.2. Breast cancer services available in Collin and Denton Counties

Cooke, Montague & Wise Counties

+ Hospital
C Community Health Center
O Other
F Free Clinic
+ Department of Health
☆ Affiliate Office



Statistics

Total Locations in Region: 4

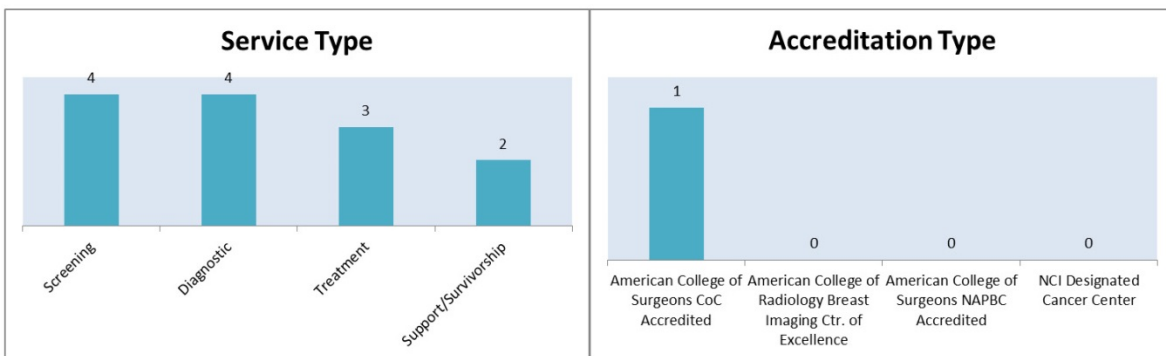
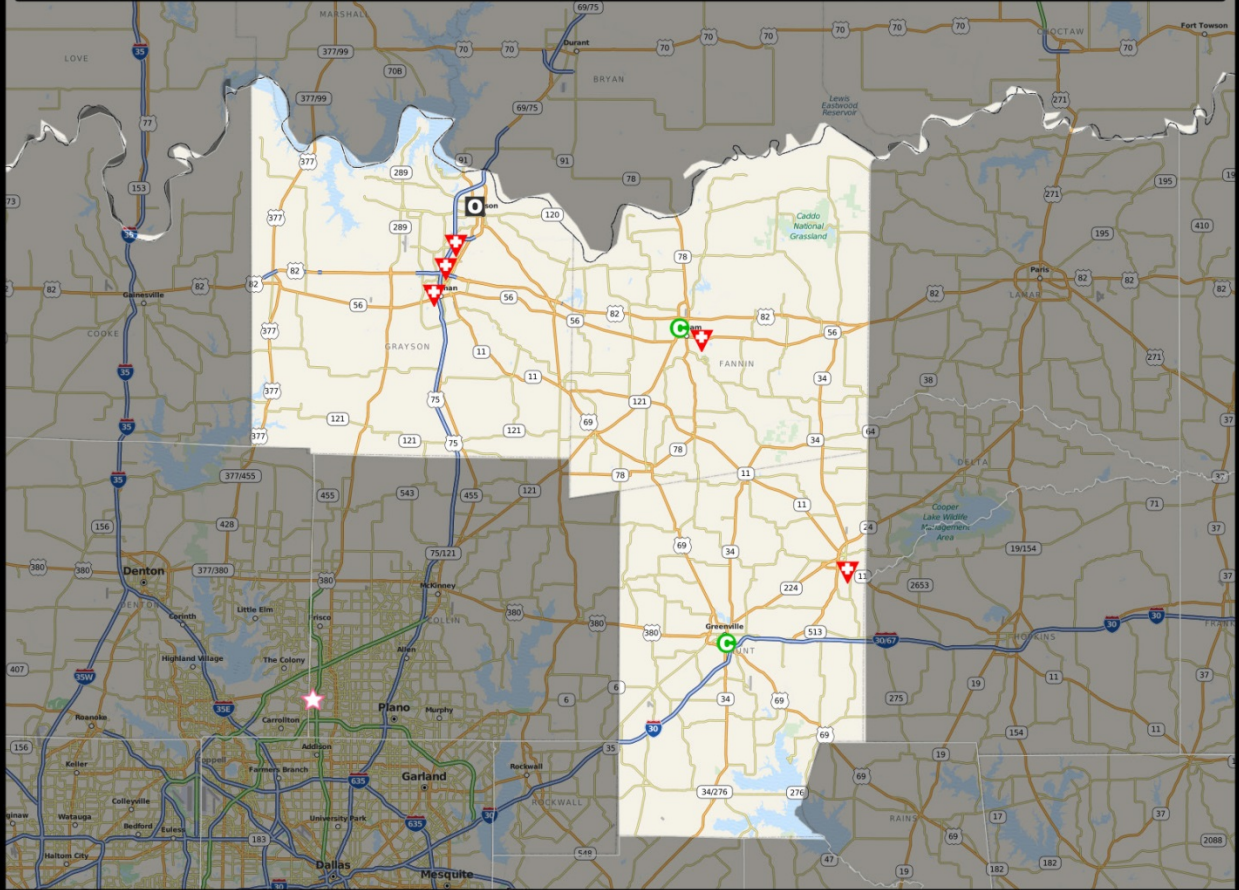


Figure 3.3. Breast cancer services available in Cooke, Montague and Wise Counties

Grayson, Fannin & Hunt Counties

 Hospital	 Community Health Center	 Other
 Free Clinic	 Department of Health	 Affiliate Office



Statistics

Total Locations in Region: 8

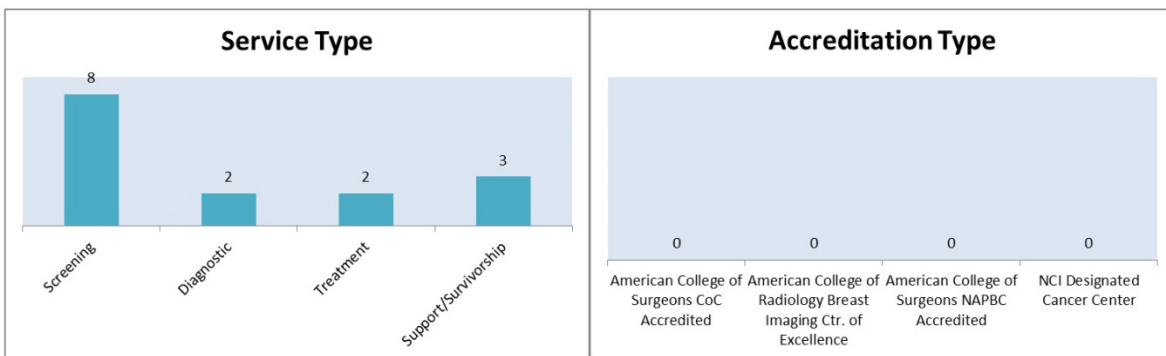


Figure 3.4. Breast cancer services available in Grayson, Fannin and Hunt Counties

Public Policy Overview

The Affiliate will continue to engage in public policy to protect federal funding for early detection, to ensure continued federal investment in cancer research and to reduce personal expense incurred for outpatient services related to treatment.

