



COMMUNITY PROFILE REPORT

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Sources of Qualitative Data:

- 1) Key informant interviews by Affiliate volunteers across the study area of Collin, Denton, and Grayson Counties, with:
 - Community leaders
 - Community service providers
 - Breast health service providers
 - Breast health educators
 - Breast cancer navigators
- 2) Interviews with women in target communities:
 - Breast cancer screened patients
 - Breast cancer survivors
- 3) Focus groups with survivors in target communities.

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Executive Summary

1) Introduction

The North Texas Affiliate of Susan G. Komen for the Cure® is working to better the lives of those facing breast cancer in the local community. Since 1991, through events like the Komen North Texas Plano Race for the Cure, the Komen North Texas Affiliate has raised the funds to invest \$9 million in local breast health and breast cancer awareness projects in Collin, Denton and Grayson Counties. During that same period, more than \$2 million provided to the National Susan G. Komen for the Cure® Grants Program to fund scientific research. In the past three years, Komen North Texas' Grants Program has awarded \$800,000 annually to local community organizations that provide much needed breast health education, screening and treatment to the underinsured is expanding to host its second Race for the Cure, making it one of only four Affiliates nationwide to host two Races in its service area.

The purpose of the Community Profile assessment is to gain and present current information on the health of communities within the North Texas region. This information was collected to identify and assess local priorities for health education, screening, health 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 statistical and qualitative data, as well as qualitative data from key informant interviews and focus groups conducted with survivors who are residents of the targeted geographic areas.

The Profile is integral in guiding the Affiliate's strategic planning for the next two years. Its data will allow us to prioritize our grantmaking decisions, initiate focused education and outreach efforts, and create community partnerships to further our mission to ending breast cancer forever. The Community Profile also identifies and describes geographic areas of greatest need for breast cancer services within their service areas, and to identify where the Affiliate can effectively use resources to fulfill the mission of reducing the impact of breast cancer.

2) Statistics and Demographic Review

Statistical analyses of quantitative secondary epidemiological and demographic data, compiled from public sources, was conducted to assist in identifying communities and target populations with breast cancer disparities related to population mortality and morbidity rates.

Across all ethnicities, females in the North Texas service area (Collin, Denton, and Grayson Counties) represent incidence rates higher than the Texas state average. White women exhibit the highest rates among all ethnic groups in Collin and Denton County with invasive breast cancer incidence rates of 132.3 and 128.2 respectively (Texas Cancer Registry, 2011). Ethnic communities also bear a significant burden of breast cancer incidence. In comparison to their total population numbers, ethnic women have rates as high as white women. While African Americans only represent an average

of 7.6% of the service area's population, they experience similar rates as the white population, and significantly higher rates of in Grayson County. For example, invasive breast cancer incidence rates in Grayson County for white women are 118.1 and 140.9 for African American women. Collin County breast cancer diagnoses appear to be made in earlier stages as compared to diagnoses in Denton and Grayson Counties. Additionally, Grayson County represents a slightly higher rate of breast cancer diagnosis when it is localized at 51%, whereas Collin and Denton Counties have percentages of 46.7% and 47.8% respectively. Denton and Grayson Counties have higher rates of distant/metastasized cases at 31.4% and 32.9% respectively, whereas Collin County statistics are 26.7% of all breast cancer cases (Texas Cancer Registry, 2011).

Grayson County has a significant population of 22.1% of residents being older than 60 years. This rural county also has lower rates of health insurance and higher levels of poverty, compared to Denton and Collin Counties respectively (U.S. Census Bureau, 2008). Denton and Collin County have higher numbers of Hispanic residents. From April 1, 2010 – October 31, 2010, the Affiliate grantees served a significant Hispanic population: The Bridge Breast Network client base was 38% Hispanic, Denton County Health Department 70%, and Family Health Care, Inc. was 75%. This creates a situation where culturally and linguistically diverse education, screening and treatment programs are integral to effectively reduce the burden of breast cancer on the ethnic communities in North Texas.

All women, regardless of ethnicity in the North Texas service area exhibit higher invasive breast cancer incidence than the state averages. None of the counties has a county hospital system, so underinsured and uninsured individuals have few alternatives to finding screening, diagnostic and treatment services. Collin and Denton Counties are much more ethnically diverse, both representing large Hispanic communities.

It is important to note the majority of women in the North Texas service area are primarily white and exhibit some of the highest breast cancer incidence rates, often the second highest rates after African American women. It would be a disservice to exclude white women as a cohort from our efforts. Breast cancer incidence rates would not decrease if we did not continue to support early detection and awareness among the largest female population in our community.

3) Health Systems Analysis

Assets were identified and mapped geographically for each of the target areas in North Texas, including Collin, Denton, and Grayson Counties. These assets included County government services, public health departments, hospitals, cancer centers, mammography services, and Komen activities. Qualitative data was collected from women in the community using semi-structured questionnaires. Key informant interviews were conducted and represented diversity in ethnicity, age, type of service provided, and county of service provision. Gaps were found in health care provision across the target area. Collin, Denton and Grayson Counties have limited options for

indigent breast cancer treatment services, and none of the counties has a county hospital system.

The North Texas Affiliate of Susan G. Komen for the Cure® continues to actively educate local, state and national policymakers on issues regarding maintaining funding levels of breast health programs, such as Texas' Breast and Cervical Cancer Services Program and the Cancer Prevention and Research Institute of Texas (CPRIT). Affiliate advocates also discuss the importance of this service to the community and the lives that are saved through early detection and treatment programs. Continued support and fundraising efforts to sustain the North Texas' Grants Program are vital to ensuring local men and women have access to education, early detection and treatment in the North Texas service area.

Findings from qualitative interviews point to the importance of enhancing the continuum of care, through funding more treatment, expanding screenings, education, medical specialists and community awareness of services. The key informants find that fear of diagnosis, cost of care, transportation, cultural and language barriers hinder access to care. Ethnicity is an important issue and may limit awareness and use of services for Hispanic, African American and lower-income Asian women. The North Texas Affiliate will address these issues by implementing programs to increase the participation of minority community organizations into the Grants Program, recruitment of Board members from ethnic populations and strategizing more outreach efforts into minority communities. The Affiliate was run completely by volunteers for the first eighteen years and its primary focus was executing a Race and distributing Grants. Now with five full-time staff, the Affiliate is able to focus and dedicate its efforts to implementing this strategic plan and emphasizing more mission-focused activities.

4) Qualitative Data Overview

Qualitative data was collected from women in the community, using both semi-structured questionnaires and focus groups. Convenience sampling from the Affiliate survivor database, patients referred their providers, and grantees referring providers and clients were all techniques to identify additional participants. They were interviewed either by telephone or in person. The 28 key informant interviews and 52 focus group participants represented diversity in ethnicity, age and county of residence. Participants were recruited in each target community and interviews were taped and transcribed for analysis by investigators.

North Texas women confirmed the need for more education on availability of breast cancer services and support, although they tend to be aware of the roles of Susan G. Komen for the Cure® and the North Texas Affiliate. They tend to seek care when they perceive the need, but some are hindered by fear, lack of financial resources or social barriers. Both interviews and focus groups brought out women's needs for better coordination of breast cancer care in North Texas, better communication on diagnoses and treatment options through patient navigation, cultural and linguistic barriers to care for ethnic and minority women, and increased funding for breast cancer treatment. Grayson County women expressed general concern regarding the lack of services in their local community.

Social, economic and cultural barriers impact screening rates. There are still a considerable number of women who have health insurance and do not obtain screening mammograms or clinical breast exams. Women often delay mammograms due to busy schedules, being the primary caregiver of their children or denial of the importance of early detection. Survivors spoke of the cultural challenges ethnic women faced, such as finding providers that spoke their language or myths that certain ethnicities “don’t get breast cancer.”

Komen North Texas has incorporated these conclusions from the qualitative data in forming the priorities and action plan.

5) Conclusions

The North Texas Affiliate’s service area encompasses Collin, Denton, and Grayson Counties. The majority of the population is white, and the major ethnic populations include Hispanic (non-white), African American, Asian American and Native American populations. The Hispanic population represents the largest non-white ethnic population. Grayson County has the highest breast cancer incidence in women over age 50. Collin, Denton and Grayson Counties do not have a public hospital and all rely on the county health departments and private hospitals for community health care needs especially breast cancer treatment, which is a significant challenge for the North Texas Affiliate and other breast health providers. The rural communities of Grayson County suffer from a lack of service providers and transportation issues when residents must seek services in other counties.

If there is a central message for the community to know after reading the Community Profile, it is that North Texas is significantly affected by breast cancer. All women, regardless of ethnicity, exhibit higher invasive breast cancer incidence rates in the service area than the state. Ethnic women and older women bear even a more disproportionate burden of the disease, which supports the decision to focus on these two groups as the target communities for this report. In order to enhance the North Texas continuum of care, the Affiliate will explore more funding for treatment, availability and coordination of primary care with medical specialists and patient navigators, expanding cancer screenings and education, ensuring breast health programs are culturally and linguistically competent, and increase local knowledge of services.

The North Texas Affiliate has prioritized the following themes for its mission strategy: continued support of breast health education and early detection, increasing its presence and activities among the ethnic communities in the service area, increased support of breast health activities in Grayson County and increased coordination of breast health services.

After identifying these four priority areas, the Komen North Texas Affiliate proposes the following objectives:

1. By March 31, 2012, ensure the North Texas Affiliate actively represents the diversity of the communities it serves, including the community events it

participates in, the organizations it collaborates with, and the Board members who guide the Affiliate's activities.

- a. By March 31, 2013, develop and execute one community awareness activity focusing on early detection and awareness in each county. Activities include Pink Sundays or National Breast Cancer Awareness Month, and breast cancer education, awareness and early detection are the key messages.
 - b. By March 31, 2013, develop and execute one activity in a specified ethnic community in each county, tailoring the message in a culturally and linguistically appropriate manner. Local ethnic organizations will be involved in the development and implementation of these activities. Local colleges and student groups will be approached to support Affiliate events, such as Komen North Texas Plano and Denton Races for the Cure to introduce them to the organization and initiate future collaboration.
 - c. By March 31, 2013, recruit two to three Affiliate Board members who represent an ethnic population or serve in a leadership role in an organization that primarily has an ethnic client base.
2. By March 31, 2013, increase the number of Grant and/or Small Grant applicants by one to two new organizations who serve the African American, Asian and/or Hispanic populations in North Texas.
 - a. By December 1, 2011, one to two organizations will apply for funding opportunities, specifically focusing on breast health education and early detection activities.
 - b. By December 1, 2012, two to three new organizations will apply for funding, specifically focusing on breast health education and early detection activities.
3. By March 31, 2012, conduct two to three educational visits to Grayson County community leadership and local legislators to increase their awareness of breast cancer in their community and encourage their participation in and support of North Texas Affiliate activities.
4. By March 31, 2013, develop a North Texas breast health collaborative of organizations that provide breast health services to facilitate increased coordination of services among providers and resources to the community.
 - a. By September 30, 2011, create Breast Health Coordination Committees in each of the three counties to begin increased coordination of community resources, patient care navigation and communication among service/medical providers and the general population. The Committees will include diverse membership in ethnicity, age and service provision.
 - b. By December 31, 2011, create a draft "Continuum of Care" resource document for each county in the Affiliate's service area.
 - c. By March 31, 2012, finalize the "Continuum of Care" resource and identify the most effective distribution of its information. It will be available on the Affiliate website and updated on a yearly basis.