National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

One strategy includes maximizing the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The state Breast and Cervical Cancer Services (BCCS) program 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 are Federal cancer prevention and control programs for state, territorial and tribal organizations funds. Title XX of the Social Security Act, also referred to as the Social Services Block Grant (SSBG) is a capped entitlement program. Thus, States are entitled to their share, according to a formula, of a nationwide funding ceiling or "cap," which is specified in statute. Block grant funds are given to States to help them achieve a wide range of social policy goals. 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. State General Revenue are state funds allocated by the Texas legislature.

NBCCEDP 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 the Department of State Health Services (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 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>. 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

The high priority populations are women from ages 50-64

Another aspect to consider is how women obtain access to treatment via Medicaid in Texas. Medicaid for Breast and Cervical Cancer (MBCC) leverages BCCS contracted health clinics as the gateway to cancer treatment. These contractors 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.

To be eligible for MBCC, a woman must be:

(<https://www.dshs.state.tx.us/bcccs/treatment.shtm#eligibility>):

- 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 (Table at: <https://www.dshs.state.tx.us/bcccs/eligibility.shtm#income>); **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 US citizen or qualified alien.

For enrollment, contact a BCCS contractor in your area; visit the [BCCS Clinic Locator at https://www.dshs.state.tx.us/bccscliniclocator.shtm](https://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 makes the final Medicaid eligibility determination.

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

The Collaborative relationship with BCCS is new to the Affiliates. In the past Susan G. Komen Headquarters managed the relationship however, with recent advocacy program changes, Komen Texas Advocacy Collaborative (KTAC), a network of Texas Komen Affiliates are taking responsibility of communicating and working with the agency to ensure advocacy interests are met.

Over the next four years, Komen North Texas will remain active in the KTAC to initiate more communication with Texas Breast and Cervical Cancer Services and learn more about methods that Komen Affiliates in Texas can be helpful in ensuring BCCS serves more of the working poor. The program currently serves only six percent of eligible women.

Texas State Comprehensive Cancer Control Coalition

Another strategy to enhance the public policy activities includes leveraging the State Comprehensive Cancer Control Coalition.

The aim of the Texas Cancer Plan is to reduce the cancer burden across the state and improve lives of Texans. It identifies the challenges that the state faces and composes a set of goals, objectives, and actions to guide communities and partners on in the fight against cancer.

The development of Texas Cancer Plan was made prominent by feedback from organizations, institutions, community leaders, planners, coalition members, survivors, and friends/family affected by cancer throughout the state. The Plan was created by the Cancer Prevention and Research Institute (CPRIT) but the outcomes of The Plan are dependent upon cooperation, collaboration, and the sharing of resources from other stakeholders in Texas.

The Texas Comprehensive Cancer Control Plan consists of the following breast cancer objectives:

- Increase proportion of women who receive breast cancer screening according to national guidelines
- Reduce the rate of late-stage diagnosis of breast cancer

The Texas Cancer Plan includes the following objectives:

- Encourage prevention activities and risk reduction
- Increase screening and early detection rates
- Initiate more timely access to diagnosis, treatment and palliative care (pain management)
- Improve quality of life and survivorship for patients
- Increase support cancer research and commercialization projects for better treatments and economic development in Texas
- Develop and strengthen access to health care as well as medical professionals

The Texas Cancer Plan encourages community-based organizations and stakeholders to pursue the following objectives:

- Support policy, environmental, and system 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 following Komen Texas Advocacy Collaborative (KTAC) members are members of the Cancer Alliance of Texas (CAT), the state cancer coalition. CAT membership represents the many efforts underway to reduce the cancer burden in Texas and includes consumers as well as individuals who represent public and private educational, treatment, research and patient support organizations.

- Susan G. Komen® Austin
- Susan G. Komen® Dallas County
- Susan G. Komen® Houston
- Susan G. Komen® North Texas

Member roles include representing public, private, and nonprofit groups, attend CAT meetings, and receive all CAT communications. Members can choose to participate as a consultant on varying projects or activities, and aide to support CAT funding for project proposals.

Below are the KTAC goals as it relates to the state cancer control program:

- Encourage more Affiliates to become Cancer Alliance of Texas members.
- 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

In 2014, the Affordable Care Act (ACA) was made available to the public. 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 (Health Care Government, n.d.). Texas did not expand Medicaid coverage for those with incomes up to 133 percent of the poverty level. An expansion 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.

Prior to the insurance mandate, more than 6.2 million people were uninsured in Texas, making up about 24.0 percent of the total population (Henry J. Kaiser Family Foundation, Health Insurance Coverage, 2014). The Affordable Care Act insurance mandate for the public went into effect January 2014; its impact on the current uninsured percentage is still being determined.

In regards to any implications of ACA on state NBCCEDP eligibility and utilization, there has been minimal impact to the program by the implementation of the ACA as most BCCS clients do not qualify for marketplace subsidies because their incomes are too low.

Implications of ACA for the Health Care Provider

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). 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). In addition, there are challenges evolving from a shortage of doctors on exchange plans where many doctors are choosing not to take part in the plans. These are issues Komen North Texas grantees have indicated to the Affiliate as well.

In conversations with local providers and hospitals, there does not appear to be a recent influx of newly insured patients through exchanges. However, current efforts to navigate people through the Affordable Care Act continue to occur.