Introduction

1) Affiliate History

The North Texas Affiliate of Susan G. Komen for the Cure® is working to better the lives of those facing breast cancer in the local community. Since 1991, through events like the Komen North Texas Plano Race for the Cure, the Komen North Texas Affiliate has raised the funds to invest \$9 million in local breast health and breast cancer awareness projects in Collin, Denton and Grayson Counties. During the same period, more than \$2 million has been given to the National Susan G. Komen for the Cure Grants Program to fund scientific research.

In the past three years, Komen North Texas' Grants Program has awarded \$800,000 annually to community organizations that provide much needed breast health education, screening and treatment to the underinsured and uninsured men and women in the service area.

Of the funds raised by the North Texas Affiliate, 75 percent is invested directly in the North Texas service area, including Collin, Denton and Grayson Counties. The remaining 25 percent is allocated to national cancer research initiatives at Susan G. Komen for the Cure® headquarters.

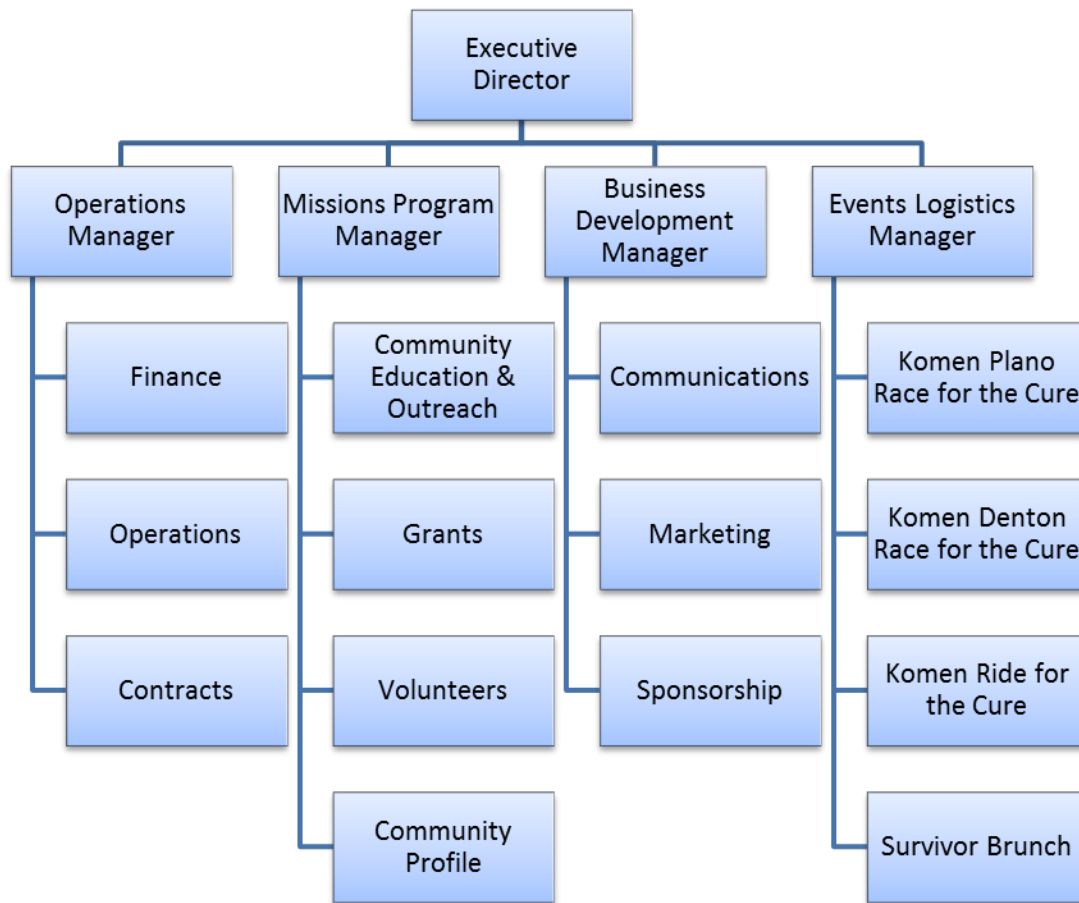
2) Organizational Structure

The North Texas Affiliate was founded 1991 and originally served the city of Plano, then Collin County. It began with a working Board of Directors to guide and implement breast cancer awareness activities. Eventually, it expanded to serve Collin, Denton and Grayson Counties. For the first eighteen years, the organization was run completely by volunteers. Its primary focus was executing a Race for the Cure and distributing Grants. In 2009 the board hired its first Executive Director. In May of 2010, the Affiliate reorganized and hired two staff members, and soon after, two additional staff members. With this reorganization came a new focus for the Affiliate – to positively impact the community's health, effectively utilize public policy to increase awareness of the burden of breast cancer, inclusion of historically marginalized populations, and fundraising to support these efforts.

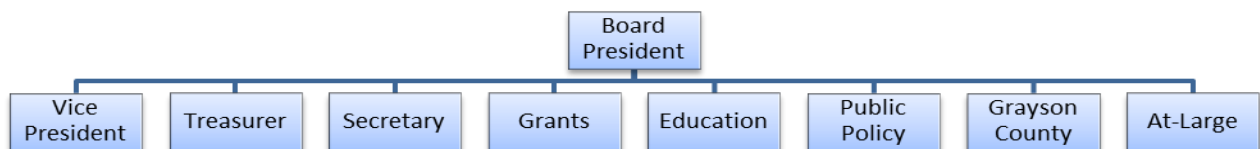
The Affiliate staff is comprised of five full-time employees, the Executive Director, Operations Manager, Missions Program Manager, and Events Logistics Manager, and Business Development Manager. (See organizational chart.)

The Board of Directors is comprised of nine members: President, Vice President, Treasurer, Secretary, Grants, Education, Public Policy, Grayson County and Member-at-Large. Currently, there are seven open positions that are being recruited to complete the Board.

Organizational Chart of North Texas Affiliate Staff



Organizational Chart of North Texas Affiliate Board of Directors



3) Description of Service Area

The North Texas Affiliate's service area encompasses Collin, Denton, and Grayson Counties. Collin and Denton are largely urban areas while Grayson County is more rural. The area covers approximately 2,671 square miles and has a total population of 1.51 million people. Women comprise 50% of the population. Collin County has a population of 762,010, Denton County 636,557, and Grayson County 118,804 respectively (U.S. Census, 2009). The majority ethnic populations include Hispanic, African American, Asian American and Native American, and total 27.7% of the total

population. The Hispanic population represents the largest ethnic population of 13.7% or 226,776 (U.S Census, 2008). Grayson County has the highest breast cancer incidence in women over age 50 (Texas Cancer Registry, 2011).

Texas has many of the economically poorest counties, and the highest rate of uninsured persons, in the nation despite having cities with some of the highest household incomes (Texas Hospitals Online, 2006). Collin, Denton and Grayson are the 7th, 9th and 32nd largest counties in Texas, respectively (U.S. Census, 2009). Neither Collin, Denton, nor Grayson Counties has a publicly funded hospital. Residents in these counties rely on county health departments and private hospitals for community health care needs. This is a significant challenge for the Affiliate and other breast health providers because of the large geographic area. This Community Profile report will present an assessment of current service needs.

4) Purpose of the Report

The purpose of the Community Profile assessment conducted by the North Texas Affiliate of Susan G. Komen for the Cure® for 2011 is to gain and present current information on the health of communities within the North Texas region. This information was collected to identify and assess local priorities for health education, screening, health and social support services that are currently provided, and those that are needed for the population at the greatest risk of breast cancer.

Nationwide, Susan G. Komen for the Cure® Affiliates periodically conduct a Community Profile to locate and describe geographic areas of greatest need for breast cancer services within their service areas, and to identify where they can effectively use resources to fulfill their mission of reducing the impact of breast cancer. Our profile helps us locate areas with populations at greatest risk and indicate the gaps in services for persons living in those areas. The Profile is integral in guiding the Affiliate's strategic planning for the next two years. Its data will allow us to prioritize our grantmaking decisions, initiate focused education and outreach efforts, and create community partnerships to further our mission to ending breast cancer forever.

The Profile combines statistical and qualitative data for a comprehensive needs assessment, conducted in collaboration with the School of Public Health at the University of North Texas Health Science Center in Fort Worth. The investigators created survey instruments, compiled and analyzed quantitative and qualitative data with Affiliate staff and volunteers. This included secondary epidemiological and demographic data from public sources, qualitative data from key informant interviews by Affiliate volunteers with community leaders, health and social service providers, breast health educators and navigators, women screened for breast cancer, breast cancer patients and survivors, and focus groups conducted with survivors who are residents of the targeted geographic areas.

The study was reviewed and approved by the Institutional Review Board at University of North Texas Health Science Center. A consent cover letter was used by the Affiliate to inform participants about the study. Interview data collected by Affiliate staff, volunteers

and service providers was tape recorded and transcribed. Confidentiality of key informants and participants in focus groups was maintained during the processes of data collection, transfer of responses from the Affiliate to investigators, and transfer back to the North Texas Affiliate

Breast Cancer Impact in Affiliate Service Area

1) Methodology

a) Data sources

Statistical analyses of quantitative secondary epidemiological and demographic data, compiled from public sources, was conducted to assist in identifying communities and target populations with breast cancer disparities related to population mortality and morbidity rates. Statistical methods were applied in secondary data analysis using public sources of data that did not personally identify individuals. The quantitative portion of the report used publicly available data from the following sources:

U.S. Census Bureau (<http://www.census.gov/>)

The Census Bureau serves as the leading source of quality data about the nation's people and economy. The Census enumerates the population every 10 years. Annual estimates of the population are generated by using the decennial census and survey figures from the American Community Survey.