Implications of ACA for the Affiliate

In regards to ACA's implications on the Affiliate, it operates knowing that 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 Henry J. Kaiser Family Foundation, The Uninsured Population, 2014). In addition, there is an estimated 620,000 undocumented women part of the uninsured

population which is a quarter of uninsured women in Texas (The Henry J. Kaiser Family Foundation, The Uninsured Population, 2014).

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 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, n.d.).

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 reported never having coverage in their lifetime (The Henry J. Kaiser Family Foundation, The Uninsured Population, 2014). However, with over 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 Komen Affiliates in Texas 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.

Affiliate's Public Policy Activities

Progress will be achieved by taking local action as well as working actively with KTAC Affiliates to maintain relationships with local and federal elected officials to ensure Komen's policy priorities are reinforced. This progress will be made primarily through individual meetings, phone calls and hosting of legislative events to promote breast cancer awareness with local legislators and secure 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.

KTAC is assuming more state level advocacy and public policy roles. Komen North Texas is positioned to further engage legislators beyond initial contact, with more emphasis on policy changes affecting breast cancer patients and survivors. The Affiliate will actively engage volunteers to support KTAC's legislative goals. In addition, future goals include working with more cancer and health coalitions to learn about patient issues and to develop Komen North Texas' advocacy presence.

Health Systems and Public Policy Analysis Findings

Within the Komen North Texas target communities, each community has at least some breast cancer services along the Continuum of Care. As a whole, there are 63 health system facilities. Of those facilities, 98.4 percent provide screening services, 61.9 percent provide diagnostic services, 30.2 percent provide treatment, and 28.6 percent provide support/survivorship services. The greatest weakness along the CoC for Collin and Denton Counties is the availability of treatment and support/survivorship services. For the counties of Cooke, Montague, and Wise, the greatest CoC weakness for breast cancer care are treatment and support/survivorship services. In Grayson, Fannin and Hunt Counties, diagnostics, treatment and support/survivorships services are the weakest along the CoC.

In order to enhance options available to residents in the Affiliate's service area, key Mission related partnerships will continue to be leveraged. The Affiliate will continue efforts to identify new partnerships or collaboration opportunities to address needs/gaps. Many current partnerships assist by leveraging their partnerships with other facilities to serve new needs that evolve on a daily basis. In addition, Texas Komen Affiliates will continue to strengthen the Collaborative structure through public policy, especially through volunteers willing to support Komen Texas Advocacy Collaborative's legislative goals. Future goals include working with more cancer and health coalitions to learn about patient issues and to develop Komen North Texas' advocacy presence.

The Affiliate will continue to engage in public policy to protect federal funding for early detection, to ensure continued federal investment in cancer research and to reduce personal expense incurred for outpatient services related to treatment.

Qualitative Data: Ensuring Community Input

Qualitative Data Sources and Methodology Overview

Information from a community perspective was collected on knowledge, attitudes and beliefs about breast cancer, resources in the target communities, and outreach effectiveness. Survivors and providers were interviewed to understand the continuum of care from their perspective and determine the services available after diagnosis, through treatment, follow-up care, support services during post treatment and breast health education on an ongoing basis.

Methodology

Data collection from women in the community

Data were collected via key informant interviews and focus groups over the phone or in person. Survey data were collected from survivors at two of the Affiliate's major fundraising events.

Interviews and focus groups

Qualitative data were collected from women and providers in the community using both semi-structured questionnaires and focus groups. Convenience sampling from Komen North Texas' survivor database, patients referred their providers, and grantees referring providers and clients were the techniques used to identify participants. They were interviewed either by telephone or in person. The interviews represented diversity in ethnicity, age, residence and county.

Key informant participants were recruited in each target community. Interviews were transcribed for analysis by investigators. They were interviewed using questions on the following topics:

- a. Breast cancer screened persons: perceptions of need for screening, barriers to breast cancer screening, and most effective methods to receive breast self-awareness messaging. These persons were individuals who had received a mammogram by an Affiliate grantee in the last one or two years or who interacted with an Affiliate grantee via an educational outreach activity.
- b. Breast cancer survivors: personal experience with breast cancer and its impact to co-survivors (e.g. friends and family), perception of health and social issues impacting women and their community, barriers to care, availability of breast health services, thoughts regarding preventative care/behaviors, effectiveness of breast cancer messaging reaching the community, and the effectiveness of survivorship services and quality of care.
- c. Provider/Health professionals: implementation of breast health education and outreach services, methods used for outreach and to address the continuum of care, timeliness of services, barriers for screening, diagnostics, treatment and follow-up, and established partnerships.

Focus group participants were recruited in each target community. Data were transcribed for analysis by investigators. They were interviewed either over the phone or in person using questionnaires on the following topics:

- a. *Breast cancer screened persons*: perceptions of need for screening, barriers to breast cancer screening, and most effective methods to receive breast self-awareness messaging.

- b. *Breast cancer survivors*: personal experience with breast cancer and its impact to co-survivors (e.g. friends and family), perception of health and social issues impacting women and their community, barriers to care, availability of breast health services, thoughts regarding preventative care/behaviors, effectiveness of breast cancer messaging reaching the community, effectiveness of survivorship services, and quality of care.

Surveys

Surveys were utilized to collect data from survivor attendees at the Affiliate's Race for the Cure events. Survey included the collection of demographic information and open-ended questions regarding any barriers to obtain breast health services, use of support services and methods to encourage women and men to seek breast health services in a timely manner.

Sampling

Convenience sampling was utilized. Women were clients of Komen North Texas grantees or residents of targeted geographic areas, within the age range of 40-64, of various racial and ethnic backgrounds. Focus groups ranged from six to nine participants and were recruited from the Affiliate's database of self-identified survivors who had previously donated to the Affiliate or participated in Affiliate events, such as the Celebration of Hope, Plano Race for the Cure, Denton Race for the Cure and/or the Ride for the Cure. The rural county focus groups were recruited by leveraging partnerships with the Texas A&M AgriLife Extension Service programs who held events promoting breast health and screening.

For Target Community A: Collin and Denton Counties, Texas

Two focus groups were held in Collin County and one focus group in Denton County with the target population (women ages 40-64). Seven key informant interviews were held with providers in Collin County and six key informant interviews were held with providers in Denton County. In total, three focus groups which included 27 participants and 13 key informant interviews took place.

Survey data were collected from 147 Collin County and 70 Denton County residents.

Target Community B: Cooke, Montague and Wise Counties, Texas

One focus group was held in each county – Cooke, Montague and Wise with 18 women from the target population (women ages 40-64). Four key informant interviews took place with providers that service the target population (women ages 40-64) in each county for a total of 12 interviews.

No Cooke, Montague, or Wise County residents completed the survey.

Target Community C: Grayson, Fannin and Hunt Counties, Texas

One focus group was held in each county – Grayson, Fannin and Hunt with 17 women from the target population (women ages 40-64). Four key informant interviews took place with providers that service the target population (women ages 40-64) in each county for a total of 12 interviews.

One Grayson County resident responded to the survey.

Ethics

Consent forms were utilized as well as verbal consent was given as an alternative for key informants and focus group participants. Informants, focus group participants and survey takers were made aware of the purpose of the interview, session or survey to update the Komen North Texas Community Profile, a needs assessment that includes demographic and breast cancer statistics as well as qualitative data from interviews, focus groups and surveys with survivors, health care providers and state organizations to get insight on barriers to breast health and cancer services. Participants were notified that all information obtained from the key informant interview and focus groups will be kept strictly anonymous and all identifying information will be removed from the collected materials. All materials were stored securely.

Qualitative Data Overview

The qualitative data were compiled in the form of interview notes and verbatim transcripts. These methods were chosen to facilitate the free flow of conversation. In addition, surveys were used in Affiliate event settings in order to capture additional data from survivors.

Common themes were extracted by investigators and are described below:

Target Community A: Collin and Denton Counties, Texas

Women were aware of the importance of breast health education and early detection. Breast self-awareness education was conducted for most participants by a primary care physician or community health center. Those with health insurance received regular mammograms, but this was not always the case with uninsured women. Barriers to accessing routine medical care and annual exams, such as pap smears and mammograms, were common themes among uninsured women. However, when mobile units and well-woman related services were available, women were aware of the service and more likely to utilize it. Barriers identified included fear of the unknown like where to get free or low-cost breast health services, culturally sensitivities regarding a woman's body, religious perspectives on dealing with illness, understanding the services offered by the Affordable Healthcare Act and limited finances to cover the cost of copays, deductibles and monthly payments for insurance offered by the Affordable Healthcare Act.

Survivors noted knowledge of women in their circle who did have health insurance and/or access to mammograms, but chose not to get screened. They stated lack of time, denial, fear of being diagnosed, or being a burden to one's family, if they are diagnosed.

Knowledge, as in lack of knowledge and self-care is one of the most important health problems for women. We as women are nurturers and busy taking care of others and don't take care of ourselves. That's the issue of the century because they put themselves on the back burner and early detection is the key, as stated by a focus group participant.

[Need] more education programs so women are better able to understand the importance of yearly mammograms, as stated by a key informant .

[It might be] just cultural; afraid because they are not knowledgeable about early detection which tends to be the norm, as stated by a survey participant.

Not knowing Susan G. Komen information and when to be offered and why. It is almost a cultural barrier to be health aware where it is not okay to discuss if not sexually active. We do a lot of outreach to improve health literacy and promote issues about breast health, as stated by a provider.

Survivors were vocal about educating the women with insurance about the importance of early detection. Survivors and health care providers noted that the Affordable Healthcare Act is not filling all the gaps in health coverage.

Insurance coverage is paramount. Obamacare is not working as well as they hoped per a key informant, as stated by a survivor.

Follow-up expenses are a huge burden, go every six months and the costs are immense even if you have insurance especially if undergoing treatment when you're not working, per a survivor.

After diagnosis, breast health navigators were found to be extremely helpful, but when this service was not provided by a hospital or doctors' office, women discovered they needed to educate and advocate for themselves to navigate the breast cancer continuum of care. Sometimes oncologists, breast surgeons or other medical professionals provided guidance and directions:

Theoretically, everyone should be treated the same, per a provider.

Breast cancer support group – don't know. I'm sure we have pamphlets to direct in the right direction for our patients, per a provider.

My biggest barrier was having an OB-GYN, not believing a cyst was growing, per a survivor.

Gleaned from key informants and focus group participants, cultural and language barriers are an important issue and may limit awareness and use of services for Hispanic/Latina, Black/African-American and lower-income Asian women. Cultural issues include fear and reluctance to discuss cancer diagnoses among Asian and Black/African-American women. Some Asian women also fear radiation from mammograms, although knowledge and attitudes may vary with national origin and years lived in the United States. Compared to more educated focus group participants, working-class Asian women with less education were considered more likely to fear or postpone screenings due to family needs.

Women work long hours and low paid. [If you] need \$200 for a mammogram, [you] save it for family, as stated by a key informant.

Cultural barriers regarding modesty and touching the body by the woman herself or a physician is often taboo in other cultures as mentioned by participants of Asian descent. This is a barrier to accessing care:

Oh, no we don't do that in our country; we don't allow ourselves to be touched, as stated by a key informant.

Survivors seek preventive care, nutrition and physical activity for more complete recovery. Although not a major issue for many survivors, appearance is a concern for some patients during treatment:

[I] had to get off hormone medications, but put on a lot of weight as a result and now afraid of even small changes in my body that it might be a relapse, as stated by a key informant.

Survey data highlighted barriers to include a lack of breast cancer knowledge and treatment options and a lack of insurance/finances to cover treatment expense. Emotional support provided by family, peers, support groups and doctors played an important role along with financial, child care, nutritional and transportation support. In addition, there is a need to encourage women and men to seek breast health services in a timely manner through more education about accessing services through advertisements, ethnically diverse speakers, support groups and primary care and OB/GYN physicians.

Target Community B: Cooke, Montague and Wise Counties, Texas

Women mentioned the lack of easily accessible and affordable breast health education and services in this community:

My knowledge [of early detection programs and sources of breast health information] is mostly in the Metroplex. [I] just learned about that clinic from the meeting, as stated by a key informant.

Face to face information and taking the information to them like going out to events in the community and such need to be more prevalent to make a difference, as stated by a provider.