Behavioral Risk Factor Surveillance System (<http://www.cdc.gov/brfss/>)

The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. Each state is required to ask the same base questions but are allowed to add supplemental questions.

Area Resource File (<http://arf.hrsa.gov/>)

Provided by the Health Resources and Services Administration of the Department of Health and Human Services, this database contains information on all counties in the United States (N = 3,225) from over 50 sources on topics such as health facilities, health professions, measures of resource scarcity, health status, economic activity, health training programs, and socioeconomic and environmental characteristics.

Texas Cancer Registry (<http://www.dshs.state.tx.us/tcr/>)

Provided by the Texas Department of State Health Services, the Texas Cancer Registry (TCR) is a combination active and passive surveillance systems responsible for the collection, maintenance, and dissemination of high quality population-based cancer data, such as the types of cancers that occur and their locations within the body, the extent of cancer at the time of diagnosis (disease

stage), the kinds of first course treatment that patients receive, length of survival, and patient characteristics. These data are reported from various sources, including hospitals, cancer treatment centers, ambulatory surgery centers, pathology laboratories, and physician's offices, as well as supplemented through various data sharing efforts with other government data collection systems, such as vital statistics.

b) Limitations of analysis:

Data on the percentage of women receiving mammograms was not available for Grayson County. Since the county was the unit of analysis, statistics on variations of smaller units within counties could not be analyzed. Additionally, Texas Cancer Registry data, such as counts or rates, is suppressed if fewer than 16 deaths were reported in a specified category. Counts less than 16 are too few to calculate a stable age-adjusted rate. This affected data collection and analysis of ethnic population statistics as well.

2) Overview of Affiliate service area

The following data tables and analysis provide breast health and other related demographic information for the North Texas Affiliate service area.

SOCIAL AND ECONOMIC CHARACTERISTICS

DATA SOURCE: United States Census Bureau

Population Size and Density, 2008

	Collin	Denton	Grayson	Texas
Number	762,010	636,557	118,804	24,304,290
Density (per square miles)	899	716	127	

Collin and Denton Counties represent the highest total population and density in the service area, typical of the urban areas they represent. Grayson County illustrates the dichotomy of a rural community.

Age Composition, 2008

	Collin	Denton	Grayson	Texas
Median Age	34	32	37	33
Age Categories, %				
Less than 19	29%	29%	26%	30.9%
19-64	64%	65%	59%	59.1%
65 +	7%	6%	15%	10%

While Grayson County represents an older population average, Collin and Denton Counties do not have significantly younger averages. Although the distribution of

children (Less than 19 years old) is about equal across the North Texas service area, Grayson County has a higher proportion of residents aged 65 and older.

Women and Married Women, 2008

	Collin	Denton	Grayson	Texas
Women, %				
Age 40-49	17%	16%	13.3%	14.2%
Age 50-59	11.7%	11%	14%	11.6%
Age 60 +	11.7%	10.1%	22.1%	14.1%
Married Women	58%	52%	51%	49.5%

The distribution of gender is equal across the North Texas service area. The target age group of 40 and older for mammograms is also similar.

Race, Ethnicity, and Acculturation, 2008

	Collin	Denton	Grayson	Texas
Race, %				
White	80%	84%	90%	71.8%
Black or African American	8%	8%	6%	11.5%
Asian or Pacific Islander	10%	6%	0.8%	3.4%
Am. Indian / Alaska Native	0.6%	0.8%	2%	0.1%
Hispanic or Latino	14%	17%	10%	35.9%
Acculturation, %				
Born in the United States	83%	87%	95%	83.1%
English Only at Home	76%	80%	91%	66.4%

Collin and Denton Counties are more diverse than Grayson County, each representing a larger Hispanic/Latino population.

Education, 2008

	Collin	Denton	Grayson	Texas
High School Graduate or Higher	92	90	84	26.2
Bachelor's Degree or Higher	47	38	18	25.3

The rate of high school graduates is relatively even across the North Texas counties. Grayson County has a significantly lower proportion of persons with a college degree. As illustrated in the age distribution table above, Grayson County represents a proportionately older population, and typifies the trend of older populations being less educated than younger populations (U.S. Census, 2005).

Employment, Income and Poverty, 2008

	Collin	Denton	Grayson	Texas
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Unemployed, %	4%	5.5%	6%	6.8%
Poverty, %	6%	6.5%	12%	13.2%
Household Income, \$	\$81,200	\$73,275	\$46,567	\$67,236
Per Capita Income, \$	\$37,637	\$32,075	\$2,3291	\$24,318

The unemployment rate is lowest in Collin County compared to the other counties in the area. Collin and Denton Counties have a smaller poverty rates and significantly higher household income levels. The per capita income is highest in Collin County. According to the U.S. Census, earnings increase with educational attainment which also correlates to the service area's education rates (2005). Additionally, the Texas Medical Association states, "There is a strong correlation between education and income as well as between income and insurance. Those who have more education on average earn more money."

BREAST CANCER EPIDEMIOLOGY AND SCREENING

DATA SOURCE: Texas Cancer Registry & Behavioral Risk Factor Surveillance Survey

Female Breast Cancer Incidence and Mortality Age Adjusted Rates, 2005-07

	Collin	Denton	Grayson	Texas
Incidence Rate per 100,000	127.2	123.7	113.5	113.8
Mortality Rate per 100,000	21.1	22.5	23.7	22.7

Breast cancer incidence is highest in Collin County, which could be due to numerous factors such as a larger population of the three counties, increased ethnic and/or socioeconomic diversity. The service area has relatively similar mortality rates among all three counties.

Expected Number of New Breast Cancer Cases and Deaths, 2010

	Collin	Denton	Grayson	Texas (2011)
Cases	535	413	102	15,669
Death	81	63	18	2,868

The expected number of new breast cancer cases and deaths are highest in Collin County, again influenced by the large population of the county.

Women 40+ Years of Age that Received a Mammogram in the Preceding Two Years, 2008

	Collin	Denton	Grayson	Texas
%	76.5%	76.5%	No Data	72.6%

There is no statistically significant difference in the percentage of women receiving mammograms between Collin and Denton counties. Data was not available for Grayson County. Since the Behavioral Risk Factor Surveillance Survey is a survey of counties, smaller counties are not included in the data collection.

Stage Distribution of Female Breast Cancer, Cases Diagnosed 2003-2007

	Collin	Denton	Grayson	Texas
In-Situ	548	276	68	12,567
Localized	1,088	759	251	34,268
Regional	561	448	131	19,958
Distant	60	51	31	3,590
Unknown	73	55	11	4,452

Percent Distribution of Female Breast Cancer, Cases Diagnosed 2003-2007

	Collin	Denton	Grayson	Texas
In-Situ	23.5%	17.4%	13.8%	16.8%
Localized	46.7%	47.8%	51%	45.8%
Regional	24.1%	28.2%	26.6%	26.7%
Distant	2.6%	3.2%	6.3%	64.8%
Unknown	3.1%	3.5%	2.2%	5.9%

These two tables illustrate breast cancer diagnosis and stage distribution in the service area. Collin County breast cancer diagnoses appear to be found in earlier stages compared to Denton and Grayson Counties. Grayson County represents a slightly higher rate of breast cancer when it is localized and a significantly higher rate of distant/metastasized cases.

Invasive Breast Cancer Incidence Rates, Female/Ethnicity 2003-2007

	Collin	Denton	Grayson	Texas
White	132.3	128.2	118.1	113.5
African American	131.3	109.5	140.9	118.5
Asian/Pacific Islander	75.2	80.6	No data	60.3
American Indian	No data	No data	No data	41.1
Hispanic	113.1	113.8	No data	90.7

Across all ethnicities, females in the North Texas service area represent higher incidence rates than the state average. White women exhibit the highest rates among all ethnic groups in Collin and Denton Counties. Ethnic communities also bear a significant burden of breast cancer incidence. In comparison to their total population numbers, ethnic women have rates as high as white women. While African Americans only represent an average of 7.6% of the service area's population, they have similar rates as the white population and significantly higher rates in Grayson County. These incidence rates translate into how many cases of invasive breast cancer in each respective population. For the period of 2003-2007, the number of white women in the

service area with invasive breast cancer was 3221; for black women, the number was 199. Due to unavailable or incomplete data, the number of cases was not determined for the other three ethnic groups.

ACCESS TO HEALTH SERVICES

DATA SOURCE: United States Census Bureau, Area Resource File

Percentage of Persons Without Health Insurance, 2009

	Collin	Denton	Grayson	Texas
%	16%	19.9%	24.1%	26.8%

Grayson County represents the highest percentage of persons without health insurance. Furthermore, it also has the lowest median household income (\$46,567) and highest rate of poverty (12%) among the three counties (U.S. Census, 2008). According to the Texas Medical Association, “the uninsured are up to four times less likely to have a regular source of health care and are more likely to die from health-related problems. They are much less likely to receive needed medical care, even for symptoms that can have serious health consequences if not treated” (U.S. Census, 2011). In 2007, Texas had an population of 26.8% residents who did not have health insurance (U.S. Census, 2011).

Number of Hospitals and Ambulatory Surgical Centers, 2009

	Collin	Denton	Grayson
Hospitals	18	7	5
Ambulatory Surgical Center	11	9	4

Collin County has significantly more hospitals and ambulatory surgery centers. However, these facilities are not evenly distributed geographically in Collin County and are often found in the most suburban and affluent areas of the county. According to the Kaiser Family Foundation, in 2008, Texas had a total of 426 hospitals (The Henry J. Kaiser Family Foundation, 2011).

3) Communities of Interest

a) Review of target populations

Within the North Texas service area, breast cancer incidence is highest in Collin County with a rate of 127.2. Breast cancer mortality rate is highest in Grayson County at 23.7, but Collin and Denton Counties represent similar rates of 21.1 and 22.5 respectively (Texas Cancer Registry, 2011). Access to care and income distribution illustrate the more significant disparities when comparing the counties. Additionally, Collin County residents on average have an income almost twice that of Grayson residents. Collin County has a significantly higher proportion of persons with a college degree or higher. Collin and Denton

Counties have smaller poverty rates and significantly higher household income levels.

b) Key demographic variables

Collin and Denton Counties represent more diverse, more educated and younger populations than Grayson County. Denton county has the largest percentage of Hispanic persons among the three counties. Grayson County also has an older population with a higher percentage of residents 65 years or older.