The county is impoverished with a lack of jobs and lack of personal finances. Folks will not have basics in life but will allow for health for kids but not for individual health concerns. In regards to general health care like screening, folks are reluctant, have no money, have low [cost] insurance [high deductibles, unrealistic co-pays] or fear to go it get done, as stated by a key informant.

Survivors expressed a need for breast health navigators and wished they would have had the service provided to them during their treatment and recovery.

Positive experiences included statements like:

My doctor and I have a close relationship. My OBGYN helped me while I was going through breast cancer by guiding me which physicians he recommended and what procedures were like. He held my hand through everything, as noted by a survivor focus group member.

Challenging experiences included statements like:

I just felt like I could use some care and feeding through the process to way my options and to better understand what would be happening next and why.

Survivor support was found through support groups, church communities, family and friends. Some women did not seek participation in support groups, citing the preference for privacy and increased comfort found among a closer network of family and friends.

I joined a breast cancer support group during chemotherapy and friends were all supportive – it depends on if you post with a positive attitude or not to overcome your diagnosis, per a survivor.

I wish I had more [breast cancer] survivors that were ‘new’ survivors going through it ahead of me or have just gone through it recently. That way they can describe things to you, makes the whole process easier, per a survivor.

Target Community C: Grayson, Fannin and Hunt Counties, Texas

A majority of women were aware of the importance of breast health education and early detection. Breast Self-Awareness education was conducted for most participants by a primary care physician or community health center. Those with health insurance received regular mammograms, but this was not always the case with uninsured women. Barriers to accessing routine medical care and annual exams, such as pap smears and mammograms, were common themes among uninsured women along with fear of the unknown like where to get free or low-cost breast health services. However, when mobile units and well-woman related services were available, women were aware of the service and more likely to utilize it. Barriers identified included fear of the unknown like where to get free or low-cost breast health services, culturally sensitivities regarding a woman’s body, religious perspectives on dealing with illness, understanding the services offered by the Affordable Healthcare Act and limited finances to cover the cost of copays, deductibles and monthly payments for insurance offered by the Affordable Healthcare Act.

Some women in the community I know will simply not get their mammograms due to lack of information or due to the cost, stated by a provider.

I know about mobile mammograms. I don’t know about its costs, it’s just available. Other than that I didn’t know anything else. At the meetings I learned about the [Community Health Center] Clinic, stated by a key informant.

I know that Hunt Regional Hospital has a mobile mammogram unit which I used for my last two mammograms. Texas Oncology is in Greenville and the other services certainly are available, as stated by a key informant.

Well, lack of experience with it, my choice of being in a specialized area such as Dallas rather than Hunt County was my preference, as stated by a key informant.

Women also seek preventive care, nutrition and physical activity for more complete recovery. Although not a major issue for many survivors, appearance is a concern for some patients during treatment:

It was an inconvenience and I struggled with accepting my body for a while after breast cancer. And because I chose not to proceed with breast reconstruction, it was difficult finding affordable prosthetic options so it was a big struggle for me, per a key informant.

[Having breast cancer was] very scary, a grieving process, an emotional rollercoaster, per a key informant.

A lack of nearby breast cancer treatment services was problematic for providers:

Once [the client] is given Medicaid we refer them to Texas Oncology. Mostly use Baylor Dallas or East Texas Health Services, per a provider.

Survivors expressed the need for increased awareness for other women, so “they won’t have to go through what I did.”

Women can be told, “You need to do this,” but until it hits them on a personal level, many of them don’t want to talk about it. [They feel] ashamed or shy...if we can spread the words ourselves for lower income communities. That’s what’s good about what Susan G. Komen is doing...bringing awareness from every direction.

Qualitative Data Findings

Limitations of the Qualitative Data

The overall strengths of the qualitative data sources and methods is that it provides depth and detail capturing attitudes, feelings and behaviors. With one-on-one key informant interviews and focus groups, the investigator attempts to create an open environment encouraging people to expand on their responses opening up new topic areas not initially considered while attempting to avoid pre-judgements.

The overall weaknesses of the data sources and methods is there is limited time, staff and budget therefore it is generally necessary to involve smaller sample sizes for manageability purposes. Therefore, it can become less easy to generalize and more difficult to make systematic comparison, if participants give widely differing responses that are highly subjective. Also, qualitative data are dependent on the skills of those participating in the process. A mix of staff, volunteers and interns were involved in the collection of data with qualitative data collection experience gained from college-based projects to previous experienced gained from developing past community profiles.

The use of survey data enabled a larger number of survivors to be incorporated into the qualitative process; however, the participation by county residents was based on registration to one or both of the major fundraising events.

Due to the limitations of the data collected, the findings represent only the perspectives of those that participated in interviews, focus groups and surveys and not the general population in each target community.

With all that in mind, a base of information was gathered and reviewed to determine how the qualitative data collection findings are linked to the key questions formed after the Quantitative Data report and the Health Systems and Public Policy Analysis. These key questions include:

- What is the level of breast health knowledge?
- What breast health resources are available in the continuum of care?
- How effective is breast health educational outreach?

Conclusions from the qualitative analysis will be addressed as a whole across the Affiliate's service area and then by target communities:

All Target Communities (All eight counties):

Across all eight counties there is a need to improve access to affordable breast health services through appropriate insurance enrollment. By developing partnerships with community-based organizations to provide free insurance workshops on the Healthcare Marketplace, more of the service area population will be able to leverage available services.

In addition, there is a need for the availability of free or low-cost survivorship services such as diet and nutrition expertise, exercise programming, support groups in all eight counties. These types of services will complete the Continuum of Care and increase the quality of life for breast cancer survivors and their family members.

Target Community A: Collin and Denton Counties, Texas:

This more diverse, suburban community has a need to increase access to culturally competent breast health services among Asians, Blacks/African-Americans, and Hispanic/Latina women over age 40 in Collin and Denton Counties. Although a higher percentage of the population has health insurance, the need to address cultural differences is necessary. The qualitative data still suggests not losing focus on breast health education and screening services in Collin and Denton Counties since those with insurance will not take the time to complete the appropriate clinical exam or mammogram.

Target Community B: Cooke, Montague and Wise Counties, Texas

Women in this community are medically underserved, have a substantial older population, and substantially lower education level. There is a need to increase access to education, screening, diagnostic, treatment and survivorship services in this community.

Target Community C: Grayson, Fannin and Hunt Counties, Texas

Women in Grayson and Fannin Counties have a late-stage diagnosis rate higher than the Affiliate service area. Women in Hunt County have a death rate significantly higher than the Affiliate service area. The qualitative data exhibits a reduced level of access to quality care and the resources to support women and men through the treatment, recovery and survivorship.

In conclusion, Collin County and Denton County women in the Affiliate service area affirm the need for effective, culturally-appropriate education on the availability of breast cancer services and support. Although many seek care when they perceive the need or suspect cancer from identification of a concern, some are hindered by fear of the consequences of a negative diagnosis. Social, economic and cultural barriers, as well as lack of transportation, scheduling conflicts, service availability and access, have impacts on both screening and care.

Women often delay mammograms due to busy schedules, being the primary caregiver of their children or denial of the importance of early detection.

Women in Cooke, Montague and Wise Counties are challenged with limited access to breast health information, financial means as well as access to quality of care. Women in Grayson, Fannin and Hunt Counties battle similar issues.

Overall, the continuum of care needs to be enhanced. The means to accomplish this includes expanding cancer screenings and education, and increasing local knowledge of services. Women fear cancer diagnoses, they know the care can be costly, proximity and cultural and language barriers can hinder access and delay treatment.

Mission Action Plan

Breast Health and Breast Cancer Findings of the Target Communities

Susan G. Komen North Texas has chosen three target communities within the service area of Collin, Cooke, Denton, Fannin, Grayson, Hunt, Montague and Wise Counties in order to be the most efficient steward of the Affiliate's resources. These eight counties will be referenced as the Affiliate service area in the Mission Action Plan. The Affiliate will focus strategic efforts on these communities over the course of the next four years.

Target communities are those communities that have common key indicators showing an increased chance of vulnerable populations likely at risk for experiencing gaps in breast health services and/or barriers in access to care.

Target Community A: Collin and Denton Counties

These two counties are the most populous of the eight counties in the Affiliate's service area with similar female populations and higher level of access to quality of care.

Key findings for Target Community A (Collin and Denton Counties)

A1. Higher incidence rates:

Between Collin and Denton Counties, the population demographics are 77.9 percent Whites, 9.8 percent Blacks/African-Americans, 0.9 percent American Indian and Alaska Native (AIAN), and 9.8 percent Asians. As a whole, 16.5 percent of the population is Hispanic/Latina and 22.1 percent of the populations within this target area are considered minorities. These counties are experiencing higher incidence rates per 100,000 people than the other counties in the service area, Texas and the US. Collin County is significantly higher. Death rates are trending down faster than in Texas and in the US.

A2. Decrease in late-stage diagnoses:

Late-stage diagnoses are trending down faster in Collin County when compared to the Affiliate service area, Texas and the US. Late-stage diagnoses in Denton County are trending down at a similar rate as across the service area and Texas and better than across the US.

A3. Cultural competence barriers to care:

Community demographics along with comments made by non-White key informants and focus groups members ask for additional education and outreach activities that address cultural barriers such as being linguistically isolated and other cultural and religious sensitivities that cause delay in acquiring and applying breast health knowledge and taking action to screen and receive treatment.

A4. Need for treatment and survivor services:

According to the health systems analysis and qualitative Affiliate assessment, the greatest weakness along the Breast Cancer Continuum of Care for Collin and Denton Counties are the availability of treatment and support/survivorship services.

Target Community B: Cooke, Montague and Wise Counties

These three counties are adjacent to each other on the western region of the Affiliate service area and have been combined into one target area. These counties share key population characteristics of being rural and between 16.0 and 19.0 percent of the population has less than a high school education.

Key findings for Target Community B (Cooke, Montague and Wise Counties)

B1. Lack of access to breast health services for lower income women:

Women surveyed in this target community mentioned the lack of easily accessible and affordable breast health education services in this target community. Due to lack of jobs and personal finances, many times only the basics are covered with the main focus on the care of the children and not the adults. The mindset can be one of sacrifice with minimal time to investigate any free or low-cost options.

B2. Uneven geographic distribution of screening and diagnostic services:

For Cooke, Montague and Wise Counties, six health system facilities were identified. From the identified facilities, 100 percent provide both screening and diagnostic services, 66.7 percent provide treatment related services and 50.0 percent provide some type of support/survivorship programming. The majority of the services are available in Wise County followed by Cooke and Montague Counties.

B3. High level of uninsured residents:

All three counties have a higher percentage of residents (ages 40 - 64) with no health insurance in comparison to the US and the Affiliate service area. Screening percentages in these three counties were suppressed in the Qualitative Data Report due to statistically insignificant numbers (fewer than 10), where women experience barriers to receiving mammography screening in their local area.

B4. Need for treatment and survivor services:

According to the qualitative Affiliate assessment, for the counties of Cooke, Montague, and Wise, the greatest Breast Cancer Continuum of Care weakness for breast cancer care are treatment and support/survivorship services for all women.

Target Community C: Grayson, Fannin and Hunt Counties

Within these three counties, between 14.0 and 18.0 percent of the population have less than a high school education, higher level of poverty and a more rural community. Both Hunt and Fannin Counties have a higher percentage of medically underserved at 100 percent. These three counties are adjacent to each other on the eastern region of the Affiliate service area sharing key population characteristics of being older.

Key Findings for Target Community C (Grayson, Fannin and Hunt Counties)

C1. Lack of access to breast health services for seniors:

Both Hunt and Fannin Counties have a higher percentage of medically underserved at 100 percent. These three counties are adjacent to each other on the eastern region of the Affiliate service area sharing key population

characteristics of being older. Screening percentages in these three counties were suppressed in the Qualitative Data Report due to statistically insignificant numbers (fewer than 10), where women experience barriers to receiving mammography screening in their local area.

C2. Need for diagnostics, treatment, and survivor services:

According to the qualitative Affiliate assessment, in Grayson, Fannin and Hunt Counties, diagnostics, treatment and support/survivorships services are the weakest along the Breast Cancer Continuum of Care for all women.