The 2009 North Texas Community Profile concluded that Grayson County's 50 years old and older population and the service area's ethnic populations (Hispanic, African American, Asian American and American Indian) needed culturally and linguistically tailored breast health educational programs. These identified groups are the focus of the 2011 report to determine if any behavior change occurred and with it, the effects of breast cancer on the community.

4) Conclusions

a) Criteria for target population selection

The effect of breast cancer is significant in North Texas. All women, regardless of ethnicity, exhibit higher invasive breast cancer incidence than the state average. However, it is important to note that ethnic women and older women bear a disproportionate burden of breast cancer, which is the reason why this cohort of African American, Asian and Hispanic women was chosen as the target community, along with women in Grayson County over the age of 50 years old.

The statistics to support the decision to focus on minority women in North Texas include: incidence rate for African American women in Grayson County is 142.1, whereas the rate for African American women across Texas is only 117.7; the incidence rate for Asian American women in Collin County is 73, and the state average is 58.6; Hispanic women in Denton County have an incidence rate of 107.6, which is significantly higher than the state rate of 88.9. African American women in Grayson County have a mortality rate of 85.3, compared to the state rate of 35 (Texas Cancer Registry, 2011).

The urban counties of Collin and Denton represent a younger, more educated and higher income population, but breast cancer incidence is still quite high compared to state rates. Neither has a county hospital system, so underinsured and uninsured individuals have few alternatives to finding screening, diagnostic and treatment services. Collin and Denton counties are much more ethnically diverse, both representing large Hispanic communities. Collin County's population is 15% Hispanic and Denton County is 17% respectively. From April 1, 2010 – October 31, 2010, the Affiliate grantees served a significant Hispanic population: The Bridge Breast Network client base was 38% Hispanic, Denton County Health Department 70%, and Family Health Care, Inc. was 75%. This creates a situation where culturally and linguistically diverse education, screening

and treatment programs are integral to effectively reduce the burden of breast cancer on the ethnic communities in North Texas.

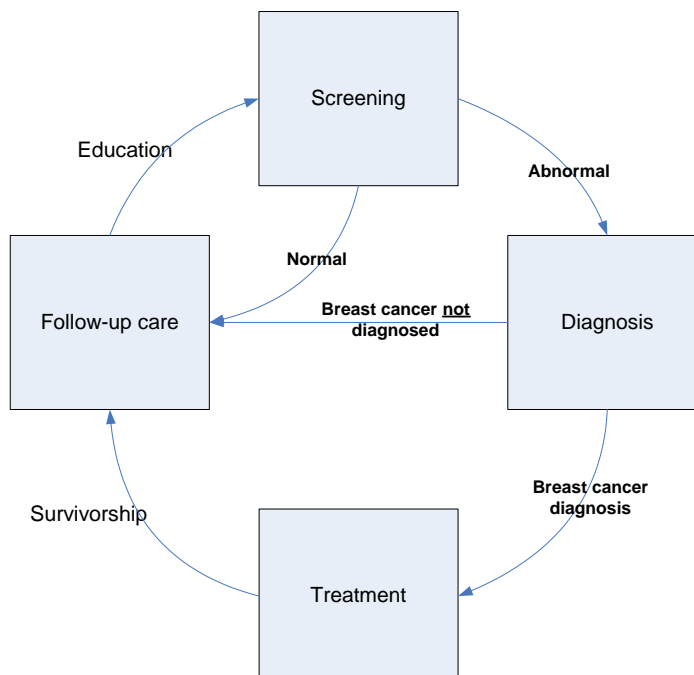
Minority populations are also often uninsured. In Texas, non-citizens are almost three times as likely to be uninsured compared to U.S. citizens, and immigrants, often Hispanic work in industries where health insurance is not commonly offered (Texas Medical Association, 2011).

The rural characteristics of Grayson County present their own set of challenges: lack of providers, an older population, higher uninsured rates, less educated population, lower average incomes and no county hospital system. Women who did not complete high school, have no health insurance or are recent U.S. immigrants are least likely to have had a recent mammogram (American Cancer Society - Breast Cancer Facts & Figures 2007-2008, 2007). The percentage of Grayson residents over 65 years old is more than double than Collin and Denton Counties. The older a woman is, the more likely she is to be diagnosed with breast cancer. In the United States, 95 percent of the women diagnosed with breast cancer are age 40 or older (American Cancer Society. Breast Cancer Facts & Figures 2009-2010, 2009). Because breast cancer risk increases after age 50, this cohort will greatly benefit from increased education and screening. Invasive breast cancer rates for white and African American women in Grayson County are also higher than state averages.

Health Systems Analysis of Target Communities

1) Continuum of Care:

The continuum of care provided the conceptual framework for the health systems analysis. This model was applied for identifying and understanding the gaps, barriers, health and social service issues for women at each phase: education, screening, diagnosis, treatment, follow-up health care, financial and social support.



The continuum of care cycle begins with **Education**: where women receive general and breast health information, where they seek additional information, which health providers provide breast health information, what kind of information is available, which populations need breast health education and who is targeting them. The next step is **Screening**: where women receive screening mammograms, which providers offer it and at what fee scale (free, discounted, insurance, Medicare). After Screening is **Diagnosis**: where women are given a confirmed medical diagnosis of either: 1) no breast cancer present and encouraged to continue to follow-up care or 2) breast cancer is present and a treatment plan is developed. If breast cancer is positively diagnosed, a woman enters into **Treatment**: where women receive breast cancer treatment such as surgery, chemotherapy, radiation, adjuvant therapy, and follow-up medical care such as reconstructive surgery. **Survivorship** is next: providing social support for breast cancer survivors through support groups, financial assistance, and other support systems to assist in the recovery/survivorship period. The continuum then leads to **Follow-up care** by reinforcing **Screening Mammograms** on a regular basis, and then returns to **Education** where the message of early detection through screening is re-emphasized.

Within the context of each county in the North Texas service area, it was recognized that the interrelated factors that affect women in each phase across the continuum of care have a potentially significant impact on breast cancer incidence, prevalence, and cancer mortality rates for women who live in the target communities.

2) Methodology

a) Asset mapping

Assets were identified and mapped geographically for each of the target areas in North Texas, including Collin, Denton, and Grayson Counties. These assets included:

- County government services
- Public health centers and departments
- Hospitals
- Cancer centers
- Mammography services
- Social service agencies
- Transportation: public transit options and transit services for patients
- Komen Activities: "Pink Sundays," local group activities

Based on comparison of asset maps, gaps were found in health care provision across the target area. Collin and Denton Counties have a shortage of primary care physicians. While Collin County has significantly more hospitals and ambulatory surgery centers, facilities are typically found in affluent, suburban areas, so geographic access to inpatient and surgical services varies with residential location. Each county health department provides breast health education and screening mammogram programs. Two of the 2010 Affiliate

grantees provide medical treatment services and one grantee provides financial support services. However, these supports may change in the next grant cycle beginning in April 2011.

b) Key informant characteristics

Individual key informants were selected to represent community leaders, health and social service providers, women who received screening mammograms and breast cancer survivors within Collin, Denton and Grayson Counties. Qualitative data was collected from women in the community, using semi-structured questionnaires. Participants were recruited in each target community, based on criteria below. Random sampling by calling providers from a community or hospital system phone listing, snowball sampling, and patients referring providers were the techniques to recruit key informant interviews. A total of 28 key informant interviews were conducted and represented diversity in ethnicity, age, type of service provided, and county of service provision.

They were interviewed on the following topics:

- i) **Community leaders:** community health concerns, social issues, perception of breast cancer prevalence, current services available, barriers to breast cancer education and services, facilitation of breast cancer services, roles of local Susan G. Komen for the Cure® Affiliates.
- ii) **Community service providers:** current services provided, location of population served, service referral system and use, barriers to breast cancer service use, facilitation of breast cancer education and services, health services needed, roles of local Susan G. Komen for the Cure® Affiliates.
- iii) **Breast health service providers:** current services provided, location of population served, service referral system and use, barriers to breast cancer service use, outreach/facilitation of breast cancer services, health services needed, perceptions of Susan G. Komen for the Cure®.
- iv) **Breast health educators:** location of population served, educational program referral and use, barriers to breast cancer education, program evaluation, breast health services needed, barriers to breast cancer service use, roles of local Susan G. Komen for the Cure® Affiliates, perceptions of Susan G. Komen for the Cure®.
- v) **Breast health navigators:** service communication, service use by patients, barriers to health care, breast cancer services and education for indigent patients, geographic service areas, perceptions of Susan G. Komen for the Cure®.

c) Limitations related to the qualitative data collection:

The numbers of key informants who were recruited and participated varied across the service area, due to differences among county populations and related social factors. Denton and Collin Counties yielded more participants, while Grayson yielded smaller key informant numbers, but respective numbers in focus group participation. Although the interviews were generally useful in

eliciting participants' perspectives, questionnaires could be modified to be more relevant for each group.

3) Overview of community assets

a) Assets serving the target communities

Local government entities and social service organizations, such as county government, as well as access to and use of health and social services, were found to vary with the concentration of population in each county, across the service area. The continuum of care was found to vary for women, according to their residential locations, occupations, health insurance status, and access to assets in each county.

As stated above, based on asset mapping, gaps were found in health care provision across the target area. Collin and Denton Counties have a shortage of primary care physicians and indigent breast cancer treatment services. Collin County has significantly more hospitals and ambulatory surgery centers, but they are not evenly distributed countywide and are often found in affluent and suburban areas.

b) Existing partnerships and what is needed:

The current 2011 grantees provide important services in the three county region:

Grantee	Service County	Education	Screening	Treatment
Asian Breast Health Outreach Program**	Collin, Denton	X	X	
The Bridge Breast Network*	Collin, Denton, Grayson			X
Bridge of Blessings	Collin, Denton, Grayson			X
Collin County Health Department*	Collin	X	X	
Denton County Health Department*	Denton	X	X	
Grayson County Health Department*	Grayson	X	X	
Moncrief Cancer Institute*	Denton	X	X	
Texas Health Presbyterian Allen*	Collin	X	X	
YWCA of Metropolitan Dallas*	Collin, Denton	X	X	

** Programs that have bilingual (Asian languages) breast health program staff.

* Programs that have bilingual (Spanish) breast health program staff.

While these services are critical, they are not guaranteed every year. Each annual grant cycle potentially changes the service providers and the county they serve. According to

this table of 2011 grantees, adequate education, screening and treatment is available in the North Texas service area, but often grantees do not have enough funds to meet all of the community needs. For example, as the end of the fiscal year approaches, granted funds are depleted and grantees cannot make appointments for current/future screenings and treatment. Women are turned away or placed on a waiting list until additional funding sources can be secured. Treatment is a recurrent need to be addressed since The Bridge Breast Network is the only treatment provider funded by the North Texas Affiliate, and they also operate with limited funding.

Culturally and linguistically competent services for the Asian American community are offered through the Asian Breast Health Outreach Program. Their method of outreach, education, and screening procedures can be utilized for other ethnic population providers, but they are also challenged with meeting a great community need. Most programs have bilingual breast health program staff readily available, but few have the capacity to tailor outreach methods, educational materials, screening and treatment appointments to accommodate African American, Hispanic or Asian American patients.

c) Role of Texas Breast and Cervical Cancer Services (BCCS) in the target communities and gaps:

The role of Texas BCCS in the service area is provided mainly by Planned Parenthood clinics and UT Southwestern Moncrief Cancer Institute. Planned Parenthood has one clinic in Grayson County, two in Denton County, and three serving Collin County. Moncrief has two locations to serve Denton county and outsources to two clinics for screenings in Denton County. The Tarrant County Health Department also serves Denton County residents from one location. The Bridge Breast Network utilizes Texas BCCS providers and actively enrolls qualified patients in the program in the North Texas service area.

A unique challenge with utilizing Planned Parenthood clinics is the sociopolitical controversy surrounding the organization as it relates to family planning. Many women do not identify Planned Parenthood as a resource for breast health education and screening. Additionally, the clinics primarily serve a younger demographic and not the recommended screening age of 40, nor the over 50 years old cohort of Grayson County women identified as a target population in need of additional breast health services..

Texas BCCS providers are not currently grantees in North Texas service area and there is little coordination between breast health service providers in the service area to communicate breast health continuum of care services.

4) Legislative issues that affect the target communities and the role of the North Texas Affiliate of Susan G. Komen for the Cure®:

Due to the current economic climate, legislators are balancing national and state budgets by reducing funding to many vital social service programs. In order to highlight the importance of breast health and support full funding of these services, Susan G. Komen for the Cure® Affiliates in Texas have organized to support the

Texas' BCCS Program which provides breast and cervical cancer screening, diagnostic services and patient navigation to low-income, uninsured and underinsured women in Texas who do not qualify for Medicaid. Often, ethnic minority and rural populations such as those highlighted in this report, represent a large portion of this socioeconomic cohort. Without the assistance of Texas BCCS, many of these underserved women will delay or completely forego recommended screenings.

Additionally, the Cancer Prevention and Research Institute of Texas (CPRIT), created by Texas voters in 2007, allows the State of Texas to issue \$3 billion in general obligation bonds over ten years to fund grants for cancer research and prevention. Without this funding, several prevention and research programs will not be able to study cancer prevention and treatment or provide screening and treatment to historically underserved communities such as the target populations identified in this report. Recently, three North Texas service area breast health service providers were awarded CPRIT funding: UT Southwestern Moncrief Cancer Institute, The Bridge Breast Network and Asian Breast Health Outreach Project.

The North Texas Affiliate has participated in Advocacy Day 2011 in Austin in order to protect access to breast health programs like Texas BCCS, CPRIT, and to provide information on breast health related legislation. It is committed to keeping elected officials in our service area informed by establishing and maintaining relationships, analyzing state budgets and setting strategy for state budget campaigns, organizing grass roots and online supporters among our constituents, and providing information on breast health issues to the media to reinforce our mission and message.

5) Findings from key informant interviews

a) Experience of insured individuals

Women with insurance were able to access primary care and OB/GYN providers for breast health education, clinical breast exams, annual physicals and referrals for screening mammograms and other related procedures relatively easily since most health care providers accepted insured patients. For patients with only Medicare/Medicaid coverage, sometimes it was difficult to find a health care provider. Insurance coverage and out-of-pocket costs vary with health care policies and deductibles, but were generally not an issue for screening mammograms and office visits. Breast cancer treatment often brought financial difficulties even for individuals with health insurance, due to the accumulation of medical bills, follow-up treatment, and medication costs. Surprisingly, there were a number of women with insurance who still did not obtain regular mammograms and clinical breast exams, citing reasons such as "being too busy" or "denial" to explain why they did not get screened annually.

A common challenge in this category included the lack of translators in medical facilities, doctors' offices, and mammography centers. If a bilingual staff member was available, most often Spanish was the only available second language spoken. Another challenge was reaching women who are fearful of cancer, an issue mentioned several times by African American women. They identified their

community as having cultural barriers to seeking preventive breast health care even if they had insurance. Additionally, individuals in Grayson County were faced with a shortage of breast cancer specialists available in their community. Therefore, if an individual was diagnosed with breast cancer in Grayson County, it would be difficult to find treatment locally. They are likely to travel to service providers in Collin County, which is typically a 50 mile trip one-way.

b) Experience of uninsured individuals

Grantees were able to provide important breast health education and screening, but treatment options were few in the service area. Texoma Health Foundation and The Bridge Breast Network were the two most commonly mentioned providers of breast health services. Survivors found social and emotional support often in churches or among family and friends.

Outreach programs often targeted uninsured and underinsured groups of women to provide breast health education and resources, and information on where to obtain free or low cost mammograms. Several key informants mentioned mobile mammography units as a much needed community resource to offer screenings to rural areas, churches with large numbers of African American, Hispanic or Asian American residents, and low income communities. The common theme of lack of culturally and linguistically competent providers and educational materials, particularly to serve the Spanish-speaking population, was reiterated within this category of individuals. This is significant since many of the region's minority community are overrepresented in the uninsured/underinsured cohort.

c) Experience of BCCS patients:

Patients utilizing Texas BCCS services were not identified for the key informant interviews. However, when providers, such as The Bridge Breast Network, are able to qualify patients for this program, they enroll women in Texas BCCS.

d) Experience of undocumented individuals:

Although key informants did not identify themselves as "U.S. Citizens" or "undocumented," several North Texas service area grantees do not require this as a prerequisite for receiving services. Some grantees require a social security number or proof of residency or citizenship in order to receive services. In theory, undocumented individuals could have access to the breast health continuum of care. However, this might not be the perception of the community. It is quite possible that undocumented women do not know or believe they have access to care due to their legal status. This is a significant barrier to education and early detection in this population.

6) Conclusions:

The continuum of care was found to vary among women, according to their ethnicity, health insurance, age, residential location, occupation, and access to community resources in each county. This has implications for women's health outcomes, and for action planning to raise community awareness and enhance support services.

Findings from qualitative interviews with health care and community service providers and health educators in the North Texas service area point to the importance of enhancing the continuum of care, through funding more treatment, expanding screenings, education, medical specialists and community awareness of services. The key informants find that fear of diagnosis, cost of care, transportation issues, and cultural and language barriers hinder access to care. Ethnicity is an important issue and may limit awareness and use of services for Hispanic, African American and lower-income Asian American women.

However, it is critical to address the disproportionate number of uninsured minority communities, especially since the uninsured are often Hispanic, are up to four times less likely to have a regular source of health care or receive medical care and are more likely to die from health-related problems (Texas Medical Association, 2011). This has very significant consequences for North Texas women seeking participation in the breast health continuum of care.

Breast cancer perspectives in the target communities

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

1) Methodology

a) Data collection from women in the community:

Data was collected via key informant interviews over the phone or in person. Focus groups were conducted in person.

b) Interviews and focus groups:

Qualitative data was collected from women in the community, using both semi-structured questionnaires and focus groups. Convenience sampling from the North Texas Affiliate survivor database, patients referred their providers, and grantees referring providers and clients were all techniques used to identify participants. They were interviewed either by telephone or in person. The total number of key informant interviews was 28 and the interviews represented diversity in ethnicity, age and county residence.

Participants were recruited in each target community, based on criteria below. Interviews were taped and transcribed for analysis by investigators. They were interviewed either by telephone or in person, using questionnaires on the following topics:

- i. ***Breast cancer screened persons:*** perceptions of need for screening, age of first screening, frequency of screening, type of provider, barriers to breast cancer screening, implementation of breast self-awareness education, breast

cancer education sources used, roles of local Susan G. Komen for the Cure® Affiliates, service provision by Susan G. Komen for the Cure®.

- ii. **Breast cancer survivors:** implementation of breast self-awareness education, use of mammograms, screening frequency/barriers, age at diagnosis, stage of cancer, type of breast cancer treatment/provider, breast health navigator use, barriers to breast cancer treatment (time, financial, providers, family roles), health insurance/lack of insurance, use of community services/resources, treatment/care needs, length of survivorship, support groups, breast cancer education/service needs, Susan G. Komen for the Cure® and local Affiliates' services.

Focus groups were conducted among female breast cancer survivors. Women who were clients of Komen North Texas Affiliate grantees or residents of targeted geographic areas, within the age range of 40-64, of various racial and ethnic backgrounds, were recruited as voluntary participants in focus groups, each ranging from six to nine participants. Focus groups conducted in Collin County were recruited from the North Texas Affiliate database of self-identified survivors who had previously donated to the Affiliate or participated in Affiliate events, such as the Plano Race for the Cure. The Grayson County focus group was recruited by a North Texas Affiliate grantee that was starting a survivor support group. The Asian American focus group was an already established survivor support group. Discussions were taped and transcribed for analysis by investigators. The total number of focus group participants was 52.

c) Surveys

Surveys were not utilized to collect data.

d) Analysis process:

Interviews and focus group sessions were taped and transcribed for analysis by investigators. Participants' responses to both individual interviews in each category, and focus group discussions, were compared. Themes were derived from comparison of qualitative interview and focus group responses in the selected communities.

2) Review of Qualitative Findings:

A significant majority of women were aware of the importance of breast health education and early detection. Breast self-awareness education was conducted by most participants. 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 were available, women were aware of the service and more likely to utilize it:

Whenever the screening van comes for the free [mammograms], the line is usually so long, I don't have time to take off from work...but I know the Texoma Health Foundation van does screening, once or twice a year.

Cultural and language barriers are an important issue and may limit awareness and use of services for Hispanic, African American and lower-income Asian women. Cultural issues include fear and reluctance to discuss cancer diagnoses among Asian and 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.

Cultural barriers regarding modesty and touching the body by the woman herself or a physician is often taboo in other cultures. This is a significant barrier to accessing care:

Oh, no we don't do that in our country; we don't allow ourselves to be touched.

For Grayson County, women commonly mentioned the lack of easily accessible breast health services in their community:

Treatment is given outside Gainesville. It's in Denton or Oklahoma.

Denison hospitals are private corporations and give no discounts for care.

I had my surgery at Baylor Plano, but treatment in Sherman.