All Target Communities D (Collin, Cooke, Denton, Grayson, Fannin, Hunt, Montague, and Wise Counties)

The Komen North Texas service area includes rural communities that face unique barriers along the Breast Cancer Continuum of Care. Women receive mammograms at lower rates in rural areas, in part because they must travel further and longer to receive breast health services. Existing solutions to address these access barriers include off-site and mobile clinics, housing onsite for women who have traveled long distances, transportation accommodations, telehealth initiatives, as well as other measures to increase health insurance access and alleviate care costs. Based on the quantitative and qualitative data, the Affiliate has incorporated some of these feasible solutions into the Affiliate's upcoming planned activities to address the unique needs of women in rural communities.

As a whole, there are 63 health system facilities in the Affiliate service area. Of those facilities, 98.4 percent provide screening services, 61.9 percent provide diagnostic services, 30.2 percent provide treatment, and 28.6 percent provide support/survivorship services. According to the health systems analysis, each Komen North Texas community has at least some breast cancer services along the Breast Cancer Continuum of Care – screening, diagnosis, treatment, follow-up and/or survivorship. All counties have facilities with screening services; however in the Qualitative Data, it was found that residents do not always know where to go to access these services. Education plays a role throughout the Breast Cancer Continuum of Care process communicating the importance of proactively getting test results, knowing where to receive services, keeping follow-up appointments and understanding what it all means.

Key Findings for Target Community D (Collin, Cooke, Denton, Grayson, Fannin, Hunt, Montague, and Wise Counties)

D1. Higher incidence rate:

The incidence trend for White women is increasing (+0.6 percent), late-stage trend is decreasing (-3.3 percent). In addition, the proportion of women ages 50 - 74 with self-reported screening mammography in the last two years is lowest amongst all population groups in the target communities at 69.0 percent.

Mission Action Plan

The Affiliate is focused on improving the lives of those facing breast cancers in the local eight-county community of Collin, Cooke, Denton, Fannin, Grayson, Hunt, Montague and Wise Counties. Below you will find specific needs that have been identified, priorities that have been selected and objectives that will enable the Affiliate to provide more access to education, screening, treatment and survivorship services. In 2018, quantitative and qualitative data will be

collected and reviewed to determine if any adjustments need to be made to properly address identified problem statements.

Based on the following key findings, solutions for reducing women's death rate from breast cancer and reducing the number of breast cancers found at a late-stage were developed:

Target Community A (Collin and Denton Counties)

- A1. Higher incidence rates
- A2. Decrease in late-stage diagnoses
- A3. Cultural competence barriers to care
- A4. Need for treatment and survivor services

Target Community B (Cooke, Montague and Wise Counties)

- B1. Lack of access to breast health services for lower income women
- B2. Abundant screening and diagnostic services available
- B3. High level of uninsured residents
- B4. Need for treatment and survivor services

Target Community C (Grayson, Fannin and Hunt Counties)

- C1. Lack of access to breast health services for seniors
- C2. Need for diagnostics, treatment, and survivor services

Target Community D (All Target Communities (Collin, Cooke, Denton, Fannin, Grayson, Hunt, Montague and Wise Counties))

- D1. Higher incidence rate

The outlined objectives in this Mission Plan are based Healthy People 2020 targets and timelines as follows:

Target Community A (Collin and Denton Counties):

Early detection for diverse populations

Problem Statement: Asian, Black/African-American and Hispanic/Latina communities have limited access to culturally competent health care services, with overall high incidence rates and late-stage diagnoses reported for the community (Key findings A1, A2, A3).

Priority: Identify and develop relationships with grassroots organizations serving these populations in which the Affiliate can collaborate and implement multiple breast health service delivery such as, but not limited to, Breast Self-Awareness education, volunteer opportunities, service provider referrals and future new grant applicants.

Objective 1: By March 31, 2017, the Affiliate will identify and schedule introduction meetings with 1-2 community based organizations serving the Hispanic/Latina community (e.g. Hispanic Wellness Coalition, historically Latina-based national sorority Sigma Lambda Gamma Sorority) to initiate future collaborations on early detection for diverse populations.

Objective 2: By March 31, 2017, the Affiliate will collaborate with 1-2 new organizations serving the Black/African-American community (e.g. The Links, Incorporated, and historically Black/African-American service sororities and fraternities) to implement 1-2 events increasing Breast Self-Awareness and provides resources to access local service providers.

Objective 3: By March 31, 2017, the Affiliate will collaborate with 1-2 new organizations serving the Asian community (e.g. National Association of Asian American Professionals, DFW Asian American Citizens Council and India Association of North Texas) to implement 1-2 events increasing Breast Self-Awareness and provides resources to access local service providers.

Target Community B (Cooke, Montague and Wise Counties):
Access for lower income women

Problem Statement: Women in Cooke, Montague and Wise Counties are medically underserved, have a large older population and have a lower education level. In these three counties, an average of 23.6 percent of their residents between the ages of 40 - 64 are without health insurance. These are risk factors for low breast cancer awareness and potentially higher rates of late-stage breast cancer diagnosis (Key findings B1, B2, B3).

Priority: Identify and develop relationships with grassroots organizations serving these rural counties and lower income populations in which the Affiliate can collaborate and implement multiple breast health service delivery such as, but not limited to, breast cancer education, volunteer opportunities, service provider referrals, future new grant applicants and telehealth medicine.

Objective 1: By March 31, 2016, the Affiliate will identify and schedule introduction meetings with 1-2 community based organizations (e.g. United Way, faith-based organizations and senior citizen groups) serving Cooke and Montague Counties to initiate future collaborations to increase access for lower income women.

Objective 2: By March 31, 2017, the Affiliate will partner with Wise County breast health providers to conduct a breast cancer education event and provide referrals to local breast health services.

Objective 3: By March 31, 2017, the Affiliate will work with community health providers to identify 1-3 regular media channels to publicize Komen resources such as 1 877 GO KOMEN, komen.org and/or the Komen breast health resources app/mobile phone website resource.

Objective 4: By March 31, 2017, the Affiliate will have identified 2-4 community volunteers in the three counties and provided Breast Self-Awareness and Speakers Bureau training in order for the volunteers to provide local breast cancer education and community breast health referrals to local service providers for lower income women.