Breast cancer diagnosis was most commonly found between the ages of 35 and 52, and ranged from Stage 1 to Stage 4 diagnoses among the survivors who were interviewed and participated in the focus groups.

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:

The general surgeon here that did my diagnostic biopsy said, "Here are your options." And I said, "I think I have other options, and I'd like to get a second opinion and talk to a breast surgeon."

However, many women expressed a great need for breast health navigators and wished they would have had the service provided to them during their treatment and recovery.

Survivor support was often 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.

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:

There is not one thing on my body [that is] the same as it was before. Face is not the same; skin is not the same, breast...everything [is] different. One person said [to me], "At least your eyes are the same color."

Survivors often 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.

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

Even if they do have insurance, there is still the fear with so many women that they won't go get mammograms...[they are] well-educated, have money, have insurance, and it's like "I'll put it off until next year, I'll put it off until next year..." and then that next year is when they'll have Stage 4.

...or they don't want to know. It's the "ignorance is bliss" factor.

Survivors were very vocal about educating the women with insurance about the importance of early detection.

3) Conclusions

North Texas women confirmed the need for more education on availability of breast cancer services and support, although they tend to be aware of the roles of Susan G. Komen for the Cure and the North Texas Affiliate. They tend to seek care when they perceive the need, but some are hindered by fear, lack of financial resources or social barriers. Both key informant interviews and focus groups brought out women's needs for better coordination of breast cancer care in North Texas, better communication on diagnoses and available treatment options through enhanced patient navigation,

increased awareness of the cultural and linguistic barriers to care for ethnic and minority women, and increased funding for breast cancer treatment. Additionally, Grayson County women expressed concern about the lack of services in their local community.

Survivors find some health care providers are more helpful than others, and there is a need for more coordinated patient navigation, specialized care and treatment funding in the service area. Those who are diagnosed with cancer need complete and timely information on prognosis and treatment options. Some patients feel they must serve as advocates for themselves to receive prescribed treatments; others seek second opinions, or do their own research on new or alternative treatments.

The most difficult adjustments for patients during treatment are the uncertainty of prognosis, complications and delayed treatment. Family members provide support, but stress and fear of death remain problems for many women, especially those diagnosed at later stages. Women value preventive care, nutrition and physical activity for more complete recovery. Appearance is a concern for some patients during treatment, but is apparently not a major issue for many survivors.

Social, economic and cultural barriers impact screening rates. There is still a considerable number of women in North Texas who have health insurance and do not obtain screening mammograms or clinical breast exams. Women often delay mammograms due to busy schedules, being the primary caregiver of their children or denial of the importance of early detection. If women did not have health insurance, they were less likely to seek regular medical care and mammograms. Women often put themselves last and took care of others first. Survivors spoke of the cultural challenges ethnic women faced, such as finding providers that spoke their language or myths that certain ethnicities “don’t get breast cancer.”

In summary, the rationale to focus on North Texas African American, Asian and Hispanic women and residents in rural Grayson County is supported by the health systems analysis and the qualitative data derived from key informant interviews and focus groups.

The effect of breast cancer is significant in North Texas. All women, regardless of ethnicity, exhibit higher invasive breast cancer incidence rates in the service area than the state average. White women account for a majority of the population in each of the three counties and are definitely in the category of the underinsured and uninsured. It is unlikely breast cancer rates will be reduced if we do not support breast health for white women.

Yet, it is still critical to note that minority women and older women bear a disproportionate burden of the disease, which supports the decision to focus on ethnic women, older women (especially in Grayson County), as well as support the larger population of white women in the North Texas Affiliate service area.

The incidence rate for African American women in Grayson County is 142.1, whereas the rate for African American women across Texas is only 117.7; the incidence rate for Asian American women in Collin County is 73, and the state average is 58.6; Hispanic women in Denton County have an incidence rate of 107.6, which is significantly higher than the state rate of 88.9 (Texas Cancer Registry, 2011). Key informants supported the theme that ethnicity is an important issue and affects breast cancer awareness and use of services for Hispanic, African American, and lower-income Asian women. Both community providers and women acknowledged the lack of bilingual medical staff and breast health programs that tailored their activities to ethnic communities.

The rural characteristics of Grayson County present their own set of challenges: an older population, higher rates of being uninsured, lower high school and undergraduate college graduation rates, and lower average incomes. Because age is a well-established risk factor for breast cancer, providers and women alike were aware of the high percentage of women over the age of 50 in Grayson County and that fall into that high-risk category. They expressed their concern that there was a lack of breast health providers in their community and often had to seek care in Collin County, which is typically 50 miles one-way.

Findings from qualitative interviews with health care and community service providers and health educators point to the importance of enhancing the continuum of care and increasing the community's awareness of services. This was made evident when breast cancer survivors expressed their challenges in managing their treatment and follow-up care without patient navigation, and how they would have benefitted from the service had it been offered to them. Furthermore, community providers and survivors often discussed the lack of coordination of breast health services in North Texas; providers did not always have the knowledge of community resources and women wanted more information about free or low-cost mammograms and treatment. This was especially true for women who were uninsured or underinsured.

Treatment options for low/no income women are desperately needed in the service area. Only one organization, The Bridge Breast Network, provided treatment in Denton and Collin Counties. While two grantees in 2010 had treatment programs in Grayson County, Texoma Health Foundation and The Bridge Breast Network, patients had to travel to Collin County or Dallas for initial appointments to qualify for The Bridge Breast Network's services. Transportation was a noted barrier for Grayson County residents for follow-up treatment.

To conclude, in order to reduce the effects of breast cancer in North Texas, ethnic and minority communities and older women in Grayson County would greatly benefit from culturally and linguistically competent breast health education and services, increased coordination of existing services through patient navigation and information sharing among providers, and increased treatment options in the region.

Conclusions: What We Learned, What We Will Do

1) Review of the findings

The North Texas Affiliate's service area encompasses Collin, Denton, and Grayson Counties an area of approximately 2,671 square miles and a population of 1.51 million people. Collin and Denton Counties are more urban areas and Grayson is largely rural. The majority of the population is white, and the majority ethnic populations are Hispanic, African American, Asian American and Native American. The Hispanic population represents the largest ethnic population. Grayson County has the highest breast cancer incidence in women over age 50.

Texas has many of the poorest counties in the United States, and the highest rate of uninsured persons, despite having cities with some of the highest household incomes in the nation (Texas Hospitals Online, 2006). Collin, Denton and Grayson Counties do not have a public hospital and all rely on the county health departments and private hospitals for community health care needs especially breast cancer treatment. This presents a significant challenge for the North Texas Affiliate and other breast health providers. The rural communities of Grayson County suffer from a lack of service providers and transportation issues when residents must seek services in other counties.

If there is a central message for the community to know after reading the Community Profile, it is that North Texas is significantly affected by breast cancer. All women, regardless of ethnicity, exhibit higher invasive breast cancer incidence rates in the service area than the state. However, ethnic women and older women bear even a more disproportionate burden of the disease, which supports the decision to focus on these two groups as the target communities for this report.

Statistical analysis illustrated that Collin County has the highest rate of breast cancer incidence, followed by Denton and Grayson Counties. Breast cancer mortality rate is highest in Grayson County, but similar rates are observed in Denton and Collin Counties. African Americans, Hispanics and Asian Americans all exhibit higher invasive breast cancer incidence rates in North Texas compared to statewide rates. There are significant populations of uninsured and underinsured women, especially among ethnic communities, less educated and lower income communities. Collin and Denton Counties have significant Hispanic populations and Grayson County represents a large portion of lower income and residents who are 50 years or older.

Findings from qualitative interviews with health care and community service providers, and breast health educators in selected counties, point to the importance of enhancing the continuum of care. This can be done through funding treatment, coordination of care among patient navigators and service providers, expanding screenings and education, tailoring services to meet the cultural and linguistic needs of the ethnic populations, and increasing community awareness of services. Key informants find that fear of diagnosis, cost of care, being uninsured or underinsured, lack of transportation, and language

barriers hinder access to care. Many patients depend on Susan G. Komen for the Cure® and feel it does “a great job,” and are grateful for its support.

2) Conclusions

Efforts to reduce breast cancer incidence and mortality in North Texas begins with comprehensive community assessments of the relationship of social and demographic characteristics - population age ratio, ethnicity and economic status - to specific health care resources, including health insurance and access to care. Within the region, there are wide variations among counties, and some are more underserved than others. Variation also occurs within counties in the distribution of health care facilities.

The continuum of care is uneven for women, even for those with health insurance. Experiences with the continuum can vary with age, ethnicity, residential location, occupation, and local assets. From a broader perspective, the healthcare system extends beyond the local community - to cross county, regional and state boundaries. This has important implications for women’s health outcomes, as well as for community awareness and support services. Reasons for the lack of statistically significant differences in the percentage of women receiving mammograms across the targeted counties in the North Texas region need to be more fully explored. Furthermore, data is often unavailable for Grayson County due to its smaller population.

As key informants - health care and community service providers, breast health educators – affirmed in qualitative interviews, the continuum of care needs to be enhanced. The means to accomplish this include more funding for treatment, availability and coordination of primary care with medical specialists and patient navigators, expanding cancer screenings and education, ensuring breast health programs are culturally and linguistically competent, and increasing local knowledge of services. While health educators and providers understand that women fear cancer diagnoses, they know the cost of care, transportation issues, and language barriers can hinder access and delay treatment. The majority of providers are aware of support services available from Susan G. Komen for the Cure®, but this information is not as readily known among members of the community at large.

Women in the North Texas Affiliate service area affirm the need for effective, culturally-appropriate education on the availability of breast cancer services and support for both younger and older women. Although many seek care when they perceive the need or suspect cancer from breast self-awareness methods, some are hindered by fear of the consequences of negative diagnoses. Social, economic and cultural barriers, as well as lack of transportation, scheduling conflicts, service availability and access, have impacts on both screening and care.

3) Action Plan priorities and SMART objectives

From the quantitative and qualitative data analysis of the Community Profile report, the Komen North Texas Affiliate can conclude the following Action Plan priorities will benefit the North Texas community:

a) Education and early detection

Continue supporting and promoting breast health education and early detection activities to impact the high rates of breast cancer incidence across North Texas. While mammography rates are generally the same in Collin and Denton Counties, there is no data for Grayson County or ethnic populations within the North Texas Affiliate service area. Effective education and early detection has the potential to move North Texas communities from unscreened populations to screened populations. If breast cancer is caught early, survivorship is increased; there are more treatment options, and treatment is more effective and less costly. This must remain a priority across the service area for all women, regardless of ethnicity, health insurance status, access to care, etc. All women will continue to benefit from early detection.

b) Serving ethnic populations

Increase awareness of the importance of culturally and linguistically competent breast health programs and services, especially for the African American, Asian and Hispanic communities. In order to impact the incidence and mortality rates of ethnic residents in North Texas, educational materials, outreach activities, service providers, medical professionals and marketing/communication strategies need to be tailored for our ethnic communities' consumption. Service providers need to ensure they have appropriately translated educational material available. They could also benefit from easy access to bilingual services, whether it is hired staff or telephone based language lines.

Outreach activities must suit the cultural environment, education level and demographic of the ethnic community. Churches may be effective for African American and Hispanic outreach, whereas Asian Americans might prefer smaller educational sessions. Trusted ethnic community leaders must support these efforts and make this support known throughout the community. These activities can be funded through the North Texas Affiliate's Grant and Small Grant programs.

Due to the significant Hispanic population in the North Texas service area, the Affiliate will need to maximize existing Hispanic community partnerships, such as Hispanics for the Cure and local Spanish language media partner, and create new opportunities to build Hispanic community participation. Opportunities include participation in Race for the Cure Plano and Denton, Ride for the Cure and the Grants/Small Grants programs.

c) Increased support in Grayson County

Grayson County's rural characteristics present challenges to accessing breast health services. There are a limited number of breast health service providers offering education, screening, treatment and support. Because there are not as many providers as in more urban areas, such as Collin County, Grayson County residents must overcome transportation issues for preventive screenings and treatment programs.

Since identifying additional funding dollars are a consistent challenge and North Texas Affiliate grantee organizations change yearly, the North Texas Affiliate must work with existing organizations and find creative solutions to this issue. Increased coordination of services will be discussed as the next priority area, but Grayson County will benefit if the county's resources could be documented in its own "Continuum of Care" document that service providers and community members alike can easily access. Communication needs to be facilitated between breast health specialists, organizations, and the general public through a community collaborative (discussed further below, see "Coordination of services."). This information would benefit from being located in a central location, e.g.: popular community center, clinic or hospital where the target population obtains a majority of services.

Transportation services such as TAPS Public Transportation provides low-cost transportation in Grayson County, but it is unknown if residents know of this service or other similar services provided by senior centers, Area Agency on Aging, hospitals, American Cancer Society, or churches. Coordination and advertising of a breast health continuum of care resource document would be very beneficial. Affiliate grantees will be required to post this document on their website for easy referral to their clients.

Education and screening should also be maintained as a focus to ensure awareness and early detection is a priority. Community leaders, such as the mayor, city council members, county commissioners, and other policy makers would benefit from educational visits to highlight the effects of breast cancer among their constituents.

d) Coordination of services

As a part of the North Texas Affiliate education and outreach program development, a Breast Health Coordination Committee ("Committee") will be created in each of the three counties in the North Texas service area. Each Committee will address county-specific breast health needs, such as transportation issues, serving ethnic populations or older populations. Each Committee will develop a breast health community continuum of care resource, increase involvement of providers and organizations that serve large ethnic communities, and assist in developing culturally and linguistically appropriate communications to the ethnic community. The Committee will also create new education programs and propose Grant and Small Grant priorities to suit the needs of specific communities in the service area.

Because Denton and Collin Counties have large Hispanic populations, the Committee will focus its efforts in involving providers and community leaders who represent the Hispanic community. Grayson County will ensure that residents over 50 years old and community organizations/leaders such as AARP or senior centers are brought to the table. The Committee can assist in identifying

appropriate county organizations to apply for funding through the North Texas Affiliate's Grant and Small Grant programs.

After identifying these four priority areas, the Komen North Texas Affiliate proposes the following objectives:

1. By March 31, 2012, ensure the North Texas Affiliate actively represents the diversity of the communities it serves, including the community events it participates in, the organizations it collaborates with, and the Board members who guide the Affiliate's activities.
 - a. By March 31, 2013, develop and execute one community awareness activity focusing on early detection and awareness in each county. Activities will include Pink Sundays, support of National Breast Cancer Awareness Month, Public Health Week or National Women's Health Week where breast cancer education, awareness and early detection is the key message.
 - b. By March 31, 2013, develop and execute one activity in a specified ethnic community in each county, tailoring the message in a culturally and linguistically appropriate manner. Local ethnic organizations will be involved in the development and implementation of these activities. Hispanic Chamber of Commerce, League of United Latin American Citizens (LULAC), North Texas Association of Filipino Physicians, Texas Chinese Physicians Association, Korean American Women of North Texas, African American Chamber of Commerce, The Links, National Association for the Advancement of Colored People (NAACP), and large African American churches are just a few organizations that will be invited to participate in these efforts. Additionally, area colleges and student groups will be approached to support North Texas Affiliate events, such as Komen North Texas Plano and Denton Races for the Cure to introduce them to the organization and initiate future collaboration.
 - c. By March 31, 2013, recruit two to three Affiliate Board members who represent an ethnic population or serves in a leadership role in an organization that primarily has an ethnic client base.
2. By March 31, 2013, increase the number of Grant and/or Small Grant applicants by one to two new organizations who serve the African American, Asian and/or Hispanic populations in North Texas.
 - a. By December 1, 2011, one to two organizations will apply for funding opportunities, specifically focusing on breast health education and early detection activities.
 - b. By December 1, 2012, two to three new organizations will apply for funding, specifically focusing on breast health education and early detection activities.
3. By March 31, 2012, conduct two to three 3 educational visits to Grayson County community leadership, local legislators, and policy makers to increase their

awareness of breast cancer in their community and encourage their participation in, and support of Susan G. Komen for the Cure® activities.

4. By March 31, 2013, develop a North Texas breast health collaborative of organizations that provide breast health services to facilitate increased coordination of services among providers and resources to the community.
 - a. By September 30, 2011, create Breast Health Coordination Committees in each of the three North Texas Affiliate service area counties to begin increased coordination of community resources, patient care navigation and communication among service/medical providers and the general population. The Committees will endeavor to include diverse membership in ethnicity, age and service provision.
 - b. By December 31, 2011, create a draft “Continuum of Care” resource document for each county in the Affiliate’s service area.
 - c. By March 31, 2012, finalize the “Continuum of Care” resource and identify appropriate avenues for the most effective distribution of its information. The document will be made available on the Affiliate website and updated on a yearly basis.

With the strategy and direction provided by the 2011 Community Profile report, Komen North Texas is confident lives will be saved. Breast cancer not only affects those who are diagnosed, but also entire families and communities. We are certain the challenge to fighting breast cancer will be met by the dedicated individuals from North Texas.

Addendum to North Texas 2011 Community Profile

In the fall of 2010, the North Texas Affiliate petitioned Komen Headquarters to add the following counties into the service area: Cooke, Fannin, Hunt, Montague and Wise Counties. This expansion was made official on April 1, 2011. The addendum to the North Texas 2011 Community Profile is being done to support and build upon the work of the 2011 Profile. This addendum is enhancing the 2011 Profile by using the same components of the profile to describe the five expansion counties

In the North Texas service area, Collin and Denton Counties are more urban areas while Grayson County is more rural. All five expansion counties are similar to Grayson County in their rural demographics. With the expansion, the North Texas service population increased from 1.51 million to 1.75 million, and service area increased from 2,671 square miles to 7,111 square miles (Census, 2008).

Overview of Affiliate service area

The following data tables and analysis provide breast health and other related demographic information for the North Texas Affiliate service area, inclusive of the five expansion counties of Cooke, Fannin, Hunt, Montague and Wise.

SOCIAL AND ECONOMIC CHARACTERISTICS

DATA SOURCE: United States Census Bureau

Population Size and Density, 2008

	Collin	Cooke	Denton	Fannin	Grayson	Hunt	Montague	Wise	Texas
Population Size	762,010	38,407	636,557	33,915*	118,804	86,129*	19,791*	59,127*	24,304,290
Density (per square miles)	899	44	716	38	127	102.4	21.2	65.4	96

*2010 Statistics

Age Composition, 2008

	Collin	Cooke	Denton	Fannin	Grayson	Hunt	Montague	Wise	Texas
Median Age	34	37	32	39.9	37	36.3	42.6	37.3	33
Age Categories, %									
Less than 19 years old	29%	27%	29%	25.6%	26%	28.1%	23.4%	29%	30.9%
19-64 years old	64%	58%	65%	62.9%	59%	68.9%	56.5%	59.6%	59.1%
65 + years old	7%	15%	6%	11.5%	15%	13%	20.1%	11.4%	10%

The expansion counties closely resemble the rural characteristics of Grayson County: smaller population, less population density, 48-52% female and a median age of approximately 37 years. Montague has the smallest population of the five rural counties and Grayson is the largest.

The rural communities have a higher proportion of residents aged 65 and older, notably in Cooke, Grayson, Hunt and Montague Counties.

Race, Ethnicity, and Acculturation, 2008

Race, %	Collin	Cooke	Denton	Fannin	Grayson	Hunt	Montague	Wise	Texas
White	80%	93%	84%	86%	90%	81.6%	93.2%	88.7%	71.8%
Black or African American	8%	3.5%	8%	6.8%	6%	8.3%	0.3%	1.1%	11.5%
Asian or Pacific Islander	10%	0.7%	6%	0.4%	0.8%	1.3%	0.3%	0.4%	3.4%
Am. Indian / Alaska Native	0.6%	1%	0.8%	1.1%	2%	0.9%	0.9%	0.8%	0.1%
Hispanic or Latino	14%	14%	17%	9.5%	10%	13.6%	9.8%	17.1%	35.9%
Acculturation, %									
Born in the United States	83%	92%	87%	96.2%	95%	94.3%	96.7%	93.8%	83.1%
English Only at Home	76%	No Data	80%	92.8%	91%	88.9%	92.6%	87%	66.4%

The expansion counties have larger white constituents. Hunt and Fannin represent slightly larger African American communities at 8-9%, similar to Denton and Collin Counties' 8% African American population. Hispanic/Latinos represent 8-15% in the expansion communities. Wise and Cooke have the larger populations at 15% and 14% respectively, and closely resembling Collin County at 14% Hispanic/Latino and Denton County at 17%. Asian Americans and American Indians have considerably smaller numbers in the expansion counties.

Education, 2008

	Collin	Cooke	Denton	Fannin	Grayson	Hunt	Montague	Wise	Texas
High School Graduate or Higher	92%	83%	90%	81.1%	84%	79.9%	78%	80.1%	26.2%
Bachelor's Degree or Higher	47%	20%	38%	13.4%	18%	16.5%	13.7%	15.2%	25.3%

The rate of high school graduates is relatively even across the North Texas counties. Fannin and Montague Counties have lower proportions of persons with a college degree.