Objective 5: By March 31, 2017, the Affiliate will provide 1-2 grant writing workshops to encourage new applications to the Affiliate Grants Program for evidence-based breast cancer programs targeting residents in Cooke, Montague and Wise Counties.

Objective 6: By March 31, 2016, the Affiliate will hold 1-2 collaborative meetings with 211 that connects people with local health and human services information to educate on the services of 1 877 GO KOMEN, komen.org, grantees and/or the Komen breast health resources app/mobile phone website for those who are seeking free and low-cost breast health services.

Target Community C (Grayson, Fannin and Hunt Counties):
Access for all women and seniors

Problem Statement: Women in Grayson, Fannin and Hunt Counties have late-stage diagnosis rates higher than the Affiliate service area. Both Hunt and Fannin Counties have a higher percentage of medically underserved at 100 percent. There are minimal options for breast cancer diagnostic treatment and survivorship services. Barriers to accessing routine medical care and annual exams are common themes among uninsured women along with fear of the unknown such as where to get free or low-cost breast health services (Key findings C1).

Priority: Increase awareness about the importance of early detection and available free or low-cost breast health community resources.

Objective 1: By March 31, 2017, the Affiliate will identify and schedule introduction meetings with 1-2 new community based organizations serving Fannin and Hunt Counties to initiate future collaborations to increase knowledge of where to access breast health services.

Objective 2: By March 31, 2017, the Affiliate will partner with Grayson, Fannin and Hunt County breast health providers to conduct a breast cancer awareness event and provide referrals to local breast health services.

Objective 3: By March 31, 2017, the Affiliate will work with community health providers to identify 1-3 regular media channels to publicize Komen resources such as 1 877 GO KOMEN, komen.org and/or the Komen breast health resources app/mobile phone website resource.

Objective 4: By March 31, 2017, the Affiliate will have identified 2-4 community volunteers in the three counties and provided Speakers Bureau training in order for the volunteers to provide local breast cancer education and community breast health referrals to local service providers and grantees.

Objective 5: By March 31, 2017, the Affiliate will provide 1-2 grant writing workshops to encourage new applications for evidence-based breast cancer programs targeting residents in Fannin, Grayson and Hunt Counties to provide awareness, education and breast health services (screening, diagnostics, treatment and support services).

Objective 6: By March 31, 2016, the Affiliate will hold 1-2 collaborative meetings with 211 that connects people with local health and human services information to educate on the services of 1 877 GO KOMEN, komen.org, grantees and/or the Komen breast health resources app/mobile phone website for those who are seeking free and low-cost breast health services.

All Target Communities D (Collin, Cooke, Denton, Fannin, Grayson, Hunt, Montague and Wise Counties): Universal Approach

Target Community D was created to encompass universal concerns that span all counties in the Affiliate service area.

Problem Statement: Across the service area, the incidence trend for White women is increasing (+0.6 percent) and White women continue to have high non-screening percentages (69 percent for White women ages 50-74) despite having higher percentages of health insurance and access to care (Key findings D1).

Priority: Expand Breast Self-Awareness messaging and the importance of regular screening among White women with health insurance.

Objective 1: By March 31, 2016, the Affiliate will identify 2-3 large community employers in each county who are interested in providing breast cancer education to their employees.

Objective 2: By March 31, 2017, the Affiliate will provide 2-3 breast cancer educational events to these identified corporate sites while encouraging these sites to schedule mobile mammography units at their site on an annual basis.

Problem Statement: Access to breast health services continues to be a major challenge to rural communities (Cooke, Fannin, Grayson, Hunt, Montague and Wise). Komen North Texas will identify and develop community relationships that incorporate evidence-based rural public health methods and outreach practices (Key Findings A1, A4, B1, B4, C2).

Priority: Develop relationships with key community organizations/groups to increase the awareness about the importance of early detection, access to breast health services in rural communities, and available resources.

Objective 1: By March 31, 2016, the Affiliate will explore the development of a Small Grant Request that serves the rural counties in an effort to increase education on Breast Self-Awareness and provides community resource referrals.

Objective 2: By June 30, 2016, the Affiliate will update the grants application to include a request for specific rural breast health needs, such as telehealth, medical mobile units, or other offsite clinical activities along the Breast Cancer Continuum of Care to be included as part of submitted applications.

Objective 3: By March 31, 2017, the Affiliate will develop a Small Grant Request for Application to fund local outreach programs educating women and men on the importance of the Breast Cancer Continuum of Care among rural communities, including requests to meet the most needed services identified for each target community.

Objective 4: By March 31, 2017, the Affiliate will provide 1-2 grant writing workshops to strengthen partnerships with local organizations and to encourage new grant applications for evidence-based breast cancer programs and Breast Self-Awareness initiatives targeting residents in the service area rural counties.

Objective 5: By March 31, 2018, the Affiliate will have awarded 2-3 Small Grants representing 5-10 percent of the total grant award funding for FY2017.

Problem Statement: Survivors, co-survivors and service providers identified the lack of patient navigation and survivor support services (Key findings A4, B4, C2).

Priority: Increase the providers' awareness of the importance of supporting the entire Continuum of Care for survivors and co-survivors.

Objective 1: By March 31, 2017, the Affiliate will explore the development of a survivor-driven Sub-Committee of the Affiliate's Education or Speakers Bureau to create a resource directory of survivorship support services.

These activities per target community will be managed by the Affiliate Mission Program Manager and monitored by the Community Profile Team. Updates will be provided through the Affiliate communication mechanisms to its constituency and sponsors and will be available on the Affiliate website.

In order to enhance options available to the residents in the Affiliate's service area, key Mission-related partnership will continue to be leveraged. The Affiliate will continue efforts to identify related partnership or collaboration opportunities to address needs/gaps. Many current partnerships assist by leveraging their partnerships with other facilities to serve new needs that evolve on a daily basis. In addition, Texas Komen Affiliates will continue to strengthen the Collaborative structure through public policy, especially through volunteers willing to support Komen Texas Advocacy Collaborative legislative goals.

Future goals include working with more cancer and health coalitions to learn about patient issues and to further develop the Affiliate's advocacy presence. The Affiliate will continue to engage in public policy to protect federal funding for early detection, to ensure continued federal investment in cancer research and to reduce personal expense incurred for outpatient services related to treatment.

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