Employment, Income and Poverty, 2008

	Collin	Cooke	Denton	Fannin	Grayson	Hunt	Montague	Wise	Texas
Unemployed, %	4%	5%	5.5%	4.8%	6%	4.9%	3.6%	4.7%	6.8%
Poverty, %	6%	12%	6.5%	17.3%	12%	19.9%	15.4%	10.6%	13.2%
Household Income, \$	\$81,200	\$50,384	\$73,275	\$41,521	\$46,567	\$42,160	\$42,246	\$54,017	\$67,236
Per Capita Income, \$	\$37,637	\$23,697	\$32,075	\$19,397	\$2,3291	\$21,276	\$21,485	\$23,135	\$24,318

Median household income rates are similar for the North Texas rural communities, ranging from approximately \$42,000 to \$54,000.

BREAST CANCER EPIDEMIOLOGY AND SCREENING

DATA SOURCE: Texas Cancer Registry & Behavioral Risk Factor Surveillance Survey

Female Breast Cancer Incidence and Mortality Age Adjusted Rates, 2005-07

	Collin	Cooke	Denton	Fannin	Grayson	Hunt	Montague	Wise	Texas
Incidence Rate per 100,000	127.2	91	123.7	96.4	113.5	96.2	141.5	89.3	113.8
Mortality Rate per 100,000	21.1	17	22.5	No Data	23.7	No Data	No Data	33.1	22.7

Some of the most significant data from the rural communities' analysis are the higher breast cancer incidence rates and the higher percentages of breast cancer diagnoses in localized stages. Montague County in particular has an age-adjusted breast cancer incidence rate of 139 for a community that has less than 20,000 residents. In comparison, Collin County has a breast cancer incidence rate of 126 for a population of over 76,000 people. Cooke County has the lowest breast cancer incidence rate of 91 among a population of about 38,000 people.

Stage Distribution of Female Breast Cancer, Cases Diagnosed 2003-2007

	Collin	Cooke	Denton	Fannin	Grayson	Hunt	Montague	Wise	Texas
In-Situ	548	15	276	22	68	43	13	16	12,567
Localized	1,088	73	759	59	251	115	52	83	34,268
Regional	561	42	448	35	131	68	26	47	19,958
Distant	60	4	51	5	31	10	5	7	3,590
Unknown	73	10	55	12	11	26	4	6	4,452

Grayson County has very high rates of localized breast cancer diagnosis in 2003-2007 with 251 cases. Hunt County was next at 115. Comparatively, the most populated urban Collin County had 1,088 localized diagnoses. Grayson County also has very high number of regional breast cancer cases at 131; Hunt was second highest at 68 regional cases.

Percent Distribution of Female Breast Cancer, Cases Diagnosed 2003-2007

	Collin	Cooke	Denton	Fannin	Grayson	Hunt	Montague	Wise	Texas
In-Situ	23.5%	10.4%	17.4%	16.5%	13.8%	16.4%	13.0%	10.1%	16.8%
Localized	46.7%	50.7%	47.8%	44.4%	51%	43.9%	52.0%	52.2%	45.8%
Regional	24.1%	29.2%	28.2%	26.3%	26.6%	26.0%	26.0%	29.6%	26.7%
Distant	2.6%	2.8%	3.2%	3.8%	6.3%	3.8%	5.0%	4.4%	64.8%
Unknown	3.1%	6.9%	3.5%	9.0%	2.2%	9.9%	4.0%	3.8%	5.9%

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In-situ breast cancer is diagnosed most often in Collin County with a rate of 23.5%, but only 10.1% in Wise County and 10.4% in Cooke County. When breast cancer is diagnosed in four out of the six rural counties (Cooke, Grayson, Montague and Wise), 50-52.2% of cases are localized breast cancer or confined to the primary site. Collin and Denton County localized cases are 46.7- 47.8% respectively. In Wise County, breast cancer is diagnosed at a regional stage 29.6%, whereas only 24.1% in Collin County. In Grayson County, metastatic breast cancer case distribution is very high at 6.3% and Montague County closely following at 5%. Montague's metastatic breast cancer rate is quite startling especially because it is the least populated county at less than 20,000 residents. Cooke and Collin County have the lowest metastatic case diagnoses at 2.8% and 2.6% respectively.

Invasive Breast Cancer Incidence Rates, Female/Ethnicity 2003-2007

	Collin	Cooke	Denton	Fannin	Grayson	Hunt	Montague	Wise	Texas
White	132.3	112.1	128.2	109.6	118.1	96.5	131.5	96.3	113.5
African American	131.3	118.5	109.5	No data	140.9	116.9	No data	No data	118.5
Asian/Pacific Islander	75.2	60.3	80.6	No data	No data	No data	No data	No data	60.3
American Indian	No data	41.1	No data	No data	No data	No data	No data	No data	41.1
Hispanic	113.1	90.7	113.8	No data	No data	No data	No data	No data	90.7

Data for invasive breast cancer rates was difficult to compile for the expansion counties, especially for three of the four ethnic groups. However, it is surprising to note the second highest incidence rate among white women in the entire service area is in Montague County at 131.5 which is the most rural and least populated area, only Collin County, the most urban and populated area has a higher rate of 132.3.

African American statistics point to high incidence rates in Cooke and Hunt Counties at 118.5 and 116.9 respectively. Due to unavailable or incomplete data, the number of cases in many of the expansion counties was not determined for the other three ethnic groups.

ACCESS TO HEALTH SERVICES

DATA SOURCE: United States Census Bureau, Area Resource File

Percentage of Persons Without Health Insurance, 2009

	Collin	Cooke	Denton	Fannin	Grayson	Hunt	Montague	Wise	Texas
%	16%	26.5%	19.9%	23%	24.1%	22%	24%	27%	26.8%

Unfortunately, the expansion counties represent very high proportions of uninsured residents. Cooke and Wise have the highest with over a quarter of their entire

community having no health insurance. Uninsured rates are highest in Wise County at 27% and Cooke at 26.5%, and lowest in Grayson and Hunt Counties at 22%.

Number of Hospitals and Ambulatory Surgical Centers, 2009

	Collin	Cooke	Denton	Fannin	Grayson	Hunt	Montague	Wise
Hospitals	18	2	7	1	5	4	2	1
Ambulatory Surgical Center	11	0	9	0	4	1	0	1

While the expansion counties have several hospitals and ambulatory surgical centers, most facilities may not always be able to free or low cost breast cancer screening services on a regular basis.

After reviewing the statistical analyses of quantitative secondary epidemiological and demographic data compiled from public sources, the following conclusions have been determined.

Throughout the new expansion counties, female breast cancer still has significant affects to the community; some counties more so than others. While the five new counties are all typically rural in their demographic data, their breast cancer incidence rates are unique to each county. Montague County has the highest rate of breast cancer incidence of 141.5 in the entire service area and it is the least populated and most rural county. In comparison, Collin County is the most urban and populated community and it has the second highest breast cancer incidence rate of 127.2. Grayson County has an incidence rate similar to the state rate of 113.8. The other expansion counties of Cooke, Fannin, Hunt and Wise have lower incidence rates ranging from 89.3 to 96.4.

Cancer diagnoses in the new counties are lower, mostly in part to their smaller population. The smallest county, Montague, has the second highest number of localized breast cancer cases at 52. Only Fannin is higher at 59 localized cases. Hunt is the largest of the new counties at over 86,000 residents and also has the highest number of regional (spread to regional lymph nodes) breast cancer diagnoses at 68. Wise County follows next at 47 cases.

Montague and Wise Counties have the highest percent of localized breast cancer diagnoses in the entire service area at 52% and 52.5% respectively. This means, when breast cancer is diagnosed in Montague and Wise Counties, over half the cases are a localized breast cancer or confined to the primary site.

Comparatively, regional breast cancer or breast cancer that has spread to the regional lymph nodes, is diagnosed most often in Wise and Cooke Counties at 29.6% and 29.2%. This is considerably higher than the state average of 26.7%

Metastatic breast cancer is most often diagnosed in Montague County at 5%. Again, it is significant to note Montague County is the least populated expansion county. Wise County is second at 4.4% metastatic breast cancer case diagnosis.

Statistics on invasive breast cancer rates distributed across ethnic groups was difficult to determine in the five new counties, mostly in part to their small population and data was not available from Texas Cancer Registry. Yet, African American and Asian American data was available for Cooke County and showed their rates were close to the state average of 118.5 and 60.3 respectively. Hunt County's African American rate was the same as the state average of 118.5.

Access to health services is difficult in the expansion counties due to lack of available medical facilities and high rates of uninsured residents, especially in Cooke and Wise Counties where over a quarter of the community does not have health insurance. Similar to Grayson County, lack of breast health service providers and transportation issues are major challenges in these rural communities. Fortunately, Wise County is equipped with Wise Regional Health System and has a program called Mary's Gift to provide mammograms to indigent women who are not able to afford the screening otherwise. North Texas Medical Center in Cooke County and Bowie Memorial Hospital in Montague County are able to provide mammograms, but each have certain eligibility requirements to qualify for free or low-cost mammograms.

While we cannot extrapolate additional clues to breast cancer in the expansion counties without additional data, we can conclude that breast cancer is still a public health issue and early detection and education are the best defenses in maintaining optimal breast health in North Texas. The analyses in this addendum continues to support the 2011 Community Profile priority areas of continued support of breast health education and early detection, increasing its presence and activities among the unique communities in the service area, e.g. specific ethnic or rural audiences, increased support of breast health activities in all rural counties, and increased coordination of breast health services.

All women will continue to benefit from early detection. If breast cancer is caught early, survivorship is increased; there are more treatment options, and treatment is more effective and less costly. This must remain a priority across the service area for all women.

Outreach activities must suit the cultural environment, education level and demographic of the community; whether it is an ethnic community or a rural community, breast health needs to be attractive and welcoming to that specific audience. Tailoring our messages and outreach events will be integral in making long lasting behavioral and knowledge changes.

Coordinating rural breast health activities and maintaining a trusted presence in the five new expansion counties is extremely important to the Affiliate's success. Rural communities are often wary of outside organizations located in far off metropolitan areas and come into their tight knit community, promising assistance and solutions. The Affiliate will need to invest in creating new relationships to build trust and accountability among its rural partners. Being able to provide services through the Affiliate's Grants

program and education/outreach are excellent starting points to create the catalyst of breast health action.

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